

# The Royal School for the Blind

# SeeAbility - Applewood

# Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Seeability - Applewood Residential Home is a residential care home providing personal care for younger people with learning disabilities, mental health or autism support needs. There were five people living there at the time of inspection. The service was primarily for people who had sight impairments, however not all people had this support need.

Four people's bedrooms were based in the main part of the house, some with ensuite facilities and others with a communal bathroom. Another person had their own self-contained flat built into an annexe attached to the house. There were communal areas that all people could use, as well as a large, well-maintained garden.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Although people didn't tell us they felt safe, they appeared comfortable and relaxed around staff and calm when receiving support. Risks were managed in a positive way, enabling people to do the things they wanted to and be independent. There were enough staff to meet people's needs and they were recruited in a safe way. Medicines were also given safely by trained and competent staff. When incidents occurred, these were reviewed for patterns or trends and actions taken to prevent reoccurrence.

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.

People's nutrition and hydration needs were met and they were supported to have positive wellbeing by a number of health and social care professionals. The building had been effectively adapted to ensure that it met the needs of all people. Staff had the induction, skills and knowledge to ensure that they knew how to work with people and meet all of their support needs.

We observed that positive relationships had been built between people and staff and relatives told us they

thought staff were kind, caring and attentive. Staff had a good understanding of respecting and promoting people's dignity and privacy. We saw examples throughout the inspection of people being encouraged to be as independent as possible. This included the use of specialised equipment for those with a visual impairment.

People continued to be supported to do activities of their choosing, that suited their hobbies and interests. They were encouraged to maintain relationships with those that were important to them. Staff knew people's communication needs well and used a variety of tools to ensure this was encouraged and promoted. Complaints had been managed in a professional and efficient way. Outcomes were shared and complainant's views about the complaint's process considered important.

Relatives and staff spoke highly about the registered manager and felt the service was well-led. We could see that the registered manager knew people very well and promoted a positive, person-centred work ethic. The registered manager had good oversight of the service and sought feedback from others to continuously improve. They understood the importance of working together with others to achieve positive outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 16 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# SeeAbility - Applewood Residential Home

## **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.

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

Seeability – Applewood Residential Home 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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave 24 hours' notice of the inspection. This was because some of the people using the service could become anxious when new people visited the home. We wanted to give staff time to prepare people for our arrival.

#### 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 and professionals who work with the service. 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-

Some people were not able to speak to us due to their communication support needs. Other people chose not to discuss the home and their experiences with us. Therefore, we spent time observing people, their interactions with staff and how their needs were met. We spoke with six members of staff, including the registered manager, regional manager, deputy manager, two support workers and an agency staff member.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four relatives of people living at the service. We also contacted two professionals but were unable to obtain any feedback.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People remained safe because staff were able to recognise risks and understood actions to take if they suspected a person was at risk of abuse.
- Staff had all had safeguarding training that was regularly reviewed. One staff member said, "I would speak to management. I know I could also speak to the local authority safeguarding team or my regional manager."
- Staff also knew about the whistleblowing policy. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral. There was an up to date policy that was regularly reviewed with staff during training and team meetings.

Assessing risk, safety monitoring and management

- Although people didn't tell us they felt safe, we observed them to be calm and happy around staff they knew well and trusted. Relatives were also confident that people were kept safe, one telling us, "I am very reassured that my relative is kept in a safe, happy environment."
- A positive risk-taking culture was promoted. People had robust risk assessments that discussed areas of concern and enabled them to do activities they enjoyed and be as independent as possible. This included areas such as preparing food, activities in the community and self-medicating.
- Some people had specific health care needs and assessments clearly identified signs that a person was well or unwell and how staff should act. Other people could display behaviours that challenged. Guidelines were detailed with early indicators a person was anxious, steps to take to reduce this and how staff should respond to each behaviour.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, and water temperature checks. People were involved in regular fire drills and had their own Personal Emergency Evacuation plans to inform staff what support they needed.

Staffing and recruitment

- When we announced the inspection, the registered manager told us that there had been some recent staffing challenges, due to staff leaving. However, through looking at rotas, observations of people and discussions with staff, we saw that this had minimal impact on people and their needs were consistently being met.
- Some people required 1-1 support or 2-1 support for specific activities and these staffing levels were still being provided. People were still able to attend their regular and favourite activities. Throughout the

inspection, there was always staff available to support people if they needed it.

- Staff absences were being covered by regular agency staff and staff from another service run by the same provider. This meant they knew people and their needs well. The registered manager and deputy manager were also covering shifts to ensure people always had the right support.
- The regional manager told us that staff recruitment, "Was of the utmost importance." They advised that they had recently recruited three new members of staff and were awaiting pre-employment checks before they could start.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included a full employment history, references and applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

#### Using medicines safely

- People received their medicines from staff that were trained and had their competency assessed regularly. This was through questionnaires and observations by the registered manager or deputy manager.
- People's medicines were ordered, stored and managed in a safe way. People's medicines were stored in lockable cabinets in their bedrooms, which promoted their independence in managing their own medicines. One person took some of their medicines independently and there was a detailed risk assessment that reflected this.
- People's Medicine Administration Records (MAR) were completed after medicines were given. There continued to be robust medicines audits which meant any issues were identified quickly. Since the previous inspection there had been minimal medicines errors.
- Some people also had 'As required' medicines. There was clear guidance on dosages, why they were given and when additional medical advice should be sought.

#### Preventing and controlling infection

- The building was clean, tidy and well organised with good practices in infection control promoted.
- Staff had all received training in infection control and were aware of how to reduce the risk of infection. This included the use of Personal Protective Equipment (PPE) such as gloves and aprons.
- Staff used PPE when supporting people with personal care or when preparing foods. They encouraged people to wash their hands at these times also. There were also different coloured chopping boards that staff encouraged people to use, to reduce the risk of cross contamination.
- People were supported by staff to clean their bedrooms and communal areas.

#### Learning lessons when things go wrong

- The registered manager had good oversight of incidents when they happened. They were reviewed regularly to look for patterns and trends. Where these were identified, action was taken to improve. Where things had gone wrong, this was reflected on by the registered manager and staff team.
- For example, one person had been involved in incidents where they had displayed behaviours that challenged towards staff or other people. Staff worked closely with positive behaviour specialists, the community learning disability team and the person's GP to identify what could be causing these behaviours and how best to respond.
- The registered manager said, "We had specific training and designed a specific positive behaviour support plan. Other simple changes were made such as moving the person's communication pictures into the lounge instead of the office, so they could always get to them."
- Since these changes, there had been a significant reduction in the number of incidents. A staff member said, "This is because we are all consistent now in the way we support the person."



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Before people moved into the service, they had thorough pre-assessments completed, which included information about their support needs, preferences and routines. This included gathering information from relatives, social workers and health professionals to build a holistic view of the person's care needs.
- Medicines plans were devised using guidance from professional bodies, such as The National Institute for Health and Care Excellence (NICE). Some people also had Speech and Language (SaLT) assessments to support with eating and drinking or vision passports designed using NHS guidance.
- Staff told us that supporting people to transition into the service was important to ensure they were as happy and comfortable as possible. It was also about ensuring staff had all the information they needed about people to be able to support them effectively.
- One staff member said, "There are lots of notes to read. People come to visit, for example they sleep here supported by staff they know from their old service, come to events like BBQs and visit with family. They don't get just placed here. One person had a pictorial calendar that they ticked off each day, so they could understand timescales for moving in. It really helped with their anxiety."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. They received a variety of training that included safeguarding, health and safety and mental capacity.
- Staff had also received more specialised training in autism, understanding learning disabilities, dysphasia, positive behaviour support and visual impairments to meet the more specific needs of people.
- One staff member said, "The visual impairments course was one of the best I've been on. We had to be blindfolded and supported into town to order food. You must feel completely comfortable with the person supporting you or it doesn't work. It was so good in understanding what people go through."
- Staff told us they received a robust induction where they shadowed more experienced staff, so they could get to know people's routines and support needs. Following induction, they were supported with regular supervision to ensure they continued to learn and grow in their roles.

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

- People's nutrition and hydration needs were consistently met. Throughout inspection we observed staff asking people if they wanted drinks or snacks and encouraging them to prepare them independently.
- People took turns to choose meals for dinner each day, with alternatives available for those who didn't want to eat it or changed their minds. Some people had specialised diets due to religious choices or

allergies and the same meals were provided, just altered to ensure they could be eaten. This ensured people did not feel left out or unable to enjoy the same meals as others.

- Healthy meals were encouraged, using fresh organic ingredients and promoting fresh fruit and vegetables. However, people still enjoyed meals out or the occasional takeaway which one person said, "I really look forward to."
- One person's care plan stated that staff were required to stay with the person to ensure they ate, due to previous health risks of being underweight. We observed staff to meet this guidance and write down how much the person ate and drank during the day. The person was also weighed regularly.

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

- We saw that people had access to a variety of health and social care professionals to improve their wellbeing. This included their GP's, visual impairment specialists, the community learning disability team, podiatrists, specialist nurses and chiropodists.
- Following appointments or visits from professionals, detailed recordings were made by staff in people's care records about what was discussed and any follow up actions. This ensured that staff had an accurate timeline of people's health issues, which they could monitor for changes.
- For example, staff had noticed that one person wasn't drinking as much as they should be to stay hydrated. They involved the person's GP, nurses and behaviour specialists to identify the cause and implement the right support to improve. New guidance had been successful, and lack of hydration was no longer a risk.
- One person could experience seizures, although they were not diagnosed with epilepsy. Staff had worked with health professionals to create guidance on what seizures looked like, any patterns, trends or triggers and what action staff should take.
- Another person was supported by several professionals when they moved into the service. This included their GP, mental health professionals, an occupational therapist and SaLT. This collaborative working ensured a smoother transition for the person with less anxiety and staff and their relative reported that the person had settled in well.
- People were supported to maintain good dental hygiene. People all had access to toothbrushes and toothpaste and we observed staff encouraging one person to brush their teeth. People were also supported to regular appointments with a local dentist.

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

- The building had been adapted to meet the needs of people. Corridors were wide and clear from clutter. This ensured that people with visual impairments had minimal trip hazards and that those with walking aids had space to manoeuvre safely.
- Staff told us that furniture was kept in the same place to support people that had visual impairments with orientation. There was different flooring at the top of bottom of the stairs so that people could feel where they were and be warned of steps.
- One person required their own space to reduce anxiety and potential behaviours that challenged. They had their own self-contained flat, built as an annex onto the house, with kitchen, bathroom, bedroom and lounge. They also had their own 'tent' where they went when they needed additional space to feel calmer.

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.

- We observed that people were offered choice throughout the inspection. This included what they wanted to do, what they wanted to eat or drink and how they wanted to be supported.
- One person had a DoLS granted and any conditions for this were being met. The DoLS was reviewed regularly by the registered manager and professionals to ensure it was still relevant to the person.
- This person required staff to be aware of where they were at all times. They had alarms fitted to their bedroom door, so that they could have privacy in their room without staff always being present. When the person left their bedroom, we saw staff supporting them to go where they wanted to go.
- Where people were assessed as lacking capacity, they had specific mental capacity assessments that involved them, their relatives and professionals.
- Staff had a good understanding of the mental capacity act and how it applied to people they supported. One staff member said, "If people can't verbally tell you (choices), I show them pictures, or they point to things they want. One person was pacing, and I had to work out what it meant. It was because they wanted honey on their cereal. You have to take time to get to know people and understand what things mean."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Although most people didn't tell us how they felt about staff, we observed warm, friendly interactions between people and staff. One person smiled and said, "Yes" when asked if they liked staff and were happy living at the service. Another person was smiling and laughing throughout the inspection, doing 'fist bumps' with staff, which was a sign they were happy and comfortable. Two other people sat having conversations with staff about their hobbies and interests.
- Staff knew people and their support needs very well. For example, one staff member identified quickly that a person was becoming anxious and offered reassurance and attentive support. The person became calm quickly and started smiling and laughing with the staff member.
- Relatives were confident that staff were kind and caring in their support of people. One relative said, "The staff are both friendly and efficient." Another said, "Staff understand my relative well and offer them the support they need."
- Staff had all received training in equality and diversity and understood the importance of understanding and respecting people's differences. One staff member said, "I genuinely care about these people and treat them how I would want my family to be treated. Pretend it's your mum or sister; Is the level of support provided good enough for them?"
- People were supported to practice their faith, for example, one person was supported to listen to recorded prayers at certain times of the day and had religious items in their bedroom. Another person wished to express themselves in a specific way and staff respected and promoted this choice.

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

- People's views were continually sought and their decisions about their care respected. People decided what they wanted to do and when they wanted to do it. For example, choosing when they wanted a shower and when they wanted to eat.
- One person decided they didn't want to go out and staff checked this what they really wanted before offering alternatives. The registered manager asked another person if they would like to show us their bedroom and when they said no, respected their choice.
- Another person was asked if they could be weighed and the person indicated no by pushing the scales away. Staff respected this and suggested trying again another time. Five minutes later the person reached for the scales to indicate they were happy to be weighed and staff supported them.
- People were involved in regular meetings where they discussed activities, menu options and changes in

the home. Once a week people also had their own 'bank and shopping day'. On these days, they chose the evening meal for the house and helped buy and prepare food.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence continued to be promoted and respected by staff.
- Staff had all received training in dignity and respect and were able to give examples of how they would protect people's privacy and dignity, for example when supporting with personal care. People's documentation was kept securely and only seen by those authorised to do so.
- We saw lots of examples of staff encouraging people to be as independent as possible, for example by making their own drinks or preparing their own meals. For people who had a visual impairment, specific equipment to aid their independence was used, such as talking lids, which informed people what was in containers they were opening. There was also a talking microwave.
- We observed another person with a visual impairment being supported to make their own health appointment. The registered manager advised what staff would be available to take the person and they chose who they wanted to support them. They then rang to make the appointment independently.
- Staff told us that maintaining independence was something the staff team valued and promoted as it was so important to people. A staff member said, "People are independent here - it's their home and they do what they want. For example, if I started making one person's lunch for them they'd go nuts. They like doing it themselves."
- A relative confirmed that building independence was a focus from the staff team and it had had a positive effect on their relative. They said, "My relative has developed amazingly since being at the service and has become more independent than I could ever have imagined."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- Information gathered during pre-assessments was used to develop bespoke care plans for people. This included information about their histories, support needs and preferences.
- People had their own one-page profiles that reflected what others liked and admired about them, what was important to them, how best to support them and important ways to keep them safe. People also had their own easy read vision and hospital passports that could be given to professionals if the person became suddenly unwell. These passports informed hospital staff about communication and other preferences.
- When describing people's support needs, there were detailed instructions of what people could do independently and what support they needed. For example, one person had buttons sewed on their bedding, so they knew which way up they were meant to be. Other people had been involved by having photos taken of them doing things in a 'step by step' guide for staff in how to support them.
- We saw that people were involved in regular reviews with staff, their relatives and professionals to discuss their care and actions going forward. Relatives all told us they felt involved in people's care. One relative told us, "I am constantly asked for my input and opinions on my relative's care."

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.

- Staff were knowledgeable of people's communication needs and used a variety of tools to ensure they were met. For example, some people had easy read documentation within their care plans so promote their understanding and involvement with their care.
- One person showed us their pictorial activities timetable, which reminded them what they were doing each day. Another person showed us their 'Now, Next and then' visual timetable to help them understand timescales and routines for each day and manage their anxiety.
- For people with visual impairments, talking objects such as containers (which informed people what was inside) and a microwave was used to enable people to prepare their own food. We observed that staff approached people gently so as not to startle them and introduced themselves before they spoke to people.
- Every person had a detailed communications plan and passport which informed staff about people's preferred communication. This included verbal and non-verbal cues and how a person may express they are

in pain.

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 continued to be involved in a variety of activities that they enjoyed and that were linked to their hobbies and interests.
- During the inspection, we observed that one person went shopping, another went Kurling and another, swimming. People showed us their activities timetables which included other activities such as walks, meals out, going to Eastbourne or to a local day service, run by the same provider. People were also involved with activities within the house, such as arts and crafts, films, quizzes, BBQ's, parties and cooking.
- Two people often chose not to go out due to anxiety. This was something that staff were continually supporting with, in the hopes that people would become more confident. New activities and opportunities were offered regularly to support with this and reflected on within reviews.
- People were supported to maintain relationships with their families and friends. One person told us they had friends at day service which they liked to see. Another person told us they saw their girlfriend twice a week and were supported by staff to maintain that relationship.

Improving care quality in response to complaints or concerns

- Relatives told us that they rarely had to raise any concerns, but they felt confident who to speak to and that issues would be addressed quickly and efficiently. We saw that people were regularly reminded how to raise complaints in meetings and reviews.
- There had only been two complaints in the previous year, one by a person and another by a professional. Each one had been addressed within relevant timescales by the registered manager, who discussed concerns with the complainants and actions they would take.
- Following investigations into complaints, the registered manager fed back their findings to the complainants and documented their satisfaction with responses. In both cases, complaints were happy with outcomes.
- Outcomes were also shared with individuals or teams involved and used as a learning tool to improve practice. Staff were reminded of policies or good ways of working to ensure that issues did not reoccur.

End of life care and support

- Although no-one was receiving end of life care at the time of inspection, staff had spoken with people and discussed their preferences or wishes for this time. This included funeral preferences such as music, hymns, guests, where and how they wanted to be buried or cremated.
- Some people had their own wills and copies of these were kept with end of life preferences documentations. These were reviewed regularly with people to ensure their wishes had not changed.
- Where people had not wanted to discuss end of life preferences, this was respected by staff and documented in their care plans.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although people did not tell us their views on the registered manager, we observed them to have built good relationships. People knew who the registered manager and smiled when talking to them. The registered manager knew people and their interests and engaged them in conversations about these things. One person touched the registered manager's arm and high fived them, signs we were advised meant they liked someone.
- Relatives spoke highly about the registered manager and the way the service was run. One relative said, "The manager is very friendly and approachable." Another told us, "I believe she manages the home well and I always feel able to contact her with any issues."
- Staff told us they felt part of an open, supportive team and that this culture was promoted by the registered manager. One staff member described them as, "Passionate, supportive and very caring." Another staff member said, "You can tell she genuinely cares and believes in people. She knows people very well and takes time to get to know them."
- We observed the registered manager setting positive examples for staff in the way they engaged and encouraged people. They constantly asked people for their views. They advised staff of different ways to try things to encourage people. For example, one person appeared anxious and the registered manager suggested to staff alternative ways they could support them, which staff reported helped the person feel calmer.

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

- The registered manager demonstrated a good understanding of their responsibilities under the duty of candour. They said, "It's about being honest and open if something happens and telling others what happened, why we think it's happened and any actions we may take to prevent in the future."
- They gave examples of incidents that had occurred and others they had informed, such as relatives, health and social care professionals, the local authority, safeguarding teams and CQC where necessary.
- Relatives confirmed they were always informed of any incidents or changes to their loved one's health and that the registered manager was consistent in providing regular updates.

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



regulatory requirements

- There were robust quality assurance processes to ensure the registered manager had oversight of the service. This included monthly review of safeguarding's, accidents and incidents, care plans and the environment.
- The deputy manager was responsible for managing and auditing medicines on a monthly basis. This included checking stocks, ordering and observing staff practice.
- Additionally, audits were completed quarterly by a compliance officer from the company and also by the regional manager when they visited every couple of months. The regional manager said, "During visits, I meet with the manager, observe, talk to people, attend team meetings, talk to staff and do minor quality checks."
- The registered manager said, "We are open to observations and audits at any time. Feedback is always helpful and supports us to be better."

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

- The provider continued to seek regular feedback from people, their relatives and staff and used feedback to improve service provision. This was in the format of questionnaires, completed annually.
- We viewed the latest questionnaires completed by relatives and by people, with support from staff. Most feedback was positive. Where one person had provided constructive feedback, we saw evidence that the registered manager had met with the person to resolve their concerns.
- The latest staff survey had received feedback from staff that senior management was not visible within the service. In response, the registered manager suggested organising a BBQ and inviting the senior management team. People and staff liked this idea and so this was arranged.
- Information from surveys was collated and reviewed by the management team. This information was then fed back to people, their relatives and staff so they were aware of results and any actions leading on from it.

Continuous learning and improving care; Working in partnership with others

- The registered manager and regional manager told us that continuous improvement and working together with others was important in ensuring that people had the best experiences possible.
- They told us about plans to move onto online care plans by the end of 2020. The regional manager said, "We are very excited about this project. Not only will it be more interactive for people, it will be timelier, in that it will be quicker and much easier to make updates."
- The regional manager also told us how important it was to the provider that people had a voice. For example, one person from each house owned by the provider was selected as a representative to discuss policy changes or company changes and feed back information to other people. A large focus in latest meetings had been on enhancing people's knowledge about intimate relationships.
- The provider had also introduced a 'Key associates' role, where one person was selected as a representative from homes in the local area. At these meetings, focus had been on how to vote. The provider had produced a manifesto on voting for people, to increase their knowledge and understanding.
- The registered manager told us that they worked in partnership with managers from the provider's other homes in regular meetings. They also attended some registered manager forums led by the local authority. The registered manager said, "I view all of these as learning experiences."