

Southdown Housing Association Limited

Southdown Housing

Association - 50a Avis Road

Inspection report

50a Avis Road
Newhaven
East Sussex
BN9 0PN

Tel: 01273612171

Website: www.southdownhousing.org

Date of inspection visit:

01 August 2019

05 August 2019

Date of publication:

22 August 2019

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Southdown Housing Association – 50a Avis Road is a residential care home that provides personal care for up to six adults with complex support needs. There were six people living at the service at the time of the inspection.

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

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

Observations of care and feedback from relatives confirmed that people were safe living at the service and safeguarding procedures were in place to protect them. Staff were recruited safely, and enough staff were on duty to provide safe care. Staff had the skills they needed to support people effectively.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. The use of restrictive practice was regularly reviewed to ensure it was proportionate and remained the least restrictive option.

Staff understood, and protected people's rights and people were treated as individuals. Support was very personalised to meet individual needs. People were encouraged to be as independent as they were able with a culture of promoting independence underpinning all care and support. Staff worked effectively with health and social care professionals to ensure people's needs were met. People had opportunities to engage in activities that gave them a sense of self-worth and achievement.

Reviews and audits of the service showed people received good outcomes and a safe and well managed service. The management team were approachable and proactive to ensure the service met the needs of the people they supported. The service had good community links that promoted inclusion.

Incident and accidents were reviewed on a regular basis to identify any trends, themes or patterns. The provider had a dedicated positive behaviour support team (PBS) alongside a PBS strategy. Each person had individual PBS guidelines and staff were clear on the steps to take to support a person during times of anxiety or agitation.

Risks associated with people's care and support were assessed. Detailed risk management plans helped

staff to manage and reduce risks. People were involved in planning and reviewing their care and support. Care plans contained detailed information and clearly reflected people's individual preferences for how they wished their care and support to be delivered

Staff demonstrated commitment to ensuring that people experienced a good quality of life. They showed kindness and compassion in their interactions with people and spoke about them with warmth and respect. People enjoyed caring relationships with staff and there were laughter and smiles in their engagements with them.

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

Rating at last inspection:

The last rating for the service was Good (Report published 29 November 2016)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was Caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was Responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below

Good ●

Southdown Housing Association - 50a Avis Road

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was conducted by one inspector

Service and service type:

Southdown Housing Association – 50a Avis Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The people who lived in the home had complex support needs related to their profound physical and learning disabilities.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before inspection:

Before the inspection we reviewed information we held about the service and the service provider. We used the information the provider sent us in the provider information return. This is information providers are

required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at the notifications we had received for this service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection:

We observed the care and support people received. People living in the service did not always use words as their main means of communication, so we spent time observing the care and support people received. We spoke with the registered manager, a member of the housekeeping team and six care staff.

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

After the inspection:

We contacted five relatives via telephone to gain their feedback. We also continued to seek clarification from the provider to validate evidence found. Further evidence was emailed to the inspection team after the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:

- Systems and processes safeguarded people from the risk of abuse. There had been no recent safeguarding concerns in the service.
- Staff understood and recognised the signs of abuse and how to report concerns and guidance on safeguarding was displayed in staff areas. One staff member told us, "I've had training on safeguarding and it taught me that the possible signs of abuse could be physical; emotional, or financial. It is important that we recognise these signs. We have one client with an unexplained scratch. We couldn't assume that they scratched themselves but now we do check their nails daily."
- Safeguarding was discussed regularly during team meetings and at quality days. The registered manager told us that they had recently attended safeguarding training held by the local authority. They commented, "It was good to discuss safeguarding with managers from other settings and gain a different perspective. Always helpful to have updated safeguarding training."

Assessing risk, safety monitoring and management:

- People living at 50a Avis Road had complex care needs alongside physical disabilities. Staff had spent considerable time getting to know people and the risks posed to them. Relatives told us they felt confident leaving their loved ones in the care of staff. One relative told us, "Hundred percent, they are safe there."
- Care and support was provided to people who required the assistance of an enteral feeding tube (intake of food via the gastrointestinal (GI) tract). Risk assessments were in place which guided staff on the type and size of tube, infection control risks, aspiration risks, the person's feeding regime and how to safely care for and manage the tube. Risk assessments stated that staff were required to rotate the tube daily and advance the tube weekly. Staff told us they safely cared for the tube and were knowledgeable about how to safely advance and rotate. However, care documentation failed to consistently record these actions. Whilst the impact to people was low as staff were clear about the actions required. We brought these concerns to the attention of the registered manager who identified how the paperwork could be improved to assist staff with better recording and documentation.
- Positive behaviour support (PBS) plans were in place and provided clear guidance for staff on how to support people during periods of agitation, anxiety or if they displayed behaviours which challenge. One staff member told us, "The PBS guidelines are in the colours of a traffic light. Green, amber or red. For example, a person may display behaviours, or we might recognise the triggers that a person is becoming upset. We need to act on that otherwise the behaviour may progress to an amber stage where they become more upset. Again, if we don't support, the behaviour will escalate into red where they may become really upset."
- Risks associated with moving and handling were carefully assessed and mitigated. The registered manager and staff worked in partnership with a moving and handling advisor and people had specific

moving and handling profiles in place. These considered the type of sling and hoist required, number of staff and any factors which might prevent a safe transfer. Moving and handling equipment was regularly assessed to ensure safety. Slings were also checked on a regular basis to ensure their safety and people had their own individual slings in place.

- There were systems in place to ensure the premises were maintained safely. There were personalised plans for people to ensure a safe evacuation from the premises in an emergency situation such as a fire.

Staffing and recruitment:

- People received care from a consistent staff team who had the skills to deliver high quality care. Observations demonstrated that staffing levels were sufficient, and people received personalised care. For example, one person indicated that they wanted to go out for a drive. This was reflected on their activity planner and staff supported them to later go out and about for a drive.
- The registered manager completed a staffing levels risk assessment which considered the number of hours of care people required and whether people had funded one to one care hours. This determined the minimum number of staff required on each shift.
- Staff felt staffing levels were sufficient. One staff member told us, "Never experienced a day we weren't able to do something because of poor staff." Rotas demonstrated that the minimum assessed staffing levels were maintained, and that additional staff were deployed when people were supported to attend evening events or other activities. Another staff member commented, "We work really flexibly to ensure people can go out and do what they want to do. For example, someone might just come in for a couple of hours in the hour so that another staff member can take a person to the cinema. We work well as a team to ensure people's needs are met."
- Recruitment practices were safe, and the relevant checks had been completed on all staff.

Using medicines safely:

- Medicines were safely managed, stored and administered.
- Staff who administered medicines had received up to date medicine training and had their competency checked.
- Medicine profiles were in place which provided key information on the medicine, purpose of the medicine and any side effects. Information was also in place for 'as required' medicines. This included guidance on the steps to take before staff administered the medicine.
- Systems audited and monitored medicine management weekly so that any errors could be addressed quickly.

Preventing and controlling infection:

- Staff had access to personal protective equipment and wore it appropriately. Staff had received training in infection control and food safety and understood how important it was to reduce the risk of cross contamination.
- Staff recognised the risks of infection control associated with people's care. One staff member told us, "It's important that we always wear gloves and aprons when we support people with their feeding tube."
- The service was clean and tidy. Contracted cleaners visited the service five days a week to support with cleaning.

Learning lessons when things go wrong:

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Incidents were fully investigated and learning points were discussed at staff meetings and staff handovers.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service had been developed in line with Registering the Right Support (RRS). This and other best practice guidance were taken into consideration when assessing new people for the service. This was so that they received support that enabled them to lead a full life, and exercise control choice and independence as part of this.
- People referred to the service received a comprehensive assessment of their needs by senior management staff and took account of any special characteristics people may need support with. Supplementary reports from care and health professionals were sought to inform this process.
- Opportunities were offered for people to visit and spend time at the service before moving in. This enabled them to familiarise themselves with the environment, meet the staff team and other people.
- People's every day care and support was re-assessed when their needs changed; care plans and risk information was updated to reflect these changes.

Staff support: induction, training, skills and experience:

- New staff were supported in their roles with opportunities to work with existing staff and undertake a detailed induction programme. Staff also received inductions specific to people using the service. One staff member told us, "We have an induction programme for each individual person, so we can walk in and know how best to support them."
- Training was a mixture of on-line computer training and face to face sessions with trainers for specific courses, providing staff with a wide range of training relevant to the needs of the people they supported. For example, on the day of the inspection, staff received face to face refresher training on enteral feeding care. One staff member told us, "It's always good to have refresher training and update your knowledge base."
- Staff told us they felt valued and supported within their role. One staff member told us, "I do feel valued and supported here. I get regular supervision and I know if I raise anything, it will be acted upon." Staff were also supported to complete further training to enhance their skill and knowledge base. One staff member told us, "I expressed an interest in doing an apprenticeship and they have supported me with that. It's been great, and I've learnt so much."
- People with specialist needs were protected because staff were provided with the training needed to understand and support their specific needs safely. For example, the administration of rescue medicines for people with epilepsy or how to manage behaviour that could be challenging.
- There were regular supervision and appraisals for staff. There was an open-door culture in the service and staff said they felt supported as the registered manager often worked alongside them.

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

- People were supported to have a balanced diet and a range of choices for their meals. A seasonal menu was in place and the menu was on display in pictorial format.
- People were supported to eat and drink safely. Some people required specialised cutlery and drinking utensils to promote independence with eating and drinking.
- Nutritional risk assessments were in place which considered any risks associated with the person's eating and drinking habits. Documentation reflected that people were maintaining a stable weight and where people were at risk of choking or aspiration, advice had been sought from Speech and Language Therapists (SALT).

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

- Guidance produced by NHS England advises that people living with complex care needs, including learning disability, are at increased risk of constipation. Everyone living at 50a Avis Road was prescribed medicine for the management of constipation. Staff monitored people's bowel movements on a daily basis, however, constipation care plans were not consistently in place. Guidance was not in place on the risks for that person, how healthy bowels were promoted, people's usual bowel habits and the signs that a person may be experiencing constipation. Whilst a specific care plan was not in place, staff told us about the warning signs and documentation reflected that when one person did not have a bowel movement for five days, action was taken. We brought these concerns to the attention of the registered manager who identified how they would amend care planning documentation.
- Support plans were in place for people with complex health needs such as epilepsy. Staff had received training and supported people with epilepsy or other conditions in line with current up to date good practice and guidance.
- Staff undertook detailed monitoring of people's seizures or other health conditions and shared this information with specialists to help inform treatment decisions.
- Staff understood people's individual health needs and supported people to attend regular health appointments and check-ups to alleviate distress they may experience from unfamiliar surroundings. The registered manager understood the importance of a yearly health check and worked in partnership with healthcare professionals to ensure these checks took place yearly or six monthly. The day before the inspection, people had received their health check-up and staff were acting on recommendations made.
- There was information for people to take with them if they were admitted to hospital. This included important information that healthcare staff should know, such as how to communicate with the person and what medicines they were taking.

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

- 50a Avis Road is one large residential building. It was close to local facilities and externally, there was nothing to indicate that it was a registered care home which helped to promote the concept of community living.
- People had been supported to personalise their own space, décor and furnishings. Their rooms reflected their preferences and interests. For example, the colour of the bedroom, pictures on the walls, photographs of people and things that were important to them, toys, DVDs and music CDs.
- The design and layout of the service met people's needs. Hallways were large and free from clutter, so people could move around freely in their wheelchairs.
- The garden was accessible and included raised flower beds for people to participate in gardening. Throughout the inspection, doors were open to the garden and people were seen accessing the garden with support from staff.
- The service was subject to a programme of refurbishment and decoration. The registered manager explained that the hallways had recently been decorated and fitted with impact resistance wall panels to

minimise dents and scratches from wheelchairs.

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

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service continued to maintain good practice in relation to the MCA. Records showed applications to deprive people of their liberty had been completed in detail and they gave the rationale as to why people needed to be deprived of their liberty to maintain their safety.
- Staff demonstrated a robust understanding of DoLS and what it meant for individual people. One staff member told us, "All people here are subject to a DoLS authorisation. The DoLS assessor comes along and sits with people talking about their deprivation of liberty. This includes leaving the home, bedrails, lap belts and comfy chairs. It's good that each person has a family member involved and consulted about the deprivation."
- Assessments of people's capacity to make decisions had been assessed where necessary. Decisions to be made in people's best interests were documented and staff had a good understanding of what decisions needed to be made for people and why.
- The provider had a dedicated team who reviewed restrictive practice within the service. Each person had a restrictive mechanical intervention profile (profile to consider restrictive practice such as lap belts) which considered what restrictive practice was in place, whether it was necessary, proportionate and the least restrictive option. These profiles were regularly reviewed and updated.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Observations demonstrated that people appeared content and happy in the company of staff. It was clear that staff knew people well, their routine, likes, dislikes and what was important to them. One staff member told us, "We are a family here. There is real feeling of warmth and real opportunity for spontaneity. I like that we can take people out and about and do something that will alleviate their anxiety and make them feel better."
- Throughout the inspection, we observed caring interactions which demonstrated that people were at the forefront of the service. Staff supported people to answer the front door and one person supported the inspection by joining in on the tour of the service. Staff interacted with people using humour and people responded with laughter and smiles. Relatives confirmed that their loved ones were treated with respect. One relative told us, "Staff care for people. They address people with respect and humour."
- Staff respected and upheld people's sexual preferences, equality and diversity. Staff supported people to dress in accordance with their lifestyle. One person enjoyed wearing jewellery and staff told us they spent time with the person helping them decide what jewellery they would like to wear. Staff also recognised people's sexual needs and support was in place to meet those needs.
- Staff supported people in ways that reflected individual relationships. One person was a huge musical fan and staff supported them to attend concerts, watch DVDs of their favourite bands and musicians and wear clothing reflective of their passion.
- Staff supported people to attend local events. For example, one person had participated in a local disability Pride (movement celebrating the diversity of disabled people) and invited another person from the service to also attend.

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

- People were supported by staff that understood the need to include people in decision making. We observed staff ask people what they wanted to eat, where they wanted to go and what they wanted to do. As staff knew people well they could offer informed choices to assist the decision-making process.
- People and their relatives were involved in the planning of their care. Care plans were person centred and included clear guidance on communication alongside a communication assessment. Every six months, 'my plan meetings' were held. These meetings were an opportunity for people and their relatives to review the previous six months and plan ahead for the next six months. People were supported with setting goals and maximising their independence.
- Staff utilised a variety of different methods to communicate with people and empower people to make day to day decisions about their care. Some people communicated via picture boards, eye directing and

Makaton. Staff understood people's individual communication needs and provided personalised support to ensure their decisions were communicated and understood.

Respecting and promoting people's privacy, dignity and independence:

- Staff promoted dignity in all their interactions with people. Staff engaged with people in a meaningful way and supported people to maintain their dignity.
- People were supported by staff to be as independent as possible, learn new skills and to also maintain their current level of independence. Care plans included information on the tasks people were independent with alongside goals for the future. Throughout the inspection, staff were observed involving people in the running of the service and supporting people to maintain their independence. For example, people were supported to empty the dishwasher, peel potatoes, cleaning and putting the laundry away.
- The registered manager made arrangements which ensured that private information was kept confidential.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them:

- People living at 50a Avis Road received personalised, one to one support so they could receive a service based on their individual lifestyle preferences.
- Some staff had supported people for several years so they knew people well. This knowledge was invaluable when people were unable to express themselves fully and meant that support could be focussed around likes and preferences. Staff told us how they shared information as a team to ensure consistency.
- People had individualised care plans that described in detail what people could do for themselves. For example, one person's care plan detailed that they could put laundry away, set the table, say, 'Hello' down the phone and wash their hair and body with support.
- Personalised care guidance was in place which included information on specific risks associated with people's care and how best to provide support. For example, guidance was available on how staff should provide a person-centred approach and how to gain the person's trust and rapport.
- Staff knew what was important to people and supported people to engage in activities and hobbies. Staff supported people to attend local events in the community and engage in activities that were important to them. For example, one person attended a local group and participated in organ recital.
- People were supported to maintain and develop their relationships with those people most important to them, and to expand their social circle through the external activities they were involved in. Staff supported people to visit their loved ones and maintain their relationships. One relative told us, "They are very good at ensuring (person) can visit me."
- Relatives were regularly updated about any changes to their loved one's needs. One relative told us, "They tell me about everything. I also FaceTime (person) and talk to them along with staff and the other clients. It's a great way to keep updated."
- Technology, such as electronic tablets were also used to support people to maintain contact with their loved ones and to also support people with activities. During the inspection, one person was supported by staff to watch videos on YouTube and to also contact their family.
- Care and support was personalised and enabled the person to achieve their hopes, goals and aspirations. Staff worked in partnership with people to ensure they lived meaningful lives and their aspirations and hopes were achieved. People had a weekly activity plan in place but on a daily basis, people were supported to engage in activities that were meaningful to them. People were also supported to set new goals and engage in new activities. Every six months, staff met with people and their relatives to review whether people were happy with the activities and what further activities and hobbies they would be interested in. One person was keen to take more spontaneous trips out and staff were working with them to achieve that goal.

Meeting people's communication needs:

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care.
- People's communication needs were also continually assessed, and a communication assessment considered how people tell staff things and what further actions might be needed to further enhance the person's communication needs. For example, one person's communication assessment identified for staff to help the person learn two signs of Makaton.
- Information was provided in a format that people could understand. For example, the service had an activity board in the kitchen with pictures of the staff on duty, a pictorial image of the menu and activities planned for the day.
- A range of policies and procedures were also available in pictorial format which meant they were easily understandable and accessible for people.

Improving care quality in response to complaints or concerns:

- A complaints policy and procedure was kept updated. An easy read version was available for people. Relatives confirmed that they had no reason to complain but felt confident that any concerns would be acted upon. One relative told us, "I know the manager would act on anything there and then."
- No complaints had been raised in the past 12 months. The registered manager confirmed that all complaints would be utilised as a forum for learning and driving improvement. Where complaints had been raised previously, the registered manager told us about the learning derived. They commented, "Following one complaint going to the local ombudsman, as a team we reflected on and identified that we can never communicate enough."

End of life care and support:

- There was no one using the service who required end of life support at the time of our inspection.
- An end of life policy was in place and the provider was in the process of implementing pictorial end of life care plans. Information was available on funeral arrangements, however, specific end of life care plans were not in place which considered people's wishes and preferences. Action was being taken to address this.
- Support was provided to people whose loved ones were approaching the end of their life. Staff told us how they provided emotional support alongside practical support.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives were very satisfied with the service that was provided by staff at 50a Avis Road. One relative told us, "I can't fault it, I'm very happy with (person's) care. They've never been happier and it's all because of the manager and the staff team."
- Staff spoke with pride and dedication when talking about their work. One staff member told us, "I enjoy the fact that I can be a link for a person to enable them to do what they want to." Another staff member told us, "I just love working with the people we support."
- The management had adopted an open and empowering culture at the service. This led to positive outcomes for people. For example, staff recognised the importance of supporting people to access the community and also recognised that activities did not stop at 18.00pm. One staff member told us, "We regularly take people out to see concerts and musical shows. We work flexibly as a staff team to ensure that people are supported to go out in the evenings and do activities that they want to. That's what I love about working here. Staff will volunteer to take people out or come in for a couple of hours in the evening to support someone to get ready for bed after an evening out."
- People experienced personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Records also supported a person-centred approach. Staff had an in-depth knowledge of people's history and things that were important to them, which enabled them to respond to them effectively.
- The ethos and values of the service were embedded into every day care practice. Staff members felt the service offered a warm, relaxed and homely feel. This was echoed by relatives. One relative told us, "I love that it's their home. You don't walk in and think it's a care home, you just think it's their home."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong: Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- The provider understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.
- The registered manager viewed incidents, accidents, safeguarding and complaints all as learning opportunities and a way to improve practice. Incidents and accidents were reviewed to identify any pattern, trends or themes. The provider's positive behaviour team also monitored incidents and accidents to identify any themes or patterns around people's behaviours.
- A positive behaviour support (PBS) strategy was also in place and an annual report was produced by the

provider which considered the number of incidents across the provider's services, trends identified, and actions identified for the following strategy. For example, the analysis of incidents during March 2019 – April 2019 identified the need to arrange a serious case review to unpick the broad themes identified. The provider was regularly reviewing quality performance to identify actions on how to improve.

- A quality assurance system was in place which was underpinned by a range of audits to help drive improvement.
- The registered manager knew what notifications they had to send to the CQC. These notifications inform CQC of events happening in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care: Working in partnership with others:

- Quality surveys were distributed to staff and relatives. Results were analysed to identify any trends and to also drive improvement.
- Staff felt valued and confident because their views and feedback were listened to and acted upon. The provider organisation had a staff forum structure in place to ensure staff were consulted on issues that affected them. Members of staff from the home were part of this staff forum.
- Continuous learning was at the heart of the service and provider. The provider and registered manager kept abreast of best practice developments. For example, the provider was part of CQC's thematic review of restraint, seclusion and segregation. As part of this review, the provider had considered whether chemical or mechanical restraint was used and whether people have restraint, seclusion or segregation care plans.
- The provider also built on learning from the LeDeR (learning disability mortality review). For example, the registered manager had raised awareness around septicaemia with the staff team and had also reviewed people's epilepsy guidelines following findings from recent LeDeR reports.