

Ifield Park Care Home Limited

Woodroffe Benton House & Goodwin Court

Inspection report

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Ratings

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

Summary of findings

Overall summary

Woodroffe Benton House and Goodwin Court is a 'care home'. It is registered to provide nursing care and support for up to 34 older persons. The service provides long term and respite care. At the time of our inspection there were 30 people living at the service, two of these people were staying on respite.

People's experience of using this service:

People were supported by staff whose suitability was checked through a robust recruitment process. Staff completed relevant training and were experienced in their roles to provide effective care to people. Despite this, maintaining up to date records of staff training was an area of improvement. Following the inspection, the provider gave us up to date training documents. Staff told us they felt well supported and received regular supervisions.

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. Staff supported people to make choices and decisions that affected their care.

We received mixed feedback about how responsive staff were to call bells. Despite this we observed, and rotas showed, that there were enough staff to meet people's needs. Call bell records were monitored by the provider and actions were taken if a person needed to wait for longer than the provider expected. Where a person could not use their call bell, staff had signs on the person's door to prompt staff to check in on that person more regularly.

People told us they felt cared for and safe. We observed friendly and patient interactions between people and staff. People were supported to maintain relationships that were important to them, we observed family and friends were able to visit freely without restriction.

People moved freely around the home and grounds and were supported by the adaptations to the premises. People told us they enjoyed visiting the coffee shop next door which was run by the provider. A person told us, "I like to go outside. I go out to the coffee shop with my wife when she visits. The paths link up from here to the coffee shop and gardens, so I can go outside in my wheelchair."

People had a range of structured activities available and were supported to pursue personal interests such as knitting and reading. People spent time how they wished, we observed people reading, chatting with staff, listening to music or painting.

Provision had been made to support people at the end of their life to have a comfortable, dignified and pain-free death. A GP told us, "Staff are very good in end of life care, they are supportive and engaged."

Care plans guided staff about people's needs and how to meet them, for example communication, nursing needs and emotional wellbeing.

People were treated with respect. People's privacy was upheld, and their dignity was maintained. We observed privacy screens available in communal areas should staff need them.

Staff, people and relatives told us they were able to give their views on the service. People and relatives knew how to make a complaint and people felt confident that their feedback was listened to and acted upon.

Before they came to live at the home, people's needs were fully assessed to ensure that staff could meet their needs appropriately. People had access to a range of healthcare professionals and people told us they benefited from having a dedicated GP that visited twice weekly. External professionals consistently gave us positive feedback about the service.

Staff knew what action to take if they had any concerns about people's safety or welfare. Staff knew how to keep people safe in an emergency, such as a fire. People's risks were identified, assessed and managed appropriately while supporting people.

The overall rating for the service was Good. This is based on the findings at this inspection.

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

Rating at last inspection: The service was previously registered as Ifield Park Care Home. Ifield Park Care Home was inspected in November 2017. The service was rated required improvement (published on 2 February 2018). Ifield Park Care Home comprised four units, Woodroffe Benton House and Goodwin Court providing nursing care, Ellwood Place providing care for people who were living with dementia and Penn Court providing residential care. The services changed registration in August 2018 and were registered as separate locations. This is the first inspection of Woodroffe Benton House and Goodwin Court under its new registration.

Why we inspected: This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care services based on the service's new registration.

Follow up: We will review the service in line with our methodology for Good services. If any concerning information is received, 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 not always effective.

Details are in our Effective findings below.

Requires Improvement ●

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 ●

Woodroffe Benton House & Goodwin Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

One inspector undertook this inspection on 6 August 2019. On 25 July 2019 one inspector visited the head office of Ifield Park Care Home Limited to look at records relating to the staff recruitment, training and management of the service.

Service and service type:

Woodroffe Benton House and Goodwin Court 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. Woodroffe Benton House and Goodwin Court is registered to provide nursing care and support for up to 34 older persons. The service provides long term and respite care. People who lived at the home had varied nursing needs associated with old age and frailty, some people were living with conditions such as Parkinson's, MS, dementia and mobility needs. At the time of our inspection there were 30 people living at the service in two purpose-built buildings that were linked by a corridor.

The service was previously registered as Ifield Park Care Home. Ifield Park Care Home was inspected in November 2017 (Report published on 02 February 2018) the service was rated required improvement. Ifield

Park Care Home comprised of four units, Woodroffe Benton House and Goodwin Court providing nursing care, Ellwood Place providing care for people who were living with dementia and Penn Court providing residential care. The services were registered as separate locations in August 2018. The services are still known locally as Ifield Park Care Home. This is the first inspection of Woodroffe Benton House and Goodwin Court under the new registration.

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:

A comprehensive inspection took place on 6 August 2019 and was unannounced, which meant the provider and staff were not aware that we were coming. On 25 July 2019, we visited the head office of Ifield Park Care Home Limited to look at records relating to the staff and management of the service.

What we did before the inspection:

Prior to the inspection the provider completed a Provider Information Return. 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 took this into account when we inspected the service and made the judgements in this report. We reviewed previous inspection reports and notifications received from the service before the inspection. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

During the inspection:

We spoke with four people living at the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the deputy manager who was also a nurse, three senior care workers, three care workers, the Nursing Office Manager and the activities coordinator. We spoke to a visiting GP who gave us permission to share their feedback in this report.

We reviewed a range of records. This included three people's care records and three medication records. We looked at nine 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 continued to seek clarification from the provider to validate evidence found on training. We spoke to a commissioner by telephone who gave us permission to share their feedback in this report.

Is the service safe?

Our findings

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

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

Staffing and recruitment

- There were enough staff to meet people's needs. Rotas and observations confirmed this.
- Despite this we got mixed feedback from staff, relatives and people about staffing levels. A senior care worker said, "I think there are enough staff, it depends on what's happening that day, sometimes feel rushed but we're encouraged to try not to rush things so that it's nice for the person." A person said, "Staff are always on time for things whether it's meals, tea time or medicines. I've got a bell in my room and when I'm out or in the lounge I have a call bell pendant. Staff come within five minutes of pressing the bell and they don't mind how many times you call – they don't get cross." Another person told us, "Staff are caring yes, but sometimes I have to wait for staff to come when I need them"
- Due to this feedback, we checked call bell records and saw that the registered manager monitored the responses to call bells. Consistently, we saw that staff were responsive to call bells and that where staff took longer than five minutes this was investigated by the registered manager. Where a person could not use their call bell, staff had signs on the person's door to prompt staff to check in on that person more regularly as they could not use their call bell.
- Staff were recruited in line with safe practice and we saw staff files that confirmed this. Checks were made to ensure staff were of good character and suitable for their role.
- Checks had been carried out to ensure registered nurses had current registration with the Nursing and Midwifery Council (NMC). The registered manager carried out regular audits of nursing staff members registrations.

Systems and processes to safeguard people from the risk of abuse

- Staff had attended training in adult safeguarding. This gave staff the knowledge and confidence to identify safeguarding concerns. A senior care worker told us, "We have regular safeguarding training at least annually. If I have any concerns, I'll go to the nurse on duty or to a manager. I document and report concerns."
- People told us they felt safe and relatives told us that safety measures gave them peace of mind. A person told us, "Staff are never rough with me, they treat me kindly, they're very caring." A relative said, "Staff are reliable, I'm happy with <person> being here, she's safe and well looked after, it gives me peace of mind."

Assessing risk, safety monitoring and management

- Risks for people were assessed and managed to support people to be safe. Care plans had guidance for care and nursing staff to mitigate these risks.
- Risk assessments contained information relating to people's mobility, personal care needs and for any activities with risks such as smoking. Where people required monitoring due to a health condition, such as skin integrity, these had been assessed. Staff had guidance about topical creams and repositioning. People

had access to the equipment they needed, such as a pressure relief mattress.

- The premises and gardens were well maintained and presented. Environmental and maintenance work had been completed, which ensured the overall safety of the service and premises.

Using medicines safely

- Medicines were stored and managed safely, including medicines that needed special storage arrangements. Medicines audits were carried out monthly and actions were taken where issues were identified. We observed nurses and care staff giving medicine to people. Staff were patient and friendly with people.
- Staff had received training in medicines handling which included observations of practice to ensure their competence. Following the inspection, the provider shared evidence of senior carers and registered nurse's medication training and competency assessments.
- People told us they receive their medicines on time. A person said, "I always get my Parkinson's medicines on time, our medicines are kept locked away so they're safe."
- Staff checked people's medicine needs when a person first moved in. A person said, "Staff fixed an issue with my medicines when I moved from another service, the other service didn't transfer all my medicines information, but staff here noticed that straight away and fixed it, I was worried because I can't be without medicines, but I knew they were fixing that and they did."
- A GP told us that staff arranged six monthly reviews of medicines and that staff were successful in reducing medicines for people where possible.
- Staff had GP approved homely remedy medicines available and were supported by a homely remedies policy. Where people had as and when needed (PRN) medicines staff were supported by consistent guidance for the person's PRN medicine.

Preventing and controlling infection

- The home was clean and well-presented. People and relatives told us the home was kept clean. A person said, "It's very clean, there's housekeepers that do cleaning every day."
- Staff received suitable training about infection control and relevant staff had completed food hygiene training. We observed staff using personal protective equipment when appropriate.
- The provider had achieved a level five (highest) rating at their last Food Standards Agency check.

Learning lessons when things go wrong

- Staff recorded accidents and incidents such as falls, and records showed that the registered manager had analysed incidents monthly. Actions had then been taken to reduce the likelihood of the same thing happening again by referring to external health professionals or assessing the person's equipment needs.

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 this inspection this key question was rated as Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff were well trained to make sure they had the skills and knowledge to effectively support people. The service provided training focussed on the needs of the people using the service. For example, training in the care of people with diabetes and pressure area care.
- A GP told us, "Staff are trained and competent to spot issues such as general ill health, rashes, swallowing or catheter site problems. Staff are vigilant and don't hesitate to tell me who needs to be seen when I visit." Staff also told us they received specific training. Despite this, record-keeping was not up to date to reflect all training done by staff to meet people's specific needs, this was an area of improvement. Following the inspection, the provider gave us evidence of senior carers and nursing staff receiving training and competency assessment in gastrostomy feeding and administering medication.
- On commencing work at the service, new staff were supported to understand their role through a period of induction. This ensured that staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a frequent basis by the manager. The induction which incorporated the Care Certificate Standards consisted of training and competency checks. The Care Certificate was introduced in April 2015 and is a standardised approach to training for new staff working in health and social care. It sets out learning outcomes, competencies and standards of care that care workers are nationally expected to achieve.
- Following induction all staff entered onto an ongoing programme of training specific to their job role. A care worker said, "I started 3 months ago and had worked in the community previously...I had my induction and mandatory training like moving and handling and I'm doing the care certificate now. I have lots of support around me, I can ask other care workers and senior carers questions."
- Staff received regular training in subjects that were considered mandatory by the provider and best practice national guidance. Staff received regular training in topics including person-centred care, mental capacity and moving and handling.
- Staff who were registered nurses completed their revalidation requirements for the nursing and midwifery council by continuing their professional development.
- Staff told us they felt well supported and received supervision. A care worker said, "We get regular supervision and I also feel supported by all staff, the team works well together."

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- People with DoLS authorisations had checklists in place and staff involved appropriate relatives and professionals such as the person's relevant representatives or independent mental capacity advocates (IMCA). A commissioner told us, "The registered manager welcomed our request to involve an IMCA for a person and were keen to find a solution that would be in the best interests for this person."
- People told us they were involved in developing their care plan before they moved in and people and relatives told us they were involved in making important decisions about their care. We observed during our visit that relatives were involved.
- People's needs were assessed before they came to live at the home. People's care plans were personalised with information relevant to the care and support provided. People's needs were regularly reviewed or as and when their needs changed.
- We checked whether the service was working within the principles of the MCA. Staff understood the principles of the MCA. Staff had received appropriate training for MCA and DoLS.
- Staff supported people to make decisions and staff respected people's choices. We observed staff enabling people to make choices. A care worker told us, "It's important to give people choices and to respect their right to refuse. I always ask people what they want, I don't just do things for them or assume that I know what they want."

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

- People had enough to eat and drink and people told us they enjoyed the food. A person said, "I was asked questions when I first moved in about food, what I like and don't like. The food's very nice, tea and biscuits are served twice a day and I can ask for food whenever I feel hungry, I felt hungry in the night and staff made me a sandwich which was perfect, doesn't matter what time it is staff will always help." Another person said, "There's variety in the food, I'm asked each morning what I'd like to eat the following day and there's other options if you don't want what's on the menu. They know I like small portions. They encourage me to drink lots."
- Staff knew of people's allergies, dietary needs and preferences and how the kitchen staff accommodated these needs. People who had been assessed by a speech and language therapist and needed thickened fluids wore a discreet red wrist band, staff told us that this helped to remind them when getting a drink for a person.
- People had a nutrition care plan and people that received nutrition through a PEG had a specific care plan for this. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through the skin and into the stomach. Their PEG care plan included information on nutrition and medicines, how to care for the PEG site and when to consult with the person's GP.
- Fresh fruit was readily available throughout the day and fresh cold drinks in what staff called 'hydration stations', these were around the home so that people were encouraged to keep hydrated. Each unit had a small kitchen where people and relatives were free to make drinks and relatives were able to leave food in the kitchen for their loved one if they wished to.

Staff working with other agencies to provide consistent, effective, timely care

- Records showed that people were supported by having access to a wide range of health and social care

professionals for example community psychiatric nurses and the living well with dementia team.

- A commissioner told us, "Staff respond in a timely manner, we're kept informed and up to date. Senior care workers follow any requests immediately, for example when we needed more monitoring for a person, and the registered manager is quick to contact us with any concerns."

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

- The home was adapted to meet the needs of people, for example the home had a regularly serviced lift. People were supported with any equipment or adaptations they needed.
- Rooms were personalised with people's photographs and items. A person said, "It's my home, I brought my things to go in my room, I'm always pleased to go to my room."
- The home had a garden and outdoor spaces that people told us they used. People told us they enjoyed visiting the coffee shop which was run by the provider and was in a separate building from the home. A person told us, "I like to go outside. I go out to the coffee shop with my wife when she visits. The paths link up from here to the coffee shop and gardens, so I can go outside in my wheelchair, it's good to get sunshine and fresh air."

Supporting people to live healthier lives, access healthcare services and support

- Records showed that staff liaised with other agencies such as local authority and health and social care professionals.
- People told us the GP visited the home weekly. A person told us, "The GP is here twice a week, the nurses are here, and they'll call up the hospital if you need it." A visiting GP told us, "Staff contact me in a timely way, sometimes families want to speak to me and staff facilitate that, staff refer to other professionals and staff follow any advice and guidance that I give them."

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 this inspection this key question was rated as Good. 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; equality and diversity

- People were supported by staff that knew people well and treated people as individuals. A care worker told us, "I treat people how I would treat a member of my family, because they are family to me."
- People told us they felt well cared for. A person said, "Care workers are sweet and loving, they're very nice."
- People were supported to maintain relationships that were important to them. People and relatives told us that friends and family members could visit freely without restriction, we observed this on our visit.
- Staff received training on equality and diversity. This helped ensure that staff were aware of their responsibilities in how to protect people from any type of discrimination. For example, a noticeboard in a communal area had a poster showing support for people in the Lesbian, Gay, Bisexual and Transgender community.
- People were supported to pursue their religious needs and a range of services were available to people. The activities coordinator told us that any religious need was accommodated. One person was supported to attend a service for their place of worship and a person who had previously been placed at the home had been supported to have a volunteer visit from their particular church.
- Compliment records showed positive comments such as "staff are reassuring and encouraging" and "we cannot praise the staff enough for all their care and attention."

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

- People told us, and records showed, they were involved in writing their care plan and in making decisions about their care.
- Staff supported people to make choices and decisions. A care worker said, "I give people choices, I ask people and I do things how they want, they're their own individual - I don't choose for them."

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and staff encouraged independence. A care worker told us, "I encourage people to keep their independence, to keep doing the things they can do for as long as they can."
- People's privacy was upheld. Each person's room had a sign that is put up while personal care was being given or when the person wanted privacy. A care worker told us, "When I'm giving someone personal care I close the door, I put up the signs we have in each person's room asking for people to not disturb while personal care is being given. When I see that sign is up I know not to disturb unless I really need to and then I would knock the door and ask permission to go in."
- People's confidential information was kept secure by staff.

Is the service responsive?

Our findings

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

At this inspection this key question was rated as Good. 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.

- People had care plans that were comprehensive and reflected people's current needs. Each person had one-page laminated mini care plans in their room so that if staff needed a reminder this information was readily available.
- Each person had a personal information file which collated information about their personal and social history and their interests and hobbies. People also had social contact care plans. The activities coordinator said, "I always ask new people that come in to do their personal information file, I ask the person and I involve the family, if a person doesn't want to complete it that's their choice." A person told us, "Staff have learned about me and asked me questions, they know my likes and dislikes. They gave me a questionnaire to fill out when I first moved in, but I don't like those sorts of forms, staff didn't mind that I said I didn't want to fill it in, they're learning about me by talking instead."
- People had individual interests that staff supported them to pursue, for example we saw people knitting, drawing and reading. A person said, "When I'm in the lounge and the girls come in it makes for a happy atmosphere – I enjoy knitting, I'm knitting squares to make a blanket with the manager."
- People had access to a structured activities programme organised by a part time activities coordinator. This included external entertainers such as a harpist, ukulele players and singers.
- A person said, "There are activities, I'll take part in the ones I'm interested in – up in the dining room there's a montage we all made together – it's really pretty full of flowers and birds, nice to have in dining room, we like the coffee shop, I'll visit with <Activities coordinator> and I take my relative there."
- People were supported to go on outings to places such as the garden centre and to a nearby nursery for a visit to take part in an intergenerational project.
- Not all people could attend structured activities due to being cared for in bed or choosing to stay in their room. The activities coordinator told us, "I ask people that stay in bed or their room what they want to do, I visit each person weekly for a one to one when I can but that depends on what time I have available. I might put on a DVD, do puzzles or read to people, one person responds well to being read to." The activities coordinator also told us that they were respectful if a person did not want to participate in one to one visits or group activities.

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.

- People had care plans for communication. This gave staff consistent guidance about people's

communication needs such as visual or hearing impairment or a condition such as MS and how to support people to express themselves.

- Staff knew if people had communication needs such as using blinking, picture boards or letter boards to communicate. A senior carer told us, "I always ask people, give them choices and I involve people in making decisions. People have different communication needs here, for example <person> uses blinking and/or squeeze my hand to give a 'yes' or 'no'. With some people we use pictures and yes or no, for a person who has since moved back home we used a whiteboard to write messages on and the person would write their response, finding this way for her to communicate really helped her because she got frustrated with not being able to communicate."
- People were supported to have access to large font books and audiobooks. A person told us, "I really enjoy reading and the manager helps me get large print books, so I can keep reading."

Improving care quality in response to complaints or concerns

- The provider's complaints policy was displayed around the home. We saw a complaints log where complaints were recorded, investigated and any actions such as formal letters of apology were recorded.
- A relative told us they knew the complaint policy and told us about a noticeboard where there's information about what to do if they have a concern. The same relative said, "Staff are always available to speak to. Staff here are excellent, any query they answer straight away, if they don't know the answer to a question while I'm here they will phone me later."

End of life care and support

- Staff had received appropriate training in providing end of life care. The provider worked closely with a local hospice.
- People had end of life care plans in place where their wishes and preferences were recorded. Where people did not wish to speak about advanced planning this was respected by staff.
- Where the GP had prescribed anticipatory end of life medicines for people as part of advanced planning these were managed and stored safely by staff.
- A GP told us, "Staff are good at setting out a plan to keep the person comfortable and being prepared to be flexible and asking for further advice. Staff know when to ask for, and when to use, anticipatory end of life medicines."

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 this inspection this key question was rated as Good. 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

- There was a positive culture that was person-centred. Staff we spoke to told us they enjoyed their roles and were committed to delivering quality care. External professionals we spoke with gave us positive feedback about staff being transparent and being committed to achieve good outcomes for people.

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

- There was a management structure in the home which provided clear lines of responsibility and accountability.
- The registered manager understood the regulatory requirements that needed to be met to achieve compliance. For example, notifications that the registered manager was required to send to CQC by law had been completed.
- People and relatives knew who the registered manager was.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to feedback about the service. The registered manager visited people monthly and recorded their feedback, where negative feedback was given this informed an action plan led by the registered manager.
- Relatives told us there was an open-door policy and we observed this being the case during our visit where relatives were seen meeting with staff, with the visiting GP and with the Nursing Office Manager.
- A comments box was placed in the foyer of the home and the registered manager logged any comments submitted.
- Staff told us they felt listened to and staff meeting minutes were held regularly. Staff meetings were used as opportunities to share learning. We observed a handover between senior staff and staff starting their shift, staff discussed people's needs and any updates and changes in their wellbeing including what activities the person had done that day.
- A care worker told us, "All staff work well across the units. Staff rotate across Woodroffe and Goodwin daily, so we get to know people on both sides and we can ask care workers that work with people regularly if we have any questions. We have staff meetings monthly, if we can't make it the minutes are available in office on the board. I do feel that staff are listened to."

Continuous learning and improving care

- Quality assurance systems monitored the quality of service being delivered and the running of the service, for example care plan and medicine audits. All identified areas for improvement were clearly documented and followed up to ensure they were completed. This demonstrated a commitment to continual development.
- Regular safety checks were carried out including those for the fire alarms, fire extinguishers and portable electric appliances.
- The registered manager was a member of skills for care and other networks to keep up to date with best practice and standards.

Working in partnership with others

- Where appropriate the registered manager ensured suitable information, for example about safeguarding matters, was shared with relevant agencies. This ensured people's needs were met in line with best practice.
- A commissioner told us that staff accommodated visits, worked well with them and that they had received positive feedback from health professionals about the care a person with complex needs received.