Worcestershire County Council

Crofters Close

Inspection report

81-83 Crofters Close
Droitwich
Worcestershire
WR9 9HT

Tel: 01905773993
Website: www.worcestershire.gov.uk

Date of inspection visit:
30 June 2016

Date of publication:
26 August 2016

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 30 June 2016 and was unannounced.

The provider of Crofters Close is registered to provide accommodation with personal care for up to six people with learning disabilities. At the time of this inspection five people lived at the home.

As part of its conditions of registration, this provider is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 home is run. There was no registered manager in place as they had left the providers employment two weeks prior to this inspection but there was a manager managing the home in the interim period pending recruitment.

People were supported by staff who knew how to recognise and report any concerns to promote people's safety. There were sufficient staff on duty to respond to people's individual needs at the times they needed support. People were helped to take their medicines by staff who knew how to manage these in line with safe principles of practice.

Staff were appropriately recruited to ensure they were suitable to work with people who lived at the home. They had received training and support to deliver a good quality of care to people and an active training programme was in place to address identified training needs.

Staff respected people's rights to make their own decisions and choices about their care and treatment. People's permission was sought by staff before they helped them with anything. Staff made sure people understood what was being said to them by using a range of communication methods. These included gestures, short phrases or words. When people did not have the capacity to make their own specific decisions these were made in their best interests by people who knew them well and were authorised to do this.

Staff met people's care and support needs in the least restrictive way. Where it was felt people received care and support to keep them safe and well which may be restricting their liberty the required applications had been made. These actions made sure people's liberty was not being unlawfully restricted.

Staff had been supported to assist people in the right way which included helping people to eat and drink enough to stay healthy and well. People had been assessed for any risks associated with eating and drinking and care plans had been created for those people who were identified as being at risk. People were supported to access health and social care services to maintain and promote their health and well-being.

Staff cared for people in a kind, warm and friendly way. Staff promoted what people could do and supported people with dignity when they needed assistance. People's right to private space and time to be

alone and with their relatives was accepted and respected.

Staff delivered the care that had been planned to meet people's needs and had a high degree of knowledge about their individual choices, decisions and preferences. Staff offered people the opportunity to do things for fun and interest. There were good arrangements in place for receiving and resolving complaints which took into account people's individual needs.

The views of people who lived at the home, relatives and staff were sought using different ways to develop the service and quality checks focused upon continuous improvement. The leadership promoted an open culture which put people at the heart of the service.

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.

People were safe as staff supported them in a way which minimised risks to their health, safety and welfare.

Staff were able to recognise any signs of potential abuse and knew how to report any concerns they had.

There were enough staff with the right skills and knowledge to make sure people's needs, wishes and preferences were met.

Medicines were well-managed to ensure people received these as prescribed to meet their health needs.

Is the service effective?

Good

The service was effected.

Staff were trained and supported to meet people's needs.

People were supported to make decisions and choices in relation to their care. Where they were unable to decisions were made in their best interests with people who had the authority to do this. People were supported in the least restrictive way.

People had access to specialist healthcare support when they needed it which included staff gaining advice to meet people's eating and drinking needs.

Is the service caring?

Good

The service was caring.

Care and support was provided in a warm and friendly way which took account of each person's personal preferences.

Staff had developed positive enabling relationships with people.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the care they received were respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care and support which was responsive to their changing needs.

People were supported with a range of fun and interesting things to do to meet people's different abilities.

Relatives knew how to raise concerns and make a complaint if they needed to in order to support their family members.

Is the service well-led?

Good

The service was well led.

People and their relatives and staff were encouraged to voice their opinions and views about the service provided in different ways.

Staff were well supported and were aware of their responsibility to share any concerns they had about the care provided at the service.

The manager and the provider had systems in place to assess and monitor the quality of the service.

There was an open and welcoming culture which put people at the heart of the service.

Crofters Close

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 30 June 2016 by two inspectors and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

We looked at the information we held about the provider and the service. This included information received from the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We also sought information from Healthwatch who are who are an independent consumer champion who promote the views and experiences of people who use health and social care. We used this information to help us plan this inspection.

We met with all five people who lived at the home and saw the care and support offered to people at different times. We spoke with four relatives, the manager, regional manager and three staff members. We looked at the care records of three people, the medicine management arrangements and at records about staffing, complaints, compliments and the quality checks of the service.

Good

Is the service safe?

Our findings

People showed us they felt safe living at the home as they were relaxed in the presence of the manager and staff. We saw people looked comfortable as staff used each persons preferred styles of communication. Relatives spoken with confirmed what we saw and they told us they had no concerns about the staff team's knowledge in keeping people safe from avoidable harm and or how staff treated people. One relative said, "There is no doubt in my mind [person's name] is both safe and happy."

Staff spoken with understood their responsibilities in making sure people were safe from the risk of potential harm and abuse. This was because the training they had received enhanced their knowledge in how to recognise and report potential harm and abuse. They also had access to the provider's procedures to guide them in their practice in this area. Staff believed they knew people well and were able to describe the individual changes in people's mood or behaviour and other signs which may indicate possible abuse or neglect. They were clear about whom they would report any concerns to and were confident these would be fully investigated by the manager or the provider. Staff said, where required, they would escalate concerns to external organisations. This included the Care Quality Commission [CQC].

Relatives spoken with told us they were confident possible risks to their family member's safety and wellbeing had been assessed. For example, one relative told us about the specialised equipment their family member needed to be comfortable and safe. We saw and heard how this person's care and support needs were met with their lifestyle and safety in mind. Staff showed us they were aware of the risks and guidance for each person they were supporting. One staff member said, "I always use the care plan to understand individual risks and any changes are noted." Another staff member told us they referred people who they supported to various professionals, such as the occupational therapist and speech and language therapist. This helped to reduce identified risks so people's needs were met as safely as possible.

We found the manager and staff were committed to maintaining people's independence whilst at the same time protecting them from harm. For example, we heard people participated in a wide range of fun and interesting things to do, which included going on holiday to different places where the numbers of staff to meet each person's needs had been assessed so people's individual needs could be met whilst they enjoyed a holiday.

The manager told us, and records showed, when accidents and incidents had occurred they had been analysed so steps could be taken to help prevent them from happening again. For example, in response to keeping medicine errors to a minimum the manager told us how a new dispensing system had been introduced. People's safety was also protected through regular checks on the equipment used to meet people's needs.

Relatives spoken with were all confident their family members received their medicines when required as prescribed. We saw there was a sufficient supply of medicines so they were available when people needed them. Medicines were stored securely and there were arrangements to ensure they were disposed in line with national and local guidance. The manager told us all staff who administered medicines had been

trained to do so. This was confirmed by staff we spoke with.

We saw staff put their training into practice as they correctly followed the written guidance to make sure people received the right medicines at the right times. Staff showed us they understood the circumstances about when to give people their medicines to meet their needs. For example, when people were in pain and or needed their medicines for their emotional wellbeing. Staff told us people's medicines were reviewed in consultation with their GP's to make sure these continued to be effective. This was also confirmed with us in the PIR, 'Where required all individuals are prescribed appropriate medication to maintain their health which is reviewed regularly by the GP.' We saw where people's medicines needed to be adjusted action had been taken so risks to people's wellbeing continued to be reduced.

We reviewed recent audits of medicine management which had been conducted internally by the management team and externally by a local NHS pharmacist. We saw action had been taken to address any identified recommendations.

Relatives we spoke with told us staff had a good approach towards their caring roles and always conducted themselves in a professional way. In the staff recruitment files we looked at application forms had been completed by potential staff and references had been obtained to reflect whether staff were of good character. Disclosure and Barring Service (DBS) checks had also been carried out to ensure only suitable people were employed to work with people who lived at the home. Staff spoken with confirmed they had all undergone an interview, completed application forms and DBS checks before they started their induction to work at the home.

Relatives spoken with had no concerns about the staffing arrangements at the home and felt due to the smallness of the service people received a lot of attention from staff who they knew well. One relative said they believed this was important as people needed staff to understand their preferred ways and communication needs so they would be supported to stay as safe as possible. Staff also told us they believed there were sufficient staff on duty to meet people's individual needs and all worked as a team to cover for staff sickness as they all believed people would be unsettled by unfamiliar agency staff. They said if there was an increase in the amount of support a person needed staffing levels would be adjusted to meet people's needs and this was also confirmed by the manager.

The manager showed us they had assessed and kept staffing levels reviewed against the complexities of the needs of people who lived at the home. We saw this way of managing staffing levels had worked and had a positive impact for people who lived at the home. Staff had time to meet people's care and support needs, without rushing. For example, we saw staff helped individual people with their meals and drinks where support was required with patience and understanding about each person's abilities. We also saw there were sufficient staff to respond to people's needs at the times they needed this, such as sitting with people and taking the time to use each person's preferred style of communication.

Good

Is the service effective?

Our findings

Relatives we spoke with were positive about how staff used their skills and knowledge to ensure their family members received appropriate care and treatment. One relative told us, "I think the care [person's name] gets at the home is first class. [Person's name] is always very happy." Another relative said, "They all (staff) seem to know what they are doing and understand people's little problems so they are able to make them feel better."

People benefitted from receiving care and support from a stable staff team who knew them well. They were confident in their ability to meet the individual needs of people who lived at the home. One staff member said, "Training is plentiful to cover all aspects of our work, is always on-going and also considers the needs of people with learning and physical disabilities to help us feel confident in meeting these."

Staff told us when they had started work at the home they received a structured induction which helped people who lived at the home to become familiar with them. One staff member said their induction alongside the training they received helped them to learn about their roles and responsibilities. Another staff member told us, "I think we have had the right induction and training. I feel confident when providing care and feedback from people tells me I am doing a good job."

Throughout our inspection we saw many examples of how staff used their knowledge and skills to effectively meet people's individual needs. For example, staff were aware of how important it was for some people to follow their particular chosen routines which helped them to avoid potentially stressful situations. Another example we saw was the way in which staff correctly followed good hygiene practices when working in the kitchen so people were protected from the risk of acquiring an infection.

Staff we spoke with told us they felt supported in their roles. One staff member told us, "I am fully supported and can ask [manager's name] questions if I need to check anything. I can also request any training I would like to do. All staff are very supportive here." Comments we received from staff were consistent in confirming they were confident, happy and well informed so they could provide effective care and support. We saw there was a strong sense of support amongst the staff by way of mutual support or team discussion.

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.

Staff we spoke with were able to tell us how their training had helped them to understand the importance of the MCA in their roles. Staff spoken with told us people's consent to their care and treatment was always sought and we saw this was the case. Where this was not possible this was done in people's best interests with people who knew them well and were authorised to do this.

All relatives spoken with confirmed staff had involved them in the decisions about their family members care. We also frequently heard staff gaining people's consent during the day of this inspection about their everyday decisions. We saw staff taking the time to explain to people who needed support to understand their choices. Staff used people's preferred styles of communication when they explained to people how they were going to support them, such as, using gestures, short phrases and pictures. People responded to this approach and exercised their own choices as far as they possibly could whether it was around a choice of meal or what they were interested in doing.

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 whether any conditions on authorisations to deprive a person of their liberty were being met. The manager and staff team showed they had awareness about DoLS from the training they had received. They were able to provide examples of people who lived at the home who had a DoLS in place and knew authorisations needed to be reviewed as was also stated in the PIR by the manager. They commented, 'An individual's Deprivation of Liberty is reviewed on an annual basis mechanisms need to be developed to ensure where appropriate they are renewed so as to avoid staff being placed in an unlawful situation.'

Relatives we spoke with told us their family members liked the meals provided at the home and we saw through the reactions of people at the home they enjoyed mealtimes. One relative told us, "[Person's name] seem to enjoy the food." Staff tactfully checked how much people were eating and drinking to make sure they had enough nutrition and hydration to support their good health. We noted staff had given assistance and encouragement to people so they benefited from having a healthy and balanced diet. Staff told us people were involved in choosing their own meals by using their own preferred method of communication. This was also confirmed in the PIR, a staff member, 'Designs the menus in consultation with staff and residents. Meals discussed with residents especially a couple who like to watch them being prepared. There are pictorial references to food for people to relate to. Each individual has an eating and drinking plan developed in conjunction with a specialist team.'

Staff we spoke with had a detailed understanding of each person's dietary needs and their preferences. Records reflected people had an assessment to identify what food and drink they needed to keep them well and what they liked to eat. Care plans showed people received support from other health professionals such as speech and language therapists when necessary in order to assess their nutritional needs.

One relative told us how staff consulted with them about the health needs of their family member which included when they needed to visit the dentist for some specific treatment. They told us they found the manager and staff to be extremely responsive in meeting the needs of their family member's health needs. From talking with relatives, staff and looking at people's heath action plans (plans which reflect people's health needs), we could see people's healthcare needs were monitored and supported through the involvement of a broad range of professionals. This included consultant psychiatrists and the community learning disabilities team. One relative told us, "I have found the staff to be highly competent in knowing when to contact a doctor if they are worried about [person's name]."

One person had a health need which required regular monitoring. Staff we spoke with were aware of recommendations from a health professional regarding the person's health issues. We saw staff encouraged the person to follow these recommendations. This showed an individual approach was taken so people were supported to maintain their health and well-being which was confirmed by another relative.

Good

Is the service caring?

Our findings

People indicated they liked the staff. We saw staff showed they were fond of people who lived at the home by their caring actions when communicating and providing care. Relatives spoken with were also very complimentary of the care received by their family members. One relative said, "As a family we feel the care is really good because the staff care about us all and the home is family orientated." Another relative told us, "One of the best things [person's name] is looked after; it is like a home from home environment. Staff are very good, not just a job but really care for [person's name]." One staff member told us, "I try to come in with a happy, positive approach. People wouldn't like it if I was miserable."

Staff communicated with people in a friendly yet respectful way. For example, when the manager introduced us to people who lived at the home they did this in a warm, tactile way depending upon which people welcomed this kind of communication and those who preferred more formality. One staff member told us, "If they want a cuddle, they get a cuddle. But I know who wouldn't welcome this approach." Staff took time to be with people on an individual basis and knew the things which were important to each person. One member of staff said, "It's important to get to know people by being with them, understanding their life stories and what they like and don't like." Another staff member said. "I love working here and feel we can make a difference to people. It's all about them. We are small so it's like a family here."

We saw several examples of the manager and staff teams focus on people as individuals so they felt valued and cared for. For instance, where people had unique abilities to enable them to move around their home these were fully accepted and if any exact approaches were required to make this happen these were in place. One relative told us, "When [person's name] moved to Crofters Close they listened to how we wanted things. For example, [person's name] was supported by the kindness of staff to settle into the home which took a lot of patience and hard work on their part. It has work beautifully and I am very impressed how they care for [person's name] and so are others who have seen [person's name] in town." Several staff members told us they would be happy for their own relative to live at the home. Additionally on the day of this inspection everyone was going out to celebrate with the former registered manager so they were able to say their goodbyes

Staff were seen to support people in a patient and encouraging way which took account of their individual needs. One staff member told us when they supported people, "I take my time and tell each person what I am doing every step of the way. It's common courtesy." Care plans detailed people's preferences, for example how they liked to dress and how they liked to spend their time. We saw staff understood and respected these wishes as part of their commitment to giving people personal choice and control over their lives.

We saw examples of staff practices which showed they cared and understood the importance of promoting and responding to people's equality and diversity in the home. People had been supported to meet their particular needs and to value their personal histories. For example, staff had been encouraged to write case studies to help them reflect on their practices to ensure they were personalised to people's particular needs. One staff member told us, "We (the staff team) look at people's preferences and promote their choices so

they feel involved."

The manager confirmed they had links to local advocacy services. Advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes. We saw this had helped to make sure a person who lived at the home and who did not have family or friends had been assisted effectively to make their voice heard when required.

Staff were friendly, patient and discreet when supporting people with their care needs. They recognised the importance of not intruding into people's private space. Staff knocked on the doors to private areas before entering and ensured doors to people's bedrooms and toilets were closed when people were receiving personal care. Relatives were positive about how staff at the home always welcomed them We heard staff spoke with a person about an important person in their life which showed staff valued people's own identity and personal history.

Visitors told us they were welcomed at the home at any time. One person's relative said there had never been any restriction on visiting. They gave us an example: "I can turn up at the home at any time and staff welcome me. It is like a family there." In the PIR the manager wrote, 'The home has good relationships with the relatives of the people who live here and regularly support individuals to visit or invite people into the home.'

Good

Is the service responsive?

Our findings

Throughout this inspection we saw examples of how staff supported people with all the practical everyday support they needed. Staff practices reflected how they attended to people's individual needs and considered each person's preferences. For example, one person liked to look at books and they were supported by staff to do this. Another person liked to spend time in the garden and staff knew this and there were things in the garden for people to enjoy.

Relatives we spoke with were positive about how staff responded to their family members care and support needs. One relative told us, "They really know [person's name] and I never worry the care and support [person's name] receives is not what is needed and wanted. They (staff) are great in knowing what works." Another relative told us, "Friends have seen him and he gave them a big grin. My mind is at rest how happy he looks and how they (staff) are helping him."

People's individual needs had been assessed before they moved into the home to help ensure people's needs, wishes and expectations were able to be met. Additionally, one relative told us how staff had, "Really helped [person's name] to settle in, they have all learnt his little ways very quickly so he feels it is now his home."

We found most people had lived together for many years and during this time the staff team had been stable. This had had a positive impact for people as their individual needs were known and responded to by staff who had grown to know each person's individual ways over the years. For example we saw in one person's care records and heard from staff how they responded to the needs of the person with their unique physical abilities. We saw all the equipment staff needed was in place to ensure the person's needs were responded. For another person where their room was positioned had been considered to make sure their particular needs were met in the most appropriate way for them.

Staff showed they understood each person's individual needs and this knowledge was reflected in how they effectively and responsively met each person's needs. For example, one person enjoyed spending time with others but also liked to be on their own. We saw staff recognised immediately when the person wanted to be left alone. This approach helped people to be supported with their emotional needs so these did not impact upon their behaviour. Staff told us they had been supported in reflecting upon their practices to ensure their communication with people was responsive in reducing any distress people may feel. This was also confirmed within the PIR by the manager, 'The county council (provider) is signed up to the skills for care social care commitment programme, aimed to develop people's ability to reflect on their practice. All staff engage in developing an understanding of how the individuals communicate in non-verbal ways, e.g. head banging, different types of vocal sounds this enables them to respond appropriately and effectively.'

People had care and health action plans which were personalised to them. Relatives told us the plans had been developed and were reviewed in consultation with each person and their relatives. The manager also informed us in the PIR, 'Care plans are person centred and include information about the individual's choices and preferences. They include easy read format and pictures.' The care plans captured people's

changing needs and provided important information for staff to follow. One staff member told us, "I check care plans because if you don't, you don't know what's happened since you last worked. Someone's medication could have changed or the doctor could have been called out." Another staff member told us if they noticed any significant changes in a person they were supporting they would, "Advise the manager or senior so that the care plan can be reviewed." Staff also communicated between each other when their working day had ended. This was to make sure any information about people's needs and changes in these were known with any actions which needed to be taken to meet people's needs.

Staff had supported people to pursue their interests and hobbies. We found there was a wide variety of things available for people to do based on what people had expressed they liked doing. One relative told us how staff had responded to their family member's needs. They said their family member was supported by their room outlook having somewhere for them to continue 'watching the world go by.' This was because their family member liked to watch the cars and people go by from their garden gate before they moved into the home. The person continued to be supported to be outside where they liked to be. Staff also supported people with their sensory needs, such as, projected lights and music. We saw and heard people were supported in going to events which were planned around people's likes and dislikes. These included horse riding, going to the hydrotherapy pool and going on holiday. People's interest choices were discussed regularly and this enabled options of new fun and interesting things to be considered.

People who lived at the home would need their relatives and staffs support to enable them to raise their concerns if they were unhappy about any aspect of their care. Relatives spoken with had no concerns to share with us but confirmed if they did they would speak with the manager or staff as they regularly visited their family member and they came home. A relative told us if they had any concerns they, "Would speak with [manager's name] or staff as I am always at the home and I know without a doubt they would put it right." Another relative said, "We are always speaking with staff when we visit and if I had a concern or complaint it would be addressed there and then. I have not had any." There was a complaints procedure available to people in an easy read format and their relatives, although there had been no formal complaints recorded in the previous 12 months.

Good

Is the service well-led?

Our findings

At the time of our inspection there was no registered manager in post. The registered manager had left about two weeks before our visit. The provider had told us and had given us details of the management arrangements which were in place while they recruited another registered manager. Relatives we spoke with all knew what the management arrangements were and knew there was a manager in place who had worked alongside the former registered manager until they left. One relative told us they believed the change in management was very well done and had caused no disruption to people who lived at the home.

People showed us that they knew the manager and liked living at the home. We saw the manager communicated with people who lived at the home and with staff. They had good knowledge of the care each person was supported with. We saw there was warmth between people and the manager during communications where people smiled and touch was used.

There was open communication with people and their relatives because the manager and her staff team regularly spoke with relatives about their family members care. This was also confirmed to us by relatives spoken with. Relatives told us they felt very much part of their family members care and felt able to make suggestions whenever they needed to. We saw their views captured about the services provided in surveys and there was a newsletter which staff believed was another effective way of communicating with relatives and visitors. One relative told us the manager and staff, "Make such an effort to make sure everyone is happy." Another relative said they were, "Very impressed with the management, staff and facilities. [Person's name] is very lucky as we have found a home from home with benefits of such a friendly atmosphere."

There was open and inclusive approach to running the home. Staff said they were well supported by the manager. They were confident they could speak with the manager if they had any concerns about another staff member. Throughout our inspection we saw the manager led by example which reflected a supportive approach to their staff team. We noted the manager was actively involved in providing people with support and consequently had a very good knowledge of the help each person was receiving. They also knew about important points of detail such as which members of staff were on duty and which tasks they were going to complete. This level of knowledge helped the manager to run the service effectively so people could be supported in the right way.

We saw staff worked together in a friendly and supportive way. One staff member said, "Teamwork is good here. I would recommend it to others." Another staff member told us, "We are like a family." There were regular staff meetings and staff confirmed these were a good forum for sharing their views. A staff member told us, "We are encouraged to air any issues openly in the staff meetings." Staff showed a clear understanding of their roles and responsibilities within the team structure and also knew who to contact for advice outside the service. Staff knew about the provider's whistle blowing procedure. They said they would not hesitate to use it if they had concerns about the running of the home, which could not be addressed internally.

The manager was supported by regular visits made by their manager and who as part of their visits

communicated with people and staff. They were at the home on the day of this inspection to offer support where required. There was evidence regular checks were completed on all aspects of the services provided, such as the safety of medicines, infection control and the environment. These quality checks had also been linked to the CQC's five questions, safe, effective, caring, responsive and well led as a way of helping to benchmark the standards of staff practices and the care people received. We found the manager had maintained the consistency of these checks and improvements were being made on an on-going basis. For example in the PIR the manager wrote, 'It is now the aim to facilitate all remaining staff to receive training in eating and drinking support.' This was being focused upon at the time of this inspection in the future action plans.

Additionally, we found there was a responsive and accountable approach to listening to other professionals about the standards of care. For example, we saw improvements had been made to make sure people were protected from the risks of infections since our last inspection. This had also been stated in the PIR, 'Last inspection- following the last inspection report, there are no generic personal care items left in the bathrooms.'

In addition to these measures, people had benefited from the provider contributing to good practice initiatives. These included working with partner agencies to develop good systems for promoting good standards of hygiene and for preventing infection. Another initiative had involved the provider subscribing to 'Social Care Commitment Skills for Care Knowledge' a nationally accredited scheme that promoted the importance of staff training to enable staff to work in an effective way. These arrangements had helped to make sure people received support which was enriched by regional and national good practice guidance.