

Achieve Together Limited

Maldon 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Maldon House is a care home providing accommodation and personal care for up to 10 people with a learning disability or autistic people. At the time of our inspection, 10 people were living at the home.

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

Quality assurance processes at the home did not always identify issues and where issues were identified, these were not always actioned in a timely way. Aspects of the environment needed improvement. Where we identified issues with the environment, these were immediately actioned by staff. People's relatives told us that whilst staff were very responsive to issues raised, these issues were not always resolved in the long term. This included concerns around cleanliness and people's laundry. We found that some documents required improvement, this included ensuring information was effectively recorded in people's support plans to ensure staff that were not familiar with people would be able to support them when they became upset.

Risks to people were safely monitored and managed and regularly reviewed. People were supported to meet their individual needs in a safe way by staff. There were enough staff to support people. Staff had been recruited safely. Medicines were managed safely, although some aspects of recording needed to be improved. Although the home was clean, aspects of the environment needed attention to ensure that safety was promoted through the layout and hygiene practices of the premises.

People's needs and choices were assessed and staff knew people well. Staff were trained in areas that were related to people's needs and received a full induction before working at the home. Staff supported people to lead healthy lives and where people's goals were to lose weights, staff took steps to encourage and support the person to achieve their goal. The design of the home had been adapted to meet people's individual needs. People's mental capacity and ability to make decisions was assessed by staff. Where people were not able to make their own decisions, staff made decisions in the person's best interest in partnership with the person's family.

Staff were kind and caring and treated people as individuals. Staff respected people's individual needs and choices and appreciated people's unique personalities. Staff spent time speaking to people and engaging their interests. Staff knew how to cheer people up if they became upset. People's privacy and dignity was respected by staff. Staff encouraged people to be independent and do as much for themselves as possible.

People's support was personalised to their needs and people were in control of how they spent their time at the home. People's support plans contained information on how to encourage people to achieve things for themselves. Staff knew each person's individual communication needs and we saw that staff understood people. People were supported with a range of activities throughout the COVID-19 pandemic. There was a complaints log for complaints and action plans were drawn up following complaints received on how to resolve them.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence. People's opinions and choices were valued and respected by staff. Staff knew people well and understood how to support people safely. There were no identifying signs outside the home that indicated it was a care setting. Staff wore their own clothes which did not identify them as support workers. People were supported to go out regularly and attend events and activities that they enjoyed. People had their own personalised space and were involved in the decoration of rooms used by everyone.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights. Staff respected people's dignity and privacy and gave people space when they wanted it. People were supported to make their own choices. People received care and support that met their individual needs. We saw that people enjoyed spending time with staff and smiled and laughed with them. One person's relative told us, "It's the best place for [person] and they're really happy there. You can tell on [person's] face, they love it."

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives. The culture of the staff team was positive towards people and staff focused on what people could achieve. Staff were positive about the support provided by the management team and their peers. One person's relative told us, "I can't fault the care that [person] is given at all, it's spot on."

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

Why we inspected

This service was registered with us on 25 September 2020 and this is the first inspection. The last rating for the service under the previous provider was requires improvement (Published 21 January 2020).

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our Well-led findings below.

Maldon House

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Maldon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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

During the inspection

We spent time with people living at the home and observed people and staff spending time together. We spoke with four members of staff which included the regional manager, manager, and two senior support staff. We reviewed a range of records relating to health and safety. We reviewed a range of medication records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed records relating to people's care such as their support plans and mental capacity assessments. We reviewed records relating to staffing such as the training matrix and recruitment information. We spoke to one professional who regularly visits the service, five relatives of people who live at the home and four support staff.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were safe systems in place to protect people from the risk of abuse. Safeguarding concerns were raised appropriately.
- Relatives felt that their loved ones were safe. One person's relative told us, "[Person] is safe and understands it is their home and they're happy there."
- Staff knew how to report safeguarding concerns. One staff member told us, "If I saw anything of concern I'd tell the manager straight away, since I've started I always look out for anything I see that shows people we support are not being treated with dignity and respect."
- The manager demonstrated learning from safeguarding incidents. There had been a recent incident where a person had left the home without the support of staff. Following this incident, the manager had added to the shift planner which staff member would be responsible for supporting people at risk of leaving the building without support.
- Where there had been incidents of people who lived at the home becoming upset with each other, staff had discussed these in handovers and staff meetings to discuss how best to support people's relationships with each other. Where people required additional support hours to keep them safe, these had been requested by staff to the local authority.

Assessing risk, safety monitoring and management

- Risks to people were managed safely and people's risk assessments were regularly reviewed.
- Some people needed to have their food, drink and medicines given to them through a tube directly into their stomach called a percutaneous endoscopic gastrostomy (PEG). There were clear and detailed guidance plans in place for staff to ensure that this was done safely. This included information on how to identify any issues and what action to take if an issue was identified.
- People's physical health conditions were included in activity risk assessments. For example, some people had risk assessments for epilepsy. These detailed what action staff should take if the person had a seizure, when to administer rescue medication and when to call emergency services. One person's relative told us, "Staff manage [person's] fits really well, they make sure [person] gets their medication on time."
- People who experienced an emotional response to situations such as distress or anger had positive behaviour support (PBS) guidance in place. People's PBS plans showed what may upset the person and how staff should support the person at each stage if they became progressively upset. We saw staff following one person's PBS when they became upset and saw that staff were able to support the person to calm down and help them back into feeling happy.
- We saw that regular fire checks were taking place and any actions identified were rectified. Staff also participated in regular fire drills.

Staffing and recruitment

- There were enough staff to support people safely. There had been recent staffing issues which were being covered by bank and agency staff. Where agency staff were used, we saw that these were the same staff where possible and they knew people well. Recruitment was on-going and there were staff waiting to begin employment at the home.
- Staff were recruited safely. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

- Medicines were managed safely.
- Some people had medicines that were prescribed for 'when needed' (PRN). People had PRN protocols in place which detailed how staff would know if the person needed this medicine if they were unable to tell them. Some people's PRN protocols needed more information to clarify which medicine should be used when. This is discussed further in the well led section of the report.
- Staff received medication training. Staff told us they received regular competency checks in which management observed them giving people medicines to check correct procedures were still being followed.
- We found some recording issues relating to medicines which we have discussed further in the well-led section of the report. These issues did not impact on people or their safety.

Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. People's relatives told us that the home was mostly clean but there had been occasions where they had needed to request staff to clean people's rooms and bathrooms. Relatives told us that where they had raised these issues, they had been dealt with by staff immediately. Two people had their bedroom windows locked as the windows had been replaced and the keys were missing. This meant there was poor ventilation to the upstairs area of the home increasing the risk of infection spreading. We identified some areas of the home that needed attention, when raised with the manager, these were actioned immediately. We have commented on this further in the well-led section of the report.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had 'hospital passport' documents which they took to health appointments and between services. This contained important information on how to support each person safely and in a way that met their needs and reflected their choices.
- People had COVID-19 support plans which considered how to support people to maintain family contact during social restrictions, individual visiting plans and what support the person needed during the pandemic. People's relatives were confident about how staff had supported people during the COVID-19 pandemic. One relative told us, "Staff teach [person] how to stay safe from COVID-19. When [person] comes home they tell me, 'mask', we must wear our masks. [Person] takes me to the sink and says, 'wash hands slowly' which I know staff have taught them."
- Guidance around people's health needs was clear and understood by staff. One member of staff told us, "We support a lot of people who have epilepsy, each person has different guidance to follow if they have a seizure, people have protocols to follow that tell you when they should have their rescue medicines delivered and at what point to call a health professional."

Staff support: induction, training, skills and experience

- Staff told us they had completed a thorough induction when starting their work at the home which included shadowing an experienced member of staff and taking the time to get to know people and their support plans.
- Staff had completed training that was relevant to the needs of people they supported. For example, staff had completed training in epilepsy, Makaton awareness, and non-invasive ventilation. Staff told us about a training day they had recently attended about how to support people when they became upset or distressed. Staff told us, "We learnt techniques to support people safely and keep us and them safe when the person's upset."
- Relatives were positive about the support staff provided. Comments included, "Staff know [person] very well. The staff absolutely love [person]." and, "[Person] always seems happy enough. I think staff have done their best during a very difficult time."

Supporting people to eat and drink enough to maintain a balanced diet, Supporting people to live healthier lives, access healthcare services and support, Staff working with other agencies to provide consistent, effective, timely care

- People were supported to lead healthy lives. Where people chose to, they were supported to follow recognised diet plans to aim for a healthier weight. Some people had individual healthy snack boxes made up by staff that they could help themselves to.

- Where people had guidelines for eating and drinking safely, these were available for staff to view in a food guidance file in the kitchen.
- We saw that people were supported to attend health appointments and relevant referrals were made to health professionals where needed.
- Relatives were confident that staff advocated for people's health needs where needed. One told us, "Everything I ask for in terms of health care is acted on, for example, I asked for a doctor for an issue and they relentlessly contact the GP to ensure they acted."
- Professionals were positive about working with staff at the home. One told us, "The team have always been very approachable, and I believe act in the best interests of the residents."

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

- The home's environment met people's individual sensory needs. People's rooms were personalised and decorated in partnership with the person.
- People's individual choices for how their room looked was respected by staff. For one person whose sensory need meant they could only relax in a very minimal environment, staff supported this person to remove items from their room when they needed to. Another person had lots of sensory items in their room to interact with including lights and items with bubbles.
- Rooms that were used by everyone had photos of people and artwork created by people. We saw that people were relaxed in these areas and comfortable, treating each room as part of their home.
- Items that were important to people but were at risk of being damaged were protected in screened boxes so that people could use the item safely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's support plans gave guidance to staff on how to support people to make their own choices. Each person was able to make choices in different ways. For some people, objects of reference were used and two items were shown to the person for them to choose from.
- Staff had completed mental capacity assessments for people who may not be able to make some decisions for themselves. We saw that assessments considered the best time and place for the person to have these conversations and staff used people's preferred communication methods to try and support the person's understanding.
- Where people did not have the capacity to make decisions around their care, best interest decisions had been completed for people. These detailed the least restrictive options for people and involved the person's views and family members' views.
- Applications had been made to the DoLS team where required and the manager kept a log of the progress of these applications.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff treated people with kindness, and asked people about their days with genuine interest. Staff responded to all sounds and movements that people made. We saw that people were calm and confident around staff and that staff made movements and sounds to make people laugh.
- When people became upset, staff were quick to support people and de-escalate situations. Staff were able to comfort and distract people to help them to feel better. People found staff reassuring and were able to calm down with their support. Staff used appropriate and respectful language when describing what people did when they became upset or distressed. Where staff had identified that more support was needed for people to reassure them, staff had discussed this with the local authority to increase people's support needs when necessary.
- People had items that were important to them. Staff were aware of these items and supported people to have their items with them. Where items had names given to them by the person, staff called the items by their names.
- Staff knew the best way to communicate with people to keep them in high spirits. One person's relative told us, "You have to always use positive language with [person] such as next time and later rather than no, and staff understand and know this and make sure they do it. It helps [person] not to get upset."

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

- People's support plan contained specific information around how each person chose to be supported to get washed and dressed. We saw that staff offered people choices for how they would like to spend their day.
- Staff supported people to hold meetings where people discussed how they were, how things were going and what people wanted to do. The meeting minutes used photographs of people to show who had said what. Where people were not able to verbally contribute to meetings, staff recorded people's facial reactions to what had been discussed. Topics discussed in these meetings had been put into place for people where they had made choices. For example, people had discussed whether they wanted their names or numbers on their bedroom doors, we saw that people had either names or numbers on their bedroom doors.
- We saw that where people or their relatives had made suggestions, these had been actioned by staff. For example, two people's relatives had requested more sensory items for their loved one's bedrooms. Staff went shopping with people and supported them to buy sensory items.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. Where people chose not to have curtains on their bedroom windows, adhesive stickers had been applied so that the person could still see out, but no one could see in from outside.
- Staff respected people's privacy and understood how people indicated they didn't want staff in their space. Staff told us that if one person waved bye, it meant they wanted to be on their own. Staff then waited outside the person's room until they wanted staff to come back in. Staff told us the person regularly opened their bedroom door to make sure the staff member was still there.
- People's support plans contained information on what daily living skills people had and the support people needed to maintain these. Some people's plans showed photographs of people getting involved in housework and the support given to achieve this.
- Staff supported people to be as independent as possible. One person's relative told us, "They encourage [person] to be as independent as possible, I can tell because every time [person] comes home to visit, they've learnt something new and do a little more for themselves."
- Staff told us about the different ways they encouraged people to be independent. One staff member told us, "We try to help people we support to be as independent as possible. Sometimes you have to be creative about how you do that. For example, some of the people we support won't do something for themselves if you just ask them to, you have to make a joke out of it and then they'll do it as though it's part of a game."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's support plans showed people's likes and dislikes such as personal care activities the person may dislike, or preferred food or drink.
- People's support plans contained information on what people could do for themselves and the level of support staff needed to provide to encourage people to be as independent as possible. For example, for one person who was able to brush their teeth with support, their support plan detailed that staff should provide hand over hand support to encourage the person to maintain their oral hygiene.
- Staff understood what might upset people and how to support people when they became upset. One person's relative told us, "Staff are really on top of helping [person], they know how to make [person] smile when they're upset. They're great at troubleshooting and finding out what's going on with [person]."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We observed that staff understood people's communication needs and encouraged people to use different ways to express themselves.
- Staff encouraged people to expand on their language skills and encouraged people to express themselves verbally where able to. Staff also used people's unique signs to support communication. One person's relative told us, "I feel [person] is trying to communicate more and staff are helping with that. [Person] was able to say a full sentence a little while ago and my heart flew away, I was so happy."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's support plans contained information about family and friends that were important to the person. Important events such as family birthdays were detailed in people's plans with information on whether the person should be supported to send a card or a present to their relatives.
- Some people living at the home got on very well and looked after each other. Some people had formed close friendships and enjoyed spending their time together. For people that enjoyed each other's company, outings and activities were arranged for these friendship groups.
- We saw that people were supported by staff to lead active lives. Although people's activities had changed since the COVID-19 pandemic, staff had made an effort to create new activities for people to engage with.

People had recently been supported by staff to go to the local shops, to go out for walks and see Christmas lights in a local town. We saw photographs of people engaging in a range of activities through the various lockdowns, people were smiling in the photographs.

- Relatives told us how staff had tried to make life feel normal for people throughout the pandemic. One person's relative told us, "When restrictions meant people couldn't do things outside like they wanted, they helped [person] to buy an inside exercise bike, I think everyone had a go and really enjoyed it."

Improving care quality in response to complaints or concerns

- People's relatives told us that they felt confident to raise any issues with the management team and that issues would be dealt with appropriately. One person's relative told us, "I don't have any complaints or concerns, if I have any issues, I go straight to calling the home and they solve it."
- There was a complaints procedure in place and this had been communicated to people's relatives. One person's relative told us, "I don't have any complaints or anything to worry about, but they've told me how to complain formally if I need to." We saw that complaints received were logged by the manager and an action plan drawn up to address them.
- We discussed with the manager changes that had been made as a result of concerns/complaints. The manager told us that they had recently replaced the vinyl flooring on the stairs to carpet following concerns raised by a person's relative.

End of life care and support

- No one was receiving end of life support at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the quality assurance processes at the service did not always identify issues and where issues were identified, these were not always actioned in a timely way.

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

- We found that audit systems needed improvement to identify aspects of the environment which required improvement. The provider told us they had had difficulty with recruiting maintenance staff. We identified that one person's en-suite bathroom required deep cleaning due to staining and mould around the lip of the person's shower. The provider assured us this would be done immediately. One of the communal bathrooms had vinyl flooring which was not flush to the wall and was coming away from the wall. The provider told us that this flooring had recently been replaced and that they would contact the external company responsible for them to rectify. We received confirmation following the inspection that all of these areas had been addressed.
- We found aspects of record keeping and the audit system needed to be improved. The manager undertook weekly maintenance checks of people's rooms and the communal areas. Although some environmental issues had been identified as needing improvement, not all the issues found on our inspection were identified on the audit. We discussed that the process needed to be more thorough.
- We identified that some medicine recording needed clarification. For example, whilst people had PRN protocols in place which gave guidance on staff on when their medicines may be needed, one person's protocols did not clearly show out of two medicines which were used to treat the same symptoms, which medicine should be given at which point. We received confirmation from the manager after the inspection that they had contacted the person's GP who had stopped one of these medicines.
- During our inspection, we identified that there were some gaps in recording of the controlled medicine book. Following the inspection, we received evidence that the person had been given their medicines as prescribed during the time period identified and that the medication did not need to be treated as a controlled drug. We saw that this issue had been identified on the medication audit from October 2021 but no action had been taken and the medication had not been removed from the book. We received confirmation after the inspection that this medicine had been removed.
- Although people's positive behaviour support (PBS) guidance contained information on how to support the person when upset into wellbeing, some important information was not contained within these plans. For example, for one person, staff told us they sang a specific song and told a particular joke to help the person to calm down and feel happy, but this information was not contained in the person's PBS guidance. This did not impact on the person as staff knew them well.

This was an area that required improvement. Although the issues we identified were addressed after the inspection, more time was needed to ensure that future issues would be identified through audit processes,

addressed in a timely way and embedded into daily practice.

- There was no registered manager at the service. However, the manager of the home was currently in the process of registering with CQC.
- People's relatives and staff were positive about the manager. One relative told us, "The manager is a long-standing member of staff and knows the house inside and out."
- We saw that the provider had recently completed an audit on various aspects of the service. Where improvement needs were identified, we saw that items had been completed or were in progress by the manager.

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

- Relatives were positive about the atmosphere staff created in the home. One told us, "[Person] is very happy, staff are mine and [person's] second family. To trust people with your loved one, your soul, you have to know they will do their very best. It's such a happy home."
- We saw that staff were kind and caring towards people and celebrating their successes. One member of staff told us, "The best part of the job is seeing the people we support happy. They're excited to see us when we come in and we're excited to see them."
- People had members of staff that were assigned as their 'key workers'. These staff members were directly responsible for different aspects of the person's experience of living at the home. One member of staff told us, "I make sure [person] is in a happy environment, they have everything they need or want. I make sure I know the little things about the person that are important to them. I always talk to [person] to see how they're feeling and if we can improve on anything."
- Staff told us they felt supported by the management team and by each other. One member of staff told us, "If we've been involved in supporting someone who's upset or distressed, the senior will come and check we are okay afterwards. We look after each other."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, Continuous learning and improving care

- Relatives had been sent satisfaction surveys by the manager in order to receive feedback on the home and the care provided. From the results of these surveys, an action plan had been drawn up with agreed dates to action the suggestions given.
- Regular staff meetings took place where staff discussed how to improve the experience of care for people. Staff told us that these meetings were useful in keeping up to date on what was happening in the home.
- Relatives told us they felt involved in their loved ones care. One relative said, "Staff are very good at telling us when things happen and consult with us for decisions about [person's] care." Another told us, "They explain things and tell us what's going on. They've always been very good with information"

Working in partnership with others, How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We received feedback from a social care professional that things had been difficult with people becoming upset by restrictions imposed by the COVID-19 pandemic but that staff had managed this change well. They told us, "They have worked with professionals to seek medical advice, PBS support, psychiatry input and increasing 1:1 support hours to manage."
- The provider was aware of their responsibilities and regulatory requirements, including those under duty of candour. Statutory notifications, which are required by law, were appropriately submitted to CQC.