

First For Care Limited

# Esplanade House

## Inspection report

19-20 The Strand  
Ryde  
Isle of Wight  
PO33 1JE

Tel: 01983616683

Date of inspection visit:  
04 December 2018  
07 December 2018

Date of publication:  
30 January 2019

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 4 and 7 December 2018 and was unannounced.

Esplanade House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

Staff treated people with utmost kindness, respect and compassion. Staff had built exceptionally positive relationships with people and knew what mattered most to them.

Staff went the extra mile to ensure people were supported to maintain relationships with those important to them. The service had built strong, open relationships with people's families.

Staff were highly motivated and showed dedication to improve people's lives, by supporting them to lead their lives as they wished. The service was committed to promoting people's independence in all aspects of day to day life.

People felt safe living at Esplanade House. Staff knew how to keep people safe and how to identify, prevent and report abuse. They engaged appropriately with the local safeguarding authority.

Thorough staff recruitment checks were carried out when a new staff member started working for the service. There were enough staff available to keep people safe at all times.

Individual and environmental risks were managed effectively. Risk assessments identified risks to people and provided clear guidance to staff on how risks should be managed and mitigated.

There were robust systems in place to ensure the safe management of medicines. People were supported to

receive their medicines by staff who had been trained appropriately and medicine administration records were completed accurately.

Staff received a variety of training and demonstrated knowledge, skill and competence to support people effectively. Staff were supported appropriately by the registered manager and deputy manager.

People had access to health and social care professionals where required and staff worked together co-operatively and efficiently.

Staff were knowledgeable of the Mental Capacity Act 2005 and people's rights were protected in line with the Act at all times.

People were supported by staff with their nutritional and hydration needs. People were offered choice at mealtimes and menus contained a variety of nutritious and healthy foods. Where people had specific dietary requirements, this was well documented and staff were aware of how to meet these needs.

People received personalised support in line with their wishes and preferences. Staff ensured that people received consistent care.

People's communication preferences were explored and documented to ensure that staff were able to meet people's needs. The service had used forms of technology to develop positive communication styles with people.

People had access to a wide range of activities within the service and in the local community. People were supported to follow their own interests and participate in regularly social occasions.

Care plans contained personalised and clear information about people's needs, wishes and preferences around their care and support. Care plans were reviewed regularly and where relevant, people's families were invited to express their views.

The service had a clear process in place to deal with complaints and we saw that concerns were dealt with in a timely and effective manner.

People, their relatives, visitors and staff members commented positively on the leadership of the service and felt that the service was well-led. The provider was engaged with the running of the service and was approachable to people and staff.

There were appropriate auditing systems in place, which ensured that issues were acted upon and ideas for improvement were responded to.

## 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.

People felt safe and staff knew how to identify, report and prevent abuse.

Appropriate recruitment procedures were in place. There were enough staff to meet people's needs.

Individual and environmental risks had been identified and were managed safely.

Procedures were in place to protect people from the risk of infection.

People received their medicines safely and as prescribed. Medicines were ordered, stored and disposed of correctly.

Good 

### Is the service effective?

The service was effective.

People received effective care from staff who were knowledgeable, skilled and supported in their role.

People had access to health care services and professionals where required.

People's rights were protected in line with the Mental Capacity Act 2005. There was a clear process in place to ensure that people were only deprived of their liberty appropriately and where required.

People were supported to eat a variety of nutritious meals and were offered choice.

Good 

### Is the service caring?

The service was extremely caring.

Staff went the extra mile to ensure people were supported to maintain relationships with those important to them.

Outstanding 

Staff had built positive relationships with people and their families.

Staff were highly motivated, kind and compassionate showing dedication to improve people's lives.

Staff cared for people in a way that enriched their lives and improved their wellbeing.

The service was committed to promoting people's independence.

### **Is the service responsive?**

**Good** ●

The service was responsive.

There was a person-centred culture within the service and staff worked hard to provide consistent care.

The service used individual ways to ensure their people's communication needs were met.

People were supported to follow their own interests and access a wide range of social events and activities within the community.

Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People were happy living at Esplanade House and felt the service was well-led.

The provider was engaged in running the service and there was a positive and open culture.

Staff were organised, motivated and worked well as a team. They felt fully supported and valued by the registered manager.

There were robust auditing processes in place. The quality of the service was monitored and appropriate actions were taken when required.

# Esplanade House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 4 and 7 December 2018 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, we asked the provider complete a Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR, previous inspection reports and notifications we had received. Notifications are certain events that providers are required by law to tell us about.

We spoke with four people living at the service, four relatives, an activities visitor, two visiting health professionals, four care staff, the deputy manager and the registered manager. During the inspection we looked at seven people's care plans and associated documentation, four staff files, medicine records and other records relating to the management of the service. We observed care practice and staff interactions with people throughout the inspection.

# Is the service safe?

## Our findings

People told us they felt safe at Esplanade House. A person told us, "Yes, I feel safe here, I like it." A relative commented, "[My relative] is safe, definitely."

People were protected from the risk of harm by staff who had received safeguarding training and who understood the procedures for reporting concerns about people's safety and wellbeing. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff were clear about their responsibility to report suspected abuse and knew how to do so. One staff member said, "If I saw something, I would be confident to raise it with [the registered manager], it would get sorted out." There were safeguarding procedures in place and records showed that all concerns had been taken seriously, fully investigated and appropriate action taken.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and chat with people. One staff member told us, "I haven't felt that there is a shortage of staff here at all. If someone is off sick, it is covered instantly." There was a duty roster in place which was completed by the registered manager. They told us they ensured there was a suitable skill mix of staff for each shift and that a senior staff member was always available. Absence and sickness was mainly covered by existing staff working additional hours or by a member of the management team, who were trained to deliver personal care if required.

Safe and effective recruitment practices were followed. Potential new staff were shown around the home and introduced to some of the people using the service as part of the interview process. The registered manager told us that where possible, feedback was sought from people to give their initial views of the potential new staff member. We checked the recruitment records of four staff and found that all the required pre-employment checks had been completed prior to staff commencing their employment. This included disclosure and barring service (DBS) checks. A Disclosure and Barring Service (DBS) check had been obtained by the provider before people commenced work. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.

People's care plans contained risk assessments, which were supportive of their individual needs and identified guidance for staff to minimise the risk of harm. Where risks were identified plans were in place to specify how risks would be managed. For example, where people were at risk of displaying behaviours which may cause harm to themselves or others, clear and individualised information was available for staff to help ensure the risk was minimised. Another person was assessed as being at risk of skin pressure damage. Their care plan guided staff on how to reduce this risk, such as supporting the person to apply a topical cream and ensuring a special mattress was in use. Environmental risks were managed effectively. Gas and electrical appliances were serviced routinely and fire safety systems were checked regularly. Arrangements were in place to deal with foreseeable emergencies. All staff had completed fire awareness training and knew what action to take in emergency situations. Personal emergency evacuation plans (PEEPS) were in place that detailed the support each person would need if they had to be evacuated. Accidents and incidents were

recorded and regularly reviewed to ensure any learning could be discussed and shared with staff to reduce the risk of similar events happening.

There were appropriate systems in place to protect people by the prevention and control of infection. The premises was clean and staff followed the provider's infection control policy to prevent and manage potential risks of infection. Staff had attended infection control training and confirmed that they had access to personal protective equipment (PPE), such as aprons and gloves. A staff member said, "There is always plenty of PPE available if you need it. The cupboard is packed with it." The registered manager was able to describe the actions they would take should there be an infectious outbreak at the home and infection control audits were undertaken at regular intervals as part of an overall quality monitoring process.

There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of safely and correctly. Full stock checks of medicines were completed regularly to help ensure they were always available to people. Staff had their competency to administer medicines assessed, to ensure their practice was safe. Medicines administration records (MAR) were completed correctly. The MAR chart provides a record of which medicines are prescribed to a person and when they were given. People's care plans also contained a medicines administration information sheet, which detailed clear guidance for staff to ensure each person received personalised support when receiving their medicines. Information about people's medicines was available for staff, which described the condition that the medicine was taken for, as well as common side effects that may occur. This helped staff to understand why the person needed the medicine and when to identify an adverse reaction. A clear protocol was in place for PRN medicines 'as required', which included a system of recording the time that the medicine was given, to reduce the risk of an overdose. There was a clear process in place to help ensure topical creams were not used beyond the manufacturers' 'use by' date. Staff recorded the application of creams to people and had clear information as to where each prescribed topical cream should be applied and when this was required.

## Is the service effective?

### Our findings

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. A relative commented, "Being a parent of a person with a disability, you do worry constantly, but I am so happy that [my relative] is here and they all look after her well." Another relative said, "[My relative] has dedicated people that work with her. They understand and support her needs."

New staff completed a structured induction programme before being allowed to work on their own. This included a period of shadowing a more experienced member of staff and the completion of essential training. Experienced staff received regular refresher training in all key subjects and were supported to undertake other training relevant to their role, such as supporting people who may behave in a way that places themselves or others at risk and diabetes awareness. A staff member said, "The training is really good. I've just done moving and handling refresher and we get extra books as well." People and their relatives commented positively on staff knowledge and competence to carry out their roles. A relative told us, "Esplanade House do a good job of training their staff. Its client led, so that they work to the client's needs."

Staff were supported appropriately and felt valued. A staff member said, "I do feel I get full support from [the management]. Working here is the best thing I've ever done, I've never got up in the morning and thought I don't want to go to work." Each staff member received regular one-to-one sessions of supervision, together with annual appraisals to discuss their role, their well-being, and any development needs. This meant staff felt valued and any issues could be dealt with in a supportive and positive manner.

A low turnover of staff meant that people's needs were met consistently by staff that knew them well. Staff were kept up to date on people's changing needs through verbal handover meetings which were held in between shifts. These meetings provided the opportunity for staff to be made aware of any relevant information about risks, concerns and changes to the needs of the people they were supporting. A staff member said, "If there are any changes to people's needs, you know about it." Where people received one to one support, staff held regular team meetings to ensure a consistent approach of delivering care. A staff member said, "We hold regular meetings and if something has happened, we try and look at it together to see how we can avoid a similar situation happening again."

Staff were knowledgeable about people's individual health needs and people were supported to access appropriate healthcare services when required. One person said, "They help me if I am poorly." Various healthcare professionals were involved in assessing, planning and monitoring people's care and treatment. These included GP's, dentists, opticians and chiropodists. Where people were visited by health professionals, this was recorded and passed on to staff appropriate. A visiting healthcare professional commented, "[The staff] have a good reflective understanding of resident's needs."

People were supported in line with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped

to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "People have the capacity until proven otherwise. Best interest decisions are there to try and keep people safe." Another staff member said, "Capacity can fluctuate. People may have capacity to make a decision but not another." We saw staff routinely sought people's consent before providing care and support.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found the home was meeting the requirements of DoLS and arrangements were in place to ensure DoLS authorisations did not go past their expiry date.

People were positive about the food and received support to maintain their nutrition. One person said, "They have nice dinners here." We observed the midday meal experience. The meals were served hot from the kitchen and looked wholesome and appetising. People ate their meals where they chose and where people required support this was provided appropriately. People were able to express their views on the variety of the food and drink at the service. For example, we saw minutes of a recent meeting where people had been able to discuss this topic and make suggestions about menus. Where people had specific dietary requirements, these were met. Where people were at risk of weight loss their weight was monitored and people were supported to maintain their weight.

The environment was well maintained and appropriate for the people who lived at Esplanade House. People's bedrooms were furnished and adapted to meet their individual needs and preferences. Possessions, pictures and soft furnishings evidenced people were involved in adapting their rooms to their taste. People had access to a variety of different communal areas in the home, which meant they could choose whether they spent time with others or alone. Handrails of contrasting colours to the walls had been fixed to ensure people's mobility needs were met and people had access to a pleasant garden and decking area. People were given the opportunity to be involved with decoration and refurbishment in the communal areas of the home. For example, the registered manager told us people had chosen colour schemes when some communal areas of the home were recently redecorated.

## Is the service caring?

### Our findings

People and their relatives told us they received a high standard of care and support from staff who were consistently caring, compassionate and kind. One person said, "The staff are fantastic, so thoughtful. They are lovely" and another said, "The staff are very kind." People's families commented, "All the staff I've seen working, do it with genuine compassion" and "I can see there's so much commitment, kindness and caring for the residents."

The service went above and beyond to ensure that people were supported to maintain relationships with those important to them. Staff recognised the positive impact of supporting people to stay in touch with their friends and family and worked hard to ensure people were able to do so. For example, one person's family member told us about a family event they wished their relative to attend, however due to the person's ability to cope with unfamiliar situations they were hesitant about the situation. Staff supported the person to attend and worked around the family event to support the person. The relative commented, "[My relative] was very happy and the house supported him and [the family event] amazingly." Another person, who had lost contact with a close family relative, was supported by staff to meet them and reunite their relationship. The registered manager told us that person now keeps in contact with their relative regularly. Other people living at the service were supported to keep in contact with their family and friends by using their own mobile phones or computers.

Staff had clearly formed extremely supportive and positive relationships with people and knew their needs well. Staff integrated with people living at the service, creating a caring and homely atmosphere. For example, during lunch, staff sat together with people to have their own meal and often sat in a communal area to talk with people whilst taking their break. Throughout the inspection, we observed compassionate and respectful interactions between people and staff, which meant people felt valued. Where staff had previously left the service to move to another employment, we saw a number had returned after a short while. We spoke with a staff member who said, "What I really missed was the people and the fact that it's like a family here. When I came back, everyone was so happy to see me, which was lovely." A visitor said, "There is a good bunch of staff here. They all come back if they've left, they miss it too much." Consequently, this meant that people benefitted from receiving support from staff who displayed a genuine passion and dedication to their place of work. This was evidenced throughout the inspection by the supportive and empowering relationships between people and staff.

People, their relatives and visiting professionals spoke exceptionally highly of the service and explained their confidence in supporting the people that lived there. For example, when asked if staff looked after them well, a person smiled and nodded happily. One relative commented, "It's a lovely home, it's very family like and there is a stable environment" and another relative said, "I am confident that [my relative] is having all his care needs met, but much more importantly I know he is content, happy and loves where he lives. I can honestly say that there is always a 'buzz' in the house and a positive atmosphere. That is incredibly reassuring for me."

People received exceptional levels of emotional support. Staff were particularly sensitive to times when

people needed caring and compassionate support. For example, one person's relative explained how their loved one was supported by the management and staff at Esplanade House when a family member passed away. They commented, "[The registered manager] and the amazing team of staff all did an amazing job in supporting [my relative] and myself in explaining and making sure he understood that our [family member] had passed away." The registered manager also told us how staff discussed the situation with the person to help explore their needs and preferences in relation to personal and family support. For another person, who had a fear of attending medical appointments, staff had worked with them over time to develop a desensitising approach to the appointments. The registered manager told us how this had helped the person to build their confidence with the support of staff.

As well as demonstrating a high level of compassion to the people living at Esplanade House, staff were considerate of going the extra mile to support people's relatives when they needed it the most. For example, one relative described an instance where their family member living at the service was seriously unwell. They said, "[The staff] pulled out all the stops... Some staff were even volunteering to give extra care for him, they all clearly went over and above the call of duty. I was working and unable to be with [my relative] all the time but was always made welcome no matter what time I called in to visit, and it didn't matter how long I stayed. The staff showed great kindness to me. It is a credit to them all that [my relative] has made such a good recovery and with their kindness and support continues to do so." People and their relatives expressed an exceptional confidence and gratitude in the management of the service, who worked hard to empower and value people. One relative said, "[The registered manager] works hard and is certainly not afraid to roll up his sleeves and get the job done. He is kind and thoughtful and an excellent example to all. He will fight for his residents with fervour." Another relative commented, "[The registered manager] has always and continues to fight for [my relative's] care needs." The registered manager and deputy manager also completed regular care shifts alongside other staff, which meant that people had confidence in a management team that fully understood and integrated with their care needs.

The service worked in partnership with people's family and it was clear that people's relatives had an active involvement in their care and support and their views were listened to. One person's relative said, "[The deputy manager] has been a constant strength for us we have an honest and open relationship" and another said, "It's like I am part of their team. If I said I thought something needs looking into, they would listen." Visitors were welcomed to the service at any time and the registered manager maintained close contact within people's relatives. A relative commented, "I appreciate that I can walk in, unannounced, at any time to visit and am always made welcome. This, to me, shows how open and confident the house is that there is nothing they wouldn't wish anyone to see."

The service was committed to promoting people's independence and ensuring they enjoyed a lifestyle which was led by their individual needs and wishes. Staff encouraged people to complete day to day tasks such as doing their own laundry, cleaning their bedroom, shopping and washing up. For example, one person regularly completed their own food shopping in the local town and was supported by staff if required. We commented on how tidy a person's bedroom was and they told us, "I do it myself. Staff help, but it's for me to look after." Consideration had also been given to adapting a number of people's bedrooms, in order to promote their independence with daily tasks and personal care. For example, some people had their own kitchenette areas and ensuite facilities. One person showed us where they kept some snacks and drinks, which they were able to prepare themselves. This provided people with a sense of responsibility and self-worth. People's care plans contained clear information for staff as to which aspects of their personal care they were able to do for themselves and where they required support or prompting.

Esplanade House worked with people and staff to ensure that people were treated equally and that their protected characteristics under the Equality Act were respected and promoted. The registered manager

worked with people and staff to support staff to be inclusive and understand how to best support each other. For example, the service had provided access to local events, to enhance social activities for all residents to get involved with, taking into consideration their individual interests. This included access to the local PRIDE event. People were supported by staff to maintain their personal relationships. This was based on staff understanding who was important to the person, their life history, their cultural background and their sexual orientation. Staff had received training in equality and diversity and understood the importance of ensuring equality of people's experience when receiving care and support. People's cultural and diversity needs were explored during pre-admission assessments. These were further developed in people's care plans over time, with the person and their relative's involvement where appropriate. People's care plans contained a section on their religion and cultural needs, which described what they required to follow their faith. We saw that people had been supported by the service to maintain their faith. For example, the registered manager told us about two people who were supported to go to the local church each week.

Staff understood the importance of maintaining people's privacy and dignity when providing them with personal care. They described how they would close curtains or doors and ensure people were covered when having a wash. People confirmed that staff considered their privacy when providing personal care. Staff were highly respectful of people's possessions and having their own space within their bedroom. People's preferences over receiving support from a specific gender of staff was also accommodated.

The registered manager was aware of how to request the services of independent advocates if needed. Advocates can be used when people have been assessed to lack capacity under The Mental Capacity Act 2005 for a specific decision and have no-one else to act on their behalf. They are independent people who spend time getting to know the people they are supporting to help make decisions that they believe the person would want. Care records confirmed that advocates had previously been used to support people and the registered manager knew where and when to contact them.

People's care plans and other personal information were kept confidential to ensure only people who were authorised could view them. People's information was stored securely at the office in a paper format and in an electronic format. Staff were respectful of people's rights and confidentiality when providing support. One relative commented, "I consider the staff do an excellent job, mostly with good humour and always within the bounds of confidentiality being respected" and another said, "[The registered manager] is strict about confidentiality and boundaries. He won't have the line crossed."

## Is the service responsive?

### Our findings

People and their relatives told us the service was responsive to people's individual needs and preferences. One person said, "They help me a lot, they are always there." A relative commented, "I have the highest regard for the manager and staff at Esplanade and am happy and relieved that my [relative] is in their care with the best of support. It's reassuring to know that I can always call upon them to work in partnership with me to achieve the best outcome for my [relative], long may it continue."

There was a person-centred culture within the service. Staff were encouraged to be motivated and offer care and support that was compassionate and personalised. For example, where people required regular one-to-one support, this was provided by a consistent small team of staff, who understood the person's wishes and needs well and focused on building an open and honest relationship with them and their family. Where people regularly spent time away from the service with their family, staff were committed to ensuring a consistent approach to their care and support. Whilst people were away from the service, the registered and deputy managers worked closely with people's relatives and kept in contact with them to provide assurance and support where required. A person's relative said, "We all work the same way for [my relative], we have the same routine, use the same words and that means the care runs smoothly."

Staff used a variety of tools to communicate with people according to their needs, including the use of technology. For example, the registered manager told us about the use of a picture and symbol system, which had enabled them to develop better means of communication with some people living at the service. The system was used to create posters, which were displayed around the home, to explain what to do in the event of a fire alarm and to explain what people should do if they were upset or concerned about something. A relative commented of the system, "[The registered manager] went out of his way to find communication aids to help explain to [my relative] about [a family change]. It was a massive help to me knowing that we are all sending the same messages to [my relative]." Some people also made use of the picture symbols by producing a weekly board of activities to support them in knowing what they had planned. Staff had also found other ways to communicate with each person using the service, such as adapting a signing language called Makaton for one person who did not verbally communicate. Information about people's communication preferences was clearly recorded in their care plan, allowing staff to understand and help people express their views.

People were supported to make choices about all aspects of their lives, including what they did each day, where they went and how they spent their time. They told us about a wide variety of community-based activities they were supported to take part in, from local clubs to voluntary work. These included, drama club, day centres, horse riding, swimming, yoga, movie nights, parties and regular meals at a local restaurant. One person said, "I go to [drama group] every week. I love it." People were encouraged to attend social events to prevent social isolation. For example, the registered manager told us about regular activities that were held in the community, in which people living at other nearby learning disability services attended. Friendships had been built between people living at the services and staff had recognised the importance this had to enhance people's lives. During the inspection, we saw that people were free to take part in an extensive range of activities in the local community, or pursue their own interests within the service. For

example, some people were at a local drama group, one person was shopping with a staff member, another person was colouring in their bedroom and other people were watching television in the communal lounge. A staff member commented, "Activities-wise, it's the busiest home I've ever seen. People can go out or stay in. Like at the moment [person], she's sat doing puzzles, that's what she likes." Staff also supported people to go on an annual holiday together. Where people expressed they did not wish to go, or wanted to do something different, this was considered and where possible, they were able to do this.

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. A staff member said, "Everyone in here is different, you can't work with one person and think it will work like that with the next. Everyone has different likes and dislikes and how they like things done." Care plans were well-organised, reflective of people's needs and provided comprehensive information to enable staff to deliver care and support in a personalised way. Care plans were centred on the needs of each person and included information about their medical history, their preferred daily routine and how they wished to receive care and support. For example, one section describing a person's preferred night time routine explained how many pillows they wished to use and how they liked to have the curtains drawn in the evening. Each person also had a daily records book, which evidence how people's needs were being met by staff, according to their assessed needs.

Care plans were reviewed annually or more frequently if a person's needs had changed. People and where appropriate, their relatives were involved in the develop and review of their care plans and associated documentation. One person's relative said, "I always get invited to the care reviews." Where people were unable to read their care plan, the registered manager told us they sat with the person to explain the information that had been written with them.

The service was responsive to people's changing needs. For example, when people had medical or private appointments, staff were able to adjust their shift patterns to ensure they could support people and meet their needs. Records showed that when people's health deteriorated, the service referred people to appropriate health care professionals. Care plans also contained detailed information for staff about what actions were required if people's needs changed. Healthcare professionals confirmed they were contacted appropriately, in a timely way and that staff always followed any recommendations they made. One healthcare professional said, "[The management] and the staff have good, positive thinking when dealing with individual residents who require extra support. Personally, I have found their feedback and recording are to a good standard."

The provider had a policy and arrangements in place to deal with complaints. A relative told us, "If I had a concern, I would speak to [the registered manager] first, but I haven't ever had to and I don't think I would." Information about how to raise a complaint was clearly displayed in the main reception area of the service, along with contact numbers for the local authority complaints team and the CQC. Where people were not able to read this information, or had difficulty in verbally communicating, staff were knowledgeable of how to identify changes in people's behaviours that may indicate they were worried about something. The service had also created a picture symbol poster to help people know what to do if they were concerned. Staff supported people to talk about any concerns they had, in order to resolve them effectively. We viewed records of recent complaints. These had been investigated thoroughly and responded to promptly, in accordance with the provider's policy. The registered manager described how they used complaints to help identify learning and to improve the service.

## Is the service well-led?

### Our findings

People, their relatives and professionals told us they felt the service was well-led. A relative commented, "I don't think I could have asked for better at Esplanade House" and another said, "If it wasn't right for [my relative] and we weren't happy, she wouldn't be there, that says a lot itself."

People and their relatives were positive about the service and the management. One person said of the management, "They are really nice people" and another said, "They are alright, they look after us." People's relative's comments included: " [The registered manager] is in my opinion, an extremely competent manager who always has the residents at the centre of every aspect of the home", "I think [the registered manager] does a good job. Together as a team [the management] complement each other" and, "[The registered and deputy managers] are great, they are always around. I can knock on their door and speak to them if I need to." A visiting health professional commented, "[The registered manager] is a warm and genuine person. He takes his responsibilities with the staff, the residents and myself, in a very kind, calm and professional manner."

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "I have never had management support like I've got here, it's all about the people we support and focusing on them", "[The registered and deputy managers] are ever so easy to approach. They are always there for any issues or problems" and "The support I get from [management] is great. There is always something going on outside of work and they make sure I am ok." Staff were valued and told us they would recommend the service. We looked at records of staff meetings which were held regularly. These gave staff a chance to discuss particular areas of the service collaboratively with their colleagues.

The service had a positive culture that was open and honest. Services that provide health and social care to people are required to inform CQC of important events that happen in the service. The registered manager had informed the CQC of reportable events. The rating of the previous inspection was on display in the reception area of the service. A duty of candour policy had been developed and was being followed, to help ensure staff acted in an open and honest way when accidents occurred. There were good working relationships with professionals; a visiting health professional commented, "The residents I work with have individual needs that are taken seriously. I'm happy to be very small cog in a great big wheel of a great residential home." The registered manager described the values of the service of ensuring people were, "safe and well-looked after", they further commented, "It's about putting people first and making sure they are given new opportunities in their lives."

The service worked in collaboration with all relevant agencies; including healthcare professionals, social services and doctors, to help ensure there was joined-up care provision. A health care professional who regularly visited the service said, "[The staff] are willing to take on new ideas when supporting residents needs and have a good understanding of professionals input." The registered manager attended regular meetings with professionals who specialise in learning disability services. Furthermore, they told us about their link with another local care service for people living with a learning disability, where they were able to share best practice and ideas.

Quality assurance processes had been developed to assess, monitor and improve the service, which included audits completed by the registered manager and provider's representative. These included auditing aspects of the service, such as infection control, medicines, care planning and fire equipment. The audits demonstrated that where concerns had been noted, actions were taken in a timely manner. Policies and procedures viewed were appropriate for the type of service and were accessible to people and staff members if required.

The registered manager was supported by the provider, who visited the service often and was fully engaged with the running of the service. The provider and registered manager completed regular quality assurance processes, including a range of audits. Audits completed included, infection control, medicines management, care planning and the day to day running of the service.

Feedback was sought from people and their relatives through regular conversations and meetings. Resident meetings were held every six weeks and people were able to express their views of the service. Where suggestions and ideas for improvement were put forward, the registered manager had taken action, such as including people's meal suggestions on the weekly menu. Resident meetings also gave the opportunity for people to express their views on the attitude and culture of staff and remain informed of any changes to the service.