

# The Royal National Institute for Deaf People

## St Gabriel's House - Apartments

### Inspection report

St Gabriel's House  
44 Elm Grove  
Westgate-on-Sea  
Kent  
CT8 8LB

Tel: 01843832750

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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

St Gabriel's House is a residential care home registered to provide accommodation and personal care for up to eight people. The service is based across two apartments, which are in the same building as a day service run by the provider. There were seven people living at the service at the time of this inspection. People had a range of learning disabilities. Some people were living with autism and some people required support with behaviours that challenged. Some of the people were living with hearing loss and used British Sign Language (BSL) to communicate.

The service is in a quiet road, close to local shops and the sea. Each apartment has large living and dining areas, a kitchen, four bedrooms and several bathrooms.

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

The building design fitted into the residential area. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

People were happy and fulfilled living at St Gabriel's House. Staff focused on people's health and emotional wellbeing and ensured their needs were met. There was a person-centred and enabling culture at the service, which people and staff were positive about. People's privacy and dignity was promoted.

Communication needs were clearly understood and ensured people were involved in all aspects of their care. Risks had been assessed and measures needed to positively manage these were embedded into daily practice. People were supported to develop daily living skills, independence and to achieve their goals. People were part of their local communities.

People were supported to understand their choices and had control of their life. They were supported to maintain and develop friendships through visits and technology such as video calls. There were enough staff to support people. People felt safe and were protected from abuse and avoidable harm.

Needs were fully assessed and people received the care they needed to achieve the best quality of life. Staff were experienced and competent and felt well supported by the registered manager. Where they wanted to be, people were involved with menu planning, shopping and meal preparations. People were supported to

maintain their health and well-being.

Medicines were stored and managed safely. There were policies and procedures in place for safe administration of medicines. People received their medicines when they needed them from staff who had been trained and had their competency checked.

There was an extremely positive, open culture within the service, the registered manager provided strong leadership and led by example. They had a clear vision and strong values about how people were supported, which was echoed by all the staff we spoke with. Staff were proud to work for the service and felt they were an active part of an organisation where they mattered, people mattered and all voices were equal. People, relatives and staff were all engaged with the service and asked for their views.

Governance systems were well-embedded and there were effective assurance systems that ensured self-compliance. The registered manager proactively monitored the quality of the service. They reviewed risk management plans, training for staff and measured the quality of service delivered.

The registered manager positively influenced good practice in the care and support people with a learning disability and autism received by engaging with other providers to share good practice.

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.

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. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 15 March 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.

# St Gabriel's House - Apartments

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and an independent British Sign Language (BSL) interpreter.

#### Service and service type

St Gabriel's 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 had a manager who was registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. The provider was given 48 hours' notice because the service was a small care home for younger adults who were often out during the day.

#### 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

We met each person using the service and spoke with four people about their experience of the care provided. We spoke with five members of staff. This included the registered manager, deputy manager, team leader and care staff.

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

# 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.

Assessing risk, safety monitoring and management; preventing and controlling infection

- The registered manager and staff were knowledgeable about the needs of people. This was important to understanding the risks people's conditions could pose and the support they needed. Each person had a range of individual risk assessments for their environment, healthcare and social support needs. Staff were aware of the risk assessments and knew the support people needed. Care plans explained the actions staff should take to promote people's safety while maintaining their independence and ensuring their needs were met consistently.
- The registered manager and key staff reviewed levels of behaviour, which could challenge people and others, together with risks and strategies to manage them. Staff were kept up to date with changes to people's risks and needs through staff handovers and a staff communication book. Staff understood how to alert each other about any changes.
- There were risk assessments for the premises as well as for general risks that could impact on people's safety. Such as assessments and strategies to support some people unobtrusively when in the community. This helped to ensure people remained safe while maintaining their sense of independence.
- Staff received infection control training and used personal protective equipment, such as gloves and aprons, when required. People were supported where possible to complete household tasks, such as cleaning, washing up, tidying their bedrooms and doing their laundry.

Using medicines safely

- People received their medicines when they needed them. Records of medicines given were complete and processes to order and dispose of any unwanted medicines were well managed. All medicines were regularly audited to identify any errors. People's use of medicines was reviewed annually, or when their needs changed, to ensure they were still required and appropriate.
- Staff prompted one person to take their medicines. This promoted their independence and checks by staff ensured the correct medicine was taken at the right time.
- Medicine records were completed accurately. Where people were prescribed medicines on an 'as and when' needed basis, such as for pain relief, there was guidance for staff about when to give the medicine, how often and what to do if the medicine was not effective. When people needed special creams to help keep their skin healthy there was guidance for staff to make sure it was applied correctly. This included a body map showing where the creams should be applied.
- When medicine instructions were hand written, the instruction had been signed by two staff, to confirm it was correct. Staff had received training to administer medicines, including inhalers, and their competency was checked regularly.

Systems and processes to safeguard people from abuse

- People were protected from the risk of abuse. The registered manager and staff understood their responsibilities to keep people safe from abuse and had received appropriate training.
- The registered manager had developed a professional working relationship with the local authority safeguarding lead and, when needed, sought their guidance in reporting and dealing with matters.
- Staff were aware of how to recognise and report any concerns they may have. Staff were confident, if needed, the management team would act properly and promptly to address and report any safeguarding matters.
- Staff knew about whistleblowing, where they could find the policy guidance and when to contact the local safeguarding authority. Whistleblowing is the disclosure by a person, usually an employee to those in authority, of mismanagement or wrongdoing.

### Staffing and recruitment

- There were enough staff on duty to meet people's needs. We saw staff supported people when needed and responded to them quickly. People we spoke with told us there were always enough staff. One person told us, "There are enough staff here, they are very good."
- Staff told us there were enough staff to meet people's needs. Staffing was based upon people's one to one support hours and shift patterns enabled people to attend the activities they wanted to.
- Existing staff usually covered holidays and sickness to ensure people were supported by staff who knew them; agency staff were infrequently used.
- Staff recruitment continued to follow safe practice, including ensuring each staff member had a disclosure and barring check (DBS) in place. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people from working with people who use care services.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify patterns and trends.
- All accidents were reviewed by the registered manager. They looked at how the accident happened, if there was a pattern, whether medical advice was sought or needed and the least restrictive way to reduce the risk of it happening again.
- For example, one person was not able to express if they were in pain. Following a change in their behaviour, staff now recorded and commented at shift handover on the person's body language, facial expression and any different behaviour, which may indicate they were in pain. This enabled staff to investigate and understand causes of pain and seek professional support or offer pain relief as required.
- Policies about dealing with incidents and accidents continued to be effective, records showed there was a low rate of incidents and accidents.



# 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.

Staff support: induction, training, skills and experience

- Staff told us they were well supported by the registered manager, they felt valued and able to approach them about any concerns they may have. Staff spoken with commented positively about both the registered manager and deputy manager, describing them as, "The best managers I have had."
- Staff received training appropriate to their role. Staff received a mixture of face to face and computer-based training. This was delivered by internal and external trainers. Topics included MAPA (Management of Actual or Potential Aggression), safeguarding as well as training for particular needs such as communicating using BSL, epilepsy, mouthcare and mental health. Pre-emptive diabetes training had been delivered as some people's condition meant there was an increased possibility they may develop it.
- New staff received an induction. This included basic training topics and working with more experienced staff to learn people's choices and preferences. Before staff worked by themselves, their competencies were checked, and they were given feedback on their progress. New staff also completed the Care Certificate, which is a set of standards staff should adhere to in their working practice. Established staff were encouraged to undertake vocational training at diploma levels; vocational training in social care had recently been arranged to be delivered in 2020.
- The registered manager belonged to several networking groups to promote best practice and was undertaking training about how to deliver outstanding care.

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

- The registered manager continued to undertake assessments of new people prior to them moving into the service. This helped ensure identified needs could be met by the service. Information about people wanting to live at the service was gathered from a range of sources. These included, people's relatives, existing placement staff and health and social care professionals. This helped the registered manager to be fully aware of people's needs and inform admission decisions.
- Assessment processes took account of people's physical, mental and social care needs. Any special lifestyle choices people may follow and how they could be supported. This enabled people to continue to live the life they chose.
- Transition arrangements were thorough. Where possible, people spent time in the service before they moved in. This was undertaken at a pace to best suit the person.
- The needs of everyone in the service were routinely reassessed and reviewed to take account of any changes. People were involved in this in ways they understood, this informed staff and made sure each person was receiving the right support for their needs.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- People's healthcare needs were well managed. Staff knew people's care needs exceptionally well and were able to quickly recognise changes in people's condition either by specific communication needs or by observations. People were reminded and supported to attend health reviews, routine and specialist health appointments. Where people had visited or stayed in hospital, staff accompanied them with communication passports. These helped to ensure people's needs and other important information was understood.
- Care records documented that people were supported by a range of healthcare professionals, such as GPs, physiotherapists, psychologists, speech and language therapist (SALT), sleep clinicians and specialists for specific health conditions. This helped to ensure people were supported to live as healthy lives as possible. People were supported to maintain their oral hygiene. There were care plans in place and pictorial prompts with details of the support people needed. People continued to be involved in discussions about their health.
- Records were maintained of when people saw health professionals and the outcome of these visits. This provided assurance that people's health and wellbeing was appropriately monitored and supported. We asked people if they felt their health needs were met, people responded positively telling us they were.

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

- The home had appointed a meals and food champion to make sure people's food choices were balanced, healthy, varied and represented what they wanted to eat. A ten-weekly menu, without repeats, helped to make sure people received the variety they wanted. People were asked each day which of the menu choices they would like to eat. There were pictorial prompts showing menu choices where this helped some people to decide. People were looking forward to their Christmas lunch and had planned the full menu.
- People were encouraged to have friends and family to join them for meals if they wanted to. They could eat in the dining areas or privately in their bedrooms. Most people helped with food shopping and food preparation. One person particularly enjoyed baking and were supported by staff to do this.
- No one required specialised diets such as softened food or thickened drinks. Where needed, people were assisted to eat their meal. People were offered snacks and drinks throughout the day. People told us, "The food is excellent" and "I really enjoy the food".
- Staff had the facility to monitor people's nutrition and record fluid and food intake on charts when required. People were weighed regularly, there were no concerns around diet or weight loss although referrals would be made to the dietician if required.

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

- The service provides accommodation for people on the first floor, which was accessed by stairs. Corridors and communal areas were spacious, enabling any wheelchairs users to navigate easily.
- Rooms were personalised and tailored to meet people's needs. Maintenance was well planned and kept pace with the rate of wear. People were invited to be involved in decorating if they wanted to be. The action plan for the service showed that curtains and furniture were regularly updated.
- When we looked around the home, some people were happy to show us their bedrooms. They were decorated as they wanted them, well-furnished and filled with belongings that were important to people. Some people used notice and now and next boards to remind them of their plans for the day. Now and next boards are a pictorial or written reminder about what people are doing and when.

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.

- The registered manager had applied for DoLS authorisations when required and five people had DoLS authorisations in place. The registered manager had a system to ensure DoLS were reapplied for when they were coming to an end. There were no specific conditions attached to the authorisations granted.
- Staff understood the importance of giving people choice in their daily lives. We heard people being offered choices of what they wanted to eat or drink and how they spent their time. When people were unable to express a choice verbally or by signing, they were shown pictures or items they could point to. People were encouraged to make decisions for themselves where possible.
- When people had been assessed as not being able to make a decision, the decision was made in their best interest. The decision-making process included people who knew the person well such as staff, relatives and health professionals. People's previous choices and preferences were considered when decisions were made.
- Where DoLS authorisations were in place Relevant Person Representatives (RPR) had been appointed. Often an RPR is a friend or family member who will ensure that the rights of a person being deprived of their liberty are being protected. However, if there is no friend or family member an independent RPR will be appointed.

# 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 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

- People told us staff treated them well, were kind and caring when they spoke with them and supported them. People's comments included, "The staff are great" and "It's such a lovely place." Other people wrote their comments, telling us they were, "Happy." People and staff told us they would not hesitate to recommend the home.
- The registered manager and staff were aware of the need to ensure people's diversity was actively considered. Staff told us how this was considered when people were assessed to live at the service, and how they continued to consider people's individual needs and protected characteristics, for example disability, race or gender.
- Staff were positive and encouraging when they interacted with people. Communication was kindly and fun; there was mutual laughing and joking throughout the day. People were relaxed and happy in their interactions with staff. One member of staff commented, "Their needs and what they want is why we work here." Another staff member told us, "I want to make their day the best it can be."
- Care records contained information about people's background and preferences. Staff were knowledgeable about these and were able to tell us about people, their support needs, likes and dislikes without needing to refer to care plans. Staff helped people to keep in touch with their family and facilitated new friendships by organising events and helping people write cards and letters.

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

- People were asked for their opinions about all aspects of their care and how they felt. This took place through feedback surveys, formatted in ways people would best understand, and through day to day interactions. Some people completed surveys during this inspection; they told us they felt involved in their support and they were happy. The registered manager told people about our visit before the inspection. This helped people to manage any concerns and most people were happy to share their experiences of the service with us.
- Staff thoroughly understood people's needs and preferences. This included how people preferred to communicate, what individual hand gestures, phrases and words meant, especially when literal meanings meant something else. Some people were involved in recruitment; they had prepared questions about subjects important to them to be included in interviews for new staff.
- People's support was focused on their needs, goals and aspirations. Key worker meetings reviewed how people felt about these together with their health, independence and life choices. This provided up to date insight into people's views and enabled care to be planned individually for each person.
- Information about advocacy services was available. Advocates help people to access information or

services and be involved in decisions about their lives and promote people's rights. Staff were able to give examples of occasions when people had used advocacy services.

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

- Staff demonstrated commitment to the people they supported and were passionate about giving them good quality care. They respected people's privacy and supported their personal care needs discreetly to maintain their dignity. People could be private when they wished to be. They had a key to their bedroom, so this could be locked when they went out, this provided reassurance their personal space remained private.
- People were encouraged to learn skills to support greater independence, for example, cooking or doing their own laundry. Some people received support in other life skills, such as numeracy. Other people were supported to be as independent as possible within the community, enjoying bicycle rides with staff and singing in a choir.
- People were supported to take positive risks to develop their independence and interests. Where people needed support with some goals, they were broken into steps. This made the elements easily recognisable to people and they received support from staff at each step to reach the goal. For example, one person now collected their own newspaper from the local shop. Staff had worked with them over a period of time and developed stage by stage plans, identifying risks, supporting and assessing the person's progress.
- People were encouraged to increase their vocabulary and communication skills. Staff used a number of methods including signing, pictures, now and next boards and survey forms printed in an easy read format. This enabled people to broaden their vocabulary, improving their ability to express themselves in the service and in social settings.

# 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 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

- Care plans were individual. They contained personal information about people, such as how they wanted their care delivered, important people in their lives, as well as their interests and hobbies and longer term goals. There was guidance for staff about what made people happy as well as things that might make them sad or anxious, how staff might recognise this and how to support them.
- People and family members or friends were involved in developing and reviewing care plans. This provided an opportunity to gain information about people, particularly if a person had difficulty remembering or expressing their wishes.
- One person had previously expressed interest in living in a more independent setting. The registered manager had facilitated meetings with care managers, family members and external services to provide more insight to the person about independent living. Although the person was content to stay at St Gabriel's for the time being, staff were developing goals and action plans to support their eventual transition to an independent living setting.
- Another person could become anxious about upcoming events. The staff team helped them manage their anxieties by providing them with a calendar in the office. The person could visualise when events were going to happen and crossed off the days until the event was due to take place.

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

- Staff had worked hard with people to increase the activities they took part in, thereby increasing their social circles and opportunities to meet new people. This involved gathering people's ideas and setting out action in plans how people would work toward a new activity.
- Some people had been on holiday, travelled on public transport, visited family and took part in a cooking group and joined a choir. People met with staff and were able to plan and talk about upcoming activities. Activity planners reminded some people what they had talked about and when activities would happen. These were re-visited frequently to look at people's progress, or alternatives offered if people wanted to do something else.
- Activities and visits were supported by staff, there was a car on site to facilitate trips out and family visits. People could join groups or have one to one activity; some people had been rock climbing and other people attended day centres. Where people had formed friendships, staff supported people to stay in touch by email, letters and cards. Staff had set up a social media app group for to share pictures and comments with respective families. The service had approached the local authority for computer funding to enable people to make video calls to family and friends. This would enable people to see and use sign language to enhance conversation.

- Some people enjoyed spending time in the local community. The registered manager had built up a good rapport and come to an arrangement with the owner of a local shop most people used, whereby people could go there as a place of safety if they had any concerns when out in the community. Shop staff would then contact the service if people needed support.

Meeting people's communication needs; improving care quality in response to complaints or concerns

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.

- People's care plans were in clear print and many forms contained easy read and pictorial prompts. Much of this information also included pictorial BSL symbols to help make the content more accessible to people.
- Staff were aware of people's communication needs and spoke with them patiently, where needed using sign language and sentence structures that people would best understand.
- The complaints process was displayed and included information about how to make a complaint and what people could expect to happen if they raised a concern. Weekly Key worker meetings also focussed on people's wellbeing, if there was anything concerning them or needed to make a complaint.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service, such as CQC and the Local Government Ombudsman.
- People knew how to make a complaint and told us they would be comfortable to do so if necessary. They were also confident that any issues raised would be addressed. People told us, "I have no complaints, I am very happy" and "I am happy."
- The service had not received any complaints since we last inspected. There were however thank you cards, letters and emails from people and their families acknowledging the care and support provided.

End of life care and support

- The service was not supporting anyone at the end of their life. Staff had spoken with some people and their relatives about end of life plans and, where people had agreed, written plans were in place. The registered manager had also approached other services supporting young people, to share ideas and develop a best practice approach to gather end of life planning information.
- Staff were able to give examples of other healthcare professionals they may need to consult with, such as specialist nurses, hospice services. and GPs for anticipatory medicines.

# 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care; Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- At the last inspection, while the registered manager had previously attended local forums and network meetings for registered managers, they had not attended any recent meetings. In addition, there was no system for people to give feedback anonymously or for staff to give their views. These were identified as areas for improvement. At this inspection, the required improvements had been made.
- The management team attended in-house and external local forums with other registered managers to keep up to date with any changes and continue to develop best practice. The registered manager worked closely with another service, where they received and provided coaching and mentoring.
- The registered manager and staff had engaged fully with local authority and national training schemes. The registered manager attended conferences as a guest and speaker and was working undertaking vocational training in delivering good and outstanding care. The registered manager subscribed to NHS and other services to receive regular updates to inform current working practice.
- People and staff had opportunities to express their views through resident and staff meetings, and felt their comments were listened to. People, visitors and staff could also provide written feedback if they preferred, they were invited to comment on service quality through regular questionnaires. Responses were analysed and helped inform service development.
- The staff team was diverse and some staff also experienced hearing impairment or loss. BSL was used in team meetings and all interactions with staff with hearing loss. This had helped all staff improve their BSL and their ability to communicate and understand people's needs.

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

- The registered manager understood the responsibilities of their registration. There continued to be effective systems in place to monitor the quality of the service. The registered manager and key staff completed regular audits on all areas of the service. When shortfalls were identified, an action plan was developed, and they were signed off when complete.
- The provider visited often and took an active interest in the running and development of the service. The registered manager told us if equipment needed to be bought or replaced, the provider supported their opinion.
- Registered bodies are required to notify CQC of specific incidents relating to the service. We found that where relevant, notifications had been sent to us appropriately.



- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had clearly displayed their rating at the service and on their website.

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

- There was clear management structure, staff were familiar with the lines of accountability. The registered manager received support from the nominated individual and provider. There was a strong commitment to taking the service forward and improving the experience of people living in the service
- People and staff spoke of a positive culture, set out in a charter for service users, which led to positive outcomes for people.
- The registered and deputy manager regularly worked alongside staff. This gave them the opportunity to observe staff working and ensure consistent working practices.
- Staff were knowledgeable about the needs of people using the service. Staff and managers were passionate about providing people with an opportunity to become more independent and integrate where possible into the wider community. Staff were proud to work at the service and of the support people received.

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The registered manager and provider understood their responsibilities about this. There had not been any incidents which fell under this duty.
- There was an open and transparent culture within the service. People and staff told us they could contact the management team at any time and felt supported. Relatives described the management team as, "Excellent" and "Inspirational." All staff had a sense of pride working for the service and believed their views and opinions were valued and listened to.
- A charter of support set out the values and behaviours expected from staff. These were discussed with staff during supervisions to ensure they were fully demonstrated by staff.
- Staff felt the culture at the service was transparent and open. People using the service told us it was well led. One person commented, "This is the best place I have lived, staff listen to me."