

# The Royal National Institute for Deaf People

## RNID Action on Hearing Loss 13 Wilbury Gardens

### Inspection report

13 Wilbury Gardens  
Hove  
East Sussex  
BN3 6HQ

Tel: 01273205044  
Website: [www.rnid.org.uk](http://www.rnid.org.uk)

Date of inspection visit:  
05 September 2019  
24 October 2019

Date of publication:  
07 January 2020

### 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

This is one of a number of services provided by Action on Hearing Loss formerly The Royal National Institute for Deaf People (RNID), enabling flexible short- and long-term support for people of all ages. This includes residential care, supported housing accommodation, and community services for people who are deaf, deaf and blind, and who have a hearing loss and additional support needs.

RNID Action for Hearing Loss 13 Wilbury Gardens is registered for up to eight people. It provides care and personal support to people who have a hearing loss and who may have other additional needs such as a learning disability and/or autism or where people are living with dementia. At the time of the inspection, seven people were living at the service. The service is in a large adapted detached house, arranged over three floors accessed by a passenger lift. There were two communal lounges, a communal dining area with an adjoining conservatory and garden for people to use.

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

People told us they felt cared for by staff. Genuine relationships had developed between people and staff and we observed friendly interactions between staff and people. We observed people were relaxed and comfortable in the presence of staff. We observed that the home had a friendly, relaxed and homely atmosphere.

A person said, "I like the staff, they help me and the people I live with, I'm happy here." Another person told us, "It's perfect I love it here. I'm really happy here, I want to stay here for life."

People received high-quality care that met and exceeded their needs. Staff, including managerial staff, were passionate about person-centred care. They were responsive to people's needs and strove to provide personalised care which was focused on supporting people to achieve their goals and wishes. The management and staff team went above and beyond to ensure that people's wellbeing, independence and happiness was at the heart of the service.

Staff promoted and encouraged people to have as much independence as possible. People chose how to spend their day and they took part in activities in the service and were supported to access the community and pursue interests. People were encouraged to maintain relationships that were important to them. This was recorded within people's care plans. Family and friends were able to visit freely without restriction.

People continued to feel safe and there were enough staff to support them. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place. A person told us, "It was too difficult for me to live at home, I know I'm safe here." A relative told us, "The main concern for a relative of someone in care is 'Are they Safe'. Safe from harm from the outside world, and safe

from harm or abuse within the care residence. I do feel that [Person] is safe, which for me is a huge comfort."

Staff and people told us they were able to give their views on the service and we saw examples of people being engaged in aspects of the service such as recruitment. Staff told us they felt supported. The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

People were being supported to make decisions in their best interests and to be included in making decisions affecting their care such as developing their care plan with staff. The staff had received training in the Mental Capacity Act 2005 (MCA). People were supported to access independent advocates.

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 and relatives knew how to make a complaint and people felt confident that their feedback was listened to and acted upon.

People told us they received help they needed with their medicines in a way that was timely and reflected their communication and support needs, our observations confirmed this.

People were supported by staff that were competent and confident in their work due to completing mandatory training and specific training to meet people needs, in particular reflecting the varied communication needs of people. A support worker told us, "We have lots of training, mandatory and additional. The training we get reflects the needs of the people." Staff told us they felt well supported, had regular supervision and annual appraisals.

People were treated with respect. People's privacy was upheld, and their dignity was maintained.

Care plans guided staff about people's needs, preferences and how to meet them, for example communication, emotional wellbeing and health conditions such as diet and nutrition. Additional support plan guidance was written by staff for individuals who find it difficult to manage their health conditions such as diabetes.

Recruitment processes continued to be robust, checks were carried out and references were collected to ensure new staff were safe to work within the care sector. People were involved in the shortlisting, interview and selection process.

Accidents and incidents were recorded, and steps continued to be taken to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment were managed. Staff knew how to keep people safe in an emergency such as a fire.

Medicines continued to be managed safely and in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People had enough to eat and drink and had choice in what they ate and drank. Staff accommodated any specific dietary requirements, such as for diabetes, or preferences such as being vegetarian or religious requirements were met.

Health and social care were accessible for people and appointments were made for regular check-ups as needed. External professionals we spoke with gave positive feedback about how staff worked in partnership with them.

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.

You can read the report from our last comprehensive inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

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.

# RNID Action on Hearing Loss 13 Wilbury Gardens

## **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

One inspector undertook the first day of inspection on 5 September 2019 and a second day on 24 October 2019 with a British Sign Language interpreter.

### Service and service type

RNID Action for Hearing Loss 13 Wilbury Gardens is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

RNID Action for Hearing Loss 13 Wilbury Gardens is registered to provide personal care and support for up to eight people. The service provides long term and respite care. people who have a hearing loss. People who lived at the home have a hearing loss and who may have other additional needs such as a learning disability and/or autism or where people are living with dementia or health needs such as diabetes or and mobility needs. At the time of our inspection there were seven people living at the service.

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

A comprehensive inspection took place on 5 September 2019 and was unannounced, which meant the provider and staff were not aware that we were coming. A second day of inspection was carried out on 24 October 2019, the second day of inspection was announced so that people could be at home to speak to us if they wished.

## What we did before the inspection

Prior to the inspection the provider completed a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. We used all this information to plan our inspection.

## During the inspection

We spoke with three people who used the service about their experience of the care provided and one relative. We spoke with five members of staff including the registered manager, deputy manager, senior support workers and support workers. We observed staff and people interacting during our visit.

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

## After the inspection

We received feedback by email from three social workers and two relatives, they gave us permission to share their feedback in this report.

# 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 remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person told us, "Yes I do feel safe." Another person said, "It was too difficult for me to live at home, I know I'm safe here." A relative told us, "The main concern for a relative of someone in care is 'Are they Safe'. Safe from harm from the outside world, and safe from harm or abuse within the care residence. I do feel that [Person] is safe, which for me is a huge comfort."
- Staff had completed training in safeguarding for adults and children and knew how to recognise the signs of potential abuse. Staff knew what actions to take if they had concerns. A support worker told us, "Safeguarding is about keeping people safe, listening to people, trying to have open communication, use open questions, recording what's been said, making sure people know the process, communicate with them and getting their permission for each stage, if I had a concern I'd talk to the manager and to the person, or their link worker whoever they have the closest relationship to."
- Staff empowered people to understand personal safety and abuse by holding safeguarding training sessions for people and making posters with British Sign Language (BSL) signs. The registered manager told us it was important that people can recognise abuse and know what to do if they felt uncomfortable, hurt or worried. Monthly one to one meetings for people and their link worker were held where safeguarding was a standing item in the agenda, the registered manager told us this enabled people to raise a concern in a safe and familiar environment. The registered manager conducted quarterly 'Have Your Say' one to one meetings with people where complaints and issues are also discussed.

Assessing risk, safety monitoring and management

- People told us that the staff helped them feel safe and we observed that people were comfortable in the presence of staff. Staff made a safe environment for people. A relative said, "Yes I feel [Person] is safe at Wilbury Gardens. The staff have set up a good balance to provide a warm, homely and safe environment for my relative."
- Staff knew how to keep people safe in the event of an emergency such as a fire. Staff were trained in fire safety and in using equipment to keep people safe. Staff were supported by emergency procedures and business continuity plan.
- People's risks had been identified and assessed. People had a range of risk assessments including mobility and money management. Staff supported people to balance and minimise risks in the least restrictive way, for example for smoking and travel.
- A person had a falls alarm they wore on their wrist and a call bell in their room, the person had made a poster which they had in their room with pictures of their fall alarm, they told us, "This is my fall alarm, staff come to help me if I fall, I made this poster with staff, the pictures remind me of my falls alarm and how it



works. I have a call bell by my bed, I can press it and staff come to help me, even at night I can press the bell and they come to help." Another person said, "I have a call bell I can use if I need."

- Premises and equipment were serviced and managed safely. Internal environmental checks were completed.

### Staffing and recruitment

- We observed that there were enough staff to meet people's needs and records such as rotas confirmed this. Staffing levels was assessed based on people's support needs and included providing extra staff to accompany people on activities in the community or health appointments.
- Staff told us there were enough staff to meet people's needs and to spend time with people either at home or in the community. A senior support worker told us, "We do use agency at the moment, but they are permanently on our rota, consistency is so important, and we have that. All the staff, permanent and agency staff, reflect the diverse communication needs the people we support have." Staff also explained that when taking on new agency staff they checked that their knowledge reflected the needs of people who were profoundly deaf and used a variety of communication needs from Sign Supported English, BSL and Makaton.
- Another support worker said, "We work with one agency and have consistent staff from them, consistency is important to meet people's needs. The manager has been good to have consistent agency staff, that way it doesn't impact on the people."
- Photos of staff on duty and a weekly rota were displayed in the foyer so people knew who was on duty and the staffing plan for that week. People also received their own personal copy to keep in their room weekly.
- Robust recruitment systems ensured that new staff were safe to work in a social care setting and followed equal opportunities protocols. Staff files showed that checks had been made with the Disclosure and Barring Service which considered the person's character to provide care. People were involved in interviewing prospective staff and gave feedback on staff in their reviews. People were fully involved in the shortlisting, interview and selection process of prospective candidates.
- Staff at work had the support of an on-call system if they needed additional support or guidance day or night. A support worker told us, "Seniors take it in turns to be on call, despite that we can all call the manager whenever we need."

### Using medicines safely

- People told us they received help they needed with their medicines in a way that was timely and reflected their communication and support needs, our observations confirmed this. A person told us, "The staff look after me, they help with my tablets and staff make sure I stay safe. They help with my medicines, morning and evening, they're always on time."
- Staff were trained in the administration of medicines and their competency was checked annually, records confirmed this. A senior support worker said, "All staff have medicines training and have competency assessments annually or if there are any issues such as an error training is refreshed. I have a responsibility for medicines, like a champion, so I do medicines audits, I do additional training and I share that learning with the team."
- Medicines were managed safely. Records showed that medicines were ordered, stored, administered and disposed of as required including medicines that needed special storage arrangements. Staff checked medicine administration records and temperature checks.
- Where people had as and when needed (PRN) medicine staff understood how to support this person with their as and when needed medicine. Staff worked to reduce the use of PRN medicines for challenging behaviours or mental health needs. A senior support worker told us, "When [Person] came here she would sit in her room and scream, now we spend time with her, divert her attention, intervene or support her with mechanisms or approaches. She has a PRN, but she relies on that less and less now because the other

approaches are working positively for her."

- The registered manager and staff used STOMP (stopping over medication of people with a learning disability, autism or both with psychotropic medicines) to take steps to support people to reduce the amount of inappropriate medication.

#### Preventing and controlling infection

- The home was clean, fresh smelling and well presented.
- Staff were trained in infection control and we observed staff using appropriate personal protection equipment and washing their hands.

#### Learning lessons when things go wrong

- Medicine audits were used to identify any issues to address as well as stock checks carried out by senior staff.
- Incidents and accidents were recorded and monitored. Records showed that help from health professionals had been sought immediately where needed. The provider used an online reporting system and monitoring tool that analysed incidents and identified themes and trends and identified any further actions to be taken. These online tools were also used to monitor the quality of care by the provider's senior management and the provider's risk team to consider organisation-wide additional training and learning.
- The provider had a comprehensive business continuity plan, this had additional safety measures set in place in the event of an emergency and so that people and staff were safeguarded.

# 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 remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us that staff were trained and knowledgeable to meet their needs. We observed that staff were competent in their roles. A person said, "Staff are trained and confident in their work." And a relative told us, "Staff are encouraged to improve their own skill base."
- Staff told us they received training considered mandatory by the provider. Staff were encouraged to study for vocational qualifications in health and social care and to continue their professional development by doing further qualifications. New staff followed the Care Certificate, a work-based, vocational qualification for staff who had no previous experience in the care sector.
- Staff had access to training that was specific to people needs, for example when a new person moved in to the home or if a person's needs changed. A support worker told us, "If we have a new client that has a need we're not all trained in, the manager arranges that training, for example a person joined with dementia, so we did dementia training refresher and new staff that hadn't had that training did a full day of it."
- Staff told us they had frequent supervision, worked well as a team and felt well supported by managers including having annual appraisals. A support worker said, "I feel supported, I have formal supervision, but you don't have to wait for a meeting you can speak to your line manager whenever you want or need." Staff had one-page profiles in the same template as one-page profiles for people so that fellow staff and people can understand how a staff member likes to be supported.
- Agency staff were fully inducted to ensure consistency in knowing each individual's communication needs and care. Agency staff were integrated into for example by attending staff meetings, the same training as permanent staff and supervisions from senior staff.

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

- People told us they enjoyed the food, had sufficient to eat and drink and that they had choices. A person told us, "I like the food, I pick what I want to eat, I don't like some things, so staff know to avoid those things, [Senior support worker] is a very good cook and she helps me with cooking."
- People were able to cook or prepare their own meals with staff support or guidance if needed and we observed people helping themselves to drinks or food throughout our visits.
- A support worker told us, "There's no restrictions about meals, food or drink, it's relaxed, and people and staff help themselves. We have menu's so people can choose what they want from the menu's, we know people communication needs and offer choices in the communication method they prefer, for example for [Person] we show them picture menu boards that show the two options. People decide what will be on the menu's during our monthly "People we support meetings", people say what they would like." A person said,

"I like the food here, I pick what I want to eat from a picture book or staff show me food items and I choose."

- We observed the mealtime experience which was homely and sociable. Staff checked if people needed support discreetly. On our visit staff and people enjoyed cooking with herbs people had grown in the garden.
- Staff knew of people's allergies, dietary needs and preferences. Records were up to date for individuals that had dietary requirements such as special diets, allergies or preferences. For example, if a person had a dietary need due to their religious preference or if they were vegetarian this was accommodated.
- People were encouraged to make healthy choices and food choices that reflected their health needs such as diabetes. People were supported to choose what they want to eat, and drink and staff explained the adverse risks so that people understood the consequences of their choices. For example, staff had guidance on supporting one person with managing alcohol, staff respected the person's choice and were encouraged to explain any adverse risks for this person such as an increased chance of slips and falls, the effect on their blood sugar as they had diabetes and impact on their mood. A person with specific complex dietary needs had a bespoke menu based around their choices and nutritional value to their needs.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported by having access to a wide range of health and social care professionals, for example social workers, community mental health and mental health in-reach nurses and specialist mental health services for deaf people. This was supported by our observations of people being visited by professionals or being supported to go out to appointments. Records also confirmed this.
- Staff went above and beyond to support people to access healthcare. For a person who refused to attend health appointments, a support worker, who was their link worker, worked with the person and their GP to source specialist health care support and screening that could be done from home.

Supporting people to live healthier lives, access healthcare services and support

- People told us they received the care and treatment they needed and had scheduled annual reviews. Records showed that staff liaised with other agencies such as social services and health professionals. A person told us, "Staff go with me to the doctors."
- People's care plans reflected any needs such as diabetes. For example, a person's diabetes care plan guided staff to offer a healthy diet. The care plan included guidance for signs and symptoms to look out for and action to be taken should staff be concerned. The person had access to diabetic eye screening and their weight was monitored and recorded with the person's consent. Additional support plan guidance was also written for individuals who found it difficult to manage their health conditions. Individual support plans provided easy read versions and accessible information on managing needs such as epilepsy, schizophrenia, pain management and smoking and alcohol.
- A senior support work felt pride in supporting people to manage and achieve good outcomes with health needs, they told us, "[Person], for example, has become more physically unwell, but they've been supported to stay here because we have a can do attitude, we support people where we can to stay at home."

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

- People had access to equipment for any mobility needs and adaptations had been made to make the home accessible to any people with mobility needs. The building had a lift that was serviced. The garden was adapted to have hand rails and flat surfaces.
- We observed that people enjoyed the garden to spend time and grow herbs, the garden was well maintained.
- People chose how their room was decorated, a person showed us their room and told us, "I picked the colour of the walls." People had voted for an extension to the house and how it was decorated, records of meeting minutes confirmed this.

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

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.

- Staff were aware if any people's authorisations had conditions and how these were met, where relevant this was also recorded in people's DoLS care plan. People had access to independent advocates and paid relevant person's representatives from the local authority. For example, a person needed a medical procedure and staff with the person identified the need for an independent advocate. An advocate is someone who can offer support to enable a person to express their views and concerns, access information and advice, explore choices and options and defend and promote their rights. A best interest meeting was held with the person, an independent advocate, the person's GP and link worker who used pictures to increase the person's understanding of their options. Due to this the person opted to have an alternative procedure that would achieve the same outcome.
- People told us they were asked for consent before any activity such as personal care took place. A person told us, "Staff ask me if everything is ok, they always ask my permission."
- People's capacity had been assessed to make particular decisions. Where people were assessed to not have capacity to make particular decisions best interest meetings were held involving staff that knew the person well, the appropriate relative and relevant professionals, these discussed options to find the least restrictive and safest option for the person. Records showed best interest decision making meetings were held. For example, a meeting was held with a person about managing alcohol consumption, a meeting was held involving the person, the community diabetes team and the person's GP.
- People told us they were involved in developing their care plan and involved appropriate relatives, advocates or professionals. A relative told us, "I feel there is good communication with the team at Wilbury gardens. We all want to help my relative and we have arranged meetings to look at where we can all help [Person] monitoring their mental health and other health issues."

# 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.

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

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

- There was a strong and visible person-centred culture at the home. Staff members went above and beyond to ensure people's needs were met and wishes fulfilled. This included personalising and decorating people's bedrooms, themed around their likes and interests to supporting people to attend activities they had expressed during conversations or when meeting about setting goals such as increasing or regaining independence, going to car shows, volunteering to walk dogs for a rescue centre and going on shopping trips. People shared skills with each other, for example one person loved knitting and taught a weekly knitting class and another person taught a weekly BSL class after learning BSL at the home. This supported people to share an activity that they loved or that had a positive impact for them and gave them a sense of purpose.
- People, relatives and professionals spoke positively about the exceptionally high standard of care and support provided. A social worker said, "The staff appear caring towards their service users and appear to have their best interests at the centre of the work they complete. Staff are knowledgeable about service users and their needs and always accommodating when I visit." A relative said, "The team at Wilbury Gardens provide positive support and encouragement for my relative. The staff are inclusive and are sensitive to my relative's needs and choices."
- Staff attended equality and diversity training and were aware of the protected characteristics under the Equality Act 2010 to support people with their needs and preferences, as well as engagement with local communities. Any new or revised policies and procedures and/or any changes to service delivery require the completion of an Equality Impact Assessment taking the protected characteristics into consideration by the provider.
- People were supported to visit relatives or to go on holidays or trips with relatives or friends. A relative told us, "The staff teams have been very supportive to the family members especially with arranging help with transport and additional medication so that my relative could have a holiday with me. They also support her with IT so that she can use Skype every week, so we can keep in touch, which I do appreciate as I live so far away." Another relative told us, "[Person] chooses to come home some weekends, it's her choice and staff respond by supporting her."

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and promoted. A support worker told us that staff promote independence and support people to maintain the independence they have and support people to regain

their independence and reenabling someone following a setback, such as a hospital stay, they told us, "[Person] last year was hospitalised so they lost some independence. Staff were persistent and encouraging, reminding her of the independence she had and making a goal of returning to that, they're now making tea, cleaning their bedroom, doing their laundry, they used to manage their own medicines, they're not doing that now but we're all working together to get back to full independence in steps." Records showed that within a recent review the person and staff discussed how they had increased their independence since returning from hospital and the person had expressed an interest in managing their medicines again and that staff had talked about the steps they could take to return to their independence. We spoke to a relative of the person about this, they confirmed that staff had helped with the person regaining independence, they said, "After [Person] was unwell, they lost their independence but I have nothing but praise for the staff, they are supportive when [Person] had mental health needs, having the support of staff that understand the situation is so important, staff dealt with [Person's] mental health beautifully, I have no worries about how they were looking after her."

- A senior support worker told us, "It's a challenge to promote independence for people that may have come from a previous service that is task led, it takes time to encourage people and to empower them to make their own choices and to have options, initially it might be different and scary but it's about giving opportunity and space to make choices. It's nice to see progress even if it's just a small step forward." The same support worker gave an example of one person who went first moving to the home would go out to buy food if they did not want the food offered that day. Staff over time empowered the person to feel confident to say that they wanted a different meal and to know they had options and were free to make their own choices. Our observations confirmed that the person felt confident and comfortable to say what they wanted and made their own drinks and continued to go out to the shops as and when they wanted.
- We saw people had developed positive relationships with staff, who knew people well and how best to support them. Staff were highly motivated and compassionate, staff provided support to accompany people on outings where people wanted and activities or achieve goals they wanted to fulfil.
- We saw people coming and going from the building as they wished. We observed one person spending time in their shed outside then going out to a local café, another person popped out to the shops, another person went in the car with staff to the dentist and another went to their relative's home for the weekend to celebrate their birthday. We observed people moving freely about the home and saw that people truly felt at home, we observed one person unloading the dishwasher and taking out the recycling, we observed another person cooking a meal with a staff member and a person feeding the resident cat.
- A relative said, "[Person] is encouraged to be interactive and to be independent, to the level governed by his ability...he is making his own choices and therefore able to feel a level of freedom and independence is being achieved." Another relative said, "The care management at Wilbury, are very much focussed on the resident's rights and provide as much person-centred care as possible."
- People did their laundry, cleaning and housework independently with staff support where people wanted it. A person said, "I do my laundry, I do little bits of housework and cleaning, sometimes staff help when I need." And another person told us, "I do vacuuming, cleaning, my laundry, I prefer to do that on Monday's."
- Staff did not wear anything that suggested they were support workers at home or when coming and going with people. This promoted people's independence at home and in the community.
- People's privacy and dignity were upheld, our observations and feedback from people and relatives confirmed this. A support worker told us, "We ask people if they want privacy for example to give medicines or if they need to be weighed, we give the choice of going somewhere private with the door shut." People had keys to their room and were able to lock their room when they were out. People had signs on their doors, so they could indicate if they were in a communal space or if they had gone out of their house.

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

- People and relatives told us they were involved in making decisions about their care and developing the

personal care plans. A relative said, "I have an open invitation to any reviews or any meetings and my relative invites me to things. Staff ask me if there's anything they're unsure about. They asked me about the care plan when she first moved in." People were involved in saying how they wanted to be supported, for example by being involved in person centered reviews, working with staff to develop their support plans and meeting with staff to review their support, goals and give feedback.

- We observed that people had choice and control in the way their care was delivered and in how they spent their day. Staff were committed to ensuring people remained in control and received support that centred on them as an individual. People made their own decisions and we observed staff empowering people to do so, people chose what they would like to do and where they would like to spend time.
- A person told us, "There are male and female staff, that's good. Definitely, staff always ask permission, they ask what I want to do."



# 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.

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

### 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.

- At this inspection we found that staff took steps tailored to meet the information and communication needs of individuals complying with the Accessible Information Standard.
- People's communication needs at the home were varied, for example some people used full BSL, others used partial BSL, SSE, gestures, vocalisations, lip reading, picture boards, body language, Makaton and their own signs. These needs were assessed before a person moved in and met by staff that were highly skilled and trained. This included recording people's communication needs in their care plans and providing training for staff to meet any needs they were not experienced in meeting.
- People thrived in an environment where BSL was the first language of the service and where staff approached each individual with their own specific communication needs. A person told us, "Sometimes there are deaf staff and all staff can sign, all of them are good at communicating and signing." Staff were trained in deaf culture as well as being trained in using BSL, understanding hearing loss and total communication to meet the varied communication needs of people being supported.
- Since moving to the home, where BSL was the first language, people increased their communication skills. This had a positive impact on people's lives and wellbeing by increasing the communication skills and reducing isolation which had previously had a negative impact and staff were now meeting the needs of the person that had not previously been met. For example, one person did not know BSL or SSE when they moved to the home and spent all their time in their room, they had been isolated throughout their life due to not knowing how to sign and were self-neglecting due to their isolation, through BSL lessons from their peers and spending time with their link worker, who they had a special rapport with, they now had increased in confidence, developed friendships with staff and people they lived with and now enjoyed being part of life at the home and in the community. The person was supported by staff to write up their life journey, they wrote, "It took me some time to know that people could be kind, that I could be loved and feel part of a family." ... "I am now confident and outgoing...able to interact with others. I have learnt some sign language. My confidence has grown so much that I no longer stays alone in my room, I have made friends and I am an active part of my home where I helps others, gets involved in the day to day tasks, I even have inputs at the monthly house meetings!"
- Relatives and professionals confirmed that by having support from staff that understood and were trained to meet varied communication needs had a significantly positive impact on the people that lived at the

home. A relative told us, "The staff have set up a Deaf Friendly environment where British Sign language is the first language. They provide visual timetables, menus, and notices all in an easy read format with lots of visual clues to aid communication. I particularly like the way they display pictures of the staff members on duty on a particular day. Communication in BSL is so important for my relative's mental wellbeing and you can see the difference it has made for her. I appreciate the time spent by staff to make sure my relative's communication needs are met by arranging BSL interpreter support in meetings with social workers and especially medical appointments. The information sheets in BSL from Sign health provide her with easy read information sheets on health matters...which have helped her to understand her body more. This all reassures my relative." Another relative said, "It's brilliant here, life changing for my relative, they were isolated, had no means of communication, no friends, she lost her independence. Her communication has improved beyond our expectations, she likes the mix with deaf and hearing people. Staff talk to her and increased her communication skills, she has more opportunities to express herself, she's learnt BSL, now when we go out to lunch we can chat the whole time, but we weren't able to before." A social worker told us, "I would be happy to recommend this placement to other deaf service users."

- The provider maintained strong links with community support, ensured all documents and information were accessible and that people had access to independence BSL interpreters for all formal meetings. The provider had links with LGBT switchboard, Speak Out advocacy, Action for Deafness and the Sussex Deaf Association.
- The provider made important documents and information accessible in BSL format to empower and inform people, for example a safeguarding poster and complaints policy used pictures of people signing, images of BSL signs and emoticons. Accessible policies were also available for bullying, behaviour support, the CQC, hate crime, person centred planning, personal relationships and moving on. Through an involving people group run by the provider, people could be involved in making easy read versions and accessible BSL versions of important information and documents to share with other people using the providers services.
- Each person had a Welcome Pack in BSL and easy read format containing the aims and objectives of the service, values and information about local services, outside support groups, community links and cultural and faith based groups.
- Special adaptations had been made in the premises to support people with their sensory needs and the home used a wide range of assistive technology and equipment to adapt to people's sensory impairment, support people to maintain relationships with people that were important to them and increase or maintain their independence. People had computers or smartphones which they used, and staff gave support when needed, for example a person told us, "My sister texts me when I'm anxious, that helps to calm me down." The provider also had computers and tablet devices available for people to use if they wished.
- The service had flashing door bells for each room to alert people of visitors to their rooms to maintain privacy and dignity, the fire alarms had the facility of strobe lighting and vibrating pads to assist people to be alerted in the event of a fire, and a Minicom system was available to assist people in making telephone calls via text relay, where people did not have a mobile phone to text with.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 and relatives told us the home and staff were extremely responsive to their needs. A social worker told us, "The service user I meet with always appears happy and to have a positive relationship with the staff at Wilbury Gardens. She has lived there for a significant period of time and has advised me that she does not wish to live anywhere else. She informs me of a variety of activities that she is able to regularly engage in and finds enjoyment in this." Staff took time to get to know people, their likes, dislikes and interests and ensured care was delivered accordingly.

- We observed numerous examples of person-centred approaches being utilised to meet people's individual needs and demonstrate that staff felt people genuinely mattered and were important. The provider implemented and embedded the Making it Real framework on how to deliver good personalised care and support. Staff and people worked together on learning from the Making it Real framework. Staff followed an action plan which prioritised accessible information, communication in preferred formats and involvement opportunities. An example of this was how people were involved in recruiting new staff, people were involved in the interview panel and staff consulted people about what they could improve, following this people were involved in advising what staff should cover in their induction when they first join the service. The provider sought feedback from people and relatives about this, the report for this service on the initiative said, "[Relative] feedback that [Person] really enjoys the sense that she is able to influence decisions made on peoples (staff members) probation. [Person's] family and [Professional] have said that [Person] is thriving on the sense that she feels in control and heard." Staff used individual ways of involving people and their family, friends and link workers in their care and support and in the service, so that they feel consulted, empowered, listened to and valued.
- Staff were passionate about person-centred care. They were responsive to people's needs and strove to provide personalised care which was focused on supporting people to achieve their goals and wishes. A senior carer told us, "I did person-centred champion training, that's something I feel really passionate about, I take the most satisfaction when people blossom, grow and have the option to choose for themselves. I learned so much at that training. For me it's about putting people at the centre of what we do, at the heart of the service."
- Staff, including managers, passionately promoted a person-centred culture which embraced positive risk taking, balancing peoples' safety with their right to live full and varied lives. The registered manager delivered a presentation to a local group, the materials said, "We are passionate about our work and we want to make a real difference in people's lives. If things can be improved, we won't just settle for how they are. We're prepared to challenge the status quo. We strive for high standards, to do our very best. We take positive risks and innovate, trying new things." A support worker told us, "I'm very proud that we've got a great staff team with lots of different attributes, we treat people as individuals and want the service to be as person centred as possible, everything we do is centred around the people, they can make their own decisions or choices, we're supportive of positive risk taking as long as the person understands the consequence we support them in doing what they want to do."
- People told us they were supported to go on holiday, some people had aspirations to go on holiday and goals they had set to save money for a holiday. People chose where they went on holiday and who they went on holiday with, for example one person had a wish to go to Greece, staff supported them to save money and the person chose which staff went on holiday with them. We spoke to a person who told us about their future holiday plans and told us they looked forward to going with staff they got on well with, they said to us, "I saved for my holiday, I'm going to Butlins soon with three support workers, I choose who I go on holiday with."
- Staff and the management team worked with dedication and passion to respond to each person's personal situation and went above and beyond to achieve this. We observed numerous examples of highly person-centred approaches being utilised to meet people's individual goals and aspirations. For example, one person expressed in a review of their goals and aspirations that they wanted their own space and loved cars and mechanics. Staff worked with the person to identify a shed and they built a shed space together, this was decorated with car and mechanics images and gave the person a view of the road, so they could look at cars going past. We observed the person using this space frequently throughout the day. Records also showed that the person attended car festivals and did car wash experiences.
- People and staff met together to discuss aspirations and set goals and then met regularly to track those achievements using an online tool. The tool set goals, the steps needed to achieve those goals and had built in review periods. People wrote up their stories with words, pictures, emoji's and photos. During a review a

person said that they did not have links with the deaf community and felt isolated, since moving to the home the person built friendships with people they lived with, started to take part in more activities and now runs a knitting group every week to share skills and an activity they enjoy with people and staff.

- One person who had autism and uses gestures and some BSL had a goal of going out every day to buy cigarettes and a coffee independently, staff worked with the person to work towards achieving the goal and visited a local shop and local café and taught the staff there some BSL signs so that they could communicate with the person. Staff arranged with local shops to have a token system so that the person could buy a coffee or cigarettes independently and staff would repay the local shops once a week.

- People and relatives told us that people achieved good outcomes and saw improvements when they moved to the home. A person wrote down their story, a quote from it said, "Before I came to Wilbury Gardens I had never really cared about anything but myself, since living at here I have started to help look after the cat who I really love, it makes me very happy." External professionals confirmed this, a social worker told us, "The service appears to be run on strong person-centred ethics with input from residents in their care planning which is evident via allocation of key worker and monthly reviews. There was also a considerable improvement in [Person's] wellbeing upon his move in and it is very clear that he is thriving in the placement that are responsive to his needs which are quite specific. The placement also made a good use of their community links to provide residents with activities of their choice."

- A relative told us, "The staff are good at trying to encourage my relative to take part in art and craft activities and other social events. It has been great to see her taking up old and new skills. It is lovely to see my relative enjoying drawing and taking up knitting again. Also, the improvements she has made especially in her signing skills have been encouraging so that she has started to grow in confidence especially in social situations."

- Staff were matched to people they had a positive rapport with, for example we saw that people chose who they went on holiday or trips with and saw an example of how one person trusted one specific member of staff and became more accepting of personal care after they had been self-neglecting before moving to the service. Each person had a staff member allocated as their key worker, people and relatives told us this arrangement had a significantly positive impact on people. A relative said, "[Person's] key worker arrangement has been so good for my sister." A senior support worker said, "The managers takes matching up people and staff into consideration."

- People were supported by staff that knew them well including their needs, preferences and interests. For example, a person living with autism responded well to structure and all staff knew this. Staff supported the person by knowing their routines and reduced disruption unless the person expressed that they wanted to do something different, we observed the person feeling settled and relaxed.

- People were supported to pursue their hobbies and interests. A relative said, "[Person] just wants to talk and be with people, they encourage her to get out and do things." Staff supported people to access the community, for example one person went to a day centre weekly and we observed staff supporting people to access the community using the service's transport.

- Peoples' social and recreational needs were met through a comprehensive activity schedule, people also had the freedom to choose what they did on a day to day basis, our observations confirmed this. A mix of activities were organised throughout the week which catered for all interests and abilities. People had memory books and activities such as a knitting group, fun and fit sessions, quizzes, bingo, movie night and a ladies night where people enjoyed hand massages and nail painting. Staff held special seasonal events, for example during our visit people and staff were preparing for a Halloween celebration.

- A relative told us, "[Person], is at last, given the freedom to choose options, as opposed to being 'told' what to do and where to be. [Person] can decide where he goes, what he does and what he wishes to eat etc. At Wilbury, the residents, are safely organized, but given the freedom of choosing what they wish to do, how they fill their day / week." A person told us, "For example last night I wanted a drink, a staff member went out with me, we got a beer, only a small one but that was fun."

- One person enjoyed painting and drawing, they had their own desk in a communal area where they kept their painting materials and their paintings were displayed throughout the home.
- People, relatives and professionals told us that staff supported people well with their mental health and emotional wellbeing. A relative told us, "Yes the caring Staff Team at Wilbury Gardens provide support and help for my sister. They have given her reassuring support when she is anxious and have given her good strategies to help with her anxieties and emotions. Her key worker has played an important role in helping her setting up an emotional diary which she has found really helpful and to keep in touch with me whether it is regarding health issues or social events."
- Where people had behavioural needs such as behaviour that challenged, there was guidance for staff on the triggers to look for and how to de-escalate difficult situations and ways to record such as incident forms and behaviour monitoring. Positive behaviour support (PBS) was used and staff understood why people might become upset or anxious. Staff used techniques they had learned and were trained in, staff were positive and proactive in managing any behavioural issues.
- Some people had PBS plans and positive outcomes assessments with the aim of how to support people, maintain independence and life skills and promote choice and control. PBS plans explained triggers for people and how to support them. A person told us, "Staff help when I'm in pain or sad, staff help me to feel better. [Support worker] in particular keeps me calm, staff support me by doing things like going for a short walk or go to the shops when I'm upset or anxious or they know I like to write down how I'm feeling for them to read."
- Care plans were person centred, they included information about the person's social and employment background, their current needs, their likes and dislikes. Care plans recorded what was important to people such as how to uphold their self-esteem, hobbies and relationships or people that were important to them. Care plans were reviewed monthly. People's needs were assessed before coming to live at the home. These assessments included health and emotional wellbeing needs and was inclusive of protected characteristics such as disability or religious needs.
- People were well supported to transition from another service or home to this home, staff demonstrated compassion and empathy for a person moving to the service that transitioning from another service or their own home or family home can be a daunting time. People were given time to visit and consider before moving in to the home and staff gave people the time they needed as individuals to transition. A support worker told us, "New people will visit, then do a weekend visit, they see how they like the house and the area and how they fit with people, then they can stay for a longer time for example a week. Then we ask the person how they feel and ask for other people's feedback, we ask the person's family or a professional that knows them well, like a social worker. Before the person moves in the manager ensures we have their support plan, as staff we then know any triggers, their likes and dislikes and anything important to know about them." They also told us they looked for compatibility with people living there and sought feedback from the people living there.

#### Improving care quality in response to complaints or concerns

- People consistently told us they felt listened to and that the manager asked for their feedback. People told us they would speak to the manager or to a member of staff if they had any concerns or complaints. Staff went above and beyond to make the complaints process accessible and thinking innovatively of different ways for people to raise a concern to staff.
- A complaints book was available for people to write any complaints or concerns. Complaints were recorded, and lessons learnt were shared across the team and organisation.
- Monthly 'People we support' group meetings included a clinic at the end of the meeting where people were able to raise and address concerns one to one that anyone did not want to talk about in a group environment. These concerns were recorded on an easy read template that were shared with the management team to act upon.

- People had 'Have your say with [Registered manager]' meetings, where they could talk about problems with people they live with or staff who work with them or any complaints, this meeting followed a minute-taking template that followed BSL pictures, symbols and photos of each person at the house and each staff member.
- People were supported to have access to an independent BSL translator available and an independent advocate for any meetings with staff at the home or visiting professionals. In addition to this, staff championed and advocated on behalf of people for their communication needs to be recognised and met by external professionals to have access to BSL or SSE interpreters at all medical appointments, health or support reviews or any meeting held where a person was present.
- A relative said, "Staff contact me if there's any issues. I know I can speak to staff and I know I can speak to the manager if I had concerns."

#### End of life care and support

- At the time of the inspection no one was receiving end of life care. Staff explored people's preferences and choices in relation to end of life care because a sudden death may occur. Each person had an end of life care plan using an Action of Hearing Loss template, so the plan was accessible to people that lived at the home. The plans included preferences relating to protected characteristics, culture and spiritual needs for example one person expressed that they wanted to be cremated and said where they wanted their ashes scattered and another person expressed their burial preferences and details such as what colour of silk they wished to have in their coffin. Staff told us they were supported by an End of Life care policy and resource pack.



# 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.

Good: 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

- The service was led by a motivated management team. The ethos of the service was understood and shared across the staff team. The management team acted as role models, working alongside staff to support people daily.
- The registered manager and deputy manager told us that they had worked to change the culture of the service, the registered manager said, "We've taken steps to change culturally from being task focused to client focussed, involving people and enabling people more, I'm proud that I've seen staff embrace that the service is about them for them, the key value is that the people are our managers."
- Staff demonstrated pride and enjoyment in their roles and were also motivated by highly person-centred values. A relative told us, "The staff do have a real interest in the residents within their care at Wilbury. The staff are led by a manager, who is both professional and passionate about the quality of life and the level of care that the residents receive."

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

- External professionals and visitors told us that the home was welcoming, and that family and friends could visit without restriction. A social worker told us, "My experience of RNID 13 Wilbury Gardens has always been positive. I have always found the staff friendly and welcoming towards visitors. Staff are responsive to questions and concerns from both professionals and service users and appear to have good working relationship with service users' families." Another social worker said, "I have not had any issues when visiting and find that it is one of the more welcoming care homes I have visited. From my experience I would have no concerns about a family member or friend to have a placement at Wilbury Gardens."
- Managers promoted high levels of engagement from people involving them in the service. People were involved in having a say about the service, people told us they felt involved and staff provided people with many opportunities to be involved. People could give suggestions and comments in a comments book, a suggestions box, a suggestions board and wish list board. For example, people had made the choices about the decoration of an extension to the building of the wall colour and furnishings. People had taken part in delivering presentations about the service with the registered manager to local groups and forums. Staff had a 'You said, We did' feedback board displayed in the home which staff added to as and when improvements were made in response to people's feedback.

- All people using the provider's service had access to the involving people group. People had opportunity to be involved in the service such as training staff, sharing their story, house meetings, speaking to staff, choosing new staff, taking part in project groups, attending meet and eat forums, monitoring services and contributing to policy work.
- The Involving People Group had developed standards set on four principles that managers and staff. The principles set as priorities by people were communication, choice, decision and learn. People staff supported set out benchmarks called 'I can expect' which described how staff at the service could exceed in these four areas. Each quarter one principle was reviewed by people in a group meeting where action plans were set out on how staff were meeting the standards. Staff used a person-centred decision-making tool called '4+1' which explained what staff have tried, what has been learnt, what staff and people were pleased about, concerned about and what actions were needed. People carried out a person-centred thinking tool called 'Working Not Working' where people had direct input into the action plan.
- People and relatives had a variety of ways to give feedback about the service. An annual survey was sent out to relatives and professionals. A survey was sent to people that used pictorial representations and images of BSL signs, the survey asked questions such as "do you feel comfortable and safe with staff in the service" and "do staff members communicate with you in the way you like and understand". People met with their link worker monthly and fed back how they felt about each person at the home and each member of staff.
- Monthly house meetings were held with people. The managers used innovative ways of involving every person reflecting their individual communication needs in house meetings. Each house meeting had minutes taken in ways that used large font, easy read, pictures of people living at the home and staff working there and pictures of BSL and SSE.
- Staff told us they felt listened to, were constructively engaged in the running of the service and were given different opportunities to give feedback. Staff gave feedback through annual organisation wide surveys, one to one meetings and monthly staff meetings. Staff were represented on a staff council to be involved and have their say at an organisational level. Staff meeting minutes showed that staff reflected on each person they support, how they are, their current needs and changes, staff were updated on policies and procedures and used the opportunity to share best practice and carry out training. Staff had access to an employee assistance service for impartial support. A senior support worker told us, "The organisation has a staff council with elected representatives, we can give them feedback and they represent us. We have team meetings outside of the service premises so that we can dedicate the time to team discussion, training and sharing."
- The provider had initiatives such as setting involvement standards about how staff involve people through communication, freedom of choice and independence to make decisions and learn.
- A support worker told us, "This is one of the best places I've ever worked, [Registered manager] is one of the best managers, they're fantastic, supportive, it's feels really homely, love coming to work, I really enjoy it." Another support worker said, "It's a lovely home, it's like my own home, friendly, the staff team are great, the managers are best I've come across, the managers really do care about the people and the team. I feel well supported, I've not felt this well supported in any other job. The managers do listen to staff."
- Staff told us that the management were considerate and proactive in making reasonable adjustments and meeting the needs of staff with protected characteristics such as a disability. For example, a support worker told us, "When it comes to doing training for example, the manager gives options of how the training is delivered e.g. face to face or online, I have dyslexia, so I prefer face to face and the manager accommodates that."

#### Continuous learning and improving care

- Quality assurance systems monitored the quality of service being delivered and the running of the service, The provider had an International Organization for Standardization (ISO) certification in quality



management and the organisation's quality management system was based on continual improvement and a regular cycle of audits. For example, a service plan, medicine audits and infection control audits. All identified areas for improvement were clearly documented and followed up as an action plan to ensure they were completed. For example, a staff file audit identified a gap and staff worked to address and resolve this and a medicines audit identified that need for an updated as and when needed (PRN) medicine template, management staff approached the provider's policy and practice team to set out a new template which was being embedded at the time of our inspection visit. This demonstrated a commitment to continual development.

- A relative told us that there have been improvements since a change of management in the last few years which has had a significant impact for people, they said, "The atmosphere is lighter and the residents more responsive and generally happier in themselves. This improvement only requires a few changes to the organisation and effort of input by the staff members. The results over time, are huge."
- The provider sought feedback from external professionals about the quality of care to identify improvements. The registered manager told us they benefitted from the support of a risk and quality assurance team for the provider who also carried out site visits to monitor quality and a training and development team that were informed by site visits and audit findings. They also told us they learnt from local authority contract and monitoring visits.
- Staff received briefings on new guidance from the provider's Policy and Practice team. The registered manager took an active role in positive practice networks such as Making it Real, Voluntary Organisations Disabilities Group and Involvement Shared Learning Group.

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 understood duty of candour. The provider had a duty of candour policy that staff understood and followed. The registered manager told us, "We have a policy and we strive to be transparent, if there's any issue where we feel there's been a failing in our practice, I address that with my line manager, we approach family, friends and appropriate professionals such as a social worker, this process is linked with incident reporting so it's recorded and analysed so we learn any lessons identified." Relatives and external professionals told us they were informed if anything went wrong or if a person's needs changed, for example an illness.

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

- All managerial staff understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed. Where appropriate the provider ensured suitable information was shared agencies such as local authority. This ensured people's needs were met in line with best practice.
- All staff understood their roles and responsibilities.

Working in partnership with others

- Records showed that people had access to a range of health and social care professionals. External professionals gave positive feedback about how staff worked with them.