

## Community Integrated Care

# Community Integrated Care (CIC) - 4 Seafarers Walk

### Inspection report

4 Seafarers Walk  
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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on the 26 July 2018 and was unannounced.

4 Seafarers' Walk 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.

4 Seafarers Walk accommodates up to four people in one adapted building. At the time of our inspection there were three people living at the home. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage 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.

People were supported by staff who knew and understood the risks to their health and wellbeing. However, recorded risk assessments were not always in place to ensure guidance was available for staff should this need to be relied upon. Action was taken during the inspection process to address this.

Staff had not always followed guidance in place to prevent people from experiencing a deterioration in their health. This guidance had been put in place following a safeguarding incident and failure to follow this guidance could result in significant harm to people. No one had come to any harm because of the omissions that we found and the registered manager took immediate action to implement a more robust monitoring procedure to prevent a reoccurrence.

People medicines were managed safely. However, records for medicines that were unwanted or unused were not kept to check these medicines for disposal were handled properly. A returns book was introduced following our inspection.

The home appeared clean and free from malodour, however the arrangements in place for the assessment, prevention and control of the spread of infections did not meet current guidance. The registered manager has addressed this following our inspection.

The Duty of Candour is a Regulation which aims to ensure providers are open and transparent with people and those acting lawfully on their behalf in relation to the care and treatment provided to people and when things go wrong. Robust systems and processes were not in place to ensure the provider identified whether incidents met the threshold for the Duty of Candour. We have made a recommendation about seeking

advice and guidance on the Duty of Candour regulation.

At our last inspection in June 2017 People's finances were not always managed safely and systems to manage people's finances were not always correctly followed. At this inspection, we found that improvements have been made to the management of people's finances and these were managed safely. A system was in place to investigate and learn from incidents and accidents and make improvements to the service.

Staff understood their responsibilities to protect people from abuse and how to report and act on any concerns. Staff were recruited safely and the relevant checks were made to protect people from the employment of unsuitable staff. There were sufficient staff to keep people safe and meet people's needs.

People's needs were assessed and guidance and training was available to staff to support them to meet people's needs effectively. Staff completed an induction into their role and ongoing refresher training. Some staff training was outstanding and being progressed at the time of our inspection.

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

People's dietary needs were known and met by staff. People were supported to receive healthcare as required which included annual health checks.

The premises were suitable for people's needs and people had been involved in the decoration and personalisation of their rooms.

Staff were kind and caring in their approach. Staff knew people well and could tell us about their personal histories, interests, likes and dislikes. Staff understood how to provide care that was respectful and dignified and promoted people's rights to confidentiality and equality.

People's care plans were person centred and reflected their needs and choices. People's communication needs were known and met by staff and flagged for other professionals in their hospital passport. A range of activities were carried out with people to meet their individual activity needs and interests.

A procedure was in place to manage complaints. This was available to people in an accessible format. Any complaints would be overseen by the provider to monitor progress and outcome.

Staff spoke positively about the culture and leadership in the home. The provider promoted their values with staff and staff were supported to understand their roles and responsibilities through team meetings, supervision and provider led events.

A system was in place to monitor the quality and safety of the service people received and actions were identified and monitored for completion to drive continuous improvements. However, this is the second consecutive inspection where the service has been rated Requires Improvement.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

Risk assessments were not always in place to provide guidance for staff on how to support people safely.

People's medicines were managed safely. The disposal of medicines did not meet current guidance and this was addressed following the inspection.

The arrangements in place for the prevention and control on infections did not meet current guidance.

People were supported by staff that understood their responsibility to safeguard people from the risk of abuse.

There were sufficient staff available to support people safely

### Is the service effective?

**Good** ●

The service was effective

People were supported by staff who completed an induction in their role and ongoing training to meet their needs effectively. Guidance was available to staff to support best practice in meeting people's needs.

People were supported in line with their rights under the Mental Capacity Act (2005).

People were supported to eat and drink sufficiently and to meet their assessed dietary needs.

People were supported to access healthcare support as required.

The environment was suitable for people's needs and people had contributed to the design and personalisation of their rooms.

### Is the service caring?

**Good** ●

The service was caring

People were supported by kind, caring and compassionate staff.

People were involved in making decisions about care and treatment.

Staff understood how to provide respectful and dignified care. These principles were followed in practice to support people's rights and diverse needs.

### Is the service responsive?

Good ●

The service was responsive

People's care plans were person-centred and care was provided to meet people's assessed needs. This included people's activity and social needs.

A complaints procedure was in place. This was available to people in an accessible format.

No one was receiving end of life care. The provider had introduced a care plan to be discussed with people and their representatives to identify their needs and wishes in this respect.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

Monitoring of actions taken to mitigate risks to people was not always carried out effectively to identify shortfalls.

Systems and processes were not sufficiently robust to identify whether incidents met the Duty of Candour threshold.

There was a positive culture in the home, staff told us they were supported and valued by the registered manager and the provider.

A quality assurance system was in place to monitor the quality and safety of the service people received and to drive continuous improvements.

# Community Integrated Care (CIC) - 4 Seafarers Walk

## **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. This was a comprehensive inspection.

This inspection took place on 26 July 2018 and was unannounced. The inspection was carried out by one adult social care inspector. Before the inspection we reviewed information, we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law. Prior to the inspection we reviewed information included on the Provider Information Return (PIR). This is a form that asks the registered manager to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

People living at 4 Seafarers Walk were not able to share with us their experiences of living at the service. Therefore, we spent time observing staff with people in communal areas during the inspection. We spoke with two care staff, the acting deputy manager, the registered manager and the provider's regional manager. We spoke with a senior practitioner from the local authority social services. We requested but did not receive feedback from a social worker, a GP and specialist nurse who supported people at the service.

We reviewed records which included three people's care and support plans, two staff recruitment and supervision records, and the medication administration records of three people. We reviewed staff training records, the staff rota, staff meeting minutes, quality assurance documents and other documents relating to the management of the home.

# Is the service safe?

## Our findings

People's risks were known by staff and actions had been taken to support people to mitigate risks to their health and wellbeing. This included support with mobility to minimise the risks of falling, health risks, risks from seizures and risks from choking. Risks associated with people's medicines were acted on. For example; a person had an adverse reaction to a recent medication change, staff acted promptly to seek advice and the medication was stopped. Other healthcare professionals had provided guidance for the management of risks and this included, physiotherapist, speech and language therapist and a specialist epilepsy nurse. However, written risk assessments were not in place to provide detailed guidance on all people's risks and how they should be mitigated and managed by staff. We spoke to the registered manager about this who told us these would be completed following the inspection. We have since received some examples of completed assessments. More time was required to ensure these improvements were embedded and sustained in practice.

The service did not keep a record of medicines that were disposed of because they were unused or unwanted. These medicines were collected for return to the pharmacy. NICE (National Institute for Health and Care Excellence) guidance recommends records are kept of medicines for disposal to ensure they are handled properly. Following the inspection, the registered manager confirmed they had implemented a returns book in the service. The provider had not identified this shortfall in their quality assurance process. More time was required to embed this improvement into practice.

However, people's medicines were managed safely, two staff administered people's medicines which provided a check that they had been given as prescribed. Records contained information about the medicines people were prescribed and their side effects. Staff competency was checked and action was taken in response to medication errors. The storage temperatures of medicines stored in people's rooms were checked to ensure they remained safe and effective. Protocols were in place to guide staff on the safe use of medicines prescribed 'when required' (PRN), these included pain relief and rescue medicines for seizures which are longer in length and present risks for people. Staff had completed training in administering rescue medicines for people with epilepsy.

Procedures were not in place for the prevention and control of infections that met current and relevant national guidance. There was no infection control lead appointed. An audit was carried out every 12 months, however, this failed to cover the standards outlined in the Health and Social Care Act 2008: Code of Practice on the prevention and control of infections (the code). Not all staff had completed infection control training and ongoing refresher of this training was not in place for all staff. Not all staff had completed food hygiene training. We spoke to the registered manager about this and following our inspection they confirmed the Code is now available in the service and an infection control lead has been appointed.

Whilst action was taken to address the above concerns during the inspection process. The provider was dependent upon Inspectors to identify these shortfalls. The stated improvements made during the inspection process required time to be embedded and sustained.

The home appeared clean and was free from malodour. Personal Protective Equipment (PPE) was available to staff and this included gloves and aprons. Clinical waste storage and disposal arrangements were in place.

At our last inspection on 27 June 2017 we found a discrepancy in the recording of a person's finances. We made a recommendation to the provider that they act to ensure all staff are made aware of their policy on recording of people's finances to improve practice in this area. We checked what action had been taken at this inspection. We found the registered manager had introduced a new support plan for people's finances which had clearer guidance for staff on how to support people with their finances. The finance policy had been revisited by all staff and two staff members carried out a check of finances three times during each day. This meant any discrepancies would be identified promptly within a clear time frame. The registered manager carried out a monthly audit of spending and told us all receipts were checked for any untoward spending or anomalies. The regional manager checked these audits quarterly. The registered manager confirmed there had been no further errors or concerns since our last inspection. A staff member said, "We have two signatures on everything so it (finances) is checked and if it's not right then you know to go back and find where the problem happened". People's finances were managed safely to protect them from financial abuse.

Staff understood their responsibilities to safeguard people and protect them from abuse. Staff we spoke with had a clear understanding of what to do if they suspected abuse or noted any signs which could indicate abuse. This included indicators such as behaviour changes when people could not verbalise their experience.

Accidents and incidents were monitored using an 'event tracker' system. This system allowed staff to record incidents which were then alerted to the registered and regional managers for review and any further actions. Progress was monitored until an outcome was reached. The system included asking managers to report what they had done to ensure the accident/incident did not happen again. We saw an example where a wheelchair assessment had been requested for a person due to an accident they experienced whilst in their wheelchair, this was planned and the person was aware of this. The registered manager shared information with staff about incidents where things had gone wrong to support learning across the service and prevent a reoccurrence. For example, following our previous inspection the registered manager had informed staff about a financial discrepancy and introduced and embedded a new financial checking system which had prevented any further financial incidents.

People were supported by sufficient staff to meet their needs safely. Staff told us there were enough staff, although one staff member thought the rota could be planned more effectively to ensure people's activity needs were always met. The registered manager told us the coordination of this was improving for people. Staff absence was covered by the providers own staff or agency. The service was currently recruiting staff and these vacancies were covered by agency staff. The registered manager told us they used the same agency staff as far as possible to provide continuity for people. We looked at the staffing hours for the previous three weeks and saw the assessed hours had been provided. Safe recruitment practices were followed before new staff were employed to work with people. The relevant checks were made to ensure staff were of good character and suitable for their role.

There were Personal Emergency Evacuation Plans (PEEP's) in place which outlined how people could be removed or kept safe in the event of an emergency, such as fire and flood. Fire safety checks were carried out and this included evacuation practice or a simulation practice for night staff. A fire risk assessment was in place and actions identified had been completed.



## Is the service effective?

### Our findings

People's needs were assessed and this included their physical, mental and social needs. The registered manager told us they referred to a range of guidance to support best practice to meet people's needs. This included access to the provider's 'support team' which produced guidance for managers on clinical governance issues. Training and support for staff on epilepsy awareness and the use of rescue medicines was provided by a special epilepsy nurse. NICE recommendations were followed to check staff competency to administer medicines. This supported staff to provide care and treatment in line with current best practice guidance.

A staff member told us they had the support and training they needed when they started working at the home to enable them to support people effectively. They told us, "I did two and a half weeks of shadowing more experienced staff, training and reading." Training included, moving and handling, safeguarding, epilepsy awareness, and rescue medicines, management of actual or potential aggression, fire safety and first aid. In addition, new staff completed the care certificate within their probationary period, which familiarises staff with an identified set of standards that health and social care workers adhere to in their daily working life.

Staff were supported to refresh their training to maintain their knowledge and skills. The staff training records confirmed most staff had completed the provider's required training, with some outstanding, for example, in infection control and food hygiene which was being monitored for completion. Staff received supervision and an annual appraisal. Supervision enabled staff to receive feedback on their performance and discussion about the people supported to check they were supported effectively and safely by appropriately trained staff.

Staff were aware of people's dietary needs and preferences. People were referred to the speech and language therapists (SALT) if staff had concerns about their eating or drinking. For example; when people were at risk of choking or experienced other difficulties with eating. Guidance about people's dietary needs were available for staff to follow and staff were able to tell us about these, for example the stage of thickener required for a person's fluids. Information about healthy eating was available for staff and people were supported to maintain a healthy weight.

People were supported to access healthcare services as required and received an annual health check. Records demonstrated that people received ongoing healthcare support from dentists, opticians, GP and chiropodists.

The premises were suitable to meet people's needs. The home was laid out on one level and wheelchair accessible. People had their own rooms which provided a private area and there was also a sensory room for people to enjoy. The registered manager told us how people had contributed towards the decoration of this room which provided a range of sensory experiences. The garden was being improved for safety due to uneven paving slabs, during this time people were able to use the outside space at the front of the home.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met."

DoLS applications had been made on behalf of people living in the home. Authorisations had not yet been received from the local authority although the applications were made 12 months ago. The registered manager had recently reviewed and updated these applications and resubmitted them again to the local authority who have acknowledged receipt. Applications had been made following an assessment of people's capacity to consent to their care and treatment and the continuous supervision provided.

People's care records demonstrated that mental capacity assessments and best interest decisions had been carried out for specific decisions about people's care in line with the MCA. We discussed how people were supported to participate in making decisions about their care and treatment with the registered manager. For example, when a person faced a medical decision, they had been supported to understand the treatment proposed using pictures and discussion by staff, healthcare professionals and a relative. A best interest decision was made following a series of meetings involving the person.

Staff were aware of the MCA and staff we spoke with told us how they supported people to make decisions in their day to day care. A staff member told us, "They (people) have got the right to say no if they don't want something and the right to make their own choices. At breakfast we get out two cereal boxes, we are getting more photos done of food so they can choose more and they chose what times they go to bed and get up." We observed people were getting up when they chose and being supported to bed when they chose.

## Is the service caring?

### Our findings

We observed that staff were warm and respectful in their interactions with people. Staff offered people choices and encouragement and engaged with people in a kind and positive manner. Staff spent time with people and we heard a staff member showing care and compassion to a person in pain.

People received care and support from familiar staff who had got to know them well and respected their personal preferences. Staff spoke knowledgeably about people's likes, dislikes, interests and what was important to them. For example; the music people enjoyed, how people liked to spend their time, and the information on objects of importance to the person. We saw examples of how people's needs were met in line with their preferences. One staff member told us about how they were supporting a person with their favourite pastime, they said, "(person) loves dogs, I suggested we made a blanket and they can chose the colour of the wool and then we can go to the RSPCA and choose the dog to have the blanket." Another person was supported by listening to the music of their choice whilst they took their medicines because a staff member said "(person) loves their music".

Staff knew people's individual communication skills, abilities and preferences. Staff told us how people were supported to make decisions by offering choices or by using sounds and non-verbal actions to inform staff of what they wanted. People had been involved in decisions about their care and treatment and we observed staff offering choice in practice. For example, during our inspection, people were offered a choice of clothing, activities and whether they wanted to return to bed. People's rooms were personalised and staff told us that people had been involved in choosing how their rooms were decorated and in the design of the sensory room.

Staff spoke about the importance of building trusting relationships with people and treating people with dignity and respect. They could describe how they had used these principles in their practice to support people to achieve positive outcomes. One staff member said, "Don't speak over the person include them in everything, let them do as much for themselves as possible, knock on bedroom doors and ask permission. Make sure you have PPE (Personal Protective Equipment), talk to the person and follow the support plans. If something hasn't worked you can learn from this. Be calm and patient and listen, that's a big one and having private time, it is important for people to have some time away." Another staff member told us how they had noticed a person's confidential information was left out in their room, they addressed this to respect the person's privacy and right to confidentiality.

Staff showed an understanding of how to support people with their diverse needs, such as those related to disability, gender, ethnicity, faith and sexual orientation. A staff member said, "If someone came into the home with particular needs, we would learn about it and try to meet them." Equality and diversity training had not yet been completed by all staff but was in progress. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

## Is the service responsive?

### Our findings

People's care and support plans were personalised. The examples seen reflected people's needs and choices. Information was included about what was important to the person, how the person preferred to be supported and their support team preferences. Care plans included people's aspirational goals and the support they needed to achieve these. We observed a person being supported in line with their preferences as described in their care plan. A staff member said, "Care plans are helpful, it's useful to know about where a person has come from and what they have been through, their likes and don't likes and how best to support the person." People's relatives or representatives were involved in the review and update of people's care plans.

People were supported to meet their individual activity needs and interests. A staff member told us, "So many more positive things are happening here, the staffing changes have really made a difference, I'm enjoying it, it's good to see positive staff getting people out and about and goal planning. We are building up a portfolio of activities, it's starting to show now, the last 6 months has been really positive". People were involved in activities such as swimming and aqua aerobics, outings for afternoon tea, nail painting, the sensory room and dog training classes. We also saw photos of group outings and activities which included a boat trip and a trip to the zoo. A staff member said, "We take every opportunity to take people out". Staff could tell us about what people liked and the activities they enjoyed. This information was also recorded in people's care and support plans. We saw examples of people being supported in line with this guidance during our inspection.

The Accessible Information Standard (AIS) is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability, impairment or sensory loss can access and understand information they are given. Care plans included information on people's communication needs. Staff we spoke with knew about the communication needs of the people they supported and how to meet them. For example, we discussed an example of how a person had been supported to understand information to decide about health treatment using their communication preferences. The registered manager confirmed information about people's communication needs was given to other health and social care professionals when required and these were included as part of a 'hospital passport'. This gives important information about people to health professionals in the event of a hospital admission. The provider was introducing a policy and practice guide for staff on the AIS to ensure the standard was met consistently for people.

A system was in place for people and their representative to raise concerns and make complaints. The complaints procedure was available in an accessible format for people and their families. The registered manager told us that no complaints had been received by the service. We discussed the policy and procedure the registered manager would follow if they were to receive a complaint. This included recording the complaint which would be overseen by the quality department to outcome. The registered manager said, "I feel responsible for the people we support, so I would get together with them and their family to deal with any concern."

No one at the service was being supported with end of life needs. The registered manager told us and we saw a new care plan had been developed by the provider for use in these circumstances. The care plan was in an accessible easy read and pictorial format and was intended to support people and their representatives to identify people's needs and wishes at the end of their life. The registered manager told us these were planned to be shared with people and their representatives or an advocate during keywork sessions.

## Is the service well-led?

### Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage 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 discussed a safeguarding incident with the registered manager and the actions that had been taken to make improvements following the concerns raised. We found that whilst actions to improve staff awareness and the guidance available to staff had been taken, it was not evident this guidance had been followed by staff in respect of two people on three occasions. No harm had occurred to people because of this. However, the monitoring in place at the service to check the guidance had been followed had not been effective which meant people could be at risk of unsafe care or treatment. We raised concerns with the registered manager and action was taking during the inspection process.

The Duty of Candour is a Regulation which aims to ensure providers are open and transparent with people and those acting lawfully on their behalf in relation to the care and treatment provided to people and when things go wrong. The provider told us they had several policies which promoted openness and transparency when things went wrong, including the safeguarding policy and the serious incident and critical incident policy and procedures. The safeguarding policy did not address the Duty of Candour. Although the Duty of Candour was referred to in the providers policy on serious incidents, there was no guidance on how managers and staff should engage with people and their representatives in an open and transparent way in relation to incidents which questioned the care and treatment provided to people. Systems and processes were not sufficiently robust to identify when an incident met the Duty of Candour threshold. Policies and procedures did not adhere to these principles. Action was taken during the inspection process to address this.

We recommend that the provider seeks advice and guidance on promoting a culture of candour, and openness to people and their representatives in relation to the care and treatment provided and when things go wrong.

The registered manager was responsible for three of the provider's homes, one of which was located next door to 4 Seafarer's Walk. They told us they had sufficient time and support to manage the three services. Staff told us the registered manager was accessible either at the service or by phone. A staff member told us, "The manager is great and always on the end of a phone if needed, so helpful, she has sat with me and taught me how to do people's money. Other staff have also supported me practically."

Staff were supported to understand their roles and responsibilities through staff meetings, supervisions and appraisal. The values and behaviours expected of staff in their role were covered in supervision such as a passion for improvement, accountability and integrity and flexibility. Staff told us they felt listened to and their opinions were valued. A staff member told us, "It's rewarding, I feel valued and supported by the organisation."

Staff told us there was an open and transparent culture where staff felt able to admit to mistakes. A staff member said, "The manager has an open-door style of management, you can learn from mistakes and this can have a positive effect." Another staff member said, "You can talk to anyone for support, especially the registered manager and senior support worker, there are no bad agency staff or anything." A whistle blowing policy was in place, staff confirmed they would not hesitate to raise concerns should the need arise. Staff performance issues were investigated and where appropriate, action was taken to address performance to ensure people were cared for safely and appropriately. This meant staff were held accountable for their actions.

Team meetings were held monthly. The registered manager said they shared with staff the results of the quality assurance audit to "Share the improvement needed with the team, so they are involved." They also discussed this in supervision to help staff focus on their roles and responsibilities and achieve tasks set. The registered manager said, "It is about being transparent and open to support staff to understand regulation, standards and everything else. It is now working." Records of these meetings showed staff discussed improvements needed, the people supported and other operational and practice developments. A responsible person was delegated on shift to provide an oversight and check that tasks and responsibilities were completed as planned.

The regional director told us the Provider's new CEO "Really values staff". There had been a series of staff benefits introduced and the provider's five-year strategy outlined their vision, values and commitment to 'changing lives', for the people they support and to be a leading employer for staff. The registered manager told us they had been "Inspired and uplifted" by the strategy which is being delivered to staff during 'road show' events. All staff are planned to attend. A promotional video was also being used to engage and motivate staff and the registered manager said, "I feel this has happened". A staff member told us, "We are putting the people we support first now, we are definitely person-centred, this is a happy home." The regional manager and registered manager told us that work had been done to improve staffing to support people to achieve their goals. This meant people could pursue their individual interests. The provider was looking at personalising their recruitment advert to attract staff by focusing on people's hobbies and interests, so people were supported by staff who shared common interests.

Quality assurance systems were in place to monitor and improve the quality of service being delivered and the running of the home. These included weekly and monthly audits to monitor the quality of care delivered. When actions for improvement were identified these were carried out and checked for completion. The provider checked key quality and safety information through visits to the home, audits and reports. The system in place demonstrated that the service had made improvements in the provider's quality rating system over time. Service leader meetings were held monthly and this provided the opportunity for registered managers to share information, learn from incidents and share good news stories.

The registered manager told us there were some challenges to meaningfully involve people in providing feedback about the service due to people's communication needs. However, they and staff told us about how people communicated their satisfaction and dissatisfaction through body language and facial expressions and the registered manager said, "They (people) would make it clear if they were not happy." Following our inspection, the registered manager sent us an example of a satisfaction survey used in another service which used 'smiley faces' and easy read text and confirmed these would be used this with people this year.

Although families had been asked to complete satisfaction surveys they had not returned these. However, the registered manager had contact with families to review care plans and inform of any changes. This gave people's relatives the opportunity to express any concerns or give feedback.

The service worked with other health and social care professionals to promote positive outcomes for people. For example; physiotherapists, specialist nurses and speech and language therapists. The provider was also holding social events for people in their services to come together across the region to promote inclusion.

The provider had policies and procedures in place to support people's rights and responsibilities in respect of the Equalities Act 2010.