

Sense

SENSE - 163 Newington Road

Inspection report

163 Newington Road
Ramsgate
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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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

163 Newington Road is a residential care home that was providing personal care to four people with sensory impairments at the time of the inspection. The premises had been built to accommodate wheelchair users, so it was on one level, with one wide corridor leading to different areas of the building. There was a small wrap-around garden that people spent time in warmer months and areas within the building for people to relax and/or socialise within.

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.

People's experience of using this service:

The outcomes for people using the service reflected the principles and values of Registering the Right Support in the following ways; there were no signs outside the property to identify it as a care home. People were encouraged to be a part of the local community; attending clubs, pubs, local shops, cafes, swimming pools and gyms.

We found the service met the characteristics of outstanding in the responsive domain and the characteristics of good in all other domains and is rated Good overall.

- People had become more independent since joining the service.
- People's communication was developed, so that they could express their views and receive the support they desired. Relatives and professionals praised the difference the staff team had made to people's communication abilities, for example they were teaching one person to use British sign language (BSL) as well as deafblind manual.
- To achieve truly person-centred and responsive care and support, the service adjusted to new people and the changing needs of those already there. This involved training staff in different forms of communication such as Braille, deafblind manual and adjusting as people's communication abilities reduced. It also involved learning to support people with conditions and needs such as; diabetes, epilepsy, PEG feeding and those requiring massage and different forms of physiotherapy and end of life care. Relatives praised how well the service changed and adapted with people's changing needs.
- In addition, staff adjusted the environment to enable people to have a positive life living at the service. People chose how they wanted their rooms and the premises to be decorated. Lessons were learnt when things went wrong, and adjustments were made to the premises to avoid similar incidents. For example, rails and sensory strips were introduced to a corridor where people had once collided, and staff were supporting people to use one side or the corridor for one direction and a sensory strip for the other.
- People's wishes at the end of their lives were respected and staff went above and beyond to support them and their families at such a difficult time. For people who wished to stay at the service, specialist equipment was introduced to enable people to stay at the service for as long as possible and these preferences were

met by the service. Relatives praised the staff for 'going the extra mile' to respect their loved one's preferences at the end of their lives.

- People were supported at health appointments across the country and staff stayed at people's bedside when in hospital to provide comfort and support when people were anxious.
- Professionals were involved in people's care and support to achieve the best outcomes for people. Staff worked closely with dieticians, speech and language, physiotherapists and other health professionals to support people to achieve goals, such as losing weight or regain strength and mobility to promote independence and wellbeing.
- People decided how they wanted to be supported, through person-centred reviews which they planned and organised with the support of staff. Relatives and people's representatives were invited, and they discussed goals and ideas and celebrated achievements.
- People were supported to make new friends and to maintain existing relationships.
- People were supported to learn and try new things, as well as developing their current interests and hobbies. For example, people were knitting, making jewellery, going to the gym, swimming and making art works for competitions.

More information is in the full report

Rating at last inspection:

At the previous inspection we rated the service as good (published 17 February 2017)

Why we inspected:

This was a planned inspection based on previous rating.

Follow up:

We will continue to monitor the service and assess the information we receive.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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. | Good ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was caring. | Good ● |
| Is the service responsive? The service was exceptionally responsive. | Outstanding ☆ |
| Is the service well-led? The service was well-led. | Good ● |

SENSE - 163 Newington Road

Detailed findings

Background to this inspection

The 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.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

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

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.

What we did:

Before visiting the service, we looked at previous inspection reports and information sent to the Care Quality Commission (CQC) through notifications. Notifications are information we receive when a significant event happens, like a death or a serious injury.

We also looked at information sent to us by the manager through the Provider Information Return (PIR). The PIR contains information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed two peoples care plans. We also looked at a variety of different sources of information relating to these people, such as; risk assessments, person-centred reviews and guidance for staff. In addition, we looked at the following documentation; surveys, staff rotas, staff meetings, training records, recruitment files, medicine administration records, audits and incident/accident logs. We asked the registered manager to send us some documentation via email after the inspection. These were received on the days following the inspection.

On inspection, we spoke with two people and observed interaction between staff, the registered manager and people. We also spoke with the deputy manager, two members of staff and four relatives.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Staff knew what signs and triggers to look out for and told us that they would report any concerns to the registered manager immediately.
- Staff were aware of the whistleblowing policy.
- There were easy read safeguarding policies for people to read. One person who was deaf and blind had also had this translated in to braille and a copy was kept in their personal folder in their bedroom.

Assessing risk, safety monitoring and management

- Risks to people were identified and mitigated. Staff knew people in depth and could tell us about the risks they faced and how they identified and worked to ensure people were safe. There was also thorough guidance in place for staff to follow, which included information and advice provided by health professionals.
- Positive risk taking was encouraged, people took part in a range of activities which could be deemed risky, such as; horse carriage driving and rock climbing. However, staff carried out thorough assessments alongside the organisations providing the activities to ensure people were safe to take part.
- Staff, the property management company and external agencies carried out checks to ensure that the premises and equipment within the service were safe. Checks included, fire equipment, fire doors, electrics, gas, water temperatures and equipment such as hoists and specialist baths were serviced.
- Each person had a personal emergency evacuation plan (PEEP) which was person-centred and was regularly reviewed and updated. There were contingency plans in place, as well as a duty system for times of emergency and staff were aware of what to do in the event of an emergency.

Staffing and recruitment

- People had access to the right level of care and support from staff.
- Staffing was flexible and would adjust according to what people were doing, for example attending clubs or appointments. This was the case in the day and night. For example, some people went to an evening disco every week, so staffing levels were adjusted to ensure there were enough staff to support people at the disco and at home.
- Staff continued to be recruited safely and most staff within the small team had worked at the service for long periods of time so knew people and each other very well. In times of staff sickness, staff covered one another's shifts, so agency staff were not used.
- A relative commented; "Staffing ratios, caring nature of staff. [There is] somebody always with him. Staffing ratios are brilliant, make sure he can do what he wants. Beam laser to indicate [relative] is awake at night"

Using medicines safely

- Medicines were given to people safely.
- Staff encouraged people to take their medicines independently as much as possible.
- Two members of staff worked together to give people their medicine. One administered, whilst another carried out checks to ensure that people received the correct medicines and that the medicine administration records were completed accurately.
- Staff also checked the temperature of the main medicines cupboard to ensure that medicines were kept at a safe temperature.

Preventing and controlling infection

- People continued to be protected from the spread of infection.
- The premises was clean and odour free and chemicals used to keep the premises clean were locked away for safety.
- Staff wore aprons and gloves appropriately, i.e. when handling food, cleaning, or providing people with personal care.
- Staff had infection control training and understood how to prevent the spread of infection.

Learning lessons when things go wrong

- The service continued to learn from accidents and incidents. Any problems or concerns were quickly identified and investigated for patterns and trends by the registered manager.
- If anything could be learnt from accidents and incidents these were discussed with staff informally and in staff meetings.

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

Good: 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

- Since the last inspection, two new people had joined the service. Prior to moving to 163 Newington Road, staff arranged for the people and their family to visit the service on several occasions, so they could build up knowledge and familiarity of one another. A relative told us "[Relative] was offered a place at Newington Road last year and we made numerous visits to meet management, staff and residents to ascertain if it was suitable for [relatives] needs, we were allowed full access to the house except the resident's bedrooms. On every occasion we were impressed by the quality of the management and staff and their relationships with each other and to the residents, the general feeling of a warm, friendly and safe environment and the condition of the property."
- The registered manager told us, how the two services worked closely together to make sure that the transition was as easy as possible for the person. People chose how they wanted their rooms decorated, so they would feel at home in the service.
- Since moving to the service, relatives have commented "The staff already all know [my relative] very well and the activities are thoughtfully catered around [relatives] needs" and "We were amazed how quickly she settled in, on our numerous visits since then [name] always appears happy and relaxed."

Staff support: induction, training, skills and experience

- Staff continued to have the knowledge and skills to support people appropriately. However, since the last inspection, new training had been introduced to meet the needs of two new residents and to meet the changing needs of other people. This included epilepsy, diabetes, buccal midazolam and tube feed training.
- In addition, staff had learnt how to use deaf blind manual to be able to communicate with one new resident. The deafblind manual alphabet is a method of spelling out words onto the hand of a person with deafblindness, with each letter denoted by a particular sign or place on the hand.
- The service's communications champion was leading on braille training and was in the process of building staff's knowledge of braille. The introduction of the braille machine meant that the person was able to live a more independent life, choosing what food and drink they would like to eat and what activities they would like to take part in. It also helped to reduce their isolation as staff could interact with them and include them in decisions and activities.
- Staff told us that they felt supported by the management. They had regular supervisions and annual appraisals where they discussed things they did well and things they did not do so well.

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

- People had a choice of what they wanted to eat. We saw that there was a picture menu on the wall for people to look at. Each item on the menu had also been converted to braille for those who were deafblind.

- People chose the menu at the start of each week, by going through the pictures and braille cards with members of staff. Staff told us that they tried to encourage healthy eating as much as possible, by suggesting healthy alternatives.
- Referrals were made to dieticians and speech and language therapy (SaLT) when necessary.
- One person had been supported to lose over two stone in weight, with the support of dieticians and by healthy eating and exercise. This had helped to maintain the person's mobility and independence and they were able to walk further and further. On the day of inspection, the person asked to go out for a ride in the car and then a walk which they told us about enthusiastically when they returned.

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

- People continued to have the care and support they required to live rich and fulfilling lives. People were supported to live healthier lives, by losing weight and rebuilding strength. This allowed people to take part in a range of activities that they may not have been able to take part in previously, such as walking, swimming and a variety of sports at a local sports club for people with learning disabilities.
- Relatives praised the support their loved ones had received. The carers took people to appointments locally and in London, one relative told us; "A new registrar was at the surgery and he asked the carers if they were [loved ones] parents. Whilst this was humorous as both the carers were the same age as [name], but I think it demonstrated the obvious affection and concern over [relatives] health that both the carers showed."
- As people's needs changed, the service provided changed with them. A relative told us "[Relatives] health deteriorated significantly, meaning that they needed quite complex medical intervention daily. This required the team to learn various new skills and processes which they taught us for when our [relatives] came home. The team coped with this dramatic change in our [relatives] requirements and demeanour."
- When people were admitted to hospital, staffing was adapted so that a member of staff could stay at their bedside. A relative told us "It helped to reassure our [relatives] by having a presence they trusted by their bedside and by liaising with the medical staff and informing [them] about what the nurses and doctors were going to do."
- When people had moved into the service, staff had supported them to attend healthcare appointments, that they had not accessed for a long time. The treatment they had received for example new hearing aids and medicines review, had improved their quality of life.

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

- The service had purchased brailing equipment to convert paperwork and signage around the premises in to braille for the person.
- Following a collision between two people in the main hallway. A metal railing had been fitted to one side of the corridor and a sensory strip had been ordered for the other side and staff were worked with people to use one side for one direction, and the other side for the alternate direction. We saw that working throughout the inspection and there had not been any collisions since.
- A family member commented "We are very grateful that such a good opportunity came up for [relative] to move there, because it both meets their increasing needs (being on one level, more open spaces, a wet room etc)." They continued; "On our visits it has been clear that [relative] is cared for very well, their room is a beautiful, relaxing, safe space designed with [relatives] needs and choices perfectly at heart."
- The service introduced specialist equipment to ensure that people's needs were met so they could remain at the service. A relative told us "As our [relatives] health deteriorated their physical requirements altered dramatically. The team at Sense were extremely proactive in the efforts to meet these needs. This included procuring special beds to prevent bed sores and enable hoisting, liaising with the local NHS/Social services to obtain equipment to help them eat, special chairs and wheelchairs to meet their changing body shapes

and arranging physiotherapy to help delay their deterioration."

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. One person at the service had an authorised DoLS, with conditions which were being adhered to. DoLS applications had been made for the other three people.
- The staff at 163 Newington Road knew what the MCA and DoLS meant for people and gave us several examples to explain how it affected the person they supported.
- We saw that people had restriction reviews, which looked at how people were supported currently and any adaptations that could be made to reduce the amount of restriction on people. Throughout the inspection we saw people were offered choice and their choices were respected.

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

Good: 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

- Interactions between people were kind, supportive and encouraging. It was clear when observing interactions and talking to staff that they knew people very well and people had formed close relationships with staff. There was a sense of mutual respect amongst people and staff, where people's personalities and interests were promoted and celebrated.
- Staff at the service had also helped the person to develop their relationship with their family and supported the person to arrange for their relatives to spend Christmas at the service, the first time they had spent Christmas together. We asked the person about this and they smiled and spoke enthusiastically about the Christmas and the previous Christmas where they had visited their relatives with staff.
- People were supported to maintain relationships with their friends outside of SENSE, people visited their friends, spent time in the community with them and invited them to the service for dinner. People proudly showed us photos of them with their friends.
- One person living at the service had formed a relationship with another person at a sister service. With the support of that sister service, staff had organised for a trainer to deliver sex and relationships training requesting that the training focus around situations that have and may arise at the service. This was carried out and the trainer plans to carry out sessions with the people living at the house, their partners and staff.

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

- People were fully involved in and determined how they wanted to be cared for and supported.
- Staff also ensured that people were able to communicate freely with staff by developing and promoting different communication methods such as BSL, Makaton or visually through picture aids and objects of reference. However, staff skills were also developed to ensure that they understood what people were communicating, for example, by learning deafblind manual and braille.
- A case manager stated in a recent review '[Name] is more active, alert and confident and said they are happy living in their new home'. 'Every day they are learning more, staff are teaching them BSL which they are grasping quite well'. On inspection, we saw that the person and staff were using a combination of deafblind, BSL and the person spoke a few words.
- A relative told us; "Along with the deterioration in their health, our [relative's] ability to communicate deteriorated drastically i.e. the ability to use their hands was nearly non-existent hence their ability to sign stopped. The team learnt to deal with these changes and the communication between themselves and our [relative] did not diminish."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity; their privacy was respected, and staff encouraged people to be as independent as possible.

- We saw people moving around the property freely, and they were able to spend time where they wanted, and this was respected by staff. For those who wanted to socialise or take part in activities they spent time in the lounge and dining areas. However, there were quieter areas such as the quiet room and conservatory for people to relax in, as well as their bedrooms.
- A relative told us; "[Loved one] is a sociable person, if they want to be quiet they respect that – if they need space they give them space."
- Staff were passionate about building people's skills, knowledge and independence and worked with people to achieve their goals. When one person joined the service, the family said that the person had lost some of their life skills and independence and would like the service to support the person to regain these. On inspection we saw the person, who liked to sleep in later than others, come in to the kitchen, make their own breakfast and sat and ate it with us. Staff said 'good morning' to them and used their own unique sign, so the person knew who they were. They then introduced me using the deafblind manual. The person told us that they enjoy have a bubble bath, using the specialist bath equipment independently. The person also does their own laundry and puts away all their items where they chose, they clean their room and takes part in a variety of different activities. The person's case manager had recently carried out an assessment and were clearly impressed at how much the person was doing for themselves again, listing what the person now does independently.
- A member of staff told us "It would be very easy to just do things for people" and then explained how they support each person to be as independent as possible, by prompting and asking the right questions.
- People were encouraged to use public transport when going out, to promote their independence.
- People's confidential information was kept securely, and staff knew how to maintain confidentiality.

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The care and support provided at 163 Newington Road was determined by the needs and interests of the people living there. Staff were conscious of any changes in people's needs and care and support were adjusted accordingly. For example, if people became unwell the staffing ratio was adjusted to ensure people had the support they needed. This also applied when people wanted to attend activities at short notice or in the evenings or weekends. For example, some people attended an evening disco and choir, so staffing was determined to cater for this.
- One person told us that they liked attending the choir and we learnt that the communications champion had converted all of the song sheets into braille so that the person could actively take part.
- To ensure that the support people received was exactly what they wanted, person-centred reviews took place regularly. These meetings were dictated by the person, which included planning for meeting, what they would discuss and preparing for the meeting on the day. Meetings took place where people felt most comfortable and their friends, relatives and advocates were invited. A relative told us; "We all make suggestions, we work as a team with the staff there. They encourage [relative] to instigate conversation, like sourcing a new activity and we ask them and they try it, like hydrotherapy." At these meetings people set goals which they reflected upon, for one person this related to developing their communication and independence. Their relative told us; "The way [relative] has come on since he has been living there, communication, signing and socialisation improved so much. Learnt share sign. Couldn't put socks on, now they can."
- Staff had also bought a person a digital assistant which meant that the person could choose what they wanted to listen to and could ask the digital assistant questions. We saw the person interacting with the device throughout the inspection.
- People were encouraged to pursue their interests and hobbies. A relative commented "The staff have taken on board the guidance that we have given them and have engaged [relative] in a schedule of activities that is keeping [name] stimulated. I have found them to be very attentive and keen to understand about [name], who [name] is and what [names] interests are." On inspection, we saw the person knitting and going out to an arts and crafts group. At the group, which was attended by other people living at the house, people had made artworks which was entered in to a competition and was to be displayed in the Turner Art Centre website. Staff also told us that the family had told them that the person also liked to make jewellery, so the service got the person a kit and the person was wearing the jewellery they had made using the kit.
- People also went on holidays with their families and/or the service and people determined where they would like to go and what they would like to do. For example, many of the clients thoroughly enjoyed swimming, so they had booked a holiday residence with a swimming pool and recreation room. Staff also took people to watch their favourite football teams across the country. A relative commented "They both had enjoyable individual experiences that were organised and supported by the staff."

- With the support of staff, people were able to access work placements. One person who loved animals was helping to groom horses at local stables. A relative told us "The team also arranged a work placement for [relative] at a local restaurant which [relative] absolutely loved and made them extremely proud."
- Staff learnt from people's family what they liked and pursued these. For example, a person's family told them that the person liked to go rock climbing, so this was assessed, and they went. The person was not as keen as they were previously, but staff said they would try again before discounting the activity. In addition, people's achievements were celebrated on a tree, the information was in accessible formats, including pictures and braille. We asked one person about it and they looked proud when we read some of the comments relating to them. Comments included 'I helped my housemate to dance we were at the club,' '[Name] has learnt to steer the horse around the paddock when prompted' and 'I have learnt and helped to do baking with staff.'
- Relatives told us; "We consider 163 Newington Road to be an excellent placement for [relative], where their needs are understood and dealt with in a caring and professional manner." They continued "We have never been able to refer to [relatives] previous placements as her "home" but now we do!" "We often go out with [relative] and when we return they are eager to return to their "family" at Newington Road."
- The registered manager described the progress one person had made since joining the service. They told us how previously the person did not communicate verbally, did not like close contact, would not move around on their own and frequently self-harmed. However, on inspection we saw the person talking, laughing and requesting physical contact from staff. They also moved around the building freely, spending a lot of time relaxing and listening to music in their quiet room and taking part in different activities such as; exercise and massage. The self-harming episodes had become a rarity and it was clear how comfortable and confident the person felt living at the service. They told us "Oh yes! I like it here!" and went on to name all the staff she liked. When we asked if there were any staff she didn't like she told us she liked them all. The registered manager told us that this had been achieved by getting to know the person and building up their confidence and trust in staff, and by providing them with caring, person-centred support. The person had moved from an institution, so staff supported the person to adjust to their new life, where they could determine what they wanted to do and when.

Improving care quality in response to complaints or concerns

- People told us that they would speak to staff if they had any concerns and staff reminded them using the appropriate method of communication during people's reviews.
- In addition, the complaints policy was translated into accessible formats so that they could read it for themselves. For example, one person had the policy translated into braille and placed in their personal folder containing important information.
- The service had not received any complaints, but we saw the policy and were confident that any concerns would be fully investigated and analysed by the registered manager and provider.

End of life care and support

- Staff went above and beyond to ensure that people's end of life wishes were respected. Two people who were at the end of their lives decided that they wanted to stay at 163 Newington Road for as long as possible and this was respected. The registered manager put in place a series of training to ensure that staff had the skills and knowledge to support them as their health, communication and cognition declined. Including the addition of specialist equipment so that they could stay at the service, including beds, mattresses, hoists, bathing and eating equipment. A relative told us; "We are convinced that without the team's support and their willingness to go the extra mile both in terms of caring for our [relatives] and undertaking extra training both our [relatives] would have had to be placed in a nursing home which would have had an extremely adverse effect on their quality of life."
- Staff worked with people and their families to record their later life and end of life wishes, including what

they would like to do before they passed. This 'Bucket list' was then worked through by staff, to give people as many fulfilling experiences as possible, activities including going to see their favourite sports stars.

- After people passed, the registered manager supported staff to grieve. The people living at the service were also given lots of extra support in relation to their feelings of loss and bereavement as they had lived together for such a long time.
- Relatives of people living at the service described how the service "Managed the death of [name] fantastically."
- Memorial benches had been added in the gardens, with scribed plates with the persons favourite saying etched on it. They also held a Memorial Day each year to celebrate their lives which was attended by people, friends and relatives, present and former staff, the registered manager and provider.

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a positive, inclusive and supportive atmosphere at 163 Newington Road. Staff were driven by a shared desire to promote and encourage people's independence and individuality. Relatives described the environment as "Warm, bright and friendly," another commented "There is always a positive and "can do" attitude."
- The registered manager had an open-door policy and people and staff were often coming to talk to the registered manager. Relatives also told us that "Along with the warm atmosphere we always find at Newington Road is the excellent communication [we] have with the staff, it has brought a great deal of comfort and reassurance to all of the family."
- The registered manager led by example. It was clear whilst observing interactions between people and the registered manager that people knew and liked them.
- The responsibility to uphold duty of candour was understood by the registered manager.

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

- People, staff and relatives praised the management at 163 Newington Road.
- There was a clear management structure and staff took on different responsibilities within the service. For example, there were health and safety and medicine champions that took responsibility for carrying out daily, weekly and monthly checks on their area which was overseen by the registered manager and provider. Any shortfalls or areas for improvement were identified and swift action was taken.
- The management and provider carried out detailed self-assessments, compliance audits and mock inspections to maintain the quality of care and support provided to people. They then rated each aspect outstanding, good, requires improvement or inadequate in line with CQC key lines of enquiry and characteristics. Areas for improvement were added to a service development plan. However, we discussed this with the registered manager, as the system could have been developed further by offering advice and guidance on how to progress areas from good to outstanding.
- Registered persons are required to notify CQC about events and incidents such as abuse, serious injuries, deprivation of liberty safeguards (DoLS) authorisations and deaths. The registered manager was aware of their regulatory responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.
- It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed a copy of their inspection

report and ratings in the reception area and it was on the provider's website

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

- Relatives were asked for their feedback in regard to the service and these were analysed for patterns and trends by the registered manager and provider's quality team.
- We discussed whether people were asked for their feedback or undertook resident's meetings, the registered manager told us that they tried this before and it had not been a success. Instead, they talk with people informally often during activities when people are engaged, to ask them about their experiences and how they think it could be improved.
- Staff at the service had a good relationship with people and their families and there was constant communication between them all. Relatives commented "We have not had any concerns relating to [relatives] placement but are confident that if this should arise they would be dealt with quickly, honestly and efficiently. Our relationship with the management and the staff is excellent, as is their communication with us they constantly inform us to how [name] is, what they have been doing and also when [name] is unwell." Others commented "Never made a complaint. Anything we just talk about it, and it gets sorted" And "If we come up with suggestions [the registered manager] takes them on board."
- The registered manager told us, all the staff were involved in decisions, they consulted staff about any changes being considered.

Continuous learning and improving care

- The registered manager received information about the latest and best practice from regular contact and meetings with the provider and often attended local care forums.
- In addition, there were several 'champions' at the service, such as; dignity, medicine, health and safety and communication. These champions researched their areas and provided training and guidance to their colleagues informally and through training at staff meetings. For example, one communications champion had introduced two braille machines and had taken responsibility for converting signs and text in to braille and educating other members of staff.

Working in partnership with others

- Staff worked closely with a variety of professionals and organisations locally. People attended different groups and staff were always looking to source different activities which may prove fun and engaging for the people they support. For example, people attended nightclubs for people with learning disabilities and sensory impairments but also classes and activities for people with and without impairments, of all ages, such as choir and arts and crafts groups.
- Staff worked to promote and increase awareness of the needs of the people SENSE support. The communication champion went into local schools and teaches children basic British Sign Language. The schools had decided to support the service by raising money for specialist equipment.