Harbour Care (UK) Limited

The Dunes

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

This inspection took place on 16 and 19 January 2017 and was unannounced. The Dunes is a care home that provides accommodation for up to four adults with learning disabilities. There were three people living at the home when we visited. The home is based on one floor. There was a choice of communal rooms where people were able to socialise and all bedrooms had en-suite facilities.

There was a registered manager at the home. 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. The provider notified CQC about significant events that happened in the care home and had acted in line with regulatory requirements.

People felt safe living at The Dunes. People appeared relaxed and comfortable in their home environment. Family's members told us that their relatives were happy living at the home. Staff treated people with dignity and respect and the service encouraged people to decorate their environment in a way personal to them.

Risks relating to individuals were managed safely. Staff were knowledgeable about following care plans that identified risks, and were confident in taking action to ensure people were safe and positively supported to manage their anxieties and reduce need for medicines. The registered manager and provider analysed incidents to identify causes and triggers, putting measures put in place to reduce risk and likelihood of reoccurrence.

People were supported to maintain their health and wellbeing. Medicines were managed safely. Staff knowledge around storage and safe administration was robust and effective. People were encouraged to maintain a healthy, balanced diet in line with their health or medical conditions. They were encouraged to make choices and participate in their meal preparation.

There were suitable numbers of staff employed who had the right skills, training and support to work effectively with people. There was a clear management structure in place. Staff felt supported, motivated and clear about their roles and responsibilities. Staff were knowledgeable about safeguarding and were confident in taking appropriate action to keep people safe if they had concerns.

People received personalised care and support and had access to a range of meaningful activities tailored to their individual interests. Staff demonstrated a good awareness of people's individual needs and people's care plans were person centred and regularly reviewed to respond to changes. Peoples were involved in their care planning and the service had developed ways in which to aid communication and feedback with people who spoke different languages or struggled with verbal communication.

Staff followed legislation designed to protect people's rights and freedoms. People were cared for with kindness and compassion by staff that understood the importance of obtaining consent and following legal

guidelines where people were unable to consent.

The service had an open and transparent culture. The registered manager had an open door policy for people and staff. Families were kept informed about changes to people's health and wellbeing. Staff were confident in raising concerns to the registered manager, and were knowledgeable about the provider's whistleblowing policy. A set of 'easy read' policies including complaints and safeguarding were clearly displayed throughout the home and staff took time to go over any concerns or issues people may have experienced.

Auditing and quality assurances processes carried out by the registered manager and provider resulted in the home being maintained as a safe environment for people to live in.

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.

Medicines were managed safely. Staff used behavioural strategies to support people who experienced anxiety. This has resulted in reduced use of medicines administered for anxiety

Risks relating to individuals were managed safely. Measures to reduce risk were put in place by staff that were knowledgeable about putting guidance into practice.

Staff were knowledgeable about safeguarding and were confident in taking appropriate action if they had concerns about people.

There were suitable numbers of staff who had the right skills and knowledge to support people.

Is the service effective?

Good

The service was effective.

Staff followed legislation designed to protect people's rights and freedoms.

People were supported to access healthcare services when needed.

People received a varied and nutritious diet that was in line with their needs.

Is the service caring?

Good

The service was caring.

People were cared for with kindness and compassion. Staff knew the people they supported and interacted positively when supporting them.

People were treated with respect and promoted their dignity and privacy.

People were supported to make decisions about their end of life care arrangements.

Is the service responsive?

Good

The service was responsive.

Peoples were involved in their care planning.

People received personalised care and support. Staff demonstrated a detailed awareness of people's individual needs.

People had access to a range of meaningful activities tailored to their individual interests.

There was a complaints policy in place and people knew how to raise concerns.

Is the service well-led?

Good

The service was well led.

Auditing and quality assurances processes were in place, which promoted a safe environment for people to live in.

Incidents were analysed to identify causes with measures put in place to reduce the risk and likelihood of reoccurrence.

The provider notified CQC about significant events that happened in the home.

There was a clear management structure in place. Staff felt supported and motivated in their roles.

The service had an open and transparent culture and staff were knowledgeable about whistleblowing.

The Dunes

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 23 and 26 January 2017 and was unannounced. The inspection was completed 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 reviewed previous notifications we had been sent by the provider. A notification is information about important events which the service is required to send us by law.

We spoke with three people living at the home and three family members. We also spoke with the registered manager, the deputy manager and three care staff.

We looked at care plans and associated records for three people and records relating to the management of the service. These included staff duty records, staff recruitment files, records of complaints, accidents and incidents, and quality assurance records. We observed care and support being delivered in communal areas of the home.

The service was last inspected in July 2013, where no concerns were found.

Good

Is the service safe?

Our findings

People appearing relaxed and comfortable living at The Dunes. People naturally interacted with staff and appeared to feel safe in their home environment. Relatives of people told us their family members felt safe at The Dunes. One relative told us, "We feel [our relative] is happy and safe living there. It is their home; it's what they are comfortable with". Another relative said, "As a family we feel [our relative] is in the right place, they are happy and it feels like home".

People were protected from individual risks in a supportive way, which promoted their safety. People's care plans contained detailed guidance around communication and behavioural support. Staff told us this detailed strategies to support people to manage their anxieties and guidance for the staff to de-escalate situations and reduce risk further. One person had a risk assessment in place to support them when they became highly anxious. We saw staff follow this detailed systematic guidance in order to provide prompts and reassurance to help the person feel calm. Staff were composed and collected as they confidently supported the person in a way that made them feel comfortable and de-escalated their anxieties, allowing them to carry on with their activities planned for the day. A member of staff told us, "We have a traffic light system (behavioural management strategy) whereby we positively try to support people to remain calm". The system provided comprehensive guidance for staff to identify triggers and signs of anxiety and use a variety of methods to encourage, distract and reassure the person in order to avoid their anxiety levels escalating.

Fire drills were done regularly so people would become used to doing them. People had personal emergency evacuation plans, which provided an assessment of the safest way to support that person to leave the building in the event of a fire. This meant that in the event of a real fire people would be calm and would know what to do.

Staff had the knowledge to respond appropriately to people's concerns in order to keep them in a safe environment. The registered manager and all staff had received training in safeguarding which helped them identify the actions they needed to take if they had concerns about people or concerns had been raised to them. Some staff had taken additional safeguarding training to enhance their knowledge. A member of staff said, "Safeguarding is something we have had lots of training about. It's important that we [staff] understand what the right thing to do is, and who we can go to if we have concerns". The deputy manager told us, "We often talk about situations, and potential scenarios in training or supervision. We ask staff to come back about think about whether things are safeguarding and why. It helps to relate it to real life situations". The registered manager showed us records of incidents where they had taken appropriate action and contacted relevant local authority safeguarding bodies after potential safeguarding concerns had been raised.

People were supported by sufficient staff to meet their individual needs. Staff were available to support people without appearing rushed. They were responsive to people's requests and were able to spend time talking to people about their day, upcoming events, or to reflect on their feelings or concerns. The registered manager told us that people's needs determined staffing levels. All the people living at the home required

staff support when leaving the home, staffing had been arranged to enable them to access their regular programme of activities in the community. The home was currently in the process of identifying a suitable person to move into the unoccupied bedroom. The registered manager told us that they would review the staffing provision once a suitable person had been identified.

The service followed recruitment processes to ensure they employed suitable staff to work with people. Recruitment files included an application form with employment history, references, and right to work documentation, attended a competency-based interview and had a Disclosure and Barring Service (DBS) check before starting work. A DBS check helps employers make safer recruitment decisions by identifying applicants who may be unsuitable to work with vulnerable adults.

People's medicines were managed safely. The provider had appropriate systems in place to obtain, store and dispose of medicines. People's care plans gave clear guidance as to how people would like to be supported with their medicines. One person struggled to swallow their medicines in tablet form. The person expressed a wish to take their medicines in crushed form sprinkled on top of their food. Staff had obtained confirmation from the person's doctor and pharmacist that the medicines were safe to administer using this method. This enabled the person to take their medicines as they wished whilst ensuring it was safe to do so.

Some people were prescribed 'when required' (PRN) medicines for pain or anxiety. Staff were knowledgeable about how to support people with their PRN medicines and promoted a strong ethos to use positive behavioural strategies before administering medicines. We tracked the PRN medicines use for one person since January 2016, and saw a significant reduction in the PRN medicines administered for anxiety. Staff told us that this was due to the development and consistent use of positive behavioural strategies. This meant that people were not over medicated as they only took PRN medicines when all other interventions had not been effective.

Medicines need to be stored at appropriate temperatures to maintain their effectiveness when used. Systems were in place to monitor and record storage temperatures and staff told us the action they would take if storage areas were outside of recommended temperatures. The deputy manager showed us checks they carried out to compare levels of medication in stock to records on the Medication administration record (MAR). This process would help to quickly identify a medicines administration error, allowing the service to take seek appropriate medical advice in a timely manner.

Good

Is the service effective?

Our findings

Staff knew people's individual communication skills, abilities and preferences.. A relative said, "Most staff have been there a long time, so really understand [my relative], even the newer ones seem good too". We saw staff use a range of communication strategies to help support people through their daily activities. Staff understood people's requests, body language and non-verbal cues and were able to tailor their interactions accordingly. In one example, staff picked up cues that a person was becoming anxious. They ensured they positioned their body facing the person and clearly and assertively called them by their name. The person then focussed on the member of staff and was able to carry on with their activities. Another person's care plan detailed how staff were required to speak in clear, concise sentences and approach the person at eye level. We observed staff follow this guidance and effectively communicate with the person.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A relative told us, "The staff seem very well trained in supporting [my relative]". New staff to the home received training that was in line with the Care Certificate. This is awarded to staff who complete a learning programme designed to enable them to provide safe and compassionate care to people. Staff had received additional training to support people who might harm themselves or others. This training taught management and intervention techniques to cope with escalating behaviour in a safe way. One staff member told us, "Yes the [training] was very beneficial, it helps to give us confidence to deal with difficult situations". Staff training was updated regularly to ensure that they had up to date knowledge and skills to safely support people. Some people also used Makaton as part of their communication. Makaton is a language programme using signs and symbols to help people to communicate. The service had arranged for a Speech and Language Therapist to give staff additional training in Makaton in order to promote people's communication with staff.

Staff received an induction tailored to the needs of the people living at The Dunes. One person was very sensitive to new staff. The deputy manager told us they introduced new staff sensitively. They said, "[New staff] need to get to know [other residents] first, slowly integrating themselves into the house, so [person] becomes used to them. It can take a good few weeks". New staff's induction also included competency assessments and meetings with the deputy manager to ensure that they understood how to apply care guidance. This helped to ensure that staff had time to learn the skills and obtain the knowledge about working with people without disrupting people's everyday lives.

Staff received appropriate supervision and appraisal. On staff member told us, "Yes, I receive regular supervision. I find them supportive for my professional development". Supervision included discussions about staff's wellbeing, job performance, training needs and areas for professional development. Staff all confirmed that they regularly received supervision and felt they were a good opportunity to discuss any issues they had. The deputy manager told us, "Supervision should be a two way process with an open door policy, it should be empowering".

People's legal rights were protected as staff followed the principles of the Mental Capacity Act (MCA) 2005. 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 MCA 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. Care records confirmed that where people lacked capacity to make decisions, staff completed assessments using the recommended two-stage test. They consulted with family members and made decisions in the best interests of people. These included decisions relating to the administration of people's medicines.

Staff sought consent from people using a range of communication strategies before providing support by checking they were ready and willing to receive it. Staff told us they referred back to guidance in people's care plans around how people make and communicate choices. Where people had capacity to make decisions, the service had completed a 'decision making profile'. This document gave staff information about how they can support people to make choices through presenting them information in a way which they understood. In one persons 'decision making profile', it instructed staff that the person was able to make choices if; they were shown two things, they were explained using real life situations or objects and they were given time to process information to make a choice.

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 if any conditions on authorisations to deprive a person of their liberty were being met. We found The Dunes was following the necessary requirements. The registered manager had applied and received back authorisations and had put measures in please to ensure the conditions of the authorisation had been met.

People were supported to maintain good health and have access to healthcare services. People were supported to have an annual review at the doctors where their health needs and medicines were reviewed. This helped to ensure that their most current health needs were met. People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medication, care and communication needs. It is taken to hospital if a person is admitted to help medical staff understand more about the person. All records of health appointments were stored in people's care records with dates for upcoming appointments with doctors and dentists clearly marked to act as a reminder to staff.

People were supported to have a balanced and healthy diet at The Dunes. One relative told us, "They [staff] are supporting [my relative] with their diet". People's care plans identified their specific dietary requirements. One person followed a specialist diet due to a medical condition. Staff were knowledgeable about the requirements the person needed to follow and care records confirmed that they were following a diet suitable to meet their needs.

Staff supported people to plan the menu for the week. Staff told us that they supported people to choose meals that suited their preference. People made individual choices about their menus and were supported to participate in the preparation of their meals. Staff told us that people had encouraged each other to try different foods. This had resulted in people having a varied and diverse menu of meal options.

Good

Is the service caring?

Our findings

People received care and support from staff that knew them well. The relationships between staff and people receiving support was characterised by warm, kind interactions. Staff tailored their communication and approach by taking cues from people's moods and body language. In the provider's questionnaire completed with staff, people's responses to what they liked most about the home included, "I like everything", and "I like staff members". Relatives were positive about staff's caring nature. One relative told us, "Staff are brilliant there, from what we see, they are very kind and caring". Another relative said, "The staff really care, they do an awful lot for [my relative].

People and where appropriate, their families were involved in discussions about developing their care plans, which were centred on the person as an individual. People had regular input into how they would like to be cared for. From records, we saw that people made many changes to their routines and activities after discussions with staff. People's relatives also confirmed that they had been consulted in care planning. This helped provide a person centred environment where people's views were valued.

Staff showed concern for people's wellbeing in a caring and meaningful way. One person had attended bereavement counselling after the passing of a loved one. As part of the services garden renovation project, a small memorial area would be built so the person could spend some time to reflect and feel close to their relative who was no longer with them. Staff were knowledgeable about things people found difficult, including unfamiliar faces and changes in staff. One person found new faces and changes in staff difficult. Staff had designed a picture board with the members of staff on duty displayed on it. The person was then able to refer to the board if they were anxious or unsure of staff currently on shift.

Staff respected people's privacy and dignity. Staff knocked on doors and waited before entering people's bedrooms and doors were kept shut whilst staff were supporting people with their personal care to protect their privacy and dignity. Some people enjoyed spending time in their room and staff respected their privacy by giving them time and space to relax. One of their relatives told us, "[My relative] is a very private person, they always have been, and staff respect this". People's personal information remained confidential and stored out of sight away from communal areas of the home. Staff told us this was done as, "This is their [people's home], not an office". One person occasionally became uninhibited and removed their clothing in public. Staff told us how they would calmly support the person to redress and prompted them around public and private spaces in order to promote their dignity.

People's bedrooms were personalised and decorated to their taste. Staff had supported people to identify items to display in their rooms, which were important to them. Some people had pictures of family; other people chose to display pictures of holidays or events they had attended. One person had chosen to display some artwork that they had made. People's rooms were personalised with furniture bespoke to them. One person had a comfortable chair which they enjoyed sitting on; whilst another person choose to have a sparser arrangement of furniture as it suited their taste. One person choose to keep a pet fish in their room. Staff told us that this had been positive for the person, as they had responded well to the additional responsibility of taking care of a pet.

People's records included information about their preferences around end of life care arrangements. People were supported to explore their wishes, which were recorded in an end of life document. Staff had sat with people to explore choices that could have around their care arrangements leading up and after they passed away. Staff told us that this document was updated yearly and acted as a guide as opposed to a legal document. Relatives told us that they were consulted about decisions made.

Information about advocacy services was available to people. Advocacy services work in partnership with people to ensure they can access their rights and the services they need. One person was supported to access advocacy services who participated in the persons review with the registered manager. Information about accessing advocacy services was available to people in the home.

Good

Is the service responsive?

Our findings

People's relatives told us that the service was responsive to their family member's needs. Comments included, "There have been vast improvements from [my relatives] previous placements, it's a smaller home, they are more responsive to their needs and provide more one to one support", and "The environment at the home suits [my relative], they understand [my relative], how they have a few quirks and the best way to support them".

People's care plans were detailed and contained information about; medical history, health needs and life history. People's preferences of how they receive care were followed; staff told us that people would often choose who they would like to support them with their personal care from the people who were working at that time. Care plans gave information about people's preferences and routines around their personal care. One person's care plan detailed how staff should support people through tasks systematically and only prompt the next part of the routine when it was time to carry it out. The person struggled with transitions and the concept of time and could become anxious if tasks were not systematically completed. The person required two people to support them with their personal care. Specific tasks for each staff member were clearly identified. Staff told us that this care plan was under constant review, as following a set routine was very important to the person. Each person had a 'Communication dictionary'. This was a document staff had developed with people to detail their communication strategies and promote communication between people and staff. This helped support staff to follow people's wishes, even if they were not always able to verbalise their needs.

Staff told us that they supported people to be as independent as possible by encouraging them do as much as they can for themselves. One person was being supported to manage their medicines more independently. Staff were slowly reducing the level of support given as the person became more confident in taking their medicines. Staff ensured that they observed and recorded administration to ensure the person's safety.

People's needs were reviewed regularly and as required. Each person had a 'keyworker'. A keyworker was a member of staff who was responsible for maintaining and updating the persons care guidance and records. People also met with their keyworker once a month to go over their care plan and identify any changes that the person would like to make. The service also held regular formal reviews where people could invite their families or other professionals such as social workers or advocates. Relatives told us that the service was very pro-active in updating them if there had been issues or changes, one relative said, "The manager will frequently call, especially if [my relative] has been to the doctor. It's reassuring'. Another relative commented, "They always give you updates if there is a problem".

People's equality and diversity was respected and promoted. One person was supported to have their care documentation and signs around the home translated in their native language. This included information for the person on how to make a complaint or report concerns. Some staff were able to converse in their language, so were able to hold their care reviews in that language which enabled the person to fluently articulate what they wanted. Staff supported the person to compile a picture book with activities, foods and

emotions. The book also had the symbols meaning in both their native language and English. The person used this book to communicate their needs when there were not staff on duty who spoke their native language. Staff also used this book to learn phrases in the person's native language to further aid communication. .

People were supported to maintain relationships that were important to them. A relative told us, "Staff will often facilitate phone calls or send pictures, it's really nice". One person maintained regular phone and written correspondence with their family. Another person regularly visited one of their relatives who lived far away. They required staff to arrange and travel with them during visits. Staff understood the importance of facilitating these relationships and worked to ensure people remained linked to their loved ones.

People were supported to take part in a wide range of activities in line of their interests. Relatives told us, "[My relative is supported to attend a range of activities, I think this is good for them", and, "They support [my relative] to do a lot of walking. They really enjoy that". Some people had recently been supported to attend vocational day services after expressing a long term goal of taking part in a form of employment. Other people attended day services or social events organised in conjunction with one of the providers other homes. Staff encouraged people to take part in a range of household tasks such as cleaning and cooking. This helped give people a sense of pride in the upkeep of their home. The deputy manager showed us plans to develop the garden area to make it a more interactive space. People were involved in the planning and the adaptation of the space, which when finished would incorporate flowers, a vegetable patch and a sensory area to provide people a quiet place to go. A timetable of activities was displayed in pictorial form in the lounge. This helped people refer back to their daily schedules and navigate transitions between different activities.

People took an active role in the community. Staff told us how they had encouraged the neighbours to come over to visit, so people became familiar with people living in their street. They also detailed how they were working with local shopkeepers in order to enable one person to access the shops. The person could become highly anxious and staff had worked in partnership with local businesses to promote understanding about the person's anxieties and ways in which staff supported them to remain calm. The person had regularly accessed the shops and staff had seen a decrease in the incidents as on-going visits established a positive relationships with the shopkeepers.

There was a policy and systems in place to deal appropriately with complaints. People had copies of the company's complaints policy in their rooms. The policy had been adapted to an 'easy read' format which incorporated simplified language and symbols. This allowed people who could not read to access and understand how and who to make a complaint to. Staff regularly met with people to go over the policy to check their understanding and listened to any concerns, which they had. The registered manager and senior managers from the provider reviewed all complaints to ensure that issues were investigated and resolved. The service had not received any formal complaints at the time of inspection, but the registered manager showed us examples of how they had dealt appropriately from feedback or concerns.

The provider sought feedback in order to make improvements to the service. The registered manager had sent out questionnaires to people, which they completed with staff members. The questionnaires asked people for their opinions about the service and asks for suggestions for improvement. Results from the last questionnaire completed showed a positive response from people in relation to; staffing, being given choice, support received with their food and drink and the overall suitability of their home environment.

Good

Is the service well-led?

Our findings

People were comfortable and relaxed in the registered manager's and deputy mangers presence. There was an open door policy in place, where people openly came into the office to show the registered manager or deputy manager something or tell them about their day. One person smiled warmly when asked if they liked the management. Another person nodded in agreement when asked if the deputy manager was nice. People's relatives were positive about the management of the service. One relative told us, "The manager is approachable and I have regular contact". Another relative said, "It's a well-run home".

There was an open and transparent culture within the home. Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation. Staff told us they felt confident raising concerns to the registered manager and referred to the provider's whistleblowing policy as guidance to follow if they had further concerns. The home's whistle-blowing policy provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. The policy was clearly displayed in the home. One member of staff said, "There are many posters around the home about whistleblowing, so we know there are bodies to contact if we have concerns, but I'm sure it would not be needed here". The deputy manager told us, "Mistakes are a training issue and we should see them as an opportunity to learn, hiding things never solves the problem".

There was a clear management structure in place within the home. This comprised of; The registered manager, deputy manager and senior staff. The registered manager told us that they also received regular visits and advice from the providers' senior management and auditing team. Staff told us that they felt the management was supportive of them in their roles and they were motivated and focussed in their work. One member of staff told us, "Yes the management are very good. They listen". The service had links with one of the providers other local homes. The deputy manager told us that the two services would often share staff and training resources together. This helped the service have robust staffing arrangements in the event of unforeseen circumstances.

The registered manager kept their knowledge updated to ensure the home was working within current professional and legislative guidelines. They told us they used a range of internal and external sources to ensure their policies are in line with up to date guidance. These included learning from regular internal provider meetings and following updates from external professional bodies such as The Care Quality Commission.

The registered manager showed us a system used to record and analyse incidents that occurred in the home. Incidents were recorded onto a central log and analysed with senior managers in the organisation. This information would lead to a discussion about possible triggers to incident, concerns/risks, changes in behaviour and suggestions to reduce incident reoccurring. We tracked incident reports for two people from January 2016. There had been a significant reduction in incidents for these people. The registered manager told us how analysis of incidents for one person had identified triggers to behaviour, which enabled the service to put positive strategies in place to de-escalate situations. This had benefitted the person through a

reduction in incidents and a reduction in the needs for PRN medicines. Another person had a history of ripping T-shirts when they were anxious. This behaviour was a pre-existing behaviour when they arrived at The Dunes. Staff worked with the person to identify that they had been wearing clothes that we not to their personal taste. They supported them to choose new clothing and style their hair in a different way. This resulted in a dramatic reduction in the incidents where the person ripped their clothing off.

Quality assurances were in place to monitor quality of service and the running of the home. The deputy manager audited people's medicines and daily records in order to check that medicines administration and the people were receiving their care as they wished. The registered manager also carried out regular environmental checks to ensure the service was safe. These included water temperature, gas, electric, infection control, health and safety and regular checking of emergency fire equipment such as alarms. This helped ensure that people lived in a safe home environment. The provider also carried out internal audits of the quality and safety of the home. The results of the audit were shared with the registered manager, who then put an action plan in place to implements changes required to drive improvements.