

Mrs Lauraine Ann Matthews

The Moorings

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

About the service

The Moorings is a residential care home providing personal care for up to three people with learning disabilities. At the time of inspection, one person was living there.

The Moorings is situated in Pevensey in East Sussex. People's bedrooms were located on the ground floor, while the provider lived upstairs. The person had a large bedroom and other communal areas such as an open plan lounge, dining room and kitchen to relax in. There was also a wheelchair accessible garden.

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

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

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

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

Staff knew the person and risks to their health and wellbeing well. The person had detailed assessments to identify areas of risk and we observed staff working in ways that met this guidance. Staff were recruited safely and there was always enough to meet the person's needs and allow flexibility to meet their preferences and choices. Staff had all received safeguarding training and understood signs a person could be at risk of harm and what actions to take. The person had complex health needs and received their medicines safely from well trained and competent staff.

Staff told us training was regular and gave them the skills and knowledge they needed to meet the person's needs. One staff member said, "The provider is a real training advocate. They ask us what we want to do and send us on it." The person's personal and support needs were holistically viewed. Their health, nutrition and hydration needs continued to be met through input from a variety of health and social care professionals.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We observed that the person was happy and familiar with staff that supported them and everyone we spoke to felt staff were kind and caring. A relative said, "It's a very good service, I would definitely recommend it and wouldn't change it for anything." Staff demonstrated passion for what they did and had built strong relationships with the person. One staff member said, "I love it here and love working with (person's name)." We saw that the person's privacy, dignity and independence was always promoted and respected.

The person was supported by staff that knew them very well. A relative said, "Staff really know my relatives needs and what they like and dislike." The person was supported to do activities of their choice every day and had complete flexibility due to good staffing levels and accessible transport. They were continually supported to maintain relationships with those they cared about. Staff knew the person's communication needs and understood how to meet their preferences. Although there had been no complaints since the previous inspection, the process to raise concerns was regularly reviewed.

Everyone we spoke to was complimentary about the provider and the way the service was run. It was clear that the provider knew the person and their needs well and the person enjoyed being with them. There was a good quality assurance system that ensured oversight of the person and the service. The provider was part of several initiatives that promoted person centred practice, which they continually discussed with the staff team. Staff told us they felt part of a strong, inclusive team that centred around the person.

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

Rating at last inspection

The last rating for this service was good (published 7 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Moorings

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by one inspector.

Service and service type

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

The service was managed by the registered provider, who are also referred to as '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.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and the person was often out and we wanted to be sure they would be home to speak with us.

What we did before inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and spent time observing interactions between them and staff. We spoke with four members of staff including the provider and three care workers.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one relative and a health and social care professional about their experiences 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.

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person was kept safe because staff recognised signs a person could be at risk of harm and understood actions to take, such as who to report concerns to.
- Staff had all received safeguarding training that was regularly reviewed. There was a whistleblowing policy that staff knew and understood. Whistleblowing is a way of an employee notifying the appropriate authorities if they feel that the organisation they work for is doing something illegal or immoral.
- One staff member said, "Signs of abuse to me could be talking to the person inappropriately, handling them roughly or if their needs weren't being met. We don't see things like that here, but we've had training and we know what to do. I would take concerns to the provider and if they didn't act on them or were inappropriate I would take it further to CQC, Social services or the police."

Assessing risk, safety monitoring and management

- Although the person couldn't tell us they felt safe, we observed that they were calm and happy around staff they knew well and felt comfortable with. The person smiled when staff came on shift and requested they come and sit with them. A relative told us, "The main thing for me is that my relative is safe and they absolutely are. They are in very safe hands."
- Staff knew the person and risks to their wellbeing very well. For example, signs that the person was feeling unwell. We observed staff responding instantly when this happened and, in the way, described in the person's risk assessment. They were aware of triggers to avoid and who to contact for further medical support. There was clear guidance for supporting the person to have emergency medicines.
- The person could also display behaviours that challenged when they became anxious. There was clear guidance on how the person presented when they felt this way and how staff should support them to feel reassured.
- The building was kept safe by regular environmental checks by staff and external professionals. This included areas such as gas, electrical and fire safety. The person was involved in regular fire drills and had their own Emergency Evacuation Plan. This informed staff how to support them in the event of an emergency.

Staffing and recruitment

- From the rotas and our observations, we saw that the person always had enough staff to meet their support needs and preferences. This meant they could always do the activities they enjoyed and attend health appointments when required.
- One staff member said, "We always have enough staff. I can't think of a time when we haven't had enough

staff. If someone is off sick, someone else will cover. It's very supportive and flexible."

- At night there was always a staff member working. Because the provider lived upstairs, they were also available to support, for example if any emergencies were to occur.
- Staff were recruited safely. The provider had completed background checks on new staff as part of the recruitment process. This included a full employment history, references and applications to the Disclosure and Barring Service, which checked for any convictions, cautions or warnings.

Using medicines safely

- The person received their medicines safely from trained and competent staff. Their skills and knowledge were regularly assessed through training and competency assessments completed by the provider. This included quizzes and observations.
- Due to complex health needs, some of the person's medicines had to be given in a very specific way. Staff were very knowledgeable not only of how to give these medicines safely, but also of the person's preferences.
- Although there had not been any medicines errors since the previous inspection, staff knew exactly what to do if this occurred. A staff member said, "If there were any errors I would inform the provider straight away. The person has very complex medicines, so we would have to speak to a pharmacist straight away if they missed a dose and determine what to do next."
- We viewed the person's Medicine's Administration Records (MAR) and saw that their medicines had been given as prescribed. The person also had some 'As required' medicines to manage pain or as emergency treatment for health conditions. There was clear guidance on dosages, why medicines were given and when additional medical advice should be sought.
- The person's medicines were ordered and stored in line with The National Institute for Health and Care Excellence (NICE) guidelines. Medicines were kept in several lockable cabinets in the person's bedroom. When the person went out, there were clear protocols for taking emergency medicine and we observed staff to follow this on the inspection.

Preventing and controlling infection

- We observed the building to be clean, tidy and well maintained. There were daily, weekly and monthly cleaning rotas that staff followed to promote good infection control practice.
- Any cleaning substances that could be hazardous to people's health were stored safely. Staff were aware of how to use them safely, such as using personal protective equipment (PPE).
- We observed that staff had access to PPE when supporting the person with personal care or when preparing food. When cooking staff immediately disinfected kitchen counters after use, washed their hands and encouraged the person to do so too.

Learning lessons when things go wrong

- There had been no accidents, incidents or safeguarding's since the previous inspection. The provider and staff team told us they felt this was because they were small and knew the person so well. One staff member said, "Because it's such a small service, we can deal with things straight away. It's very intimate and person centred, and so incidents really don't tend to happen."
- The provider told us if incidents were to happen, they would reflect on these using their quality assurance process. This would help them identify patterns or trends. They gave examples of how they used this process to monitor one of the person's health conditions. This monitoring ensured that they could identify signs the person was unwell and any patterns. This also helped professionals with their understanding of the health condition.

Is the service effective?

Our findings

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

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

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

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

- Although the person had been at the service for many years, we could see that before they moved in, robust assessments were completed to understand all their preferences and support needs. This included input from the person, their relatives, social workers and health professionals.
- Staff used guidance from professional bodies, such as The National Institute for Health and Care Excellence (NICE), to ensure their medicines practice was up to date and relevant. They used other guidance such as Mini Nutritional Assessments (MNA) and Waterlow assessment tools to assess risks to the person's nutritional health and skin integrity.
- Some staff had been at the service since the person had moved in and told us that the person had changed in a positive way. The provider explained, "The person is happier, relaxed, there are less behaviours that challenge. They know staff and staff know them. They have regular support from the same health professionals, so they get consistent support."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to meet the person's needs. They had attended training in areas such as moving and handling, safeguarding, mental capacity, health and safety and food hygiene. Staff had also received more specialised training in supporting the person with their specific health needs and giving emergency medicines. This had involved training input from occupational therapists, nurses and pharmacists.
- Staff told us they found training very useful and that it provided them with a deeper understanding of how to not only meet the person's needs but how to empathise with them. One staff member said, "Moving and handling training with an occupational therapist (OT) is always interesting. We all use (the person's) hoist, the OT sits us in hoist and makes us be part of it. How can you get a feel of what (the person) is going through if you don't experience it yourself?"
- Staff told us that they received a thorough and personalised induction where they spent most of their time shadowing more experienced staff and getting to know the person's needs and preferences. One staff member said, "It also gives the person time to get to know us."
- Following inspection, staff were supported with training and regular supervisions with the provider. One staff member said, "I talk to the provider every day, so supervisions tend to be about my professional development rather than any issues I have."

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

- The person's nutritional and hydration needs were consistently met. Due to a health condition, the person required support with managing their diet and staff supported the person to make healthier choices with their meals. This included portion control and plenty of fruits and vegetables.
- The person chose what they wanted to eat each day and staff supported them with food shopping for their meals. They also required support with staying hydrated and we observed staff encouraging the person to drink regularly.
- Staff and the person ate together. The person requested music to be played and sang their favourite songs with staff. The rest of the meal was spent talking with one another about what the person had been doing and how they wanted to spend the rest of the day. The person smiled and laughed throughout which demonstrated this was a social event they enjoyed.

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

- The person's wellbeing continued to be promoted with regular input from health and social care professionals. This included their GP, district nurses, occupational therapists, podiatrists, specialist consultants and dentists.
- The person's oral health was promoted. They were supported to go to a specialist dentist regularly, who knew them well. There was also an oral health care plan that advised staff what support the person needed.
- The person also had a 'Health care assessment plan' which gave details about all their health needs, including recent appointments, tests and results, plus further actions needed.
- A relative was positive about the support provided by staff to manage the person's wellbeing and the positive impact it had on them. They said, "Staff work with doctors as my relative has been quite ill. They know when they're not well. Staff are good with supporting diet and have my relative drinking water where they never wanted to. They are well taken care of."
- The relative and staff told us that the person had spent a long time in hospital following a period of ill health and staff had stayed with them every day, supporting and advocating on their behalf.
- A professional told us staff were passionate about supporting the person and seemed keen to learn. They said, "Staff know the person's needs well and are responsive to learning and advice. They are on-board with everything and open to suggestions."

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

- The service had been adapted to meet the person's needs. This included large communal areas and wide corridors to enable mobility equipment to be used safely. There was also specialised equipment to assist with personal care and a large wet room.
- The provider told us that careful consideration had been made when choosing the flooring to ensure it was smooth and easy to mobilise on. This was regularly checked in health and safety audits.
- The person had a large bedroom, filled with their personal belongings and photographs. The room had been decorated in their favourite colour and was seen to enjoy spending time in it. They also had use of other communal areas and a wheelchair accessible garden with decking. This meant they had several areas in which to relax.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

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

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

- We observed that the person was given choice throughout the inspection. This included areas such as what they wanted to wear, eat or do throughout the day. Staff checked they had understood the person's decisions and respected their choices. For example, we observed the person telling staff they didn't want to do a planned activity and staff immediately said, "No problem, what would you like to do instead then?"
- Staff understand the principles of the mental capacity act and how these applied to the person they supported. One staff member said, "Give the person one or two clothes to choose from as too much is overwhelming. The same with food options. They can make choices day to day. Complex decisions need more support. (Person) has a social worker who is involved and so are their relatives."
- The person had a DoLS granted. The provider was aware of conditions attached to this authorisation and these were being met.
- For areas where the person was deemed as lacking capacity, there were specific assessments that included the person, professionals and relatives completed by a best interest assessor. These assessments identified the least restrictive ways of working and included the views of all involved.
- Staff told us they had also been involved in these assessments and that working together as part of the team had been a positive experience. The provider said, "We were all able to share our thoughts and collectively we found a way that works for the person well."

Is the service caring?

Our findings

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

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

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

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

- Although the person did not tell us how they felt about staff, we could see they had built friendships with them and enjoyed their company. The person and staff shared familiar jokes with one another. The person smiled and laughed when interacting with staff and also shared, 'high fives'. Both the person and staff seemed pleased to see one another and enjoyed spending time together. We also observed the person blowing kisses to staff.
- Staff told us they genuinely loved working with the person and saw them more as family than part of a job. One staff member told us that the person had come to their wedding celebrations. For another staff member, the person had been their bridesmaid and there were photos of the event displayed throughout the home.
- A relative was positive about the care staff provided and the impact it had on the person's happiness. They said, "Staff are very cheerful and very good. They know my relative very well. My relative loves it there, they're very happy and that's the main thing."
- A professional also spoke highly about the staff team and described them as, "Kind and caring", with, "Interactions that are very attentive to the person's needs and professional."
- Staff had a good understanding of equality and diversity and how to respect differences. One staff member said, "Everybody's equal. The person should be able to go out and live the life they want, like everyone else. Yes, they have a disability, but they are first and foremost (person's name). It doesn't define who they are."

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

- The person's views were continually sought and their choices about their care respected.
- We observed that the person had complete choice and control over what they did each day and staff continually checked they were happy with their decisions throughout the inspection.
- The person was involved in annual reviews with professionals and their relatives to discuss their support needs, preferences and goals for the future. They were also involved in regular house meetings where they looked at different menus and talked about activities they had enjoyed or would like to do.

Respecting and promoting people's privacy, dignity and independence

- The person's privacy and dignity were consistently promoted and respected by staff. We observed staff supporting the person to change dirty clothes before they went out. They knocked on the person's door and

sought consent before entering. They included the person in all conversations about their support.

- A staff member said, "The bedroom door is always shut during personal care and no-one apart from staff are involved. It doesn't happen often, but if the person experiences ill health when we are out, we are conscious of their privacy too. As for sharing information, I would only do so on a need to know basis, such as health professionals."
- We observed the person being encouraged to be as independent as possible throughout the inspection. For example, the person had a plate guard and food cut into bite sizes to enable them to eat without staff support.
- The provider told us, ""It's about keeping what the person can do, rather than focusing on what they can't do" and staff told us this was something the provider was passionate about and promoted every day. A staff member said, "The person is always involved. For instance, in personal care, they like to hold the shower head themselves. They water seeds for the garden and take the recycling out."

Is the service responsive?

Our findings

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

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

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

- Information gathered before the person moved in had been used to develop a person-centred care plan based on the person's preferences and needs. The provider described this as a, "Live document that was constantly being amended with the person's changing needs." We saw that the person's care plan was reviewed regularly by staff.
- The person had a, "This is me" care passport. This was in an easy read style and included information such as, 'Things you must know to keep me safe', 'Things that are important to me' and, 'My likes and dislikes'.
- When describing support needs in relation to personal care, there were photos of the person's belongings or furniture. This was to encourage the person to be involved with their care planning.
- We saw that there were annual reviews held with the person, their relatives, staff and health and social care professionals. We viewed goals made from the previous review and saw that these had been monitored and achieved. This not only included improvements to the person's health but the person's wish to go to more music events. A relative said, "I join my relative in reviews and we all talk about what's been happening and their health."

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 knew the person well and how they preferred to communicate. We observed staff talking with the person, checking they had understood their preferences. Other times, the person pointed to objects and staff understood this was their way of requesting something.
- We saw some documentation was available in an easy read format, however staff told us the person mainly talked to them about their preferences. One staff member said, "The person talks to us about what they want. It's a unique way of communicating but we all understand them."
- Staff also understood that other signs such as behaviours that challenge were the person's way of communicating. The provider said, "If there's challenging behaviours, it's usually because the person wants to or doesn't want to do something and has been asked directly. It's about the way you ask them, going about it a different way."

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

- The person continued to be supported to take part in activities that they enjoyed and were based on their preferences and hobbies. The person regularly went for days out, shopping, trips to the theatre or cinema. They had attended many live music shows at the Bandstand in Eastbourne which they thoroughly enjoyed. The person was also due to go on holiday shortly.
- The person was supported to attend social activities such as cooking and music sessions at a local activity centre and social clubs, where they had close friends they had known for many years. To enable the person to maintain another friendship, staff supported their friend with transport, so they could visit the home.
- Activities were chosen by the person and due to good staffing and transport, were able to change their minds about activities if they wished. A staff member said, "The person chooses what they want to do. We have lots of flexibility as always have two staff and we have a car, so we can do what they want." The provider said, "There's no routine, we make the most of opportunities. It is most important that we are able to attend things that the person wants."
- A relative was positive about the activities and opportunities the person had each day. They said, "They (staff) take my relative out every day. They love going out and go everywhere. Especially music events, the theatre and cinema which they really enjoy."

Improving care quality in response to complaints or concerns

- There had been no complaints since the previous inspection, however there was a complaints procedure which was regularly reviewed and displayed in two of the communal areas.
- The provider said, "With such a small service, we have built strong relationships. The person would absolutely let us know if they were unhappy with anything. And with only two relatives, they know to come to me if they had any concerns." A relative agreed with this, telling us, "I would speak to the provider if I had any problems, but I haven't had to."
- We saw that there were thank you cards and compliments that had been received since the previous inspection. These were from relatives and professionals complimenting staff and their caring nature.

Is the service well-led?

Our findings

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

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

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

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

- Although the person didn't tell us their views on management and how the service was run, we observed that they knew the provider well. Whenever the provider entered the room, the person greeted them with a smile on their face. We observed the person joking with the provider in a familiar way. The person said, "Look at my face" and the provider responded, "It's a beautiful face", which made the person smile.
- A relative was complimentary about the provider and how they ran the service. They said, "The provider is spot on, very good. They are very good at sharing things with me."
- A professional was also positive about the provider. They said, "I think the provider runs a good service, they are proactive in contacting me, responsive to the person's needs and staff respect them."
- Staff were very complimentary about the provider and told us they felt part of an inclusive, team working culture. One staff member said, "Great manager, very supportive, always coming up with solutions if things aren't working." Another staff member said, "The provider is (person's) biggest advocate. If there's a way to do something, the provider will find it. They couldn't be better."

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

- Although there had not been any notifications since the previous inspection, the provider had a good understanding of the duty of candour. They gave us examples of when they would notify other professionals such the local authority safeguarding team and CQC.
- The previous inspection report was displayed throughout the home in various communal areas, meaning that it was accessible to the person, staff and visitors.
- Although there had not been any incidents, a relative told us they were confident they would be informed if anything went wrong. They said, "The provider would give me a call if anything went wrong or if my relative wasn't well. I'm always aware of what is going on."

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

- The provider and senior staff completed a variety of quality assurance checks to achieve oversight of the service. This included the person's care plan, monitoring forms, health and safety, infection control and medicines records.

- The service was visited by an external auditor once a year and CQC's key lines of enquiry were used as part of assessment. We viewed the latest audit and saw that feedback was mainly positive.
- Where areas for improvement had been identified, the provider had taken immediate actions to improve. For example, with regard to documenting staff employment history to make it clear it had been explored. The provider had introduced a new document that focused on this area and this was in every staff file.

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

- The provider understood the importance of obtaining feedback from the person, staff and relatives to improve the service. The person was regularly involved in house meetings where they talked to staff about their support needs and preferences. Staff and relatives were sent feedback surveys every six months.
- We viewed the latest relative and staff surveys and feedback was positive. Relatives surveys were completed face to face so that in-depth discussions could be had. Staff said they felt valued within their roles and made comments such as, "Love working here and feel very valued" and, "The provider is very approachable and supportive."
- Staff told us they were involved with regular staff meetings and social events to support them to bond and work together as a team. One staff member said, "We have team meetings once every 6 months. The person comes too, and we get takeaway, it's lovely. They come to all our staff events too. Why shouldn't they be involved, it's their life and we wouldn't know each other if it wasn't for them."
- The provider told us they promoted strong links with the community. They said, "Our priority is getting (the person) out in the community, giving them quality of life and making sure they engage as much as possible." Staff told us the person was well known in the local community as they attended regular clubs and coffee mornings held at local activity services and churches in the area.

Continuous learning and improving care; Working in partnership with others

- The provider and staff were all committed to providing the best service possible to the person and continually reviewed and improved their practice. One staff member said, "We're always striving to be better in all we do. If we come across something that isn't quite working for (person), we will improve and change. The provider always finds a way for us."
- The provider had joined several care initiatives and schemes to improve their knowledge of legislation and good practice. This included care forums and the 'Driving up quality' initiative. This is guidance for providers in understanding and recognising good and poor practice.
- The provider told us they were also promoting the values of the 'Staying up late campaign'. This initiative focuses on the person choosing how they want to spend their lives, when they want to go to bed and to have relationships with their loved ones at any time of the day. This included resources for night time social events.
- The provider told us they were promoting these values by ensuring the person chose what they wanted to do each day and evening. The person was already accessing some of the evening social clubs and events. The provider had also looked at making shift patterns more flexible to enable the person to stay out later.