UK Healthcare Group Limited

Seabrook House Limited

Inspection report

Seabrook Court
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Tel: 01392873995

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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

Seabrook House provides accommodation and personal care for up to 26 people with a mental illness. They do not provide nursing care. Seabrook House is also registered to provide a personal care service to people living in their own homes in the community. At the time of this inspection there were 21 men living at Seabrook House. 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.

They also provided a supported living service to a number of people living in the local community. Of these, only two people received assistance with their personal care. The other social care activities of a supported living service are not regulated by CQC.

Seabrook House offers opportunities to help people regain independence and to move on to live in their own homes in the community if appropriate. Each person was carefully assessed, before the service began to support them, to ensure Seabrook House was suitable for them. Some of the people who used the service had previously lived in secure hospitals or prison and had mental illness and criminal backgrounds.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Seabrook House was providing a good service, especially in meeting people's very individual and complex needs, often on a one to one basis. The premises were spacious and sprawling with various areas of outside space and garden. This enabled people to have space and areas to be quiet which can be important for people living with mental illness. There was a homely feel with people going about their day in a relaxed, comfortable environment.

There was a registered manager and deputy manager employed at the home who were clearly passionate about providing a high quality, individualised service. A registered manager is a person who has registered with the Care Quality Commission 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.

People were supported by kind, caring and compassionate staff who, along with the management team, knew people very well. This was important as people often displayed complex behavioural needs which relied on personalised care and understanding to minimise the risk of distress or behaviour which could be challenging for staff. This understanding of people's needs enhanced people's quality of life and wellbeing. We saw examples of how people's quality of life had improved hugely since living at Seabrook House.

Staff were also passionate about providing people with support that was based on their individual needs, goals and aspirations and followed the management team's lead. They were pro-active in ensuring care was based on people's preferences and interests, seeking out activities in the wider community and helping people live a fulfilled life, individually and in inclusive groups. Most people were able to go out independently and staff supported people to do this safely whilst respecting their choices.

Staff were happy working in the home and felt supported in their role. They told us they learnt from each other and worked well as a team. They were clear about their individual roles and responsibilities and felt very valued by the registered manager and deputy manager. All staff said they felt they could be more valued by the provider and through their pay level and sick pay arrangements. They said the pay level sometimes meant staff did not always remain with the service once trained. However, there was a core of long serving staff who clearly felt passionate and loved the work they did. They worked hard as a team, were very knowledgeable about the complex needs of people they supported and saw their work as a vocation, often attending events and visiting people outside of paid hours. There was a pro-active effort to encourage ideas from staff to further benefit the people in their care and maintain a strong, stable staff team with a shared goal. We saw people receiving timely care in a person centred way depending on people's daily routines.

People were safe living at Seabrook House. There were enough staff to meet people's care needs safely and also to provide individualised support in and out of the service. Some people received funded one to one care due to their individual needs to keep them and other people safe. Risks were identified and assessed regularly, with clear records showing staff how to manage them effectively. Where there were risks to others, the registered manager had referred to relevant health professionals and safety measures were put in place. Support was a team effort including relevant healthcare specialists with the shared goal of enabling people to achieve their best potential.

There was a culture within the home of treating people with respect. Staff were visible and listened to people and their relatives/friends, offered them choice and made them feel that they mattered. Staff had good rapport with people living at Seabrook House. Staff spent time with people to get to know them and their needs. This ensured that behaviours that could be challenging for staff and distressing for people were minimised. People and the staff knew each other well and these relationships were valued.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. For example, some people liked to live with strict routines to help them remain well and staff knew and respected those. They also ensured people knew the house rules before they moved in and helped them to follow these in a friendly and positive way.

Staff had received appropriate training in line with nationally recognised qualifications and regular supervision to provide them with the necessary skills and knowledge to provide people with effective care. It was not unusual for some people to gain independence during their time at the service to enable them to return to live in the community with support, or enable them to become more independent within the service. This was reflected within training. People received their medicines when they needed them. Timely action was taken by the staff when they were concerned about people's health. Mental health and behaviours were well understood by staff and records showed careful and detailed monitoring, relating progress and findings in a holistic way to people's goals and medicine regimes. This meant people progressed at their own pace depending on how they were feeling.

People received a nutritious diet and enough to eat and drink to meet their individual needs. People were

able to take meals when they wanted to, with meals put back for them if they were out, and a flexible meal time. They were involved in learning practical daily living skills, cooking for themselves and visitors if they wished in the training kitchen including preparing meals and shopping.

People 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.

There were effective systems in place to monitor the quality and safety of the care provided. People felt able to raise any concerns and be confident they would be addressed. Where concerns were raised by people, relatives or through regular auditing we saw the home took them seriously and took appropriate actions to focus on learning and improvement for the benefit of the people using the service.

Further information is in the detailed findings below

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Seabrook House Limited

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 was planned to check 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 took place on 28 January 2019 and was unannounced. The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all the information we held about the service. This included the Provider Information Return (PIR). 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. Providers are required to notify the Care Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us.

During the inspection, we spent time with 15 people living at Seabrook House. We spoke to two visiting relatives, two health professionals, the registered manager and deputy manager and community manager. We also spoke with five support staff. Due to most people living with mental health disorders or cognitive disabilities, some people did not wish to or were unable to share their experiences of living at Seabrook House directly. Some people did not want to talk but were happy to spend time with us. Therefore, we also spent time observing care and interactions with staff in the communal areas.

The records we looked at included three people's care records, people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and records relating to how the provider monitored the quality of the service such as audits and quality assurance surveys.

Good

Is the service safe?

Our findings

The service remained safe. All of the people we spent time with told us they felt safe living at Seabrook House. People were happy to remain there and did feel safe and cared for. One relative said, "The home is excellent, it's taken a lot of pressure off us to know he is ok. The staff help us with forms and always make us welcome. He couldn't be in a better place. Absolutely couldn't recommend them enough." Staff all celebrated people's achievements and promoted independence whilst being mindful of their safety and 'real risks'. Staff enabled people to move safely around the building, whilst being vigilant noticing people's interactions with each other. Staff comments included, "Having a good relationship with people here is what I like about my job. We make sure they live the best life they can."

The pre-assessments were very detailed and people were visited in the community or in hospital, to ensure Seabrook House could meet their needs, bearing in mind the needs of current people living there. For example, people could visit as much as they needed prior to moving in and key staff were introduced to people. This was important as many people had particular preferences and routines and it was essential to understand their history to minimise behaviour which could be challenging for staff and distressing for people. There were few negative incidents. Any that occurred were recorded and actions taken to minimise events for the future. Currently there were only males living at Seabrook House and this was proving to have developed into a caring and safe community where people were able to live together in harmony with common interests.

There were systems in place to protect people from the risk of abuse and avoidable harm. Staff knew the different types of abuse that could occur and told us they would not hesitate to report any concerns they had to senior staff. They added they would also report any concerns outside of the home if they felt this was appropriate. Staff and the registered manager understood the correct reporting procedures and we saw these had been followed when necessary using the local authority safeguarding process. For example, staff were vigilant in ensuring people's behaviours which could be challenging for staff and others, were minimal. This was because staff knew what people liked and what events could trigger behaviour which could be challenging or raise people's distress levels. For example, some people liked to stay in their rooms with minimal input, staff respected this and we saw staff returning later if people were not ready to eat or wash when support was offered. Where people chose to spend a longer time in bed, this was also respected but staff knew how to interpret people's behaviour to enable them to find positive ways of encouragement or offer new opportunities. Some people moved to the home with aspects of self-neglect. This was clearly described in people's care plans and staff were discreet and gentle in promoting well-being at people's own pace. Some people had had dramatic transformations since their admission and looked well cared for and happy.

Risks to people's safety had been assessed and actions taken where necessary to mitigate these risks. This included risks in relation to falls, not eating and drinking, developing skin pressure damage, behaviours and social isolation. There was clear information within people's care records providing staff with guidance on how to reduce these risks. Staff were clear that the least restrictive method was sought and regularly reviewed. For example, where people displayed aggressive behaviour responses, staff had identified this and

referred to relevant health professionals. People were able to safely enjoy the communal areas and interactions with others.

In respect of the premises, we saw that fire doors were kept closed and the emergency exits were well sign posted. They were clear of any obstacles so that people could easily reach the exits if needed. Testing of the fire equipment and the fire alarm system had taken place regularly. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or when someone became unwell. They confirmed that they had received training within these areas. Each person had a personal protection evacuation plan (PEEP) giving staff and the fire brigade easy access to important information about individuals.

The premises was clean and there was an ongoing maintenance and decoration programme which people were involved with. Staff understood and had been trained in infection control. They used appropriate personal protection equipment such as gloves and aprons.

Any accidents or incidents that took place were recorded by the staff and investigated by the registered manager. We saw action had been taken when any accidents or incidents had occurred to prevent reoccurrence. Staff balanced 'real risk' and promoting people's independence well. Some people organised going into town, the pub or shopping independently which was risk assessed and encouraged.

There were sufficient numbers of suitably qualified staff to keep people safe and meet their needs. People told us there were enough staff and if they wanted support or someone to talk to someone would come in good time. Seabrook House focussed on independence and enabling. For example, one person was hoping to be able to safely access the community on their own. The registered manager was focussed on the person's wishes and worked with health professionals to ensure the person's voice was heard. They were looking at discreet and safe ways to enable the person in a way they were happy with, whilst understanding the identified risks. The communication and staff handover system was very thorough which was important as mental health needs could change quickly.

Staff met people's requests for assistance consistently in a timely manner during the inspection but also pro-actively going and spending time with people, dancing, chatting, offering things to do and generally enjoying time together. The registered manager told us the number of staff required to work was calculated based on the needs of the people who lived in the home and was kept under regular review. For example, if one to one care was needed for someone due to their mental health needs, the service would provide it. If a person said they fancied going out for lunch then this would happen. During the inspection staff were offering to accompany people to the local shops.

Staff files showed that the relevant checks had taken place before a staff member commenced their employment. This included criminal record checks (DBS), gaps in employment and seeking at least two references including previous employer. This was to make sure potential new staff were safe to work with vulnerable people. If people wanted they could be involved in the interview process. This could give valuable insight into recruiting suitable staff and ensured potential staff would be accepted by people. The registered manager said they made sure potential staff were aware of the complex needs, especially people's mental health needs when they applied as the work could be challenging but rewarding.

People received their medicines in a safe and caring way. There were systems and policies in place so that people could look after their own medicines if they wished, and it had been assessed as safe for them. This was part of people's daily living skills and there were clear stages of progression to independence that moved up or down depending on their mental health needs at the time. There were clear records of

medicines administered to people or not given for any reason. This helped to show that people received their medicines correctly in the way prescribed for them. There were separate charts with instructions for staff to record the use of creams or other external items. There were clear protocols for each person to guide staff when to offer or give medicines prescribed 'when required' to help make sure people received these medicines correctly, and when they were needed. Occasionally there were agreements in place for staff to give people their medicines covertly. This meant staff could disguise the medicines in food or drink to make sure the person took them. Safeguards were in place to protect people and make sure this was in their best interest. Medicines were well managed and stored safely.

Good

Is the service effective?

Our findings

The service remains effective.

People received effective care based on best practice from staff who had the knowledge and skills required to enable them to carry out their roles. People said they felt the staff were well trained. Staff and the management team were very knowledgeable about people's individual needs. We found Seabrook House to be providing a good service, especially in meeting people's very individual and complex needs, often on a one to one basis. One health professional told us, "I see clients at both the main house and several community projects. The managers respond well to requests from my team and myself and adjust care plans and seek support when needed. Seabrook have dealt with some very challenging clients and managed their recovery with respect and dignity. I would rate them as proving an excellent standard of care to those living in their care".

Staff felt they had received enough training to provide people with effective care. We observed staff providing people with effective care and demonstrating good care practice throughout the inspection. Staff talked to us about the support and supervision they received. They said they felt well supported within the home and there was always someone to go to for advice. Team meetings were held regularly. Staff training needs were on each agenda and there was opportunity for staff to make suggestions and have input. One support worker said, "The managers are always available even if they are not on call and they always know what to do. They give a lot to the job." New staff received a comprehensive induction programme and training was a mix of face to face, e-learning and DVD. Staff had completed training in a number of different subjects such as safeguarding adults, medicine management, behaviours which could be challenging, equality and diversity and nutrition. Staff had achieved, or were working towards 'Care Certificates'. These are a set of recognised standards that health workers adhere to in their daily working life to provide safe, compassionate care.

People were supported to maintain good health and had access to healthcare services as necessary. People were referred in a timely way and saw healthcare professionals such as their GP, dentist, optician or chiropodist when they needed. If people chose to access health care appointments independently they could and staff encouraged this, sometimes as specific goals. For example, some people visited their own GP surgery. Staff had developed good relationships with community specialists and included care managers for example in reviews if possible.

We checked whether the provider was working within the principles of the Mental Capacity Act 2005 (MCA).The 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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Staff clearly understood the importance of seeking people's

consent and offering them choice about the care they received. People were very involved in their care and regularly had detailed reviews of their care with their key worker. Where people lacked capacity to make some decisions, staff were clear about their responsibilities to follow the principles of the MCA when making decisions for people in their best interests.

We observed staff asking for people's consent throughout the inspection. For example, offering choices of menu, clothes and drinks and understanding why people made the choices they did, offering gentle advice where appropriate. Records showed that people's ability to consent to certain decisions had been assessed and best interest decisions made. These had involved the relevant individuals such as the person's family or a healthcare professional. There was clear information within these records to give staff guidance on how they needed to support people to make a number of different decisions about their daily lives.

People received a nutritious diet and enough to eat and drink to meet their individual needs. People were able to take meals when they wanted to, with meals put back for them when they were out and a flexible meal time. They were involved in learning practical daily living skills and healthy eating, cooking for themselves and visitors if they wished in the training kitchen including preparing meals and shopping. People enjoyed eating at the table or by the TV or in their rooms and the timings were very flexible, meaning people could go about their day as they liked. One person had previously made their own cottage pie and said, "I cook my own meals everyday. I like it better." Staff said, "We [staff and people] are all going to make our own lasagne later." We saw people receiving timely support to promote their independence in a person centred way depending on people's daily routines.

Good

Is the service caring?

Our findings

The service remains caring.

There was a culture within the home of treating people with respect. Staff were busy but visible and listened to people and their relatives/friends, offered them choice and made them feel they mattered. Staff spent time with people to get to know them and their needs and this had ensured behaviours that could be challenging for staff and distressing for people, were minimised. People and the staff knew each other well and these relationships were valued, including people's relationships with each other. One health professional told us, "I am positive about the service that I see being provided for our clients. The staff seem caring and thoughtful. I witness them treating people with respect and as individuals." People all answered 'yes' when we asked if the staff were caring and if they had a good relationship with them.

Staff enjoyed spending time with people and knew what they liked to do. For example, we saw staff playing chess with one person which was aiding conversation. Staff were gentle when encouraging people to pursue some of their achievable goals. They celebrated when people achieved a goal or made progress. There were many examples of how people's lives had been enriched and opened up to wider opportunities since living at Seabrook House. For example, one person who had spent time mainly in their room was now a valued member of the Seabrook and wider community with continuing hobbies which they enjoyed. Each resident had his own private room with a key. The rooms were all lockable and personalised, with each person expected to keep their room clean as part of their daily living and social skills. Friends and family could visit the home without restrictions and were also seen as part of the community, being involved in day to day life or events, if they wished.

People's equality and diversity was respected and people were supported in the way they wanted to be. Care plans were very person centred and held full details on how people's needs were to be met, taking into account people preferences and wishes. This included the staff names who people particularly related to and could further assist if a person became distressed or anxious. For example, some people liked to live with strict routines to help them remain well and staff knew and respected those. Information included people's previous history, including any cultural, religious and spiritual needs.

We saw good caring practice. Staff continuing to monitor and respond to people whilst talking to us, for example. Staff spoke kindly with people, promoting appropriate language and behaviours, for example with genuine care and sensitivity. They knew people so well they adjusted their language and humour accordingly. People had written notes to the managers including, "[staff name] cooked the best chilli I have ever tasted and I loved the dark chocolate profiteroles." The managers had written back saying thank you for the compliment and that they had passed it on.

People and visiting relatives told us the staff were caring, compassionate, attentive and dedicated in their approach. They felt welcome. We saw staff in all roles spending meaningful time with people and people living at the home and staff had built up good relationships that mattered. Meeting with friends and family was important and, as well as accompanying people or supporting them to arrange visits and transport to

visit family, staff enabled people to use the computer to keep in touch. There was a sense of a Seabrook and wider community of which people felt part of. For example, activities ensured people were able to spend time with their peers and were included in sports events, playing football alongside staff as a team. The managers promoted a positive attitude to mental health and wanted to share this with their own communities. Staff knew which people got on with others and those relationships that could make people anxious or initiate behaviour which could be challenging for others. For example, they took care to offer trips out with people who got on with each other.

The continuous training and development staff received had embedded a culture within the home that placed people at the heart of all they did. During our conversations with staff, they demonstrated they cared for the people they supported. Staff had recognised one person's anxiety when their parent was poorly and bought them a present. Staff had also attended one person's mother's funeral with them. Staff showed us how they promoted real independence for people, enabling them to maintain their wellbeing, whilst encouraging self-care and offering new opportunities. Staff assisted people to be as independent as they could and it was not unusual for some people to become so independent that they eventually were able to go live in the community. Staff wanted people to succeed and progress while making sure people were ready. One person without family had moved on following a 'last supper' celebration and staff and people remained in contact with them.

Residents and relatives meetings, took place to obtain peoples' and relatives' views on the care provided. These provided another forum for people to express how they wanted to be cared for. Some people liked to be involved whilst many people liked to keep themselves to themselves and that was respected by staff.

We observed the staff engaging with people in a polite manner and respecting their privacy. People were addressed by the staff using their preferred names and the staff knocked on people's doors before entering their room. People were surrounded by items within their rooms that were important and meaningful to them. For example, staff had helped one person hang a punch bag from their ceiling.

Good

Is the service responsive?

Our findings

The service remains responsive.

The service was responsive and the focus for people living at the home was person centred and ensuring people felt they mattered. Care plans were very detailed and reviewed in detail monthly with the person and those important to them. People were all aware of their care plans. Staff had creative ways to support people to live as full a life as possible, mainly through one to one support due to people's mental health needs. Staff said, "It's all about living a life. It's not work, it's life." The arrangements for social activities, were flexible and often innovative. There was a wide range of activities and events across the units which were accessible for people, their relatives and staff throughout the home. This promoted an inclusive community feel with links to social clubs and people living in the community service. People clearly enjoyed going out. Activity records were individualised and often linked to particular goals. One person said, "I walk to Topsham every morning to get a newspaper. I do a brisk walk to keep fit." Another person said, "Sometimes I go to visit my mum, brother and sister. I go there for dinner or for Easter or Christmas".
People could access all areas freely. Staff were vigilant to ensure people were not isolated as some people chose to spend their day in their rooms. Activity staff were allocated and did one to one sessions with people doing things they liked. This ensured people, especially those living with mental health needs, did not become bored therefore risking the chance of behaviour which could be challenging to staff and distressing for people. The registered manager showed us the new gym area which was also a good place for people to let off steam or have a positive session with staff. Photos of a recent 24 hour charity bicycle machine marathon for MIND (a mental health charity) showed staff and people living at the home taking slots to do their bit together.

All staff, whatever role, were involved and engaged with people. Because staff knew people and their families so well they were able to provide engagement and leisure opportunities which suited people's needs and preferences, as well as promoting new opportunities. For example, when people went out independently they were welcomed home and asked about their trip out. One person had pursued their love of boxing with staff and had watched a charity boxing match and chose smart clothes with staff. The registered manager said it had touched staff when the person's mum had been emotional about the trip out for their son.

Thought was given to reviewing how the activities had gone for individuals and whether they were receiving enough engagement and stimulation and the effect on their mental health. Monthly residents' meetings were held. People said they could raise issues and make suggestions during the meetings. Ideas had been included in the activity programme such as; a skittle and snooker tournament with people and staff, an annual music festival 'Seabrook Rocks' with people and staff enjoying the karaoke. There were links with the community, a football team and regular hiring of a social club with teams always mixed with people and staff. People had formed an art group and taken part together in a charity community project making mosaic tile art. Staff said, "We try to make it not like work and enjoy being with people. Lots of us will go and support people playing a match" and "People here like to be viewed as 'normal' and we promote that in the community." Some people and staff had performed in a local panto. People were enabled to do things they

had done before such as go to their local pub, play pool or attend a gym or church. People had enjoyed annual holidays designed to appeal to individuals, abroad or in the UK.

We observed staff being responsive to people's individual needs throughout the inspection. This included responding to them when they requested support with personal care, a drink or if they wanted to go back to their room after lunch. People's care records, with family involvement as necessary, had been recently reviewed and the information within them was accurate and up to date. Staff had easy access to people's care records so they understood the care that people required. They confirmed that people's needs were reviewed each day during handover meetings and a daily 'what's occurring' form.

People and their relatives did not have any complaints about the care being provided. They knew about the complaints policy and open door office. People and relatives told us they felt comfortable to raise a complaint if they needed to and that they felt confident these would be listened to and dealt with. We were therefore satisfied that people's concerns and complaints were dealt with appropriately in a timely way that promoted learning and improvement.

Good

Is the service well-led?

Our findings

The service remains well led.

There was a long serving registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

The registered manager and deputy manager worked hard and were very involved in people's support, knowing people very well. They re-iterated that it, "wasn't work but life!" For example, they did the driving for people's holidays or dropped people at the airport and covered shift vacancies. They were particularly pleased with one person's progress telling us how the person was, 'the best they had ever been' and 'They are a great help when they do things now'. They described how involving the person with others in positively decorating had started to reduce their learnt destructive behaviour. Relatives thank you cards included, "I hope the office know how good you all are helping those who need helping." The registered manager was very proud of their staff team and took care of them individually. The registered manager had completed a counselling course and set up a staff quiet shed, for example, following staff suggestions to further support them.

An open and learning culture based on treating people as individuals had been embedded within the home. The statement of purpose stating the provider aims and objectives said they aimed to support individuals learn or regain essential life skills. The team supported people to reach their goals and aspirations so they could feel confident living in the community. We saw this in practice for people with diverse and complex needs. Staff felt supported by the registered manager and management team. The registered manager spoke with passion about their work and was very knowledgeable about each person living at Seabrook House. People clearly spent lots of time with the managers, enjoying activities especially or having supportive discussions about behaviours, house rules or smoking cessation. People said, "We play football with them. They are very nice and very supportive."

The registered manager said they were big advocates of 'growing their own staff' but was aware that staff were sometimes concerned about pay levels and rewards and having to use their own money to buy items at times such as a dishwasher and staff checks before being reimbursed. Staff also used their own phones which they said could feel like they were permanently working at times. They had discussed issues with the provider.

Good management and leadership was demonstrated. People told us they felt the home was well-led and they could raise issues and concerns without hesitation with staff who were open and approachable. People said they felt listened to by the staff and the registered manager. This was reflected by relatives and through the complaints/concerns action plan. One relative had written on the national care homes review website, "They have worked extremely well with [person's name]. I feel very fortunate he was placed in such a good care home." Relatives were able to see reports on people's holidays for example, to see what their loved one

had been up to.

There were effective systems in place to monitor all aspects of the care and treatment people received. Accident and incidents were monitored, which highlighted health and safety issues and reporting accidents to the appropriate authorities and equipment checks. Audits had been conducted regularly by the service and there was continual oversight by the provider who visited weekly. These had assessed areas such as the cleanliness and safety of the environment, the accuracy of people's care records, risk management, people's nutritional needs and the management of people's medicines.

Staff praised the culture and support they received in the home. They said they felt valued, other than relating to pay levels and sick pay, whatever their role at the home. Staff worked well as a team across different staff roles. We observed this throughout the inspection. Staff all worked well together for the benefit of people in their care and treated people and each other with dignity and respect. There was lots of laughter between the staff and they were seen being supportive to each other. There were opportunities for staff to develop within the home and use their skills to enhance people's experiences living there.

The registered manager kept up to date with good practice and the home was a member of various groups where information was discussed and shared. The management support team attended a variety of conferences and courses and learning was then shared with the staff team.

Good relationships with the community and local healthcare professionals had been established. These enabled people to receive timely care to help enhance their quality of life and look at ways for continual improvement. For example, there was a close relationship with the hospital discharge team, mental health community team, hospice and specialists. The registered manager was very thorough when assessing potential admissions for example, to ensure people could all live in harmony.

The registered manager had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal responsibilities. Where concerns had been raised with them they had sought advice and shared information with the CQC and the commissioners of the service.

The registered manager promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.