Southdown Housing Association Limited

Southdown Housing Association - 39-41 Whitehawk Way

Inspection report

39-41 Whitehawk Way
Brighton
East Sussex
BN2 5QL

Tel: 01273699776
Website: www.southdownhousing.org

Date of inspection visit:
16 September 2016

Date of publication:
28 October 2016

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 16 September 2016 and was unannounced.

Southdown Housing Association - 39-41 Whitehawk Way provides accommodation and personal care for six people with a learning disability and complex needs. People were aged from 42 to 70 years and required support with personal care, mobility, health and communication needs. Accommodation was arranged across two bungalows at the location. The service was adapted to meet the needs of people living there. Each person had their own adapted bedroom. The service is one of six residential care homes run by Southdown Housing Association Limited, a not-for-profit specialist provider of care, support and housing services in Sussex.

The service had a registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the home is run.

We found one area of practice that required improvement. The registered manager had not informed CQC of an incident that led to police being contacted. This is part of the registered person's responsibilities. By not being informed of these incidents, CQC were potentially unable to ensure that the appropriate actions had been taken to ensure that people were safe.

People, their relatives and healthcare professionals were positive about the quality of care and support provided to people at the service. One relative told us, "The staff are good at their jobs and the care has been second to none. It's been difficult for them [staff] as [my relative's] needs change." Another relative said, "Whitehawk Way is the perfect set up for [named person]." People's keyworkers worked to identify goals and achieve greater independence. The registered manager involved people, relatives and healthcare professionals to ensure people received the support they required. One health and social care professional gave the following feedback, "There is a very pleasant atmosphere, helpful staff and extremely informative conversations with the manager."

Staff had detailed knowledge of people's needs and had the skills to provide support effectively. The registered manager carried out regular supervision sessions and appraisals. Staff felt well supported and understood their roles and responsibilities to ensure a quality service was given. Staff understood how to manage risks to people's health and welfare and supported them to develop and reach their full potential. Staff had guidance on how to increase choice and control, reduce restrictive practice and improve quality of life.

The provider and registered manager actively sought people and their relative's views and listened and acted on their ideas. People and staff celebrated achievements and milestones, including birthdays and cultural calendar events. A relative of a person said, "We are fortunate to have this lovely place for [named

relative]. For their last birthday they threw a party. The whole party was geared around them. It was lovely to see."

Staff supported people with the values of dignity and respect. Support plans contained documented assessments of people's individual needs and the support they required. People continued to take part in activities they enjoyed and were encouraged to try new experiences based on their individual interests and abilities. There were sufficient numbers of skilled staff to meet people's needs and support activities. A relative said, "Staffing doesn't appear to be a problem. [My relative] is able to get out and recently went up the new I360 tower in Brighton. The staff took photos from the top. Similarly, when they went away for a little break. Staff showed me photo's they took and [my relative] is always happy and smiling."

Staff understood how to protect people from possible harm. Risk assessments were completed to identify environmental risk as well as some risks that were specific to people's complex healthcare needs. Staff ensured people accessed healthcare services for advice, treatment and support. A health care professional provided the following feedback, 'There is a very pleasant atmosphere, helpful staff and extremely informative conversations with the manager.'

People's relatives and healthcare professionals said the registered manager promoted a person centred approach to care and support. They were complimentary about the registered manager who they said demonstrated strong leadership and provided a hands-on approach to the support people received. One person said, "[The registered manager] is very good. She is always there if I need to speak with her. They get the best out of staff."

The provider and registered manager effectively used the audit systems in place to continually monitor the quality of the service and had action plans in place to further improve the support people received and management functions of the service. The registered manager monitored incidents and accidents and put plans in place to prevent recurrence. The provider used a recruitment procedure that ensured people received support from staff vetted as suitable to work with vulnerable people.

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

Southdown Housing Association - 39-41 Whitehawk Way was safe.

Staff received safeguarding training and knew how to take action in response to any concern that may arise about possible abuse.

Risks to people were regularly reviewed and staff supported people to live safely.

Staffing levels were sufficient to ensure people received the level of support they required.

Staff supported people to manage their medicines safely.

Is the service effective?

Good

Southdown Housing Association - 39-41 Whitehawk Way was effective.

People had access to healthcare professionals when they needed it.

People were provided with food and drink which supported them to maintain a healthy diet

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good

Southdown Housing Association - 39-41 Whitehawk Way was caring.

People's relatives and healthcare professionals praised staff for their caring and professional approach.

Staff knew the people they supported well including their preferences, likes and dislikes.

People were encouraged to make decisions around their support.

Is the service responsive?

Good

Southdown Housing Association - 39-41 Whitehawk Way was responsive.

Care and support was personalised and tailored to people's individual needs and preferences.

Staff communicated with each other and the registered manager on a daily basis to ensure that information was shared about people's needs.

People's relatives told us they felt confident to raise any issues with staff and the registered manager and felt their concerns would be listened to.

Is the service well-led?

Requires Improvement

Southdown Housing Association - 39-41 Whitehawk Way was not consistently well led.

The registered manager had not notified CQC of an incident at the service.

The registered manager was described as approachable and staff felt supported and valued.

The culture of the service was open and friendly.

The registered manager carried out quality assurance checks regularly in order to develop the service.

Southdown Housing Association - 39-41 Whitehawk Way

Detailed findings

Background to this inspection

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

We visited the service on the 16 September 2016. This was an unannounced inspection. The inspection team consisted of one inspector.

During the inspection we spent time with people who lived at the service. We spent time in both houses that make up the location. We spent time in the lounge, kitchen and people's own rooms when we were invited to do so. We took time to observe how people and staff interacted. People were unable to use structured language to communicate verbally with us, so we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with those that knew people well, we spoke with three relatives of people. We gained the views of staff and spoke with the registered manager and four support workers.

Before our inspection we reviewed the information we held about the service. We considered information which had been shared with us by the local authority and looked at the record of notifications. A notification is information about important events which the provider is required to tell us about by law. A Provider Information Return (PIR) was submitted prior to the inspection. A PIR asks the provider to give some key information about the service, what the service does well and any improvements they plan to make.

During the inspection we reviewed the records of the service. These included staff training records and procedures, audits and three staff files along with information about the upkeep of the premises. We looked at two support plans and risk assessments along with other relevant documentation to support our findings.

Good

Is the service safe?

Our findings

People were safe and the interaction between them and staff appeared comfortable and relaxed. The relative of one person told us, "[My relative] is happy and safe. There's always staff around you can call on if you need to." Risks for people were minimalised and they were enabled to try new experiences. The registered manager said, "Risk assessments have been completed for all clients to inform staff of any risks around areas such as moving and handling and also to enable clients to safely take part in activities they enjoy."

There were a number of policies to protect people's rights and keep them safe from harm. There were whistleblowing and safeguarding adults at risk policies and procedures. These were accessible to staff and they were aware of how to raise concerns regarding people's safety and well-being. A whistleblowing policy enables staff to raise concerns about their workplace to protect people from abuse. Records confirmed staff had received safeguarding training as part of their induction and this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place. One member of staff told us, "I would always report any concerns and see that they were taken seriously, it's our job to keep everyone safe at all times".

Staffing levels were assessed in line with people's needs and were adjusted when the needs of people changed to ensure their safety. The registered manager told us, "We have a settled and diverse team. They are a good team and bring a great dynamic to the service." Staff told us that there were enough staff and that staffing levels were increased if people needed additional support, for example, if they had scheduled social activities to attend. We were told existing staff would be contacted to cover shifts in circumstances such as sickness and annual leave and that bank staff were called in when required. Feedback from people's relatives and staff indicated they felt the service had enough staff and our own observations supported this. A member of staff said, "We have enough staff to spend the time with people."

Risk assessments for people's healthcare needs were in place and regularly reviewed. For example, each person's support plan had a number of risk assessments which were specific to their needs and these included skin integrity, hydration, nutrition and mobility. Risk assessments identified potential hazards for people, assessed the level of risk and the measures taken to reduce the risk. We visited during a particularly warm spell of weather and we noted how extra steps were taken to remind staff to make sure people were appropriately covered up from the sun and should be encouraged to take fluids. Staff were observed to follow the guidance throughout the day. Risks in relation to social isolation and people's emotional needs and well-being were also considered, and there was guidance in place for staff to safely manage risks and support people, for example to reduce their anxiety and potential social isolation.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks were recorded and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of utilities, food hygiene, hazardous substances and moving and handling equipment. There was a business continuity plan that provided a plan to staff on what to do in the event of the service not being able to function normally.

Staff were trained in the administration of medicines. Staff described how they completed the medication administration records (MAR). Regular auditing of medicine procedures was undertaken to include checks on recording administered medicines as well as temperature checks. This ensured the system for medicine administration worked effectively and any issues were identified and addressed. Staff administered medicines sensitively and appropriately. A relative we spoke with voiced their confidence in the staff member's ability to safely administer medicines to their loved one. They told us, "They always have their medicine on time." Medicines were stored appropriately and securely and in line with legal requirements. Medicines were ordered in good time and those that were out of date or no longer needed were disposed of appropriately.

Staff had been recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or vulnerable people. The provider had obtained proof of identity, employment references and employment histories.

Good

Is the service effective?

Our findings

People were supported by staff with the relevant skills and experience to meet their needs. Relatives and health and social care professionals confirmed that they had confidence in staff who were well trained and effective. The relative of one person told us, "The staff are good at their jobs and the care has been second to none. It's been difficult for them [staff] as [my relative's] needs change."

People were supported by people who had the necessary skills. There was a commitment to ongoing staff learning and development. New staff were supported to learn about the provider's policies and procedures as well as people's needs. Relatives told us that they believed staff were well trained as they demonstrated confidence and skills in care. Staff told us they had received induction training when they began work at the service and they had received up-to-date essential training. Staff told us that the training they had undertaken was useful and enabled them to support people more effectively. One member of staff told us, "When I started work I was given time to read peoples support plans and had time to get to know people well." Training records confirmed that staff had completed the providers own induction programme, skills for care common induction standards or care certificate. The care certificate is an identified set of standards that health and social care workers adhered to in their daily working life. It covers the learning outcomes, competences and standards of behaviour that must be expected of support workers in health and care sectors and replaces previous common induction standards. Staff received additional training that recognised the complex health care needs of the people they supported, subjects included positive behaviour support (PBS) and epilepsy and learning disabilities. PBS seeks to improve people's quality of life, increase choice and control and reduce potentially restrictive practice. Some staff had obtained the National Vocational Qualifications (NVQ).

People received sufficient quantities of food and drink and every effort was made to provide a choice in this essential aspect of daily living. People's weight and nutritional intake were regularly monitored and referrals were made to Speech and Language Therapists (SALT) or dietician if people's nutritional intake reduced or staff had any concerns around people's nutrition and hydration. Gastronomy training, based on the specific needs of an individual, was provided and was refreshed, together with competency assessments for gastronomy feeding. The registered manager told us training equipped staff with the skills they needed to provide safe and effective care.

People's communication needs were assessed and met. Observations of staff interaction showed they adapted their communication style to meet people's needs. For example, we saw that a communication board was effectively used with one person to assist them making their choices known. For another person we were told by staff not to use more than one Makaton sign when we spoke with a person, as over use of signs made the person anxious and upset. Effective communication also continued amongst the staff team. Regular handover and team meetings, as well as use of communication books, ensured that staff were provided with up to date information to enable them to effectively carry out their roles.

People's health needs were assessed and met. People received support from healthcare professionals when required, these included GPs, learning disability nurses, speech and language therapists (SALT) and

physiotherapists. Staff knew people well and were able to recognise any changes in their behaviour or demeanour and ensured they received appropriate support in response to noted changes. Relatives told us staff ensured that people had access to medicines and healthcare professionals when they were not well. The relative of one person told us, "There was a review held with the doctor recently and I went along to that. Or if it's a meeting, for instance, with the dietician to review [my relatives] eating, they will always get back to me and keep me informed."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager was working within the principles of the MCA. They understood the requirements of this legislation and had acted in accordance with it and therefore ensured that people were not deprived of their liberty unlawfully. For example, some people may have had bed rails in place but lacked capacity to consent to their use. Under the Mental Capacity Act (MCA) 2005 Code of Practice, where people's movement is restricted, this could be seen as restraint. Bed rails are implemented for people's safety, but do restrict movement. The registered manager had ensured that less restrictive options were considered, such as the use of low profile beds. Mental capacity assessments were decision specific and assessed the person's ability to understand the information related to the decision being made. Records showed how the decision of capacity was reached.

People were cared for by staff who had access to appropriate support and guidance within their roles. Regular supervision meetings took place to enable staff to discuss people's needs and any concerns. They provided an opportunity for staff to be given feedback on their practice and to identify any learning and development needs. Once a year, individual next in line meetings were held between support workers and their manager's manager. We heard these helped maintain an open communication channel and enabled the provider to more effectively check the leadership of the service. The meeting gave staff an opportunity to ask questions or raise concerns. Staff told us that they found supervisions helpful and supportive. One member of staff said, "I get to say what I want to say and [the registered manager] will listen and get back to me if the need is there."

Good

Is the service caring?

Our findings

People were cared for by staff that were kind and caring. Observations demonstrated that positive and warm relationships had developed between people and staff. Relatives and health care professional's feedback confirmed that staff were kind and caring. We noted the following comment, "Whitehawk Way is the perfect set up for [named person]."

People were cared for by staff, some of who had worked at the service for a number of years and who knew their needs well. It was apparent that positive relationships were in place. There were friendly interactions between people and staff. Not all people could tell us that they liked the staff and were happy, but we observed warmth and genuine affection between people and staff and, just as importantly, between people, some of whom had lived together for many years. We observed a member of staff interacting with a person. They used and interpreted hand signals to gain yes/no answers. We asked the member of staff to help us get this person's feedback. In response to our questions, the person was able to clearly communicate that they felt safe, were happy living at the service and had enough to do. We asked the person the name of their keyworker and we read through the list of staff names until we reached the correct name. One relative told us, "There is a rapport and communication from staff that has been wonderful for [named person]".

Staff supported people in a timely, dignified and respectful way. People did not have to wait to receive support as staff were available and sensitive to their needs. We saw regular, positive interaction between people and staff. We heard staff taking time to explain what they were doing clearly to people in a way that promoted inclusivity and understanding. Staff had a good understanding of dignity and how this was embedded within their daily interactions with people. The staff approach to people was seen to be thoughtful and caring. For example, we noted how a member of staff arrived to start work and took time to go around and greet each person by name. Only when they had said hello to all the people did they turn their attention to us as visitors. Staff enquired of people about their level of comfort, for example in their seating position, or in response to the temperature in the room when they may not always get a clear response.

People were encouraged to maintain relationships with one another as well as with their family and friends. Relatives told us that they were able to visit the service; they said they were made to feel welcome. A relative of a person said, "We are fortunate to have this lovely place for [named relative]. For their last birthday they threw a party. The whole party was geared around them. It was lovely to see."

People's differences were respected and staff adapted their approach to meet people's needs and preferences. People were able to maintain their identify, they wore clothes that reflected who they were as a person and their rooms were individually decorated, with personal belongings and items that were important to them. Diversity was respected and support plans showed that people were able to maintain their identity. For example, one person expressed themselves particularly through their choice of clothes. We saw that a member of staff who was attuned to their needs and choices spotted that they wanted to change their clothes. The member of staff said, "[Named person] decided he wanted to be John Travolta this afternoon. He put on the t-shirt and jacket and watched Grease the movie on his iPad." A social care

professional made the following observation, "[Named person] has come on in leaps and bounds in terms of their health and well-being. This person is naturally gregarious and likes to wear different outfits and occasionally I see him wearing blue nail varnish which he has chosen. Staff have supported him wholeheartedly and I see him with a huge smile on his face when he looks for our reaction."

People and their relatives were consulted about their wishes and support plans were reviewed in response to changes in needs. It was recognised that people needed additional support to have a say in their support and the registered manager had sought to involve people's relatives when it was appropriate. People were able to access an advocacy service. 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. Relatives confirmed that they felt involved in the support provided for people and could approach staff if they had any questions or queries about it. A relative told us, "I always attend the reviews with [named person]. They like to make an occasion of it which is only right. I am sent through the information in advance. The keyworker and the manager are there."

People's privacy and dignity was respected. Staff respected people's right to privacy. For example, one person required support with an aspect of personal care. Staff went to the person and knelt beside them and spoke quietly and sensitively with them before taking them off to attend to their care. Staff were also observed knocking on people's doors before entering, to maintain people's privacy and dignity. Information held about people was kept confidential. Records were stored in locked cabinets and offices.

Good

Is the service responsive?

Our findings

People's health and physical needs were assessed and support was provided to ensure that their needs were met. One relative said, "[My relative] gets the care they need. They are good at applying to other health care professionals like the GP and consult with me every step of the way, for example, like a health screening [my relative] recently had."

There were enough staff to deliver person centred care. Staff acknowledged they were often busy, but told us they had enough time to spend one to one with people, to meet their physical, social and emotional needs. Observations showed that staff identified and met people's needs in a timely manner. Staff appeared to have sufficient time to spend time with people, engaging with them using voice and touch. Staff took time to gauge and respond to people's feelings and expressions of emotion. They demonstrated patience and understanding when supporting people and could interpret complex verbal and non-verbal signs that communicated, for example, anxiety, happiness or contentment. If a person showed signs of apparent anxiety they appeared to calm when member of staff took time to talk with them and seek to find the reason for their distress. The relative of one person told us, "There are enough staff. Staffing reflects the needs of people living there."

People were encouraged to have daily routines to help improve or maintain their well-being and reduce the risk of social isolation. People were provided with a mix of activities and occupation through the day. When we asked relatives and visitors about the provision of activities, one person told us, "Staffing doesn't appear to be a problem. [My relative] is able to get out and recently went up the new I360 tower in Brighton. The staff took photos from the top. Similarly, when they went away for a little break. Staff showed me photo's they took and [my relative] is always happy and smiling." As well as structured events there were impromptu activities that take place in any home and which all the people were involved in, such as 'nipping' to the store to pick up a little shopping, or going on the 'post run' to other services. Complex physical disabilities meant some people spent time relaxing and being repositioned, for example out of their moulded chair and following a physiotherapist's guidance.

Thought had gone into providing meaningful activities and sensory stimulation for people who spent more time in their rooms. The provision of sensory equipment promoted well-being and quality of life for people wherever they spent time. Observations showed people who spent periods of time in their rooms had frequent interaction from staff. This ranged from the provision of personal care or to help with food and drink and one to one time.

People's relatives told us that they were able to talk to staff if they ever had any concerns about their loved one's health or support needs. People's complex physical health needs were assessed and met. People's needs were assessed when they first moved into the service. Support plans were devised and revised to document the person's needs and abilities in relation to their needs. Plans were reviewed and updated between reviews if changes occurred. Key workers took a lead in reviewing support needs but sought feedback from other staff. They drew up and amended plans of support based on observations of people and changes in their needs throughout the period under review. The registered manager acknowledged the

difficulties faced when seeking to involve people in the review process. A health care professional told us their experience, "Reviews are regular and person centred. The person held court and decided how the review was going to be run." Reviews captured changes in people's needs and changes were reflected in plans of support. For example, an assessment by a health care professional provided clear, detailed guidance for staff to follow in relation to the support the person to receive adequate nutrition and hydration and staff had implemented these actions.

Support plans contained information about people's lives before they moved into the service, it captured their personal life story, their interests, social and emotional needs. Information of this nature helped provide staff with an insight into people's lives before they moved into the service. It enabled staff to build and develop relationships with them and provided greater understanding of people's holistic needs. The person-centred information that was available ensured the support planning process was comprehensive and effective.

People were supported, whenever possible, to make choices in their everyday life and their individuality was respected. Observations showed staff respected people's wishes with regards to what time they wanted to get up, what clothes they preferred to wear, what they did with their social time, and where it was appropriate, what they had to eat and drink. We saw this in practice during our visit when a person had a lie-in until late morning following a disturbed night's sleep. People's rooms reflected their personalities and interests and people were able to furnish them according to their taste with their own ornaments, art and family photographs on display.

There was a complaints policy in place. A process was in place for recording complaints that had been made. The registered manager encouraged feedback from people's relatives. Information was displayed in an easy read format that informed of their right to make comments and complaints about support received. Relatives told us that they didn't feel the need to complain but would be happy to discuss anything with the registered manager. One relative told us, "I have never had to make a complaint but I know I could go to [the registered manager] and tell my concerns."

Requires Improvement

Is the service well-led?

Our findings

People, staff and relatives were complimentary about the management of the service. They told us that the registered manager was available, approachable and friendly. One member of staff told us, "The manager is good, you can go to them and they will listen". A relative told us, "[The registered manager] is wonderful. I feel that she really listens to me when we talk. They are fully involved in [my relatives] care."

Part of a registered manager's responsibilities under their registration with the Care Quality Commission is to consider guidance that is provided in relation to the regulated activities that they provide, as it will assist them to understand what they need to do to meet the regulations. One of these regulations relates to the registered manager's responsibility to notify us of certain events or information. The registered manager had not notified us of an incident reported to police. Registered managers' are required to inform CQC of these incidents to enable us to have oversight to help ensure that appropriate actions are being taken and to ensure people's safety. It was evident that the registered manager had been transparent and open with other events that had occurred within the home. While it is recognised that on this occasion there was a genuine misunderstanding that had led to the lack of notification in relation to the incident, it remains the responsibility of the provider to ensure that they are aware of notifiable incidents. Therefore this is an area of practice in need of improvement.

There were robust quality assurance systems and processes within the service. A range of quality assurance audits took place to ensure that the systems and processes used were effective. They helped to identify areas of practice that were working well and also those that needed improvement. They were used to effect change. The registered manager undertook quality assurance processes every month and these were supplemented by audits and review of service by their line manager. The audits included people's support plans and looked at information in people's records and resulted in people receiving consistent support and quality of service.

The registered manager was visible and active within the service. They told us, "I have an open door policy." The service had a strong emphasis on team work and communication sharing. There were open and transparent methods of communication. There was a communication book in which key messages were left and daily handovers for staff. This kept staff informed of any developments or changes to people's needs. One member of staff told us, "This is a happy team. If there are any issues for people we are made aware of them and work together to help resolve them".

The provider positively encouraged best practice to be shared among their services. For example, safeguarding alerts were reported to senior managers. Reports received were monitored fortnightly by Southdown Housing Association's executive team and referred to a specialist safeguarding group that met quarterly. Recommendations and learning informed quality and practice within each service. The registered manager met regularly with other managers to keep up to date with current practice and guidance. There were links with external organisations to ensure that the staff were providing the most effective support for people. By forging links with outside organisations such as the British Institute of Learning Disabilities (BILD), the local authority and healthcare professionals, staff were able to learn from other sources of expertise.

The registered manager described the vision and aims of the service. They emphasised openness and transparency in how the service provided support and care to people. They were aware of the statutory Duty of Candour which aimed to ensure that providers are open, honest and transparent with people and others in relation to care and support. They described the aspiration to support people to meet their individual needs and encourage confidence. The values were seen to be reflected in the service in that it had a relaxed and homely feel and people appeared to be happy and content. Staff were encouraged to ask questions and provide input into the management of the home. The following feedback from a healthcare professional was noted in the stakeholder satisfaction survey, 'There is a very pleasant atmosphere, helpful staff and extremely informative conversations with the manager.' A relative was asked about the leadership of the service and said, "[The registered manager] is very good. She is always there if I need to speak with her. They get the best out of staff."