

Sanctuary Home Care Limited

Seaside Care Services

Inspection report

508 Seaside
Eastbourne
East Sussex
BN23 6PA

Date of inspection visit:
10 April 2017

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24 May 2017

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

Seaside Care Services provides personal care to people who were living in purpose-built sheltered accommodation. People rented their own flats and lived independent lives. Eighteen people were provided with a service. Five people, who lived with complex physical disability needs, lived in ground floor flats. Thirteen people, who lived with mental health care needs, lived in the first and second floor flats. Seaside Care Services provided care to people on a 24 hours basis, depending on their individual needs and preferences. All people had separate tenancy agreements with the housing provider, Saxon Weald Housing Association.

This inspection took place on 10 April 2017. The registered manager was given two working days' notice of the inspection. This was the service's first inspection since it was registered by CQC.

Seaside Care Services had a registered manager in post. 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 provider is Sanctuary Home Care Limited. Sanctuary Home Care limited is a national provider of care.

People said they felt safe. People had assessments of their individual risks, which they had been involved in drawing up. Where risks were identified for people, they had clear care plans which set out how their risk was to be reduced. Staff were aware people could be vulnerable and might be at risk of abuse. They knew what actions to take should they identify a person was at risk of being abused.

People were supported to take their medicines in the way they needed, with some people being fully independent, while other people received support from staff. Actions staff were to take to support people with medicines were clearly set out in their care plans. Where people needed support with their drinks and meals, this was provided in a flexible way, depending on what each person needed.

There were enough staff on duty throughout the 24 hour period to ensure people's individual needs were met. The provider had established systems, which were consistently followed, to ensure staff who were safe to work with people were recruited. People said staff were well trained. Staff confirmed they were supported with training and supervision to help them meet people's diverse needs. Where people had additional healthcare needs, staff supported them in seeking appropriate support. Staff were also aware of how to support them in the event of an emergency.

People said staff supported them in both maintaining and increasing their independence. They said they chose how they lived their lives and were supported in making links within the local community, to increase their independence. Staff knew people as individuals and supported them in living the life they chose. People's care plans clearly set out how they wanted to be supported.

People told us staff were caring and kindly towards them. They said staff respected their privacy and dignity, and always involved them in developing their own care plans. People said they knew how to raise issues with the registered manager if they needed to, and were confident the registered manager would take action should they do this.

People and staff were positive about both the registered manager and provider. The registered manager and provider regularly audited the quality and safety of service provision. If issues were identified, they took action to address them.

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.

People's risk assessments and care plans identified relevant areas of risk and actions needed to reduce risk.

Staff were aware of how to safeguard people from risk of abuse.

People were safely supported with their medicines in the way they needed.

Staffing levels met people's needs.

Staff were recruited in a safe way

Is the service effective?

Good ●

The service was effective.

Training was provided in key areas, and areas relating to people's individual needs. Staff received regular supervision and appraisal.

Where relevant, people were assessed in accordance with the Mental Capacity Act 2005.

Staff were fully aware of how to support people in an emergency and if they showed changes in their health needs.

People were well supported with their nutritional and hydration needs

Is the service caring?

Good ●

The service was caring.

People said staff supported them to maintain and develop their independence.

People said they were supported in a kind and caring way and staff respected their privacy and dignity.

People told us staff were consistently polite and supportive to them.

Is the service responsive?

Good ●

The service was responsive.

People were fully involved in developing their own care plans and with living their lives in the way they wanted.

Staff said people's care plans outlined the information they needed so they could meet people's individual needs.

People said their concerns and complaints were always responded to.

Is the service well-led?

Good ●

The service was well-led

The provider had established systems to audit the quality and safety of the service. Where relevant, action was taken to address any deficits in service provision.

Relevant records were in place. These were clear and fully completed.

Staff commented on the friendly and supportive approach from the managers.

The service was well-led

The provider had established systems to audit the quality and safety of the service. Where relevant, action was taken to address any deficits in service provision.

Relevant records were in place. These were clear and fully completed.

Staff commented on the friendly and supportive approach from the managers.

Seaside Care Services

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.

The inspection took place on 10 April 2017. This was an announced inspection. We gave the registered manager two working days' notice of the inspection because the service provides personal care to people living in their own home and we needed to be sure someone would be available for the inspection. The inspection was undertaken by one inspector.

Before our inspection we reviewed the information we held about the agency. The provider had sent us an information return (PIR) in which they outlined how they ensured they were meeting people's needs and their plans for the next 12 months. We reviewed the provider's information return (PIR). We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with seven people who used the service, five members of staff and the registered manager. We observed a shift handover meeting. We looked at four people's records and staff recruitment, supervision and appraisal records. We also looked at training records, quality audits and policies and procedures.

Is the service safe?

Our findings

People told us they felt safe. Comments to included, "I feel really safe" and, "I do feel safe here, if I don't feel safe, they back me up completely." People said they felt safe because they were being supported to live independently. One person told us, "I have locked doors, so I know I am safe." People said they felt safe because the accommodation was staffed all the time. One person said, "I press the tannoi and they come and see me." People said they felt safe because of their confidence in the staff. One person said, "Staff take the right action, so I'm not unsafe."

Due to people's wide range of needs, they could be at risk from a range of different factors. Each person had risk assessments, which were tailored to their individual needs. . These included risk assessments where people had physical care needs, such as support with moving about. A new member of staff told us although had been trained in how to support people with moving at a previous employment, they had been trained in the specific mobility aids used by a person during their induction, to ensure the supported this person with moving safely. People's risk assessments and care plans were up-dated when needed. One person's pressure damage risk assessment and care plan was updated when an external professional re-assessed their needs and provided further equipment to reduce the person's changed risk. Risk assessments included supporting people in their daily lives. A person had a risk assessment for when they showered, this included safety from risk of scalding by supporting the person in checking safe water temperatures, before they took their shower.

Some people could be at risk due to their mental health needs. Where people were at risk of self-neglect, they had clear risk assessments about this and their care plans outlined the support they were to be given. People's records included reports on their progress, these enabled evaluation of changes in their risk. Some people were at risk of substance abuse, such as alcohol. Where people had such risks, they had clear assessments and care plans, these included signposting people to relevant supports from external agencies. People had records of monitoring of their progress in reducing reliance on such substances. Some people were assessed as being at risk of self-harm. When we discussed such people's needs with staff, they were aware of each individual's risk, and the actions they needed to take to support each person. These actions included emergency support if necessary. One person had a medical condition which had the potential to cause them an emergency. They had a risk assessment and care plan which clearly outlined actions staff were to take should such an emergency occur.

Staff were aware many of the people they supported could be vulnerable from risk of abuse. Staff were fully aware of actions to take should they identify a person was at risk of being abused. One member of staff told us about the importance of discussing with person that they could be at risk, as some people lacked of awareness of such risks for them. Staff said they were confident about what they should do if they thought and a person was at risk. They knew if they reported a concern about abuse, this would be dealt with by management. One member of staff said, "There's always a manager on call to support me." There was clear information available for staff about actions to take if they needed to raise a concern with the local authority. Staff were aware they could report matters directly to the Local Authority if they needed to. We looked at records where staff had made reports to relevant authorities about risk of abuse. For example,

staff had informed the police where they were concerned a person might have been tricked out of some of their money.

People said they were supported in taking their medicines in a safe way. This depended on what they needed. One person told us they kept their medicines in a locked box in their own flat and staff observed them taking them at agreed times. They told us, "I feel safe because they make sure I remember to take them." A different person described how they were becoming more independent with taking their medicines and had progressed to giving themselves their own medicines, with staff watching. They told us, "I feel safe that way." A member of staff told us systems for supporting people with their medicines were, "Very varied" and that this depended on people's individual needs. They outlined how some people needed no support and entirely managed their own medicines independently, other people needed reminding to take their medicines and others were supported in taking their medicines under the direct supervision from staff.

People's medicines' care plans outlined the way they were supported. For example, one person's care plan showed they were entirely independent with their medicines, including being responsible for ordering all their own supplies of medicines, with no staff involvement. Another person had a care plan which showed they were being actively supported by staff in developing their independence in taking their own medicines. This person's care plan was being reviewed regularly while the person was gaining confidence. Another person's record showed they had a recent history of risk of self-harm in relation to their medicines. Their records showed they attended the office at agreed times to take their medicines under staff supervision, to ensure their safety. Where staff supported people who were prescribed medicines on an 'as required' (PRN) basis, they had clear protocols which outlined why they needed the medicine and the frequency they were to be supported in taking the medicine. Each person's records documented when they had been supported in taking such medicines and the outcome for them, to enable review of the benefits or otherwise of the medicine for them.

People said staffing levels met their needs. A person told us, "I ring the bell, they're here instantly." A different person, who told us they valued their independence, said, "If I ring my bell, they talk through the intercom to find out what I want. They then say when they'll come and they keep to that." Another person told us, "If I need to use the night staff, I ring the bell and they come." A person commented in the provider's recent questionnaire, "I am coping a lot better because there is extra support staff if I need it." All of the staff said there were enough staff on duty to meet people's needs throughout the 24 hour period.

The provider had safe staff recruitment systems. One member of staff told us, "The interview process here's done really well, if questions aren't answered right at interview, you don't get the job." All staff files had relevant information in them, including a full employment history, evidence of previous employment, at least two references, proof of identity and Disclosure and Barring Service (DBS) checks. DBS checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable adults. This ensured that only suitable people worked at Seaside Care Services. The provider regularly audited all employment files to ensure staff were recruited in accordance with their own policies and procedures.

Is the service effective?

Our findings

People said they received effective care. One person told us, "Staff are very clever, professional and skilled." Another person said, "Staff are trained to do their job." A person described how they had needed to see their GP and were, "Pleased" staff came with them to support them when they did this. A person told us they were learning to be independent with cooking, this included helping them to follow recipes. They said because of the effective support given to them by staff with preparing meals, "It's not as hard as I thought it'd be."

Staff were supported by training and supervision. A member of staff told us working at Seaside Care Services was, "A fantastic opportunity, you can learn a lot here." We met with some newly employed members of staff. One described their "Very intensive induction," when they started. They said this had involved shadowing other members of staff. They said the induction had been flexible and related to their own needs. They told us they had not had previous experience in supporting people who were living with mental health needs, so their induction had taken this into account. A different newly employed member of staff told us, "Staff here are really supportive of new members of staff."

The provider had a training plan which included mandatory areas, such as life support, and service specific areas, such as mental health treatment and support. One member of staff described the training provided as, "Very interesting," another said the provider, "Offers a lot of training," and that it was, "Useful." Training was provided as both face to face and on-line. One member of staff said the provider's on-line training was, "Pretty good." A member of staff said they were currently being supported in gaining a further qualification in care. Staff were also trained in meeting people's specific needs. For example, staff told us they had been trained by the district nurse about how to support a person who used a prescribed appliance.

Staff were supported. All staff received a monthly supervision with their line manager. A member of staff told us, "I feel like I can really talk to them," about their line manager. Another member of staff told us how supportive the whole staff team were, saying, "I feel really supported by the managers and staff team, whoever you're working with." The registered manager had a plan to ensure all staff received regular supervision from their line manager. Records of monthly supervisions showed they were a two-way process. For example, one member of staff's supervision documented when they had brought up an issue where they felt they needed support in meeting a particular person's needs, and the feedback in relation to this from their line manager. Staff also received an annual appraisal. These also showed staff could bring up issues. For example, a member of staff had identified they needed training in being a trainer for other staff in relation to medicines. A local course had been identified, with an agreed date for completion. Staff meetings were also used to support staff, and develop their skills. For example, the staff meeting of February 2017 had looked at the provider's care planning systems for supporting people with mental health needs in relation to some of the people who were being supported.

All of the staff we spoke with were fully aware of meeting the needs of people in relation to the Mental Capacity Act 2005 (MCA) and Mental Health Act 1983 (MHA). 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. Under the MCA, people can only be deprived of their liberty so that they can receive care and treatment when this

is in their best interests and legally authorised under the MCA. The MHA sets out when a person can be admitted, detained and treated in hospital or the community to ensure their mental health needs are met. Seaside Care Services provided care to some people who were subject to certain sections of the MHA

People were supported in consenting to all aspects of their care. All people completed consent forms to state how often they wanted contact with staff, during the 24 hour period. People also signed an individual agreement about when staff should be authorised to enter their flat, using master keys, if they did not make contact with staff within agreed periods. People also consented to individual matters relating to themselves. For example, a person had set out in their consent form about when staff were allowed to provide family members with access their flat. A member of staff told us people, "Make their own choices, it's understood they can make bad choices too." Staff were aware they needed to involve other agencies where they had concerns about a person's capacity. For example they had contacted a person's social worker where they had concerns about the person's capacity in relation to management of their own finances.

People were effectively supported with their healthcare needs. A person told us they could become ill at times. They said, "If I say I'm feeling ill, they come at once." A different person told us staff had, "A good understanding when I'm not feeling well and they talk to the office so I get help." Several people were visited regularly by external health care professionals, such as district nurses. A member of staff described their, "Good working relationship" with district nurses. Clear records were maintained of directions from external professionals. For example, a member of staff told us a person needed regular dressings for a wound. The person had clear records about outcomes from district nurses visits and any additional instructions for staff. Staff were flexible and supported people who wanted to be accompanied on appointments with external professionals. They also supported people in going to such appointments on their own when that was what they preferred.

People received support with eating and drinking, depending on their individual needs. Some people did not need any support with their food and drink. Other people needed some support, for example filling up a jug of drink for them, or turning on an oven, so they could cook their own meal. Other people were supported in developing their own skills. For example a member of staff told us they met with one of the people once a week. During these meetings, they and the person would look up recipes together, decide what to cook, go and shop, and cook the meal up from raw ingredients. The member of staff said this approach for the person was, "Making them more confident," in supporting themselves independently. A person's records showed they were trying to lose weight. Their records showed they met regularly with one member of staff to review how they were progressing and to look at different aims and support. A member of staff told us there were a range of professionals they could signpost people to when they asked for support with healthy eating. A person responded to the provider's recent questionnaire, stating because of support from staff, "My cooking ability has increased."

Is the service caring?

Our findings

People said the service from Seaside Care Services was caring. One person told us, "It's 100%" here." People said how much they appreciated the staff. One person said, "I can't praise them enough," another they appreciated the way staff were, "Cheerful to me," and another said, "Staff help me out." A person told us they had lived in other care settings. They told us, "I know what it feels like to be in care, but this feels nothing like it, this is like being in your own home."

People said a key area for them was the way they were being supported in gaining independence in managing their own lives. One person told us, "You fend for yourself and staff make it easy to do this," and another, "Staff sort things out for me." Most of the people who responded to the provider's recent questionnaire stated they felt they had developed new skills in being independent since they started receiving a service from Seaside Care Services. One of these people also commented in their questionnaire, "Being independent is rewarding."

People told us they were supported in gaining independence in the way which suited them. One person told us they were now living more independently. They said staff supported them in going out of their flat and they now went out of the building for a walk with staff on two days a week. Their progress with leaving their flat and going for walks was clearly documented in their care plan. One person had a care plan which documented how staff were to support them in managing to clean their flat independently. Another person told us they now ordered all their own continence aids, without support from staff. One person told us, "It's empowering, looking after yourself."

Some people needed support with managing their own finances. Where this was the case, people had clear care plans about the steps they were taking to do this. One person who was looking after their own bills, came down to the office to check on one of their bills and to receive confirmation from staff they were taking the correct actions about the bill. Another person came to the office, they asked staff to look after the cigarettes they had just bought, so they did not run out. Staff discussed with the person how they felt they were progressing with managing their own finances and their choice to smoke. What they agreed was written down.

People said staff were very caring towards them. One person described staff as, "Very understanding," another as, "Very diplomatic," and another that staff, "Give you piece of mind." Another person told us they had mental health needs and because of how caring staff were to them, "It means I'm more relaxed." Another person described the way staff, "Skilfully calm you down," when they became upset or worried by something. Another person told us they often came down to the office to talk about things, or just have a chat with staff. They said they had, "No problem" with doing this because staff were always caring and, "Willing to help."

People involved with their individual care plans. One person told us they were never, "Instructed on what to do," by staff. Another person said they liked the way staff always asked if they wanted anything else before they left their flat, like if they could get them a drink. One person said because they felt staff were involved

with them, "I don't get lonely here." People said staff knew them as individuals, so they felt supported and involved in their day to day, and future plans. One person told us, "Staff really know people living here," and another, "I know they use agency staff at night but they are consistent and know me - makes a big difference."

People said because of the support given to them by staff, they could choose how they spent their lives. One person told us, "You live life how it suits you." People's care plans showed they were given a range of options to support them in choosing how they lived their lives. This included when they wanted a visit from staff, if they wanted support with going out shopping, or if they were not able to do their own cleaning, when they would like their flat to be cleaned.. One member of staff told us, "It's their choice" about how a person decided what to do about a matter.

Staff supported people's privacy and dignity. One person told us, "They never just come in [to my flat], they always knock on my door and check with me before they come in." Another person told us emphatically staff were, "Definitely" always polite and helpful to them. One person could show behaviours which may cause themselves or others anxiety if they felt their privacy and independence had been affected. Staff understood the person's need for privacy and dignity at that time, so they would leave the person for a period of time and come back when the person felt calmer.

Staff clearly knew people as individuals. One member of staff told us, "Every client here is different." We observed a member of staff supporting a person. They both had a good rapport. The member of staff clearly knew the person well and they were very polite to the person. The member of staff knew small but important details about the person's preferences, for example which types of coffee they preferred. We observed a staff handover meeting. Staff attending knew people individually. Staff discussed how to meet people's needs in sympathetic way, this included people whose conditions were unstable at that time. Staff reported on factual matters for such people and did not use any judgemental language. Staff also celebrated people's success where they had achieved some of their aims in becoming more independent.

Is the service responsive?

Our findings

People said Seaside Care Services was responsive to their needs. One person told us, "I've got a care plan, it's always facilitated," another "I can change my care plan, I do it all myself," and another "I see [member of staff's name] once a week and discuss my care plan." People said they could raise issues of concern to themselves. One person told us, "I'd tell the manager," if they had any concerns.

People were involved in drawing up their own care plans. One person told us, "We have a meeting each week and I say what I want." Another person described a recent meeting with a named member of staff where they had agreed changes to their plan. One member of staff described how they met with named people every week to work on their care plans and to review progress with them. Another member of staff told us, "It's challenging but really rewarding here. I feel we're making an impact supporting people, it's really person-centred here." People also commented on the flexible approach by staff when responding to their needs. One person described how if they felt too stiff one day to empty their washing machine, staff would do it, even if they usually did it themselves. Another person said staff responded to them by, "Coming when I want" about timing of their visits to them.

People had detailed care plans about how their needs were to be met. One member of staff told us, "Everyone has their own individual care plan, it tells you everything, from important things like allergies to smaller matters about how they want caring for." People's care plans were person-centred. For example, a person's care plan documented precisely how a person wanted to be supported when using a particular aid for their mobility. Another person's care plan stated how they liked to be supported to dress themselves, including that they wanted to dress their lower half first and their upper half after they had settled in the chair they used during the day. Where people needed additional support, for example in relation to risk of substance abuse, this was clearly documented, including support from external professionals. All of the staff we spoke with knew people's individual needs in detail, this enabled them to respond to individual's needs. Staff said a key area was effective communication between themselves. One member of staff commented on the, "Really good communication between all staff."

People were supported in their daily lives, including with their families and friends, and becoming involved with the local community. All people had a weekly timetable drawn up with them. These set out what they wanted to do. For example one person's timetable documented the support they were to be given to go to the local shops once a week. Another person's care plan documented the importance of their family's regular involvement with them. One of the people was planning to start working in the future. The person had a plan to support them with undertaking a First Aid Certificate to enable them to develop their skills for the area they wanted to work in. Another person was being supported in increasing involvement with their religious faith. People also commented on support with engagement in the community in the provider's recent questionnaires, one person stating, "I swim six days a week" and another, "I like going to the gym."

People said they felt able to raise issues of concern to themselves if they needed to. One person told us, "Oh yeah, if I wasn't happy, I'd talk to the manager," and another, "If I've a problem, I ring the manager, she always sorts it out, she knows what to do." One person described an occasion when they had raised an issue

of concern to them. They said management had been, "Very supportive and helpful," when they did this. A member of staff told us about the importance of explaining to people how to make a complaint if they wanted to and how they would support them if they chose to do it.

The provider had a clear complaints policy, which was given to each person. The policy was written in plain language and also outlined what a complaint was. Most people said they had no complaints to make. One person told us, "I've no complaints here," and another, "I've no real worries." We looked at the records of complaints. Only one formal complaint had been made since the service opened. This had been investigated in full. Records showed full support was given to the person while the matter was being looked into. The person was also given opportunity to come back to the registered manager if they were not satisfied and given information on how to take the matter further, if they wished to.

Is the service well-led?

Our findings

People told us the service was well-led. We asked a person if they would recommend Seaside Care Services. They responded, "Yes" emphatically. One person told us Seaside Care Services was, "Incomparable" with other services they had received. One person simply told us, "I'd give it 10 out of 10." The provider regularly surveyed people's opinions about the service. The recent survey showed a high response rate from people. All responses were positive

People were positive about the registered manager. One person told us the registered manager was, "Very approachable." Another person said it was, "Easy to get hold of management and they're easy talk to." One member of staff said they had worked for other providers in the past and liked working at Seaside Care Services because, "The managers listen here." Another member of staff told us they liked working for the provider because, "There are lots of opportunities, you can start at the bottom and end up in a senior position."

Seaside Care Services had good links with other agencies in the area. Management and staff were aware of the wide range of support available to people locally, and how to access them. The registered manager told us building up relationships with other agencies in the area was a, "Key factor." Staff told us about links with the local district nurses, CPNs and social services, as well as the wider community, such as leisure centres, local support for people in developing healthy lifestyles, local clergy and voluntary societies. Where people wanted involvement with their families, this was supported. One person told us they valued the way their spouse and children could come and go as they wanted to.

The registered manager was keen to develop practice and innovation to support people with their individual lifestyles. For example, they had approached the landlord for the accommodation, so people who lived on the ground floor who were wheelchair users, could access their own gardens. A date for implementation of access arrangements had now been agreed. The registered manager had made developments in other areas. For example one person had agreed to become involved in supporting the induction of new staff.

Staff were positive about the philosophy of care and teamwork at Seaside Care Services. One member of staff told us, "We're a good staff team, there's a good support network; it's really lovely to come to work," another, "It's a really nice place to work, I'd recommend working here" and another, "I enjoy the environment, we're a good staffing team, I'm really happy at work." Staff said they felt supported throughout the 24 hour period. All staff confirmed there was always a manager on call, who was familiar with service, this meant they always had a senior person to go to, if they were unsure about something. Staff were supported in other ways. For example, where a member of staff had been off sick, the registered manager always performed a return to work meeting with them. In this they would assess how the member of staff was, and any relevant actions needed.

The registered manager and provider had quality audit systems. These were used to review if they were meeting their philosophy of care. The registered manager performed a monthly audit of a wide range of areas, including infection control, management of medicines, care planning, accidents and incidents. The

monthly analyses of accidents and incidents showed all accidents and incidents had been reviewed and where issues were identified, relevant actions took place. For example an incident occurred which related to a change in the person's mental health needs. The service had contacted additional support for the person. They had reviewed the person's progress, following implementation of additional support.

The registered manager and provider ensured staff training and support was regularly audited. The provider had a system for alerting the manager if staff had not undertaken mandatory training. The provider was open to looking at different ways for improving staff support. For example, they had identified their current induction programme did not suit Seaside Care Services in all areas, because it was too care-home based. They were in the process of developing a staff induction programme which was more suited to this speciality. Regular team meetings took place during which staff could raise issues meetings with management. One member of staff told us, "Management is open to suggestions." For example, during one staff meeting, staff had discussed practical solutions for supporting people with taking their medicines when people come to office to receive their medicines. Minutes of the meeting showed this was a two-way process so staff could arrive at the most appropriate method to meet people's needs, and ensure their safety.

Management were aware of the importance of clear and accurate records. Record-keeping had been a topic at the staff meeting for March 2017, and included a discussion about how to improve documentation and the consistency of recording. Such systems meant people's records were clear. For example a person had a care plan which clearly documented signs and symptoms they showed if they were unwell. The person's care plan set out actions staff were to take to support the person when this happened. The person's records were written in approachable language and did not use jargon. Where people needed additional support, language used in reports was clear and non-judgemental. For example a person had shown an instability in their condition, the report about what happened clearly set out what had happened. There were also full records of when had staff needed to use the master key to people's flats. This enabled the manager to review that staff were following each person's documented wishes about when this should take place, so their wishes were responded to, and their safety and welfare ensured.

All people had clear tenancy records on file, these included setting out that people could choose not to use Seaside Care Services and seek a service from a different care provider, if they wished. Everyone we spoke with said they were satisfied with the service, so had not chosen to do this. One person told us, "It's really good," and another, "It's fine."