

## Aitch Care Homes (London) Limited

# Maldon House

### 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?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 6 December 2016 and was unannounced. Maldon House provides care and accommodation for up to ten people with learning disabilities. On the day we visited nine people were living in the service.

The previous registered manager had left the service. A new manager had been appointed and was currently in the process of registering with the Care Quality Commission. A registered manager is a person who has registered with the CQC managed the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We met and spoke to all nine people during our visit. People were not all able to fully verbalise their views and used other methods of communication, for example pictures and electronic equipment. We therefore spent time observing people. One person when asked if they were happy at Maldon House responded; "Yes it's nice." A staff member said; "It's a lovely place to work in."

Surveys returned to the service recorded; "Many thanks for helping us get [...] through the recent worrying times we have had. It's really appreciated - you're all fabulous." Another said; "A big thank you for looking after [...] for the past 10 years."

People's medicines were mostly managed safely. One person had their medicine crushed and administered through a tube in their stomach. We found this had not been authorised by their new GP. However after the inspection the manager contacted us to confirm this authorisation had taken place. Other people's medicines were stored, given to people as prescribed and disposed of safely. Staff received appropriate training and understood the importance of safe administration and management of medicines. People were supported to maintain good health through regular access to health and social care professionals, such as speech and language therapists.

People were engaged in different activities and enjoyed the company of the staff. People were busy; however there was a calm and relaxed atmosphere within the service.

People's care records were very detailed and personalised to meet individual needs. Staff understood people's needs and responded when needed. People were not able to be fully involved with their support plans, therefore family members or advocates supported staff to complete and review people's support plans. People's preferences were sought and respected.

People's individual risks were documented, monitored and managed well to ensure they remained safe. People lived full and active lives and were supported to access local areas and a wide range of activities. Activities reflected people's interests and individual hobbies. People were given the choice of meals, snacks and drinks they enjoyed whilst maintaining a healthy diet. People, when possible, were encouraged to help

prepare meals and drinks.

Staff understood their role with regards to ensuring people's human and legal rights were respected. For example, the Mental Capacity Act (2005) (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) were understood by the manager. They knew how to make sure people who did not have the mental capacity to make decisions for themselves, had their legal rights protected and worked with others in their best interest.

Staff had completed safeguarding training and had a good knowledge of what constituted abuse and how to report any concerns. Staff described what action they would take to protect people against harm and were confident any incidents or allegations of abuse would be fully investigated.

Staff described the new manager as being very approachable and supportive. Staff talked positively about their roles.

The manager and registered provider had an ethos of honesty and transparency. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

People who required it had additional staffing particularly if they were accessing the community. Staff confirmed there were sufficient staff to meet these requirements. People were protected by safe recruitment procedures. Staff were supported with an induction and ongoing training programme to develop their skills, and staff competency was assessed.

All significant events and incidents were documented and analysed. Evaluation of incidents was used to help make improvements and keep people safe. Improvements helped to ensure positive progress was made in the delivery of care and support provided by the staff. Feedback to assess the quality of the service provided was sought from people living in the home, professionals and staff.

## 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 ●

This service was safe.

People told us they felt safe.

People received their medicines as prescribed. However one person's medicines administration route had not been agreed by their GP. Other people's medicines were managed safely and staff were aware of good practice.

People were supported by sufficient numbers of suitable, experienced and skilled staff.

Staff had a good understanding of how to recognise and report signs of abuse.

Risks had been identified and managed appropriately. Risk assessments had been completed to protect people.

People lived in a clean and hygienic environment.

### Is the service effective?

Good ●

The service was effective.

People received individual support from staff who had the knowledge and training to carry out their role.

Staff had received training in the Mental Capacity Act and the associated Deprivation of Liberty Safeguards. Staff understood the requirements of the act which had been put into practice.

People could access health, social and medical support as needed.

People were supported to maintain a healthy and balanced diet.

The service used a range of communication methods to enable people to make their needs known.

### Is the service caring?

Good ●

The service was caring.

Staff were caring, kind and treated people with dignity and respect.

People were involved as much as possible in decisions about the support they received and their independence was respected and promoted. Staff were aware of people's preferences.

People had formed positive caring relationships with the staff.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People received personalised care.

Staff responded quickly and appropriately to people's individual needs.

People were supported to undertake activities and interests that were important to them. People made choices about their day to day lives.

There was a complaints procedure available for anybody to access.

### **Is the service well-led?**

**Good** ●

The service was well led.

Staff were supported by the new manager, who was available and approachable. There was open communication within the staff team and staff felt comfortable raising and discussing any concerns.

There were systems in place to monitor the safety and quality of the service.

People's views on the service were sought and quality assurance systems ensured improvements were identified and addressed.

# Maldon House

## **Detailed findings**

### Background to this inspection

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

The inspection was undertaken by one inspector on 6 December 2016 and was unannounced.

Prior to the inspection we reviewed information we held about the service, and notifications we had received. A notification is information about important events, which the service is required to send us by law. Before the inspection we reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the Quality Assurance report the service received from East Sussex County Council Department for Adult Social Care.

During the inspection we met and spoke with all nine people who used the service, the new manager, four members of staff and two relatives.

We looked around the premises and observed how staff interacted with people. We looked at four records which related to people's individual care needs, four records which related to the administration of medicines, three staff recruitment files and records associated with the management of the service including, quality audits.

# Is the service safe?

## Our findings

People who lived at Maldon House were not all able to fully verbalise their views and used other methods of communication, for example colour cards and electronic equipment. People had complex individual needs including displaying behaviour that could challenge others. We therefore spent time observing some people for short periods and spoke with staff and relatives to ascertain if people were safe.

People who were able to, when asked, said they felt safe. One person said; "They keep me safe." A relative told us; "Yes, I think he is safe here." Another relative said; "I think he is as safe here as anywhere else. Not so many accident or incidences here so better protected." One staff member said; "Yes because we have sufficient staff now to keep people safe."

The PIR stated; "As a service we make sure we provide safe and effective care."

People's medicines were not always managed safely. However the manager took prompt action to address issues brought to their attention. There were safe medicines procedures in place and medicines administration records (MARs) had been fully signed and updated. We observed medicines being safely administered. Medicines were managed, stored and disposed of safely. Staff confirmed they had been trained and understood the importance of the safe administration and management of medicines. People had protocol in place for any medicines that may be needed when required. For example to help people who became very anxious or for people who had epilepsy and may need emergency treatment. These protocols help keep people safe. However one person who had their medicines administered via a tube in their stomach did not have authorisation from their current GP for this method of administration. For example their medicine was crushed and then put into water before being administered via the tube. This person had this authorised at their previous GP surgery but since changing GP and services a new authorisation had not been obtained. The manager contacted us after the inspection to confirm the new GP had been contacted to authorise this procedure. This person's MAR also recorded that one tablet was to be administered 30 minutes before any other medicine. This process was not being followed as prescribed. The manager brought this to the attention of all staff immediately and changed the MAR to highlight this in a clearer manner for staff. This person's chart also documented the amount of water needed to flush the stomach tube. However this had not been updated correctly. A new clearer chart had been developed before we left the inspection. The PIR stated; "The medication audits are carried out weekly and monthly. All staff are required to do medication training both e-Learning and classroom based. Staff's competencies are checked regularly. All staff must be observed by a competent member of staff before administering medication." The new manager planned to carry out staff competencies as part of their role. This would help ensure people received safe care and treatment.

People were protected from abuse because staff had an understanding of what abuse was and how to report it. The provider had safeguarding policies and procedures in place. Information displayed provided staff with contact details for reporting any issues of concern. Staff said they received updated safeguarding training and were fully aware of what steps they would take if they suspected abuse. Staff were confident that any reported concerns would be taken seriously and investigated. The manager confirmed they had

made a recent safeguarding concern and were in discussion with the local safeguarding team and the service's positive behaviour support team to help resolve this issue. No staff employed at Maldon House were involved in the safeguarding alert.

People's finances were kept safe. People had appointees to manage their money where needed, including family members or financial advocates. Keys to access people's money were kept safe and staff signed money in and out. People had a "Resident Financial Passport" which included information on bank account details and what benefits people received. Receipts were kept where possible to enable a clear audit trail of incoming and outgoing expenditure and people's money was audited regularly.

The home had safe recruitment processes in place. Required checks had been conducted prior to staff starting work at the home. For example, disclosure and barring service (DBS) checks had been made to help ensure staff were safe to work with vulnerable adults. The service's PIR recorded; "There is a clear recruitment procedure and safety checks and DBS checks are completed. There are robust induction and probation reviews to make sure we are satisfied with new recruits and that they provide safe care." We saw people were involved in the recruitment of new staff.

People were provided with a safe and secure environment. Smoke alarms were tested and evacuation drills were carried out to help ensure staff and people knew what to do in the event of an emergency. People had up to date personal emergency evacuation plans and risk assessments in place which detailed how staff needed to support individuals in the event of a fire to help keep people safe. The PIR stated; "The service has got health and safety control systems in place to make sure all safety checks are undertaken on a weekly and monthly basis."

Accidents and incidents were recorded and analysed to identify what had happened and actions the staff could take in the future to reduce the risk of reoccurrences. This showed us that learning from such incidents took place and appropriate changes were made. The manager discussed concerns with other agencies such as the local authority safeguarding team. Staff received training and information on how to ensure people were safe and protected.

People received individual support and the service liaised with specialists to support people's individual needs. Care plans detailed the staffing levels needed for each person to help keep them safe inside the service or out in the community. For example, one person required one to one staffing when they participated in activities in the community to help keep them safe. There were sufficient skilled and competent staff to ensure the safety of people. Rotas showed this was achieved. There was a contingency plan in place to cover staff sickness and any unforeseen circumstances.

Risks were identified and steps taken to mitigate their impact on people. For example, the service liaised with specialists to support people who displayed behaviour that could challenge others. Staff told us they managed each person's behaviour differently and this was recorded into individual support plans and included clear guidelines on managing people's behaviour. The manager kept relevant agencies informed of incidents and significant events as they occurred. For example, if people had an episode of behaviour that challenged the staff, this was discussed with the appropriate service to help keep people safe.

People could be at risk when going out without staff support. Therefore people had risk assessments in place. Staff spoke confidently about how they supported people when they went out. Staff confirmed they were provided with information and training on how to manage risks for individuals to ensure people were protected.



People were kept safe by a clean environment and people were protected from cross infection by good infection control practices. All areas we visited were clean and hygienic. Protective clothing such as gloves and aprons were readily available for staff to use. Staff had completed infection control training and were aware how to protect people. The services PIR stated; "Infection control systems are in place and monitored regularly such as legionella and risk assessments are in place to make sure the service prevents outbreaks of infections."

## Is the service effective?

### Our findings

People received care from staff that had the knowledge and skills to carry out their roles and responsibilities effectively. Staff confirmed they received training to support people who used the service for example, through attending epilepsy training.

Staff confirmed they completed an induction programme that included shadowing experienced staff until both parties felt confident they could carry out their role competently. One staff member said; "The staff have been very helpful since I started." The manager confirmed all newly employed staff completed the Care Certificate (a nationally recognised training course for staff new to care) as part of their training. The manager used competency forms to assess staff ability. The manager said staff received appropriate ongoing training, for example positive behaviour support to support people who may challenge others. This helped ensure staff had the right skills and knowledge to effectively meet people's needs. Ongoing training was planned to support staffs' continued learning and was updated regularly. One staff member said; "I did a lot of training on my two week induction." They went on to say how this had helped them understand their role.

Staff received supervision and team meetings were held to provide the staff the opportunity to highlight areas where support was needed and encourage ideas on how the service could improve. Staff confirmed they had opportunities to discuss any issues during their one to one supervision, appraisals and at staff meetings. Records showed staff discussed topics including how best to meet people's needs effectively.

People's consent was sought by staff as much as possible before care was provided. People spent time with staff in shared areas such as the lounge and were encouraged to make choices. Staff said they gave people time and encouraged them to make simple day to day decisions. We observed staff offering people a choice of drinks and snacks and their preferences were respected. People had signed consent forms to show they agreed to receive medicines from the staff. People also had signed consent forms to agree to being photographed. These photos were used on care records to identify people. The service PIR records; "The service users choose their own meals weekly and help prepare the meals."

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met.

The manager and staff understood the principles of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS) and how to apply these in practice. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. DoLS provide legal protection for those vulnerable people who are, or may become, deprived of their liberty and there is no other way to help ensure that people are safe.

The manager confirmed they continually reviewed individuals to determine if a DoLS application was

required. The manager confirmed some people were subject to a DoLS authorisation and some people's application was waiting approval. Staff were aware of people's legal status and when to involve others who had the legal responsibility to make decisions on people's behalf. The manager said when it came to more complex decisions such as people leaving the premises without staff supporting them, they understood other professionals and appointees needed to be consulted. One person had a best interest meeting minutes on their file. This showed a full discussion on the suitability of this person having restrictions in place such as locks on the front door for safety reasons. It went onto say that this person could go outside when they wished however it was with staff support. This showed they were acting in people's best interest and this helped to ensure actions were carried out in line with legislation.

Staff received a handover when coming on shift and said they had time to read people's individual records to keep them up to date. Care records recorded updated information to help ensure staff provided effective support to people.

People had access to local healthcare services and specialists including speech and language therapists and epilepsy nurses. Staff confirmed discussions were held regarding changes in people's health needs as well as any important information in relation to medicines or appointments. This helped to ensure people's health was effectively managed. A relative said the service had been in regular contact with their relative's specialist team about ongoing health issues. They said; "They saw the speech and language therapist recently about their eating." They went onto say they were always kept informed about what was going on.

People's well-being in relation to their health care needs was clearly documented. People had guidelines in place to help ensure their specific health and care needs were met in a way they wanted and needed. People had health action plans detailing their past and current health needs, as well as details of health services currently being provided. Health action plans helped to ensure people did not miss appointments and recorded outcomes of regular health check-ups. They also ensured people received continuity of care and helped hospital staff when needed to understand the person and meet their needs.

People's individual nutritional and hydration needs were met. Staff demonstrated they knew how people communicated and encouraged food choice when possible, including using samples of foods. Care records recorded what food people disliked or enjoyed. People had guidelines in place if they required food in a particular consistency to assist them. We observed people being supported by staff when required and nobody appeared rushed. Staff gave people time, made eye contact and spoke encouraging words to keep them engaged. Staff members said they felt the food variety could be better and an increase in the budget would help. However they went onto say the manager was looking into these issues.

People who required it had their weight monitored and food and fluid charts were in place when needed. Fluid charts were particularly important for one person who needed regularly flushing of their stomach tube and staff had recorded the amount of water needed to maintain their health. People's special diets were catered for and staff were familiar with people's individual nutritional needs. People had care records that recorded what the staff could do to help each person maintain a healthy balanced diet. People had access to drinks and snacks 24 hours a day. This helped to ensure people received sufficient food and drinks.

People lived in a home that was regularly updated and maintained. The manager told us about recent upgrades in the home, for example new pictures and wall art had been purchased. The manager confirmed that the improvements planned for the service were suitable for the people who lived there and any adaptations/upgrades needed would be carried out.

## Is the service caring?

### Our findings

People were supported by staff who were both kind and caring and we observed staff treated people with patience and compassion. The interactions we observed between people and staff were very positive. Staff informed people prior to supporting them, and ensured the person concerned understood and felt cared for. One relative said; "Overall I am very happy with the care." Another said; "I could tell if he's not being treated well and he would say." One relative described Maldon House in a survey returned to the service as; "A shining beacon" and "Impressed with all the staff."

Staff interacted with people in a caring way, for example, if people became upset, staff were observed to respond quickly to reassure people and help calm the situation.

People's needs in relation to their behaviour were clearly understood by the staff team and met in a positive way. For example, several people became anxious during our visit. Staff distracted them by involving them in a task they enjoyed or talking calmly to them. This provided reassurance to people and reduced their anxiety.

People were supported by staff who were knowledgeable and had the skills to care for them. Staff understood how to meet people's individual needs. Staff knew people's particular ways of communicating and supported us when meeting and talking with people. This showed us the staff knew people well. Staff understood how to meet people's needs and knew about people's lifestyle choices to promote independence. The PIR stated; "We make sure service users are encouraged to lead independent lives as much as possible." It goes on to say that they want people "To learn independent living skills." Staff involved people and knew what people liked, disliked and what activities they enjoyed. People were allocated a key staff member to help develop positive relationships. This worker was responsible for ensuring the person's support plan was kept up to date and reflective of their individual needs.

The service PIR stated; "The service users each have time with their key workers, this is where they discuss to the best of their abilities any issues and concerns and records of these meetings are made."

People were provided the support they required. People's care was personalised and reflected people's wishes. For example, each person had a routine in place to help reassure them. This enabled staff to assist the person and care for them how they wished to be cared for. Staff were also aware due to people's changing needs these routines needed to be reviewed regularly.

People were not all able to express their views verbally. However staff encouraged people to be as independent as possible. People had access to individual support and advocacy services. This helped ensure the views and needs of the person concerned were documented and taken into account when care was planned.

People mostly had their privacy and dignity maintained while staff supported them with their personal care needs. The PIR stated; "In the service the staff team treat the service users with respect and dignity at all

times." Some people had their own en-suite while everyone had their own bedrooms all of which helped to maximised people's privacy. However one person said the staff did not always knock on their bedroom door while a relative said they were unhappy that a task was going to be carried out in an inappropriate place. One staff member said when asked if people's privacy and dignity was respected said; "Could be better." We observed one person receiving personalised care in the main lounge area. This was brought to the manager's attention who immediately raised this with the staff concerned. The manager sent an email after our visit confirming privacy and dignity had been discussed in length at a recent staff meeting.

Respecting people's dignity, choice and privacy was part of the home's philosophy of care. People were dressed to their liking and the staff told us they always made sure people were smartly dressed if they were going out. Staff spoke to people respectfully and in ways they would like to be spoken to. We observed staff knocking on people's bedroom doors and people were always involved and asked if they were happy we visited them and met them.

People's care files held information on people's wishes for end of life care. People who had been assessed as lacking capacity had the involvement of family and professionals to help ensure decisions were made in the person's best interests. This helped ensure people's wishes on their deteriorating health were made known and documented.

## Is the service responsive?

### Our findings

People were supported when transitioning between services. A relative told us how the staff had supported their relative in their previous placement before they moved to Maldon House. The manager confirmed that staff had undertaken shadow shifts at the person's previous placement; and the person staying for overnight visit to Maldon House accompanied by their existing staff. Staff undertook an assessment during this process. This was to confirm that the service could respond and meet this person's need.

People were supported to express their views and be actively involved in making decisions about their care and support when possible. People were not all able to be fully involved with planning and reviewing their own care and making decisions about how they liked their needs met. People had behaviour support plans in place. These held guidelines to help staff ensure any behavioural needs were responded to. Guidelines included information on triggers to behaviour, behaviours displayed and response. This helped staff respond to people's behavioural needs in situations where they may require additional support by showing staff the approach and response required to assist people. Staff knew when people were upset or becoming anxious and staff followed written guidance to support people. This response helped people to avoid becoming anxious or upset.

Guidelines were in place for people in their daily lives. People had information that told a brief story about the person's life, their interests and how they chose and preferred to be supported. This information helped staff in understanding and responding to people in the way they liked to be supported. Staff confirmed plans had been drawn up with staff who worked with the person and other people who knew them well. For example one family member had been involved. Regular reviews were carried out on support plans and behavioural support plans to help ensure staff had the most recent updated information to support people.

People were supported to develop and maintain relationships with people that mattered to them. For example, people went out with family members regularly. Relatives said they visited often and were always made to feel welcome. One said; "All our family visit and are always made to feel welcome."

The service's website recorded; "Each service user has an individual activity plan tailored around their likes and dislikes to ensure that they participate in meaningful activities. Service users are also encouraged to maximise their independent living and domestic skills."

The PIR stated; "The service users are encouraged to participate in various activities."

People's social history was recorded. This provided staff with guidance as to what people liked and what interested them. People led active social lives and participated in activities that were individual to their needs. We heard people planning to go to the shops during our visit and other were going to the golf driving range. Guidelines were in place to assist staff in responding to people's needs in different situations for example when travelling and people's involvement in different activities. People had one to one support when accessing the community to enable them to receive quality time from any activities undertaken. Staff told us of other activities people had taken part in including horse riding and swimming. This showed

people enjoyed a variety of activities. A survey returned to the service recorded; "Nice holidays for residents and good outings."

People were encouraged and supported to maintain links within the local area to ensure they were not socially isolated or restricted due to their individual needs. For example, people visited local shops. Staff were knowledgeable about how they supported people to access a wide range of activities. Staff confirmed they researched new activities to ensure they were suitable.

The complaints procedure was available in a picture format so people could understand it. The manager understood the actions they would need to take to resolve any issues raised. Staff told us that due to people's limited communication the staff worked closely with people and monitored any changes in behaviour. Staff confirmed any concerns they had were communicated to the manager and were dealt with and actioned without delay. One relative said that if they raised any issues they were dealt with straight away. The PIR stated; "At Maldon House most service users have got speech difficulties therefore staff are very much aware of any changes in someone behaviours or moods which could indicate that someone may not be well or unhappy."

People living in the service were able to make every day complaints. For example, the service held residents' meetings regularly. During these meetings people were reminded how to make a complaint and raise any concerns. When asked, one person said they were able to talk to the manager or named a staff member they would approach if they had any concerns. A relative said they had made a complaint and it had been resolved quickly and to their satisfaction.

## Is the service well-led?

### Our findings

People, staff and relatives spoke positively about the newly appointed manager. One person said; "I'm able to chat whenever I want." One relative said; "I can phone to talk with her. I hope she stays a long time." While another said; "I have only just met her and she seem very nice." Staff all agreed the new manager was approachable with one saying; "She is amazing and has changed so much in such a short period of time. All for the better and with people's best interests. Very people focused."

Maldon House was well led and managed effectively. The service and company had clear values and their web site describes their mission as; "To grow and extend the business by building on our success of developing high quality and reputable services on a nation-wide basis. We will champion disability rights at local, regional and national levels and we will promote a company brand based on integrity, reliability and trust. We will be a transparent and honest employer recruiting, supporting and developing staff to be the best in the industry." It goes onto say; "We listen and respond with respect and show dignity to everyone that we support." This demonstrated the service had clear values in place on how people's needs should be met and respected.

The manager promoted the ethos of honesty, learnt from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

The manager took an active role within the running of the home and had good knowledge of the people and the staff. There were clear lines of responsibility and accountability within the management structure of the company. The manager demonstrated they knew the details of the care provided to the people which showed they had regular contact with the people who used the service and the staff. The manager was being supported by a senior manager from the Regard company.

Staff spoke well of the support they received from the manager. Staff said the manager was available. Staff confirmed they were able to raise concerns and told us any concerns raised were dealt with immediately. Staff had a good understanding of their roles and responsibilities and explained how the manager worked alongside them. Staff said there was good communication within the staff team and they all worked well together.

Staff were motivated and hardworking. They shared the philosophy of the management team. Shift handovers, supervision, appraisals and meetings were seen as an opportunity to look at current practice. This also provided an opportunity for staff to make comments on how the service was run. Staff were also updated on any new issues and gave them the opportunity to discuss current practice. Staff confirmed they were encouraged and supported to participate in looking at ways to improve the service. Information was used to support learning and improve the quality of the service. The home had a whistle-blowers policy to support staff. Staff felt comfortable in using the whistle-blowers policy if required.

People were provided with information and were involved in the running of the home as much as possible.



The manager said they encouraged the staff to talk to, listen and observe if people had concerns. A range of communication aids were used to support people to be able to provide feedback about the service. The PIR stated about people living in the service; "We involve them in decision making the best we can, so that they feel as important as anyone else."

The PIR stated; "Regular audits are carried out to ensure compliance. - Everyone at Maldon House is encouraged to share their views." It goes on to say; "All accidents, incidents, complaints, safeguarding alerts are documented in house and a log kept by the Quality Assurance Manager, this ensures all relevant data is analysed, acted upon, lessons learnt and improvements made."

The quality assurance report received from East Sussex County Council Department for Adult Social Care stated they; "Wish to work in partnership with providers in delivering a high quality of support for adults with care and support needs and hopes to maximise the use of available resources by establishing longer-term, more integrated relationships with providers." The report included in their conclusion; "The staff team felt supported by the management team and appeared confident in their knowledge of the procedures within the provision."

There was a quality assurance system in place to drive continuous improvement within the service. Audits were carried out in line with policies and procedures, for example audits on care plans. A senior manager of the company carried out monthly site visits on behalf of the provider to audit the premises, records and observe if people were well. The last monthly visit showed actions needed to improve the service. The manager had already made a start on completing these actions since being in post. The manager sought verbal feedback regularly from visitors to the service. Annual audits and maintenance checks were completed which related to health and safety, the equipment and the home's maintenance such as the fire alarms and electrical tests.

Systems were in place to help ensure reports of incidents, safeguarding concerns and complaints were overseen by the manager or the company's senior management. This showed that appropriate action had been taken and learning considered for future practice. We saw incident forms were detailed and encouraged staff to reflect on their practice.

The manager knew how to notify the Care Quality Commission (CQC) of any significant events which occurred in line with their legal obligations. The manager kept relevant agencies informed of incidents and significant events as they occurred. This demonstrated openness and transparency and they sought additional support if needed to help reduce the likelihood of recurrence.