

Alyson House RCH Ltd

Alyson House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Inspection took place on 29 January 2018 and it was unannounced. This is the service's first inspection.

Alyson House is a 'care home'. People in care homes receive accommodation and 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 is registered to care for up to nine adults, some of whom may be living with dementia, learning disabilities, physical disabilities and/or sensory impairments. There were nine people living in the service when we inspected.

There was a registered manager in post who was also the registered provider. 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 protected from the risk of harm by the service's systems, processes and practices. Staff were well trained and knew how to protect people from the risk of harm, support them with their mobility and respond in an emergency. There was a robust recruitment and induction process and sufficient well trained and supported staff to meet people's needs. People received their medication as prescribed and the records were of a good standard. There was sufficient equipment and measures in place to minimise the risk of infection. The service was clean, light, bright and airy and it was well maintained. The registered manager/provider analysed incident, accident and safety records to ensure that lessons were learnt and improvements made.

People and their relatives had been fully involved in the assessment process. Staff knew people well and communicated with them using individual's preferred method of communication. People enjoyed a balanced healthy diet and had been fully involved in planning the menus. Their healthcare needs were fully met and the service worked well in partnership with other health professionals to ensure that people received good healthcare. The building had sufficient space for people to use, was well lit and nicely decorated with good easy to read pictorial information displayed in prominent areas. People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People were cared for by kind, caring and respectful staff who listened to them and helped them in any way they wanted. Staff made people feel important and always put them first. The registered manager/provider and all of the staff treated people with dignity and respect, they respected their privacy and encouraged their independence. People and their relatives expressed their views and were kept actively involved in their care. Advocacy services were used where necessary. An advocate supports a person to have an independent voice and enables them to express their views.

People had personalised pictorial care plans that were detailed and informative and had been regularly reviewed and updated. People and their relatives had been kept actively involved in the care planning process and their reviews. There was a good pictorial complaints procedure and a copy was displayed in a large format in the hallway to inform people how to complain. The service had not dealt with end of life care; however, there were pictorial end of life care plans describing how people wanted to be cared for when the time came.

Staff shared the registered manager/provider's vision to empower people to live a full and active life. There was an effective quality assurance system, where a range of people's views and opinions had been sought. The service used the results of surveys, audits and meetings to make continual improvements ensuring that everyone was involved in the decision making process. The registered manager/provider and staff worked well in partnership with other professionals to ensure people received good quality holistic person centred care.

Further information is in the detailed findings below.

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.

The service's systems, processes and practices protected people from the risk of abuse. Risks to people's health and safety were assessed and managed.

The service had a robust recruitment process and employed enough suitable, skilled and qualified staff to keep people safe and to meet their needs.

Medication management was good and people received their medication as prescribed.

People were protected from the risk of infection due to the service's infection control practices.

The registered manager/provider analysed information to ensure that improvements were made and lessons were learnt.

Is the service effective?

Good ●

The service was effective.

People's needs were fully assessed and they had been regularly reviewed and updated.

Staff were well trained and supported.

Staff supported people to eat and drink enough to maintain a balanced diet. People experienced positive outcomes regarding their healthcare needs.

The service worked well in partnership with others to deliver effective care and support.

People were fully involved in decisions about their environment. There was sufficient space for people to spend time with others or to be on their own if they wished..

The registered manager and staff demonstrated an understanding of the Mental Capacity Act (2005) and the

Deprivation of Liberty Safeguards (DoLS) and had applied it appropriately.

Is the service caring?

Good ●

The service was caring.

People were well treated by staff who were kind, caring and compassionate. Staff respected people's independence and supported them when required.

Staff knew the people they cared for well, listened to what they had to say and demonstrated empathy with their feelings.

People and their families were fully involved in the care planning and decision making process. Staff had a respectful, kind and friendly approach.

Is the service responsive?

Good ●

The service was responsive.

People and their relatives contributed fully to the assessment and care planning process. People's personal preferences, interests and hobbies were catered for.

People had very good community links and regularly enjoyed trips within the local area. They enjoyed regular holidays; and were able to follow their own interests and hobbies, and they enjoyed an active social life.

The service had an effective complaints system where people and their families had confidence that concerns would be dealt with swiftly.

People were supported to maintain close relationships with their family and friends. People used technology such as laptop and tablet computers.

Is the service well-led?

Good ●

The service was well led.

The registered manager/provider and staff were always visible in the service, and people and their relatives had confidence in the way the service was run. People told us they would recommend the service to others as it was so good.

Staff were well trained and supported and they shared the registered manager/provider's vision to empower people to

live their lives to the full. Their aims are to provide people with good quality person centred care that meets their individual diverse needs.

External organisations were positive about how the service worked together in partnership with them to provide people with good quality care.

People had strong links within their local and wider community and regularly accessed local shops, day centres and colleges.

There was an effective quality assurance system in place, which encouraged improvement. The service learnt from mistakes and took swift action to make improvements.

Alyson 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 was planned to check 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 inspection took place on 29 January 2018 was unannounced and carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we hold about the service such as safeguarding information and notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

We spoke with six people, five of their relatives and friends, two professionals and the registered manager/provider, deputy manager and four members of staff. We reviewed three people's care files and three staff recruitment and support records. We also looked at a sample of the service's quality assurance systems, the registered manager/provider's arrangements for managing medication, staff training records, staff duty rotas and complaints records.

Is the service safe?

Our findings

People were safeguarded from the risk of abuse by the service's systems, processes and practices. They told us how staff protected them and kept them safe. One person said, "The staff look after me well and I feel safe." Another person told us, "I feel safe when I am at home and when I go out with the staff. They [staff] make sure of that." Relatives were confident that their family member was kept safe and secure. One relative said, "It is an excellent service and I have no concerns or worries about my relative's safety and comfort." A person's friend told us they visited the service regularly and that people were always kept safe and well cared for. During our visit we saw that people were comfortable, relaxed and cheerful with staff and with each other. There was information about how to safeguard people displayed around the service and it was in an accessible format using pictures and simple language to ensure people understood. Staff had received training and described the actions they would take if they witnessed or suspected abuse. There were policies and procedures in place for safeguarding people and staff knew how to apply them. One staff member said, "I would make sure the person was safe and would report it immediately." Another staff member told us, "It is our job to keep people safe. I would report it to the social services, CQC or the police if I had any concerns." We could not assess how the service dealt with safeguarding issues as none had been raised since the service started. However, there was a good system in place for acting upon, reporting and recording safeguarding incidents.

Risks to people's health and safety were monitored and managed and staff supported them to stay safe while respecting their freedom. Staff demonstrated a good knowledge of people's identified risks and told us how they managed them. For example, one person travelled to college in the service's own transport but wanted to take a taxi independently. The service arranged this with a local taxi company and devised a risk assessment and management plan to ensure the person's safety. The person now travels to college by taxi, which, they say makes them feel more independent. This showed that people were supported to take every day risks and to maintain their independence.

People were cared for in a safe environment. The registered manager/provider ensured that other risks, such as the safety of the building and of equipment had been regularly checked and kept well maintained. There were safety certificates in place for the electrical, gas and water systems. The maintenance records showed that routine repairs had been completed swiftly. Staff had access to a list of emergency telephone numbers in the event of a major electrical or plumbing fault. Staff had received training in fire safety and first aid and knew when to call emergency services if needed. People had detailed PEEPS (fire evacuation plans) in place to ensure they were able to evacuate the building quickly and safely in the event of a fire. A recent fire officer visit showed that the service's systems and processes for dealing with fire risks were satisfactory. Fire safety had been regularly discussed with people using the service and staff to ensure they knew what to do in the event of a fire.

The service had a robust recruitment process, which ensured people were supported by suitable staff. The registered manager/provider had obtained appropriate checks in line with regulatory requirements. There were Disclosure and Barring Service (DBS) checks, written references and evidence of staff's right to work in the country on all of the staff files viewed. Staff told us, and the records confirmed that they had a thorough

induction. They said the recruitment process was thorough and they had not been able to start work until it was complete.

There were enough staff to support people to stay safe and to meet their assessed needs. People told us, and we saw that staff were quick to help them when they needed it. There were sufficient staff on duty to enable people to carry on with their preferred activities. The registered manager/provider told us that staffing levels were calculated based on people's needs. They said that staffing levels were maintained throughout the day regardless of some people attending day centres and college. This enabled staff to provide extra support for people who remained at home and the duty rotas showed that staffing levels had been maintained over the six-week period checked. Relatives told us they felt there was always enough staff on duty and in attendance. One relative said, "I never have to wait long for them to open the door and there are always staff sitting in the lounge with people."

The registered manager/provider ensured the proper and safe use of medicines. People told us they thought they got their medication correctly and relatives said that people were well supported with their medication. Staff had a good knowledge of people's medication needs and gave them their medicines appropriately. There was a safe system in place for ordering, receiving, storing and the disposal of medication. We carried out a random check of the medication system and observed part of a medication round. We found that the medication checked was correct and the Medication Administration Record forms (MAR) had been completed properly. Opened packets and bottles of medication had been signed and dated to ensure they were fresh, in date and safe to use. Staff were trained, had received regular updates to refresh their knowledge, and their competency to administer medication was checked. There was a list of staff's signatures to clarify who had administered medication. This showed that people received their medication safely and as prescribed.

People were protected from the risk of infection. Staff demonstrated a good knowledge of infection control procedures and we saw that they regularly washed their hands. There was ample supplies of liquid soap, paper hand towels, hot water and protective gloves. Relatives told us that the service was always clean and tidy and they described it as, "immaculate" and "spotless" and we saw that the service was clean and hygienic throughout. One person said, "I help to tidy up and keep my home nice and clean and I like doing this." There were policies, procedures and risk assessments in place for the prevention, control and management of infection. Regular audits had been carried out in line with the service's infection control policy. This showed that the service took preventative measures to minimise the risk of the spread of infection.

Staff knew to record all accidents, safety incidents and near misses. The registered manager monitored and analysed the information and shared it with staff through regular meetings. We saw from the notes that lessons were learnt through discussions about how to improve methods to prevent re-occurrences. One staff member said, "We talk about everything at our team meetings including what went wrong and how to stop it happening again." This showed that the registered manager/provider and staff took safety events seriously and learnt from them.

Is the service effective?

Our findings

People's physical, mental health and social needs were holistically assessed on an on-going basis in line with legislation, evidence based guidance and other expert professional bodies. Most of the people living in the service had done so for many years so their initial assessments had been archived. However, it was clear from records seen that the on-going assessments ensured people's needs continued to be met. Relatives told us they were kept fully involved with their family member's care and were encouraged to contribute to the assessment and care planning process. There were holistic assessments on people's care files, which had been regularly reviewed to ensure that the service continued to meet people's needs as they changed. Where people lacked capacity or had difficulty expressing their views advocates had supported them to ensure assessments met their needs and preferences. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. They help ensure that people are not discriminated against on any grounds such as their protected characteristics under the Equality Act. This showed that people's holistic changing needs had been considered and catered for.

Staff had the skills, knowledge and experience to deliver effective care and support. They told us, and the records confirmed that they had received a thorough induction. They said they felt well supported and had regular supervision sessions. One staff member said, "I had a good induction and I have regular supervisions where I discuss my training needs and any other issues that I may have. The training is good." Another staff member told us, "This is a nice place to work. I get the support and training I need and feel confident about doing my work." Other staff said, and the records confirmed that they had received a wide range of training that was appropriate for their role and regularly updated. Staff had been encouraged and supported to obtain a nationally recognised vocational qualification in care. Staff had the knowledge and skills to care for people effectively.

People were supported to eat and drink enough to maintain a balanced diet. People told us, and the records confirmed that they had a balanced diet of their choosing. One person said, "I like all the food here. I get to choose what I want to eat and I like my take-away meals." There was plenty of fresh foods available and kitchen hygiene was good. There were pictorial menus, which had been regularly rotated to ensure that people were offered a variety of food and drink. The registered manager/provider told us that they could cater for religious, diabetic and food intolerance diets, if required. People's nutritional needs had been assessed and were regularly reviewed. Where necessary, staff monitored their food intake and weight to ensure they remained healthy. Where there were any concerns with regards to eating and drinking the service had sought professional advice such as from a dietician or speech and language therapist (SALT). For example, one person had difficulty swallowing so the SALT team were contacted and provided staff with advice and guidance on how best to support the person with their meals. This helped the person to enjoy their food, limited the risk of them choking and gave them a better mealtime experience.

The registered manager/provider and staff worked well with other organisations to ensure they delivered effective care and support. The service had strong links with various organisations and had linked up with other services to share knowledge and experience. People had attended a small outreach group in a local

church, which led to them making new friends and a more active social life. The care plans contained good information about people's individual needs and preferences. Staff knew the people they cared for well and liaised with other organisations such as consultant psychiatrists, district nurses, social workers and GP's.

People had access to healthcare services and received on-going healthcare support. They told us, and the records confirmed that they were able to see a doctor, or other healthcare professional, when needed. People had pictorial health action plans in place, which included planned routine health appointments and other health related information. In addition to health action plans they had hospital passports. A hospital passport is a document that provides key information about a person's needs and preferences. It describes how best to give them safe effective care. This meant that people received good outcomes in relation to their healthcare needs.

Where people had difficulty in understanding speech, staff used a number of different methods to communicate with them. For example, information was presented in a large print, easy read pictorial format to help them make suitable choices. Some people were given a visual choice of options from which to choose from. We saw that people expressed their views and opinions throughout our visit, staff knew them well, and accommodated them in a communication style that suited their individual needs.

People's individual needs were met by the adaptations, design and decoration of the premises. The service was light, bright and airy. It was decorated to a good standard and there was ample stimulation on walls and notice boards. People had been involved in choosing colour schemes and soft furnishings and their rooms were decorated to their individual taste.

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 for this in care homes and hospitals is called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. Staff were trained in MCA and DoLS and they demonstrated a good understanding of how to support people to make decisions. Where required, Mental capacity assessments had been carried out to ensure that all decisions were made in the person's best interest in line with legislation. Appropriate DoLS applications had been made to the local authority and there were authorisations in place where needed. People told us, and we heard, that staff always asked for their consent before taking any actions. This showed that people were supported to have maximum choice and control of their life and staff supported them in the least restrictive way possible.

Is the service caring?

Our findings

People told us that all of the staff were kind, caring and compassionate and that they treated them well. One person told us, "I like all of the staff they are really nice." Another person said, "The staff help me all of the time. They are always good to me and help me to do the things I want to do." We spoke with a number of relatives and they all told us that the service was extremely good at caring for their loved ones. One relative said, "The staff and manager are all brilliant. My relative receives excellent care from staff that are very kind to them." Professionals told us that staff treated people kindly and respected their choice. One professional said, "We carry out thorough checks before taking a provider on-board. People are happy and well looked after at Alyson House and the owner has put their heart and soul into making Alyson House this way." Staff treated people well throughout our visit and spoke with them respectfully in a gentle manner using their individual communication methods. This showed that staff provided people with kind, caring and compassionate care.

Staff were keen to provide people with person-centred care and they demonstrated empathy and understanding of each person's individual needs. People told us that staff listened to them and made time for them to express their wishes in their own unique way. For example, we heard staff communicating with people using pictures, simple language and checking that they had understood before moving on to the next subject. Staff ensured people had the time they needed to make every day choices. Some people had lived in the service happily for many years so the staff knew them well. The registered manager/provider had been in post for just under a year and they demonstrated a good knowledge of people's background, life history, individual needs and preferences. They knew what each person enjoyed doing and they interacted with people in a positive, friendly, caring manner. We saw that people were at ease with the registered manager/provider and all of the staff.

People told us, and we saw that staff treated them with dignity and respected their privacy. They said they had their own private space where they could talk with visitors. There were signs on each of the bedroom doors reminding staff to knock and wait for a response before entering the room. We saw that this practice was in use throughout our visit and staff respected people's right to privacy. Relatives were very complimentary about how staff showed respect when caring for their loved ones. One relative said, "The care my relative receives at Alyson House is excellent. The staff and manager are friendly, respectful and kind. You can't fault the service."

Relatives told us that staff supported their loved one's independence. People were encouraged and supported to attend day centres and college to help them to live as independent a lifestyle as possible. We saw people carrying out household tasks to enable them to learn the skills needed for independent living. While some people may never be able to live independently, others may. The registered manager/provider told us about their plans to convert the top floor of the property to a flat, which would be suitable for people to prepare for an independent lifestyle.

As far as they were able, people were actively involved in making decisions about their care. Relatives told us they were kept fully involved and that the staff and registered manager/provider were very good at keeping

them informed about all aspects of their relative's care. They said that they were able to visit the home at any time and always felt welcome. One relative told us, "Staff always make me feel welcome and offer us a cup of tea and a biscuit. It is very friendly here. I can talk with the manager and staff at relative's meetings or at any other time, as they are always available and willing to listen." Regular resident's meetings had been held and daily consultation about food and activities took place to ensure that people received the care they wanted. Where people had difficulty communicating their needs or had no family members to represent them, advocacy services were in use. An advocate supports a person to have an independent voice and enables them to express their views.

Is the service responsive?

Our findings

People received personalised, responsive care that was tailored to their individual needs. People and their relatives contributed to assessments, meetings and reviews. Staff ensured that people were supported to express their views in a way that was meaningful to them as individuals. Where possible, people had made their own decisions regarding their lifestyle. However, where necessary, support had been given to help people to express their feelings about how they wanted to live their lives. For example, we heard staff calmly offering people choice throughout our visit and respecting their decision at all times. We also saw from resident's meeting notes that people had discussed their feelings as well as activities and menus. Staff demonstrated patience and understanding when supporting people to make choices and ensured that they responded appropriately to people's requests. The care plans and risk assessments were person-centred and written in an easy read format to enable staff to share the contents with people in a way they could understand. They included information about people's life history, their health needs, their wishes and choices, and any identified risks. They had been regularly reviewed by people, together with their key-worker, and, updated to ensure they continued to meet people's changing needs. Relatives described the service as, 'absolutely wonderful' 'marvellous' and, 'very responsive to change'.

People told us they were able to choose their daily activities. Some people attended day centres and college; others accessed the local community with staff support. There was an awards and achievements board in the dining room where certificates and examples of awards were displayed for all to see. People were keen to show us what they had achieved and were proud of being able to share the information on the board. Relatives told us this was a new initiative that was developed by the registered manager/provider, and was an excellent idea that helped people to celebrate their achievements. One person told us about trips and holidays they had taken recently and said how much they had enjoyed them. There were photographs around the service that showed people had good community links and enjoyed their trips and visits locally and further afield, such as when on holiday. We saw people participating in activities of their choosing throughout our visit. One person was watching a DVD, which they had chosen to watch; another person was playing a game that helped them with their dexterity, and another person was knitting. People had the opportunity to meet with friends in a variety of clubs and meeting places and staff understood the importance of meeting people's social and emotional needs.

People were encouraged and supported to maintain relationships with families and friends and they did so by letters, visits and phone calls. Two people had their own personal computers and there were laptop computers available for staff and people to use; though staff told us that people preferred to use them for pleasure rather than communicating with friends and family. One person used their tablet computer to play games such as snooker and darts. They also searched the internet to see what shows were available in a local theatre. As a result of them using this technology themselves they were able to choose a show that they wanted to see and staff arranged for them to see it. This provided the person with an opportunity to improve their knowledge about computers and to open doors to the wider world through their use of the internet. The registered manager/provider told us of their plans to improve the use of technology in the home. They said they were planning to purchase a touch screen computer to enable staff to teach people how to use it and to enable more people to benefit from the use of modern technology.

People told us their complaints were listened to and acted upon. One person said, "I will tell the staff if I am not happy and they will sort it out." Another person told us, "I know who to talk to if I have any worries." Relatives told us they had no need to complain as they were extremely happy with the service and the staff." One relative said, "I know that the manager or staff would be quick to act if I had any complaints." Another relative told us, "I have the manager's mobile telephone number so that reassures me that they will deal with complaints quickly, as I can contact them at any time." There was a clear complaints policy and procedure and a pictorial easy read poster in the hallway informing people how to complain. The registered manager/provider told us, and people and their relatives confirmed that they had an open door policy where people could raise concerns at any time. The service had recently installed a comments/suggestion box in the hallway to enable people to raise concerns anonymously if they wished. There was provision in the complaints log to analyse any complaints for themes and trends. The registered manager/provider told us that the analysis of complaints and suggestions would enable them to make swift improvements to ensure people received the best possible care and support. We saw that the service had received many positive comments from families and friends.

People were encouraged to discuss their end of life wishes. There were pictorial end of life plans that clearly described how people wanted to be cared for at the end of their life. The service had access to specialist palliative care nurses and staff said they would ensure that people received effective pain relief. Staff were aware of people's end of life plans and of how to support other people in the service at times of loss.

Is the service well-led?

Our findings

Without exception, all of the people we spoke with said the service was very well-led. One professional told us, "My impression of Alyson House is very positive. The house is a home to the people who live there and the manager and staff go above and beyond what is expected of them to ensure people's well-being. I always judge a service by, 'would I place a loved one in this home'. It is a 100% yes for Alyson House and I feel the manager is a good role model for staff. They promote personalisation and are not afraid to challenge those who do not share these views." Relatives told us they would recommend the service to others as described it as, 'a lovely place' welcoming with friendly manager and staff' and, 'light, bright and always immaculate'.

A registered manager was in post who is also the provider. People and their relatives told us that the registered manager/provider always listened to them and discussed any issues willingly. They told us they had been given the registered manager/provider's mobile telephone number to enable them to contact him at any time when he was not in the service. Staff felt supported and had received regular support and supervision and appraisals were scheduled throughout the year. Staff meetings had been held where staff were able to share their views and opinions and discuss any relevant topics. Staff told us they felt valued and well trained and had been encouraged to pursue a qualification in care. The registered manager/provider knew the people they cared for well and we saw that people had confidence in them as they spoke to them freely and confidently throughout our visit.

The service had an effective quality assurance system and continually made improvements to ensure that people received an improving quality of care. In addition to talking to people and their families on a regular basis, the registered manager/provider had carried out surveys to ensure that people were satisfied with the service they received. They sent people questionnaires that were in line with the CQC key lines of enquiry (KLOES) and they analysed the results and put an action plan in place for any shortfalls. For example, questionnaires were given to people who used the service and staff and were posted to families, friends and professionals. There was a return rate of 68% with a high percentage of people responding in the 'don't know' category. As a result the registered manager/provider plans to send future questionnaires by email in the hope of a better response rate. In addition to this they told us they would discuss the KLOE's at staff meetings to ensure that staff have a full understanding of the quality of care expected from them. Regular audits of systems, processes and practices had been carried out and the results analysed and acted upon to ensure the audits remained fit for purpose. The registered manager/provider said that people were at the heart of the service and they wanted to ensure that people received the best quality care.

The registered manager/provider led the team with passion and inclusion. They told us, and staff confirmed that they consulted staff on every planned change. Staff said they felt they were included in the service development and were an important part of the changes. They demonstrated a positive attitude, worked well together and respected each other's opinions. One staff member told us, "The manager is great; they involve us in everything to do with the running of the home. I am very happy with the changes already and can see they really make a difference to people's lives." Another staff member said, "I really do feel that we have a say in everything to do with the service. I have more responsibility and I'm very happy with the

changes and I love my job." There was a sense of well-being during our visit, where people happily chatted to us and to each other while they were busy enjoying their chosen activities.

The registered manager/provider told us their vision was to provide people with exceptional person-centred care that empowered them to live life to the full and to enjoy the same freedoms and choices as others. Staff shared this vision and holistically cared for people meeting their diverse, emotional and physical needs. People had the use of a computer tablet, which empowered one person to seek out an activity they wanted to do. They also used the computer tablet to play games. The registered manager/provider is planning to extend the use of a touch screen computer for all of the people living in the service. They also have plans to discuss the use of social media with people and their families to gather their views on its use.

The service worked well in partnership with other organisations such as social workers, occupational therapists, psychiatrists, advocates, specialist services and the Clinical Commissioning Group (CCG). The feedback we received was positive and one professional told us that they liked to keep hold of really good providers, and this was one of them. Everyone we spoke with was more than happy with the service and the way it was managed. One relative said, "I was happy with the old providers and was worried about the new one. I need not have worried as they have taken the service up to another step. With all the new notice boards and the in and out board showing which staff and people are in or out, the awards board and the comments box, it is marvellous."

People had good links within the local community and they chose where to go and what to do. They attended day centres and college, and a local drop in centre for people with learning disabilities. People went shopping, to the seafront and to the theatre and they linked in with other local services. Relatives told us about the many outings and holiday's people had enjoyed, and there were photographs of people enjoying a very active social life displayed around the home.

The service had clear whistle blowing, safeguarding and complaints procedures in place and staff demonstrated a good knowledge of how to use them. One staff member said, "I know to report concerns straight away. The manager will quickly deal with it." Another staff member told us they would report to the local authority or to CQC. This showed that staff would ensure people were protected and kept safe.

People's personal records were stored safely in a locked office when not in use but were accessible to staff, when needed. There were policies and procedures in place for dealing with confidential data. Staff knew who they could, and could not share confidential information with and had received training in confidentiality. This ensured that people's confidential information was protected in line with data security standards.