First For Care Limited

Esplanade House

Inspection report

19-20 The Strand
Ryde
Isle of Wight
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Tel: 01983616683

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

Esplanade House is a care home a privately run, which provides accommodation for up to 13 people who have a learning disability. At the time of our inspection there were 13 people living in the home.

The inspection was unannounced and was carried out on 09 June 2016.

There was a registered manager in place at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the home. 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 home is run.

People and their families told us they felt the home was safe. However, we found that the recruitment process did not always ensure that all necessary pre-employment checks were completed to ensure potential staff were suitable to work with the people living at the home. We recommend that the provider seek advice and guidance on adopting the latest best practice guidance relating to the recruitment of staff.

Staff and the registered manager had received safeguarding training and were able to demonstrate an understanding of the provider's safeguarding policy and explain the action they would take if they identified any concerns.

The risks relating to people's health and welfare were assessed and these were recorded along with actions identified to reduce those risks in the least restrictive way. They were personalised and provided sufficient information to allow staff to protect people whilst promoting their independence.

People were supported by staff who had received an induction into the home and appropriate training, professional development and supervision to enable them to meet people's individual needs. There were enough staff to meet people's needs and to enable them to engage with people in a relaxed and unhurried manner.

There were suitable systems in place to ensure the safe storage and administration of medicines. Medicines were administered by staff who had received appropriate training and assessments. Healthcare professionals such as chiropodists, opticians, GPs and dentists were involved in people's care when necessary.

Staff followed legislation designed to protect people's rights and ensure decisions were the least restrictive and made in their best interests.

Staff developed caring and positive relationships with people and were sensitive to their individual choices and treated them with dignity and respect. People were encouraged to maintain relationships that were important to them.

People were supported to have enough to eat and drink. Mealtimes were a social event and staff supported people, when necessary in a patient and friendly manner.

People who were not able to communicate verbally showed that they understood what was being said and were able to make their wishes known to staff. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. They were patient when engaging with people who could not communicate verbally and who used a variety of signs, noises and body language to express themselves. Staff were able to understand people and respond to what was being said.

People and when appropriate their families were involved in discussions about their care planning, which reflected their assessed needs. Each person had an allocated keyworker, who provided a focal point for that person and maintained contact with the important people in their lives.

There was an opportunity for people and their families to become involved in developing the service and they were encouraged to provide feedback on the service provided. They were also supported to raise complaints should they wish to.

People's families told us they felt the home was well-led and were positive about the registered manager who understood the responsibilities of their role. Staff were aware of the provider's vision and values, how they related to their work and spoke positively about the culture and management of the home.

There were systems in place to monitor quality and safety of the service the home provided. Accidents and incidents were monitored, analysed and remedial actions identified to reduce the risk of reoccurrence.

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.

Recruiting practices did not ensure that that all necessary pre-employment checks were completed.

There were enough staff to meet people's needs and people received their medicines at the right time and in the right way.

The registered manager had assessed individual risks to people and had taken action to minimise the likelihood of harm in the least restrictive way.

People and their families felt the home was safe and staff were aware of their responsibilities to safeguard people.

Is the service effective?

Good

The service was effective

Staff sought verbal consent from people before providing care and followed legislation designed to protect people's rights.

People were supported to have enough to eat and drink. They had access to health professionals and other specialists if they needed them.

Staff received an appropriate induction and on-going training to enable them to meet the needs of people using the service.

Is the service caring?

Good

The service was caring.

Staff developed caring and positive relationships with people and treated them with dignity and respect.

Staff understood the importance of respecting people's choices and their privacy.

People were encouraged to maintain friendships and important relationships.

Is the service responsive?

Good

Staff were responsive to people's needs.

Care plans and activities were personalised and focused on individual needs and preferences.

People were allocated a keyworker who provided a focal point for their care and support.

The registered manager sought feedback from people using the service and had a process in place to deal with any complaints or concerns.

Is the service well-led?

Good

The service was well-led.

The provider's values were clear and understood by staff. The registered manager adopted an open and inclusive style of leadership.

People, their families, health professionals and staff had the opportunity to become involved in developing the service.

There were systems in place to monitor the quality and safety of the service provided and manage the maintenance of the buildings and equipment.

Esplanade 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 unannounced and was carried out by one inspector on 09 June 2016.

Before the inspection, we reviewed the information that we held about the service, including previous inspection reports and notifications. A notification is information about important events which the service is required to send us by law.

We spoke with seven people living at the home and with two family members. We also spoke with a visitor who supports people with activities in the home and received feedback from a person who provides an activities venue in the community used by people living at the home. We observed care and support being delivered in communal areas. We spoke with three members of care staff, the deputy manager and the registered manager.

We looked at care plans and associated records for six people using the service, staff duty records, three staff recruitment files, records of complaints, accidents and incidents, policies and procedures and quality assurance records.

The home was last inspected in January 2014 when no concerns were identified

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe. One person said, "Yes I feel safe; staff are here if I need them. They help me". Another person told us, "Staff are good; yes feel safe". Family members told us they did not have any concerns regarding their relative's safety. One family member said their relative was, "Very safe there [at the home] I have never had any concerns". Another family member told us their relative was "definitely safe. They have given her a life she couldn't have had otherwise". A visitor, who supported people at the home with activities, said "I have been coming here for about eight years. People are definitely safe here".

However, we found that the recruitment process did not always ensure that all necessary pre-employment checks were completed to ensure potential staff were suitable to work with vulnerable people. Although all of the recruitment files we looked at contained information in respect of references, police checks and identification, all of the files did not have a full past employment history for the members of staff. One new member of care staff's employment history showed they had worked for one company for one year, another company for two years and a third for 11 years. There were no dates to which these employments periods related to or whether they were continuous periods of employment. The employment history detailed in all of the other recruitment files where similar with regard to the lack of employment details. There was no other information recorded in any of the files, which provided details of the person's employment history or an explanation for the lack of information. The lack of a full employment history meant that the provider was not able to assure themselves that the staff they employed were of good character and suitable to work with the people they supported. We raised this with the registered manager who told us they were unaware of the requirement for a full employment history and he would speak to the provider to change the application form to ensure applications contained the correct information.

We recommend that the provider seek advice and guidance on adopting the latest best practice guidance relating to the recruitment of staff.

People experienced care in a safe environment because staff had the knowledge necessary to enable them to respond appropriately to concerns about people's safety. All of the staff and the registered manager had received appropriate training in safeguarding. Staff knew how to raise observed concerns and to apply the provider's policy. One member of staff told us if they had any concerns they, "would raise it with the manager or a supervisor or contact safeguarding or CQC". The registered manager explained the action they would take when a safeguarding concern was raised with him and the records confirmed this action had been taken when a safeguarding concern had been identified.

People were protected from individual risks in a way that supported them and respected their independence. The registered manager had assessed the risks associated with providing care to each individual; these were recorded along with actions identified to reduce those risks. They were personalised and written in enough detail to protect people from harm, whilst promoting their independence. For example, one person had a risk assessment in place in respect of their ability to make a cup of tea for themselves and included the support staff may need to provide if required. A family member told us their relative was, "up most of the night. Staff have managed it brilliantly and have put a night monitor [in their

room]. They have gone overboard to help them". A visitor, who supported people at the home with activities said staff have a, "very positive approach to risk taking and encourage clients to do things safely".

Staff were able to explain the risks relating to people and the action they would take to help reduce the risks from occurring. Where an incident or accident had occurred, there was a clear record of this, which was sent to the provider. This enabled analysis to take place and provided the opportunity for learning and risk identification by the provider. Each person's care plan contained the information necessary for health professionals to support that person should they be taken to hospital in an emergency.

People and their families told us there were sufficient staff to meet people's needs. One person said they, "go out with staff". Another person told us staff were going to support them to attend a family wedding. A family member told us, "There always seems to be staff around. [My relative] has one to one support and there are never any problems". The registered manager told us that staffing levels were based on the needs of the people using the service. The staffing level in the home provided an opportunity for staff to interact with the people they were supporting in a relaxed and unhurried manner. Staff responded to people's needs promptly. There was a duty roster system, which detailed the planned cover for the home. This provided the opportunity for short term absences to be managed through the use of overtime and the home's bank staff. The deputy manager and the registered manager were also available to provide extra support when appropriate.

People received their medicines safely. Staff had received appropriate training and their competency to administer medicines had been assessed by the registered manager to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. Staff administering medicines were required to initial the MAR chart to confirm the person had received their medicine. Each person who needed 'as required' (PRN) medicines had clear information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved. There were suitable systems in place to ensure the safe storage and disposal of medicines. A refrigerator was available for the storage of medicines which required storing at a cold temperature in accordance with the manufacturer's instructions. There was a medicine stock management system in place to ensure medicines were stored according to the manufacturer's instructions and a process for the ordering of repeat prescriptions and disposal of unwanted medicines. Staff supporting people to take their medicine did so in a gentle and unhurried way. They explained the medicines they were giving in a way the person could understand and sought their consent before giving it to them.

There were appropriate plans in case of an emergency occurring. Personal evacuation and escape plans had been completed for each person, detailing the specific support each person required to evacuate the building in the event of an emergency. Staff were aware of the fire safety procedures and the action they would take if an evacuation was necessary.

Good

Is the service effective?

Our findings

People and their families told us they felt the service was effective and that staff understood people's needs and had the skills to meet them. One person said staff, "help me to shave and help me with my room. I do some [of the cleaning] myself as well". Another person said that staff looked after them and they were "happy here". A family member said the staff were, "so good, they have given [my relative] a life we couldn't give them". They added "We would hate to move her". Another family member told us, "Staff are always willing to step in and support [my relative], they all know her [my relative] well, which is lovely to see".

People's ability to make decisions was assessed in line with the Mental Capacity Act, 2005 (MCA). The 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 decisions made on their behalf must be in their best interests and as least restrictive as possible. The provider had clear policies, procedures and recording systems for when people were not able to make decisions about their care or support. We saw staff followed these by consulting with relatives and professionals and documenting decisions taken, including why they were in the person's best interests. For example, a best interest decision had been made in respect of supporting a person to manage their finances. The registered manager had contact details for an independent advocate or an independent mental capacity advocate (IMCA), if they were require to support a person with an important decisions that affects their lives.

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. The application procedures for this in care homes 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. We found the provider was following the necessary requirements. DoLS applications had been made to the supervisory body with the relevant authority for all of the people using the service. Staff had been trained in MCA and DoLS; they were aware of the people that these restrictions applied to and the support they needed as a consequence. People's families and other representatives had been consulted when decisions were made to ensure that they were made in people's best interests and the least restrictive option.

People and their families told us that staff asked for their consent when they were supporting them. One person said, "When staff help me, they say, 'make sure you have done something' [such as aspects of personal care]. They ask me if it is okay [for staff to provide care]". One family member said, "As soon as [my relative] is not happy we would know". A visitor, who regularly supported people at the home with activities said, "Staff are always engaging with people and explaining what they are doing and seeking consent".

Staff sought people's consent before providing care or support, such as offering to provide support to help them mobilise. One member of staff told us, "I explain what I am doing and ask them if it is okay. It is their choice". Daily records of care showed that where people declined care this was respected.

There were arrangements in place to ensure staff received an effective induction into their role. Each member of staff had undertaken an induction programme based on 'Skills for Care Common Induction Standards' (CIS). CIS were the standards employees working in adult social care should meet before they could safely work unsupervised. New staff, who were recruited after April 2015, received an induction and training which followed the principles of the Care Certificate. The Care Certificate is the new set of standards that health and social care workers adhere to in their daily working life. The registered manager had arranged for all staff to undertake the care certificate training as a way of refreshing their knowledge and a means to encourage discussion within the team.

The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as medicine administration, safeguarding adults, mental capacity act, food safety and infection control. Staff had access to other training focused on the specific needs of people using the service. For example, mental health awareness, autism awareness, diabetes awareness and percutaneous endoscopic gastrostomy (PEG) training. PEG training allows staff to support a person who receives their food or medicines through a tube directly into their stomach. Staff were able to demonstrate an understanding of the training they had received and how to apply it. For example how they supported people who were living with a cognitive impairment to make choices and maintain a level of independence. A family member told us "Staff are professional and trained very well".

Staff had regular supervisions. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Staff said they felt supported by the registered manager and senior staff. There was an open door policy and they could raise any concerns straight away. One member of staff told us they had regular supervisions, "but we can raise concerns at any time if I need to". Another member of staff said, "Supervisions are good you can raise issues or ask for training".

People were supported to have enough to eat and drink. People told us they enjoyed their meals. One person said, "There is a good choice of food. I like pie and chips but the chips have to be door step chips. And I like curry". Another person told us, "The food is good and there is plenty of it". Family members were complimentary about the food and told us their relatives were supported to eat the food they liked. One family member said their relative was a "very fussy eater and was under weight. Since [my relative] has been there they have learnt to eat and to expand their menu. If there is stuff on the menu [my relative] doesn't want, they'll make her something [my relative] does like".

Meals were appropriately spaced and flexible to meet people's needs. Mealtimes were a social event and staff engaged with people in a supportive, patient and friendly manner. Staff were aware of people's needs and offered support when appropriate. One person told us "I had a ham and tomato sauce sandwich [for lunch]. It is my favourite". They added "Sometimes I make it myself. I just tried it and loved it". We observed this person making their sandwich and assisting staff to put food away in the fridge. They put them in bags and dated them so staff would know when they were opened. Another person came in after lunch had finished and observed them making their own lunch under the supervision of a member of staff. Fruit and other snacks were available to people when they wanted them and staff encouraged people to drink throughout the day.

People were supported to maintain good health and had access to appropriate healthcare services. Their records showed they had regular appointments with health professionals, such as chiropodists, opticians, dentists and GPs. All appointments with health professionals and the outcomes were recorded in detail.

Good

Is the service caring?

Our findings

Staff developed caring and positive relationships with people. People's comments included "I like the staff", "Nice staff" and "I'm happy here, the staff are good; nice". Family members told us they did not have any concerns over the level of care provided or how it was delivered. One family member said, "I am extremely please, [my relative] can be difficult and challenging but they [staff] have a real fondness for [my relative]. I think they have done brilliantly". Another family member said, "I couldn't wish for better staff they are fantastic. [My relative] has a good quality of life; staff love him to bits. They are wonderful and very caring". A visitor who supports people with activities told us, "I think staff at the home are fantastic, I would give them nine and a half or nine and three quarters out of ten".

People were cared for with dignity and respect. Staff spoke to them with kindness and warmth and were observed laughing and joking with them. One person who was interested in motorcycles brought a model of a motorcycle to show staff. A family member told us, the service was "homely" and staff and people were "relaxed, playful and jokey together". Staff spent time with the person talking about the model and other motorcycles related areas. Staff were attentive to people and checked whether they required any support. For example one person, was becoming anxious worrying about who would be coming to take them to work at a charity shop for the afternoon. Staff recognized this and provided reassurance and support. A member of staff telephoned the shop to confirm who was coming. When it became apparent that was an issue and they would not be able to go to the shop that afternoon, staff spent time interacting with the person patiently explaining what had happened and providing reassurance and support throughout the afternoon.

Staff understood the importance of respecting people's choice and privacy. One person told us, "They [staff] knock on my door and say are you here, can I come in". Staff spoke with us about how they cared for people and we observed that people were offered choices in what they wanted to wear, what they preferred to eat and whether they took part in activities. Choices were offered in line with people's care plans and preferred communication style. Where people declined to take part in an activity or wanted an alternative this was respected. One person had previously told staff they wanted to go to a disco on the night of the inspection. After the arrangements were made they changed their mind and said they no longer wanted to go but wanted to stay at home. Staff quickly adapted to the change of plan and supported the person in the home environment.

We also observed that personal care was provided in a discreet and private way. Staff knocked on people's doors and waited before entering. A member of staff told us that when supporting people, "I encourage people to be independent and do things for themselves. I make sure the curtains are closed, the door is shut and they are covered. It is all about promoting their independence". When staff wanted to close the office door to have a private conversation they explained to people why they were closing the door and re-opened it as soon as the need for privacy was over. A visitor who supports people with activities told us they did not have any concerns over how staff respected people's privacy and dignity.

People and when appropriate their families were involved in discussions about developing their care plans, which were centred on the person as an individual. One person who was receiving one to one support asked

the member of staff what the previous member of staff who had been supporting them had written in their daily record of care. The member of staff read it out and the person said "good, that's okay". People's care plans contained detailed information about their life history to assist staff in understanding their background and what might be important to them. Staff used the information contained in people's care plans to ensure they were aware of people's needs and their likes and dislikes. One member of staff told us they found the care plans useful, "So I know what to expect and how to manage them. For example [one person] doesn't communicate verbally but uses their own version of Makaton". Makaton is a system of communication through the use of signs and hand gestures. A family member said staff, "consult me over everything, like if [my relative] needs to go to the hospital". They added "I really feel part of her care".

People were encouraged to be as independent as possible. One person told us staff, "Help me shave". Other examples of people being encouraged to be independent included domestic tasks such as helping with lunch, taking their crockery to the kitchen after lunch or putting their rubbish in the waste bin. Staff praised people's efforts and we saw their faces which reflected a sense of achievement. A family member said, "I feel they have re-enabled [my relative] to have a life. Long may it last". Another family member told us their relative was, "More mature since he's been there [at the home]. He is more independent; when he comes home he takes his plate to the sink, which is what he does at the home. It is lovely to see".

People were supported to maintain friendships and important relationships; their care records included details of their circle of support. This identifies people who are important to the person. All of the families we spoke with confirmed that the registered manager and staff supported their relatives to maintain their relationships. People's bedrooms were individualised and reflected people's interests and preferences. The bedrooms were personalised with photographs, pictures and other possessions of the person's choosing. One family member told us that staff had, "Tried to simulate her room at home to make [my relative] the transition easier".

Information regarding confidentiality formed a key part of staff's induction training for all care staff. Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information which was kept on the computer was also secure and password protected.

Good

Is the service responsive?

Our findings

People and their families told us they felt the staff were responsive to their needs. One person said staff, "Staff support me when I need help with things". Another person told us staff "Go with me when I want to go out". A third person explained how staff had supported them to prepare for a big family event. One family member said, "We took a long time working with the home, [my relative] is well looked after. They are in the right place". Another family member told us staff, "have got the right balance, we felt like we had walked into a large family home".

Those people who were not able to verbally communicate with staff, were able to demonstrate their understanding about what they were being asked and could make their wishes known. Staff were responsive to people's communication styles and gave people information and choices in ways that they could understand. Staff used plain English and repeated messages as necessary to help people understand what was being said. Staff were patient when speaking with people and understood and respected that some people needed more time to respond.

When appropriate, people's families were involved in discussions about their care planning, which reflected their assessed needs. One family member told us that staff, "Always keep me up to date with what is happening with [my relative]. We are in touch all of the time. They always consult me".

People experienced care and support from staff who were knowledgeable about their needs and the things that were important to them in their lives. Staff's understanding of the care people required was enhanced through the use of support plans, which detailed people's preferences, backgrounds, medical conditions and behaviours. For example one person's care plan stated they like their tea warm not hot. We saw staff preparing their drinks in line with their preference. Where possible, people were encouraged to become involved in developing their care plan.

People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Handover meetings were held at the start of every shift and supported by a communication book, which provided the opportunity for staff to be made aware of any changes to the needs of the people they were supporting. Each person had an allocated keyworker, whose role was to be the focal point for that person and maintain contact with the important people in the person's circle of support. They also supported them with their shopping, managing their clothes and maintaining their room.

Staff were knowledgeable about people's right to choose the types of activities they liked to do, and respected their choice. People were supported to go out independently, carry out jobs in the community and had access to activities that were important to them. These included going to a football match to watch a team they supported, attendance at day centres, attendance at a gardening project, swimming, going to the pub and disco, bowling and shopping. People were also supported to go on trips and holidays away from the home. There were activities available for people in the home, such as bodyworks massage, barbeques, themed parties, karaoke evenings, cake making, helping with domestic duties, watching TV and DVDs, doing jigsaws and listening to music. During the inspection we observed people being supported to

make cakes. Once these were completed the people involved offered them around to staff and other people in the home. We saw the pleasure and sense of achievement in their faces when they received positive feedback from people who ate the cakes. A family member told us "They have a fantastic programme of activities. They keep [my relative's] world open".

People and their relatives were encouraged to provide feedback and were supported to raise concerns if they were dissatisfied with the service provided at the home. People had access to advocates and independent mental capacity advocates (IMCAs) who were available to support them if they were unhappy about the service provided. The registered manager sought feedback from people's families on an informal basis when they met with them at the home or during telephone contact. A family member told us the registered manager "always seek feedback when we speak. I wouldn't hesitate to say something if I was unhappy but I only have positive things to say when we speak". The registered manager told us that they did not have a formal structure in place to obtain feedback from people because he felt the management team were "always present in the home" and interacting with people and seeking their feedback on a daily basis.

The provider had a policy and arrangements in place to deal with complaints. They provided detailed information on the action people could take if they were not satisfied with the service being provided. The registered manager told us that people's keyworkers would support them to raise any complaints initially and people also had access to independent advocacy services if they needed them. All of the family members knew how to complain but told us they had never needed to. The registered manager told us they had not received any complaints since the home was last inspected and was able to explain the action that would be taken to investigate a complaint if one was received.

Good

Is the service well-led?

Our findings

People and their families told us they felt the service was well-led. One person, indicating the registered manager said, "Friendly boss man". Family members also said they would recommend the home to their families and friends. One family member told us the home was, "Absolutely well led. People's wellbeing and health and safety are paramount. This is not a house it is a home but in the background staff are professional. They have got the balance right". Another family member said, "The management are very good. The registered manager and the deputy manager complement each other. As a mum [my relative's] care and well-being is important to me. I couldn't wish for a better place". A visitor who supports people with activities told us, "Staff and management are respectful of what I do. They take a longer term picture of clients' needs. They make you feel part of the team. The home is well led and the manager always responds to any requests I make".

There was a clear management structure, which consisted of a registered manager, deputy manager, senior care staff and supervisors. Staff understood the role each person played within this structure. The management team encouraged staff and people to raise issues of concern with them, which they acted upon. One staff member told us the registered manager and the deputy manager were approachable. They added, "I always feel I can go to management with any problems and they will help me out when I need it".

Care staff were aware of the provider's vision and values and how they related to their work. Regular staff meetings provided the opportunity for the registered manager to engage with staff and reinforce the provider's values and vision. Observations and feedback from staff showed the home had a positive and open culture. Staff spoke positively about the culture and management of the service. They confirmed they were able to raise issues and make suggestions about the way the service was provided in their one to one sessions or during staff meetings and these were taken seriously and discussed. A staff member said the managers, "Listen at the staff meetings and take everything on board". Another member of staff told us, "They post the agenda on the noticeboard so you can add anything to it you want to raise". Family members told us they were given the opportunity to provide feedback about the culture and development of the home and all said they were happy with the service provided.

The provider had suitable arrangements in place to support the registered manager through telephone contact and regular meetings, which also formed part of their quality assurance process. The provider also carried out their own quality assurance audits and provided documentary feedback of their findings to the registered manager. Where issues or concerns were identified an action plan was created and managed through the regular meeting processes. For example, during the last audit it was identified that the sealant in one person's sink needed replacing. We saw that this had been completed. There were systems in place to monitor the quality and safety of the service provided and the maintenance of the buildings and equipment, such and medicines management, health and safety and fire safety checks. The registered manager had adopted an informal approach to monitor the quality and safety of other aspects of the service provided, including an informal inspection of the home during a daily walk round. We discussed the informal approach to quality assurance with the registered manager who acknowledged the need in future to record the outcome of his informal audit process.

The registered manager was responsive to new ideas and had developed links with external organisations and professionals to enhance the staff's and their own knowledge of best practice and drive forward improvements. For example he was a member of the adult safeguarding training board and the local learning disabilities forum. He also linked in with other registered managers on the Isle of Wight and subscribed to the monthly Care Quality Commission (CQC) newsletter.

The home had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or CQC if they felt it was necessary.

The provider and the registered manager understood their responsibilities and the need to notify the CQC of significant events regarding people using the service, in line with the requirements of the provider's registration.