

## The Royal School for the Blind

# SeeAbility - Kent Supported Living

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

SeeAbility - Kent Supported Living is a supported living service. At the time of the inspection two people were receiving the regulated activity of personal care. The service supported people with a learning disability and autistic people. Staff provided each person with support for life skills and with their individual health and wellbeing needs. This included specific communication requirements and support with emotional, physical and sensory needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People lived in their own separate homes and had their own tenancy agreement. Staff provided one to one support and were available 24 hours a day.

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

Since the service registered with the Care Quality Commission in January 2021 there had been a lot of staff changes. The registered manager had left and so had a lot of the original support staff. The manager and some of the staff team were new to the service. Relatives and staff told us, this had been an unsettling time for people and people were now getting to know the new staff. Relatives and staff did say improvements were being made and they hoped communication, support and guidance would continue to develop. They felt confident that the new manager would do this. The new manager had identified the shortfalls and plans were in place to address these shortfalls.

### Right Support

Staff supported people to have choice, control and independence. Staff focused on people's strengths. They developed and promoted what people could do and supported them to develop new skills, so they had a fulfilling and meaningful everyday life.

Staff supported people to take their medicines as prescribed by their doctors. Staff supported people to play an active role in maintaining their own health and wellbeing.

### Right Care

Care was person-centred and promoted people's dignity, privacy and human rights. People received kind and compassionate care. Staff understood and responded to their individual needs. People could

communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Staff understood how to protect people from poor care and abuse. The service worked with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Some relatives did say they would like their 'loved one' to be involved in more meaningful activities.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right culture

Ethos, values, attitudes and behaviours of the manager and staff we spoke with ensured people using services lead confident, inclusive and empowered lives. Staff and the management team ensured that people were at the centre of the delivery of care. People were treated as individuals whose life and experiences were considered and factored into care planning.

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

This service was registered with us on 21 January 2021 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of right support, right care and right culture.

We looked at infection prevention and control measures under the Safe key question. We look at this in all supported living inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# SeeAbility - Kent Supported Living

## **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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

One Inspector carried out the inspection.

#### Service and service type

SeeAbility - Kent Supported Living provides care and support to two people living in 'supported living' settings, so they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was no registered manager in post. A new manager had started employment and had started the process of registering with the CQC. This meant that the provider was 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 it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 11 May 2022 and ended on 26 May 2022. We visited the location's office on 11 May 2022.

### What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection

### During the inspection

We spoke with the manager, deputy manager and a staff member who provided people with positive behaviour support. We reviewed a range of records. This included people's care plans, medicines records, accidents and incidences and daily care records. We looked at recruitment checks and complaints. A variety of records relating to the management of the service. Some policies and procedures were also reviewed.

### After the inspection

We spoke with two relatives of the people who used the service about their experience of the care provided. We spoke with four support staff. We continued to seek clarification from the provider to validate evidence found. We looked at care plans, positive behaviour support plans, daily records, staff meeting minutes and an action plan for the development of the service.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to do so. If safeguarding concerns were identified they were reported to the county council safeguarding team. Investigations were completed and appropriate action was taken to prevent them occurring in the future.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the manager. They were confident action would be taken. They also knew who to report concerns to externally.
- Relatives were confident that their loved ones were safe when receiving the care and support they needed. One relative said, "I know [my relative] is safe and happy. The staff understand them."

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible.
- When a risk had been identified there was guidance for staff on how to support people appropriately in order to minimise risk and keep them safe. Individual assessments detailed the action staff should take to minimise the risk of harm occurring to people. This included when supporting people when they were unhappy or upset, going out in the local area, travelling in a vehicle, mobility and nutrition and hydration
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent approach with people when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Relatives told us risks associated with their family members care were managed well. One relative told us, "They take good care of [my relative]. They can go places and do things and I know they are safe."

Staffing and recruitment

- Staff and relatives told us that there had been staffing problems a few months ago and many staff had left. New staff had now been recruited. Relatives told us that this had been a difficult time for their loved one as they had to get used to a lot of new faces and build up new relationships. Relatives and staff reported that the situation was now improving, and the staff teams were working well together.
- The service had enough staff, including for two-to-one support, for people to take part in activities and visits how and when they wanted. Where people liked a structured routine, staffing was arranged around these people's needs. One relative told us, that many of staff were unable to drive which meant their [relative] could not go out in their vehicle when they wanted to. The manager had recognised this as an issue

and had plans in place to ensure the person would be able to go out. The provider was supporting a key member of the staff team to have driving lessons so they would be able to take the person out in their vehicle.

- Checks had been completed on staff before they worked with people, for example staff had completed application forms with a full employment history. Checks had been completed with the Disclosure and Barring Service to check for any criminal records or professional misconduct.

#### Using medicines safely

- The staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Nobody was prescribed 'as and when' medicines for their behaviour. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). One person medicines had been reduced over a period of time by their consultant. Staff monitored and reported on the effects of the reduction. It was hoped that further reductions would be made in the near future. If people needed medicines for pain, there was guidance in place.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included when there were difficulties in communicating. People were given choices about how they took their medicines. Some people preferred to take their medicines on their breakfast as it made it easier for them.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. There were arrangements for keeping people's homes clean and hygienic.
- Staff followed the providers' infection control policy and procedure. This included regular COVID-19 tests which were reported to the manager to ensure compliance.
- Staff had completed training in infection control, including for COVID19. Staff used personal protective equipment (PPE) effectively and safely.

#### Learning lessons when things go wrong

- Incidents affecting people's safety were managed appropriately to ensure good outcomes for people.
- Staff recognised incidents and reported them to the manager and any lessons learned were shared. For example, by reviewing and updating people's positive behaviour support plans. This was to ensure that plans remained effective in keeping people and staff safe



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Trained staff completed a comprehensive assessment of each person's physical and mental health and their emotional well-being.
- Assessments involved people and their representatives such as family and social and health care professionals. Assessments focused on what each person hoped to achieve by using the service. Such as to be more independent and to take part in day to day activities. Each person had a positive behaviour support plan which gave guidance on how to support people. For example, to develop independence and improve communication skills. These plans were reviewed regularly and updated. Peoples progress was monitored and recorded.
- Plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- Updated training and refresher courses helped staff continuously apply best practice to the people they cared for. Staff described how their training related to the people they supported. Staff we spoke with told us they had the training and support to do the best job they could. Staff told us they completed training in epilepsy and were confident supporting people during seizures. Staff were able to explain when they would seek medical advice for the person, and how they would support the person to be as comfortable as possible following a seizure.
- Staff told us they received support in the form of supervision, however they said due to the changes in the structure of the management team this had not been consistent. All the staff we spoke with told us although to manager was new to post they had confidence in them. They did say that the new manager had now scheduled in regular supervisions to make sure they received support and guidance they needed. Staff said they could go to the manager at any time if they did need support.
- All staff completed the providers induction programme which took place over two weeks and combined shadowing shifts and completing training. The senior staff checked staff competency to ensure they understood and applied training and good practice.

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

- People received support to eat and drink enough to maintain a balanced diet. Staff and people worked with dieticians to plan healthy eating plans. People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way.
- Staff and relatives told us, people could have a drink or snack at any time, and they were given guidance

from staff about healthy eating. One person had been supported by staff to eat more healthily and as a result had lost weight.

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

- People had health action plans which were used by health and social care professionals to support them in the way they needed.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Relatives told us the staff respond very quickly if there were any medical issues and staff contact them to let them know what was happening.
- Staff worked well with other healthcare services and professionals. Staff had worked closely with dentists to make people receive the dental care they needed in the way that suited them best. Health professionals and staff were also working together to safely reduce the amount of medicines people were prescribed.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- Staff knew about people's capacity to make decisions through verbal or non-verbal means and supported people to make their own decisions about their daily care and support.
- Staff explained how they could assess from people's body language, behaviour and reactions if they consented to their care and treatment.
- When people had been assessed as lacking mental capacity for certain decisions, staff had recorded assessments and any best interest decisions. For people lacking capacity to make decisions about their health care, best practice was followed and there were safe processes in place to make sure people received the support they needed in the way that suited them best.
- Where applications had been made to the Court of Protection staff only people who were legally appointed, acted on other people's behalf.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff we spoke were positive and enthusiastic about the people they cared for. One staff member said, "[Person] takes small steps but these have added up to big victories." Another staff member said [person] is amazing. They are doing so well. They are doing so much more for themselves. This is what makes me love my job."
- Staff knew people well and understood how they liked to spend their time. Staff were mindful of individual's sensory perception and processing difficulties. People were given options, but some enjoyed the same routines, such as going out for long walks, shopping and paying for their groceries. Staff told us they really enjoyed going out with people and supporting them to spend their time as they wanted.
- Staff ensured people were protected from exposure to any environmental factors they would find stressful. One person's life had been limited as they did not like to go to places where there were lots of people. Support plans had been developed to slowly introduce the person to busier places. The person was now able to go shopping and interact more comfortably with other people.
- People were valued by staff who showed genuine interest in their well-being and quality of life. A relative told us, [My relative] is in the best place they have ever been. [Staff member] is the key to these improvements. They understand and 'get' [my relative]. "

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

- People were supported to express their views and be involved in all decisions. People were enabled to make choices for themselves and staff ensured they had the information they needed.
- Staff had developed a rapport with people. They supported people to express their views using their preferred method of communication. People were able to inform staff about what they wanted. People used various communication tools to express their wishes and have meaningful conversations. People were given the time to listen, process information and respond to staff and other professionals.
- Staff were calm, focused and saw people as their equal. A relative told us it took time to for staff get to know their family member and for them to accept a new staff member. They said their family member's small team of staff knew them well. New staff were slowly introduced to people over a period of time. They first had to send pictures and a 'social story' so people were able to recognise and know a bit about the new staff before they meet them. Time with people was then built up slowly so they got to know them.
- Staff respected people's choices and where ever possible, accommodated their wishes, including those relevant to protected characteristics e.g. due to cultural or religious preferences.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. Staff supported people to maintain links with those that are important to them. Relatives told

us they contacted their loved one to daily to find out how they were and what they had been doing. People saw their relatives regularly and were supported by staff to do this.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills and gain independence. Staff understood the level of support people needed to be as independent as possible. Staff encouraged people to do things rather than assume they could not do them.
- Staff supported people to maintain their dignity and independence when supporting them with personal care. Staff told us, "[Person] only likes certain staff to help wash their hair. So, we make sure only those staff support them with this.
- Staff were supporting people to try to learn new skills, for example doing their own cooking, washing, shopping. Staff told us; people were encouraged to do as much as possible for themselves. A staff member said when we are preparing food, I ask them to do hand over hand to support them and make sure they are confident and comfortable."
- Staff knew when people needed their space and privacy and respected this. People were able to spend time alone if they wanted to.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff used person-centred planning tools and approaches to discuss and plan with people how to reach their goals and aspirations. Each person had a care plan that detailed the care and support that they needed in the way they preferred and suited them best. Staff had the skills and knowledge to support people with their individual needs.
- Each support plan had information on what made people happy and what triggered their anxieties. Staff we spoke with were knowledgeable about the people they provided support to. For example, a person disliked loud noises and loud music. Staff made sure they avoided places that were noisy. They planned ahead to make these situations were avoided. For example, not going into shops that were too busy, too bright or played loud music.
- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life. People were supported with their sexual orientation/ religious/ ethnic/ gender identity without feeling discriminated against.
- People who were living away from their local area were able to stay in regular contact with family. Staff supported people to visit their relatives on a regular basis. Clear plans and placement goals were developed with commissioners to enable people to move back to their local community. One person wanted to live nearer their family. New accommodation was been sourced but to date nothing suitable had been found.
- People participated in everyday daily living activities. People had been supported to increase aspects of their independence. People helped prepare meals, buy their own food and pay for it and did their own washing. There were personalised plans in place to support people to maintain and develop new skills. People went out in their local area. Some people liked going on long walks. Others went swimming. The people, manager and staff were looking at other activities that would be suitable and enhance people's lives.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people had access to information in formats they could understand. People used visual

structures, including objects, photographs, use of gestures and symbols. Some people used electronic devices to help them communicate which helped people make choices and know what was likely to happen during the day.

- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations. Staff told us about how a person was now able to verbally tell staff when he did not want them around him, where previously they had not been able to verbalise this and became distressed and upset.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff understood how people communicated, by their presentation and their vocalisations.

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

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. There had been one complaint made to the service since it registered. This had been dealt appropriately by the manager and action had been taken to prevent re-occurrence.
- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them.

#### End of life care and support

- There was no one receiving end of life care at the time of the inspection. All of the people at the service were younger adults and conversations had not taken place around end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of the inspection the manager of the service had only been in post a few weeks and was not yet registered with the CQC. They had started the application process. Until there is a registered manager post there is a limiter on the rating CQC can give. Relatives and staff told us there had been a lack of consistency in how well the service had been managed. They felt there had been a lot of staff changes over the past months and this had been difficult for people to get used to new staff. However, they did say that the situation was settling and improving. They told us that they had confidence in the new manager and felt they would 'sort everything out'.
- Staff told us they felt more supported and valued. They felt communication and guidance had improved. Staff were able to explain their role in respect of individual people. We will check improvements continued and were sustained at the next inspection. Relatives told us, the new manager had been in contact with them and felt reassured that their loved ones would be receiving consistent care and support.
- Staff knew and understood the provider's vision and values and how to apply them in the work of their team. A staff member said, "The staff team was unstable but now new staff are on board. We are all working together to make sure the people we look after are getting the best care and support and working towards reaching their goals. We want people to live their best life."
- Prior to the new manager taking up post, governance processes had not been effective been in identifying shortfalls. Effective action had not been taken by the provider to support staff and communication with relatives and staff was not effective. The new manager had now taken action to start addressing these shortfalls. For example, staff supervisions and communication with relatives and staff was improving. We will check that improvements have continued at the next inspection. Senior staff understood and demonstrated compliance with regulatory and legislative requirements. Records were stored safely and securely.
- The provider offered incentives and rewards to the staff team to recognise their hard work to make sure people lived the best life. Staff were encouraged by the provider to share their success stories with others within the organisation so they could all learn from each other.

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

- The provider and manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. People were supported and empowered to do as much as possible for themselves.

- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Staff felt able to raise concerns with managers without fear of what might happen as a result.
- The manager took a genuine interest in people's lives. Staff had had taken time to get to improve communication with one person, which was at their own pace and at their direction. Relatives said the manager was approachable and involved in their family member's care.
- Relatives told us, "Staff were previously left to their own devices, but this manager has made changes and is involved with us. We are confident improvements are being made. They respond if we have concerns."
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The provider invested in staff by providing them with training to meet the needs of all individuals using the service.

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; Continuous learning and improving care

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The manager was aware of the responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The manager kept families informed of any concerns with their loved one.
- When things had gone wrong the manager and staff were open and honest. Investigations took place and action was taken to make improvements and prevent any re-occurrence.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- The manager promoted equality and diversity in all aspects of running the service. People's individual needs were identified and respected.
- People, and those important to them, worked with the manager and staff to develop and improve the service. Relatives said that sometimes communication between staff and them could be improved. One relative felt the activities their loved one did could be expanded and be more diverse. They told us they had spoken to the staff about this and was hopeful this would improve. We will check this improvement has been made at the next inspection.
- There was an open culture where staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. Staff told us they did this through informal conversations with the management team, staff meetings and supervisions.
- The manager and staff told us they felt valued and enjoyed coming to work. The manager told us, "Staff are always keen to cover shifts. They jump at the chance."
- The provider sought feedback from people and those important to them and used the feedback to develop the service. Staff encouraged people to be involved in the development of the service.
- The manager said their relationships with other agencies were positive. People, relatives and staff worked with health and social care professionals in line with people's specific needs. For example, supporting people to improve their diet and mobility. People had regular contact with GP's, dentist, opticians and specialist services. This ensured people's needs were met in line with best practice.