

Affinity Trust

# The Views

## Inspection report

3 Chitcombe Road  
Broad Oak  
Rye  
East Sussex  
TN31 6EU

Tel: 01424882079

Date of inspection visit:  
24 February 2020

Date of publication:  
20 March 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

The Views is a residential care home providing personal care for up to six people with learning disabilities. Some people had physical disabilities and were wheelchair users. At the time of inspection, five people were living at the service.

The Views is a six bedded bungalow, with all area's wheelchair accessible for people. This included a large garden which people enjoyed in the warmer weather. People had their own large, personalised bedrooms and shared two bathrooms, with specialised bathing and shower facilities.

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

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

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

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

Staff went the extra mile to ensure that people had their own voice and were as involved as possible in their care and support. They were passionate about providing people with the tools they needed and preferred, to communicate. This included specialised technology and the use of social media. Activities were solely focused on people, their preferences and goals and had an extremely positive impact on their wellbeing. Relatives and staff told us how staff had gone above and beyond to ensure people's preferences and wishes were met at the end of their lives.

People remained safe with support from staff who knew them, their support needs and risks to their wellbeing. We observed that staff constantly looked out for areas of risk and took immediate action to mitigate them. There were always enough staff to meet people's needs and they were recruited safely.

Some people had complex medicines protocols, but these were well known by staff and medicines were given safely. The building was kept safe through a number of health and safety checks by staff and external professionals. A professional said, "The home is always clean and tidy and staff members respect that it is

the resident's 'home'." When incidents occurred, actions were taken immediately to reduce reoccurrence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff continuously asked people about their views and choices and these were documented.

Staff had the skills and knowledge to meet people's needs and preferences. They had received specialised training, regular supervision and team meetings to ensure they were confident in their roles. People's nutritional and hydrational needs continued to be met. They were supported with regular involvement from health and social care professionals, who spoke positively about the support people received.

There was a kind and caring culture at the Views. Relatives and professionals spoke highly about staff. We observed that people enjoyed spending time with staff and that strong relationships had been built. Staff were passionate about working with people. One staff member said, "Having worked in this field a while, I feel for the first time I am at home. It makes me so very enthusiastic about everything."

People's privacy, dignity and independence was promoted and respected. People's views were continually sought, using a variety of tools to create a sensory experience and further understanding of choices about their care.

Relatives and professionals were complimentary about the registered manager and how the service was run. Staff described them as, "Lovely", "Very supportive" and said, "Even if she's not here, we can always phone her." Staff told us they felt part of a warm, supportive, team-working culture, that centred around people's quality of life every day. One staff member said, "I loved the culture from the moment I came here."

Quality assurance processes were robust to give oversight of the service. The registered manager and team leader had ideas of how to continuously improve people's lives and valued working in partnership with others to achieve this.

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 8 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# The Views

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was conducted by one inspector.

#### Service and service type

The Views is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out. Some people could also become anxious when new people came into their home. We wanted to be sure there would be people at home to speak with, and that staff had time to prepare them for our visit.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

Due to people's complex communication needs, we were not able to speak with people about their views on the service. Therefore, we spent time observing interactions between people and staff, activities and meal-times to gather information about people's experiences living at the Views. We spoke with four members of staff including the registered manager, a team leader and two care staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two relatives and three professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe as staff understood signs that a person could be at risk and actions to take if they were concerned about abuse.
- Staff had all received safeguarding training and had knowledge of forms of abuse and how to recognise them. One staff member said, "For example, when we shower or bath people, all of us are observant for forms of bruising. If I did suspect abuse, I would be straight in the office with the team leader or registered manager."
- There was a whistleblowing policy that was regularly reviewed with staff. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation, they work for is doing something illegal or immoral. A staff member said, "Initially, I'd talk to the team leader or registered manager. If nothing was done, I'd speak to the operations manager or divisional director. If not, I would speak to CQC."

Assessing risk, safety monitoring and management

- Although people were not able to tell us they felt safe, we observed them to be happy and comfortable around staff they knew well. Relatives and professionals told us people were safe. A relative said, "The important thing to me is that my relative is safe and I have complete confidence in staff." A professional said, "Staff have been able to promote people's independence and mobility but have also been able to correctly identify when further support may be required and identify potential falls risks."
- Staff knew risks to people well and instantly recognised when situations could escalate. For example, staff knew signs that one person could become anxious and as soon as they saw them, acted in ways to reduce this. Another staff member recognised when a person was not sitting correctly in their wheelchair and immediately sought staff support to rectify this.
- People had robust risk assessments with detailed guidance for staff in how to assess and reduce risk. This included people's specific health conditions, the use of specialised health equipment and managing people's behaviours that challenged.
- The building was kept safe with regular health and safety checks by staff and external professionals. This included fire safety, equipment maintenance, water temperature checks and legionella monitoring. People were part of regular fire drills and had their own Personal Emergency Evacuation Plans (PEEP's) to guide staff in how to safely support people from the building.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw that staff rotas were regularly reviewed by the

team leader and registered manager. Any vacancies due to annual leave or sickness were covered by staff from other homes owned by the same provider or regular agency staff.

- The registered manager said, "We always request staff that have been here before if we use agency so that they get to know people and their routines. I also meet with the agency to give feedback regularly and this has proved effective." There was one agency staff member working at the service during the inspection, who had been to the home several times and knew people well.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included a full employment history, references and applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

#### Using medicines safely

- People received their medicines safely from trained and competent staff. Staff could only give medicines if they had completed training and competencies by the team leader. This included observations and questions to assess whether they had the right skills.
- People's medicines were ordered and stored safely, in their bedrooms, in locked cabinets. Some people had emergency medicines to manage their health. There were specific protocols for having this medicine on the person at all times and we saw these were followed.
- Some people had medicines that were required to be given in a specific way. We observed that staff followed guidance in how to give this safely. Some people also had 'As required' medicines. There was clear guidance on dosages, why they were given and when additional medical advice should be sought.
- There had recently been a change to the way medicines were stored by the pharmacist, where medicines were no longer given altogether in Monitored Dosage Systems (MDS) but individual boxes. For a short amount of time, there had been an increase in medicines errors, following this change.
- The registered manager and staff explained that when these errors happened, staff were required to re-complete training and their competencies again. A medicines trainer came in to provide additional support and a staff member was allocated the role of providing additional oversight to medicines practice. Since these supportive measures had been introduced, there had been no further medicines errors of this nature.

#### Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained. There was a company maintenance person that staff made requests to if work needed to be done and they were at the service on the day of inspection. There was a clear system for noting requests and monitoring their completion.
- There was a daily cleaning rota completed by staff to ensure the cleanliness of the building. Where possible, people supported with these tasks. One staff member said, "We support people to do some cleaning and wiping up, so they are involved."
- Staff had all received infection control training and we observed that they used this learning in every day practice. For example, staff used personal protective equipment (PPE) such as gloves and aprons, or different coloured boards when preparing different foods to reduce cross-contamination.

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed regularly by the team leader and registered manager for patterns or trends by an effective online incidents system. The registered manager said, "It allows us to filter for types of incident, who was involved, or actions taken so we can continually monitor what is happening and take action if we see themes." The company also had a health and safety representative who analysed incidents and fed back to registered managers.
- The registered manager talked about incidents where they had learned lessons and taken actions to ensure they didn't reoccur. They gave one example where a person had been discharged from hospital and their medicines only checked in by one staff member. Due to administration errors not being identified, the

person missed a dose of medicines.

- Following this incident, the policy for discharging from hospital was amended so that two staff members always checked in medicines together and this allowed for additional reviewing and identifying of any errors. The service had not had any errors of this nature since the changes.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

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

- Before moving into the Views, the registered manager completed in-depth pre-assessments with people, their relatives and professionals. This provided a holistic view of the person's care needs and preferences.
- Two people had moved in recently. The registered manager said about one person, "I spent a lot of time at their home with them and their relative getting to know the person, then introduced two members of staff to build confidence and trust. It took a while, but this process has meant the person has settled in really well." A relative said, "Transition has been great, completely painless. Staff are very professional and very good at sharing information."
- Staff used guidance from professional bodies, such as The National Institute for Health and Care Excellence (NICE), to ensure their medicines practice was up to date and relevant. They used other guidance such as Waterlow assessment tools to assess risks to people's skin integrity.
- Each person had a Disability Distress (DisDAT) form. This document was designed to support people with learning disabilities and was used as a way of observing and documenting how people present when they are content or in pain or distress.
- Alongside this, people had their own 'This is me care passports'. These documented information about people's needs and preferences and could be given to health and social care professionals should the person be admitted into hospital.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet people's needs. This was achieved through regular training and competencies completed by managers, health professionals or trainers that had the qualifications to assess staff skill.
- Staff had received specific training to understand and support people with specific health conditions such as epilepsy, continence care and using Percutaneous Endoscopic Gastrostomy (PEG). This is a tube that is inserted into the stomach and used to give food or medicines when the person is unable to take them orally.
- For one person, staff received specific communication training related to behaviours that challenged following several incidents. This specifically focused on how to communicate effectively and prevent behaviours from happening. This had been hugely successful, and no further behavioural incidents had occurred.
- Staff told us they had a thorough induction where they largely shadowed more experienced staff and got to know people and their routines. One staff member said, "Induction and training is so intensive, I've never

had it like this. It gives you a sense of accomplishment, is very robust and makes you feel confident in your role. Such a wonderful care and attention to detail which is so appropriate in this environment where people have such specific needs."

- Following induction, staff were supported with regular supervision with the registered manager. One staff member said, "We have 1-1's quite regularly and can always come into the office and have a chat if we need to. We can talk about anything really, struggles at work, new ideas or even something personal."

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

- People's nutrition and hydration needs were met. We observed that people chose what they wanted to eat for each meal and where they wanted to sit. A healthy, balanced diet was encouraged, and people were regularly offered fresh fruit, vegetables and home-made meals.

- Some people had been assessed by the Speech and Language Team (SaLT) due to risks of choking. Staff were aware of these risks and followed guidance provided. For example, staff sat with people, encouraged them to sit up straight and eat slowly. Some people required their food to be prepared in a specific way and we saw this happened.

- People and staff sat together to eat and there was a positive, pleasant and social atmosphere at meal times. People were encouraged to eat independently using a variety of tools such as specialised cutlery or cups.

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

- People continued to have support from a variety of health and social care professionals. This included GP's, physiotherapists, occupational therapists, specialist consultants, dentists, district nurses and opticians. This joint working had a positive impact on people and their wellbeing.

- For example, one person had been assessed as requiring end of life care and staff had worked with a variety of professionals to challenge this assessment. The registered manager said, "We worked with specialists, nurses and a GP to get specific health equipment and the person is now happy and healthy. Specialists still visit regularly but the person goes out all the time and they have quality of life."

- Another person's wellbeing had been supported by working alongside a physiotherapist to improve their mobility. They were now experiencing less pain, able to engage and socialise with others and be more independent as they were less tired.

- People were supported to have good dental hygiene from a dentist who specialised in supporting people with learning disabilities and autism. People had dental hygiene risk assessments which identified support they needed in managing this and notes about previous appointments.

- Professionals were complimentary about how staff worked with them to promote people's wellbeing. One professional said, "They have always been good at keeping me updated on clients I am working with. All staff have been able to give me information about residents and the manager has also always been on hand for feedback." Another professional said, "Staff are very attentive to suggestions I make. What I find they are particularly good at is being an advocate for people."

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

- The building had been adapted to meet people's needs and preferences. This included bedrooms decorated in people's chosen colours and styles. People and staff had also created their own 'Sensory corner' in the lounge, with lights, music and sensory objects made by people.

- Communal areas and corridors were wide and spacious, allowing plenty of room for wheelchair users. There was specialised equipment in communal bathrooms such as ceiling track hoists, large mobility baths and wet rooms. This supported people when they had baths and showers.

- There was a large dining and lounge area for people to relax in as well as spacious garden grounds, which

were wheelchair accessible. For one person who enjoyed gardening, raised flower beds had been built so they could grow their own plants and vegetables.

#### Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We observed that people were offered choice and control throughout the inspection. Staff used a variety of communication tools to support people with choice, such as objects of reference, picture cards and specialised technology.
- Staff had a good understanding of the MCA and how this applied to people they supported. One staff member said, "For one person, I would pick two different types of cereal that they generally like and I would put them in front of them and ask them what they would prefer, you watch their eyes to see where they rest. With another person we are all trying to use eye-gaze technology. They will indicate with smile and eyes what they want. Others will either point or tell you."
- Another staff member explained how they had introduced a 'something else' card for one person to use. They said, "It is important that we don't overload the person with choices, but also important not to restrict them. So, we use the 'something else' card along with two other choices. If they pick the 'something else' card, we keep going until we work out what they want. It can sometimes take time but that doesn't matter."
- Some people had authorised DoLS and any conditions set on these were being met. The registered manager had a record of when DoLS were authorised and so these were reviewed regularly.
- For people that had been assessed as lacking capacity for certain decisions, they had specific mental capacity and best interest documents that included how staff had communicated information to people, what their responses were and how a decision about capacity had been reached. Views from others such as relatives and professionals had also been sought and documented.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

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

- Although people couldn't tell us how they felt about staff, we observed that they enjoyed being with them. One person made a specific noise when they were happy, and we observed them to do this when with staff. Another person smiled and made positive vocal noises, moving closer to the staff member they were with.
- There was a positive atmosphere in the home. We observed staff supporting people with activities and there was lots of joking and laughter as they engaged with each other. One person held onto a staff member's hand and refused to let go which resulted in laughter between the two. Another person reached out to a staff member as they passed and they high-fived one another.
- Relatives and professionals told us staff were caring and attentive. A relative said, "My relative seems really happy and really likes staff. I see us all as a team that work together to sort things out for them." One professional said, "I have always found staff engage with people well, rather than amongst themselves and know people very well." Another said, "I have always been impressed with the care that staff members have given the residents."
- Staff told us they loved working at the Views, and we observed them to be happy and cheerful. One staff member said, "I've found my niche. I have never been happier in a job. This is just so rewarding, especially the people we support, they're such lovely people." Another staff member said, "We are all here from love, we're all a big family. We care about the people, it's not just a job. People are so loving, their smiles tell us how happy they are."
- Staff had all received training in equality and diversity and understood the importance of recognising and respecting people's differences. They knew people well and talked to us about their different preferences and what was important to them.
- One person had recently moved into the service and staff had found out that going to church was important to them. However, they did not have information on the type of church they went to and why. Therefore, they had organised to take the person to a different church each week to identify which they preferred.
- The registered manager said, "We're going to try all of them because we don't know what part is important to the person and they are not able to tell us. For example, is it the music they like, the tranquillity or the church community? We will try them all and get the person to choose which one they prefer."

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

- We observed that people were continually supported to share their views and staff ensured they were at

the centre of decision making about their care and support.

- For example, we saw one staff member asking a person for their consent to share their care plan with an agency staff member. The staff member observed the person's body language and that they made a specific noise to indicate they were happy with this. They then included the person in the entire conversation with the staff member.
- The registered manager told us that people had their own 'Facilitators'. These were assigned members of staff who were responsible for maintaining people's care records, spent additional time getting to know the person and acting as a representative. The registered manager said, "We try to pair people and staff based on their interests or how the person responds to the staff member. When we showed one person a picture of a staff member, they very clearly smiled, so we knew this was the right match."
- People were also involved in regular meetings, where they could talk about food, activities or changes in the home. This was turned into a sensory experience where photos and objects were used as a tool to gain people's views. For example, when talking about getting chickens in the garden, staff had used feathers and chicken feed as sensory objects to communicate with people and stuck these in a book. People's responses and views had been included in each meeting.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was considered important by staff and continued to be promoted and respected.
- We saw staff supporting people to maintain their privacy and dignity such as by closing doors and curtains when providing personal care and asking people whether they were happy to talk about things. One staff member said, "I always get permission before doing things and understand that some things might not be dignified and explain everything I'm doing. For example, if a person sometimes takes off their clothes, it's important to be aware of that and protect their privacy in front of others."
- We saw people's independence being promoted throughout the inspection. For example, one person had specialised cutlery and their food prepared in a specific way to enable them to eat independently. Another person was asked by staff if they wanted to help prepare lunch. They were supported to whisk food and staff talked to them throughout about what they were doing and what ingredients they were using.
- One staff member said, "One person has started making their own breakfast with support and people always go with us when doing laundry, so they are involved. They all have their own front door key as well so they can lock doors and let themselves in with staff support." Another staff member said, "It doesn't matter how small, people being involved is the most important thing."

# 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 now improved to outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff used innovative ways to gather information about people and include them in their care and support plans.
- For example, one person had recently moved in from a service that had closed and had minimal person-centred information available. Staff researched and managed to locate a staff member who had worked with them for many years and with the person's consent, invited them to visit them at the Views. Staff told us several ex-staff visited, the person was pleased to see them, and they learned a lot about their history. The registered manager said, "It really helped us build relationships with the person and understand their preferences."
- Each person was supported to be as involved as they could be in their Person-Centred Plan (PCP) that reflected their wishes, goals and support needs. These were highly individualised to meet people's communication needs and based on people's hobbies and interests to make them meaningful. These were used as part of reviews with professionals and family.
- For example, one person loved using social media and used this to present their PCP by documenting their life and activities and then sharing memories with who they wished to. One person liked computers and staff supported them to design and present their PCP on a PowerPoint presentation. Another person had recently started going out on the minibus and their PCP was presented on a road, with pictures showing their journey and the milestones they had reached.
- One person had deterioration with their memory and so staff completed a PCP book with them each day. Photos were taken with the person doing activities and we observed staff spending time with the person going through these, sticking them in the book and reminding the person what they had been doing.
- Through the PCP process, people had been able to express and plan goals for their future. For example, some people had goals to do specific activities such as river cruises or fishing and these were in progress. Others had specific goals for improving their confidence and one person was now going out in the community with staff, where they weren't previously. Another person had always dreamed of having a helicopter ride and had been supported to achieve this.

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.

- People had in-depth communication plans which documented their specific communication needs and staff knew these extremely well. They explored these with people and went the extra mile to ensure people had the tools they needed to communicate effectively.
- For example, one person had a specific health condition and staff had attended a communications course specifically related to that. It was recommended that eye gaze technology would be extremely beneficial, however when staff explored this, there was no funding to purchase this equipment.
- Staff and people began fund-raising by taking part in charity walks and cake sales. The person has also been supported to set up a 'Just giving' page. As a result, the person had been able to get the eye gaze technology, and this had enabled them to tell their relative they loved them for the first time. The relative told us, "It was wow. Amazing. I can't put the emotion into words. I always knew they loved me but to hear it was something else."
- The registered manager said, "It was an incredibly emotional moment for everyone involved and all due to the hard work and perseverance of staff." A professional said, "I have been very impressed with the level of passion shown for getting this person a high-tech communication aid. In my opinion, they are outstanding in the care that they provide."
- We observed other people being supported with additional communication tools such as picture cards, social media and easy read documentation. There was display boards in communal areas that held pictures of staff working, activities for the day and menus so that people understood what was happening each day.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff worked creatively to provide people with activities that met their preferences and interests. They worked with people to overcome their anxieties and this had a profound impact on their wellbeing.
- For example, one person had always refused to leave the minibus when out in the community. Staff worked with the person to understand their anxieties and support them to feel secure with staff supporting them. As a result, the person was now going out to regular activities. They had started using their own front door key which staff told us, "Was an enormous achievement."
- One person was passionate about trains. A staff member said, "Rather than just buying them a train set, we decided to build their very own one with them." Each week the person bought a different model and spent time with staff building and decorating it and slowly, they were building their own person-centred train set.
- Another person was passionate about gardening. They spent time in the garden growing plants and vegetables. Staff had supported the person to make their own recipe book, consisting of ingredients they had grown, and they used this to prepare food for people and staff. The person had a photo board at wheelchair height, which displayed their journey of growing the vegetables in pictures. We observed the person choosing to sit next to this board and smiling at the pictures.
- People were involved in other activities such as wheelchair dancing, bowling, swimming, car racing and events such as hot air balloon displays. They visited cafes, went shopping, to restaurants and to discos run by local activity centres.
- People were supported to maintain relationships with those that were important to them. For example, one person enjoyed using social media and was being supported to maintain relationships with family through this. This included posting photos and tagging themselves in activities so their family could see what they had been doing. Their relative said, "It makes me feel closer to my relative. All our relatives are spread out so can't always visit and they say to me, 'Now we can't keep up as our relative is always doing so much!' They talk to our relative through social media too and it all makes us feel so much more connected as a family."

## End of life care and support

- Although no-one was receiving end of life care at the time of inspection, staff talked to us about how they had supported people who had passed away shortly before inspection. Staff had ensured that they met people's end of life preferences in innovative ways. They had supported other people to understand death and bereavement and celebrated the lives of their friends.
- For example, one person had passed away before the inspection and staff talked to us about how they had supported them at the end of their life. It was extremely important to the person that they attended church every week, but they became physically unable to do so. Staff organised for online church services to be played to the person in their bedroom. They stood around the person's bed, held hands and sang hymns with them, so that they could still be a part of what was so important to them.
- Staff came in on their days off to sit with the person, read with them and sing hymns. They arranged for people that knew them to visit and spend time with them. The person's relative said, "At the end of their life they had constant support, they were never on their own. Staff were so good, did everything for them. They always looked clean and well looked after. I couldn't have hoped for anything better for them." Following the person's death, staff also created a memory book with people, so that they could be supported to understand what had happened and remember their friend.
- Relatives had asked the home to do a eulogy for the person at their funeral. People and staff had all contributed ideas about how they wanted the person remembered and a poem was written to reflect their life. The team leader said, "We spoke to people and staff and pulled together all their memories to do this. Everyone contributed their ideas to it." The relative said, "They did a poem for my relative and it was beautiful. It meant everything as it reflected everything they were. Staff knew my relative so well and really loved them."
- The registered manager and deputy manager had recently attended an 'Excellence in end of life care' training course run by St Michael's hospice and were passionate about using what they had learned to further improve end of life care planning with people.
- The team leader said, "We realised we have a lot of information about what happens after death but thought we could use some of the ideas to further involve people in what they wanted while end of life care was happening." This was an ongoing project that the staff team were working on together, particularly focusing on specific ways they could further involve people and gather their views.

## Improving care quality in response to complaints or concerns

- There had been no complaints since the previous inspection. There was a clear policy that was regularly reviewed and discussed with people and relatives.
- Relatives told us although they had never had reason to complain, they knew how to do so. One relative said, "I've never had to complain but if there were any issues I would speak to the registered manager and she would know how to handle it."
- The complaints process was available in an easy read format to aid communication with people. Staff told us that although people were not always able to voice their complaints, they would recognise signs such as facial expressions or body language to understand they were unhappy. They would then explore this with people to understand what actions to take.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

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

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

- Although people were not able to tell us how they felt about the registered manager and the way the service was run, we saw they were calm and happy when engaging with them. The registered manager knew people and their needs well.
- We observed the registered manager and team leader setting positive examples to staff by constantly asking people's permission to talk about things, engaging with people, joining in with activities and making suggestions for improvements.
- Relatives and professionals were positive about the registered manager. A relative said, "The registered manager is so lovely. Nothing is too much trouble." A professional said, "The registered manager and team leader are sensible, supportive of staff and people. It was clear staff felt comfortable communicating with them." Another said, "The home is very well led, and staff always seem happy in their work."
- Staff spoke very highly about the management team at the Views. One staff member said, "The team leader is very experienced and so good at passing knowledge on. The registered manager has also been so supportive and gives advice in such a nice way."
- Staff described how the registered manager's vision of, "Making everyday great" was integrated throughout the service and a view they all shared. The team leader said, "It's about quality interaction with people every day, not just for big things. We all share the sparkle and want people to have an amazing life."
- Staff told us they felt part of a supportive, inclusive, team working culture. One staff member said, "The staff team, they are just the best. They really are a magic team. They have welcomed me with open arms and given me every type of support I've needed." Another member said, "We all work well together. We all click well together. All the staff are really good at guiding each other and we have all learned so much together."

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 and team leader had a good understanding of the duty of candour and it how it applied to their roles. The registered manager said, "For example, we may flag to other professionals such as the duty team, social workers or health professionals. We would also contact professionals." The team leader said, "Transparency is key. It's not what happens but how you respond to it and own it."
- We saw that when incidents had occurred, relevant others such a professionals, the local authority safeguarding team, relatives and CQC had been notified.

- The previous inspection report was displayed in communal areas of the home and on the provider's website, so that people and members of the public had easy access to it.

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

- There were robust quality assurance processes that ensured continued oversight of people's care and the service. This included regular managerial reviews of the environment, staff documentation, complaints and incidents.
- Staff facilitators completed monthly reviews of people's care plans. Each month there was a new theme to focus on, such as activities, community presence or engagement with others. These were then reviewed by the registered manager and any improvements needed, reflected on with staff.
- Additionally, an operations manager for the provider visited the service regularly to quality audit the service and people's experiences. This included observations, sampling documentation, talking to people and staff. The registered manager said, "They ask us about positive things that have happened and review any changes with us. It's a very useful experience."

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

- The registered manager sought feedback from people, relatives and staff to improve service provision. People's surveys were in an easy read format and completed with people. How people had been asked questions, their responses and what they could mean were included in each survey.
- We viewed the latest surveys received from people, staff and relatives and feedback was all positive. Results were collated by the registered manager and by the provider and shared in meetings. The registered manager and team leader talked to us about further ideas they had to share these results with others, such as newsletters or personalised emails.
- Staff told us they were also given opportunities to give feedback and share their views in regular team meetings. One staff member said, "We talk about everything. It's a good time for us to all contribute and bounce ideas off each other." We viewed the latest meeting minutes and saw staff had the opportunity to discuss people's needs, training, changes to legislation and good practice.
- Staff told us they were provided with company initiatives and rewards such as staff member of the year, company benefits, discounts and long service awards. This made them feel valued and appreciated. The team leader said, "I find the provider to be very forward thinking. For example, they introduced acting up roles for staff to be promoted and to have a chance to develop skills and see how you get on. It's about career development. They want to invest the time in staff and that's so important."

Continuous learning and improving care; Working in partnership with others

- The registered manager and team leader were passionate about continuously learning to improve the lives of people. They attended regular training to ensure they were up to date with current guidance and legislation. For example, they had attended safeguarding and 'excellence in end of life' training. Knowledge they had gained had been fed back to staff in team meetings.
- The registered manager told us it was important to work with others in order to learn and grow. For example, the home was due to have a visit from the local health authority team, based at the hospital. The registered manager said, "They will visit and look at the quality of people's medicine documents, if they can reduce the medicines they are on and work with us to make improvements."
- The registered manager attended regular meetings with managers from other homes run by the same provider. They also attended manager's forums run by the local authority. They told us this supported them in networking with other services, keeping up to date with good practice and sharing ideas.

