

Willow Tower Opco 1 Limited

Guildford House Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Signature at Guildford is a residential care home providing personal and nursing care for up to 101 people. The service is set across three floors, of which the top floor is adapted for people living with dementia. There were 81 people living at the service at the time of the inspection.

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

People and their relatives told us staff were kind and caring towards them and that they felt safe living at the service. There were sufficient staff to support people with their needs. Staff were aware of risks related to people's care and how to support people whilst helping maintain their independence. Staff knew how to whistleblow and raise concerns should they need to.

People's medicines were managed safely. People told us they had access to healthcare professionals and care records we reviewed confirmed this.

Safety checks of the premises and fire safety checks were undertaken and there were plans in place in the event of an emergency evacuation. Staff had completed individual personal emergency evacuation plans for people.

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.

We were assured the service were following safe infection prevention and control procedures to keep people safe.

Care records were person-centred and included information on risks associated with people's care.

Staff had received regular training and supervisions in order to perform their roles effectively. Staff were supported in their progression and supervisions gave them the opportunity to track their progress.

People were provided with a range of activities which included group activities and one-to-one activities. Staff had considered the risk of social isolation and people confirmed that they were able to partake in activities but that their wishes were respected should they choose not to participate.

There were systems in place to monitor the quality of the care provided. People and their relatives told us they knew how to complain and that the manager would listen to their concerns. They told us that they were given the opportunity to feed back on the service and attend meetings.

People, their relatives and staff told us that there was a positive atmosphere at the service which engaged

them. They told us that the service was managed effectively and spoke positively of the management and staff.

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

Rating at last inspection

This service was registered with us on 10 December 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 11 December 2021. This service is operated by 2 companies. These 2 companies have a dual registration and are jointly responsible for the services at the home.

Why we inspected

This inspection was prompted by a review of the information we held about this service and based on the date it first registered with the Care Quality Commission.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Guildford House Care Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 2 inspectors and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Signature at Guildford is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Signature at Guildford is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had recently appointed a manager who has submitted their application to the Care Quality Commission to become the registered manager. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 9 people who used the service about their experience of the care provided. We received feedback from 8 relatives about their experience of the care provided. We received feedback from 3 healthcare professionals who regularly visit the service. We spoke with 19 members of staff including the service manager, deputy manager, operations director, dementia care manager, maintenance manager, activities staff, care workers, senior care workers, nurses, medication technicians and administrators. We observed interactions between staff and people who used the service. We reviewed 10 people's care records, 21 people's electronic medication administration records (EMARs) and 6 staff recruitment files.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at Signature at Guildford. One person told us, "There's always [carers] about. You can call on them if you need any type of assistance." A relative told us, "I believe that to be a safe and very caring environment, which is key for us."
- Staff understood what constituted abuse and the steps they should take if they suspected abuse. One member of staff told us, "Physical abuse is if we see some bruises or something is broken. I can report of course to local authority or social workers." Another member of staff said, "First, I would report to my manager. Then I would go to CQC or social services."
- Staff had undertaken training for safeguarding and whistleblowing (reporting certain types of wrongdoing) and understood their responsibilities. We saw in training records that the majority of staff had undertaken the training and where staff were overdue a refresher, there were plans in place to ensure these were completed.

Assessing risk, safety monitoring and management;

- People were involved in managing risks to themselves and in taking decisions about how to keep safe. One relative told us, "...the risk was extremely high. The carers were so thoughtful and calm throughout their dealings with [person]."
- Staff knew how to keep people safe from harm and knew about the risks associated with their care. One member of staff told us, "It takes time to know residents and knowing their history. I love reading about the story behind and it really helps us [understand] what really triggers them and why." Another member of staff commented in relation to managing pressure areas, "We do repositioning every four hours and every two hours. It depends on if [the person] likes it. We don't want to force [person]. I always report it [when person declines to be repositioned]."
- Records showed that people's risks had been assessed and there were instructions for staff to follow. Risk assessments included information on people's preferences and how staff could appropriately support the individual whilst ensuring their wishes were respected. For example, one person's epilepsy risk assessment detailed what to look out for and when staff should remain with the individual. Where people were at risk of falling, staff had undertaken risk assessments and monitored the number of falls.
- We reviewed the emergency evacuation plan and people had individual personal emergency evacuation plans (PEEPs) in place. Fire exits were free from obstruction and marked clearly. Regular fire drills and checks had taken place to ensure equipment was functional in the event of an emergency. We saw that mobility and fire equipment had been inspected by the relevant professionals to ensure it was safe to use.

Learning lessons when things go wrong

- The manager had completed accident and incident reports, shared these with the local authority and

sought advice from healthcare professionals appropriately. For example, the manager had made appropriate referrals to the local authority in relation to a moving and handling observation.

- The manager had regularly monitored accidents and incidents to identify patterns and reduce the risk of them happening again. The analysis showed that the provider was looking at ways to reduce accidents and incidents happening in the service.

Staffing and recruitment

- People and their relatives told us there were sufficient staff to meet their needs. One person told us, "At a glance, I'd say so. You never have to look around to find someone." A relative told us, "There is always someone around."

- We observed staff attended to people in a timely manner and there were regular checks in place for people who liked to remain in their rooms. People's needs were regularly assessed and the provider adjusted staffing levels to meet people's needs.

- The manager undertook regular audits to monitor the time it took to answer call bells. Where these had identified long waiting times, these had been actioned by the manager.

- The provider followed safe recruitment practices. The provider had completed relevant checks prior to a prospective employee starting. This included requesting and receiving references from previous employers, checks with the Nursing and Midwifery Council (NMC) and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People's medicines were received, stored and administered safely. People's medicines were recorded in electronic Medication Administration Records (EMARs) which included a recent photograph of the person, allergies, medical history and preferences on how they wished to take their medicines.

- There was guidance for 'as required' (PRN) medicines available for staff. This included the minimum time between doses, the reason it was prescribed, when to contact the prescriber and how the person presented when they required the medicine.

- Documentation we reviewed showed that staff had undertaken training and competency checks to ensure they had the skills required to administer medicines safely. Competency checks included ensuring staff knew how to operate the EMAR system, ensuring meal times were protected and how to administer medicines.

- There were instructions in place for medicines that were required to be applied to the skin. The instructions provided staff with the information required to apply these in line with the prescriber's and manufacturer's instructions, and the system reminded staff when these were overdue.

- There were systems in place for medicines that required to be administered covertly (without their knowledge or consent). Staff were aware of their legal obligations in relation to ensuring relevant healthcare professionals, relatives and the local authority were involved in the decision-making process.

Documentation confirmed this had taken place.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection.

- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.

- We were assured that the provider was responding effectively to risks and signs of infection.

- We were assured that the provider was promoting safety through the layout and hygiene practices of the

premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People's family and friends were able to visit at a time that suited them and staff supported people with visits where they needed this.

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.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had undertaken assessments with people and their relatives to ensure they were able to meet care and social needs prior to admission to the service. One person said, "Oh, yes. We did that together." A relative told us, "Yes we had a number of interviews and inspections prior to her moving into the home."
- Pre-admission assessments included information on the individual's care needs, social needs and details of people involved in the individual's care. Staff requested a medical summary and addressed any religious or cultural needs.
- Care provided was in line with national guidelines and the service's policies and procedures reflected this. For example, staff completed nationally recognised tools such as the malnutrition universal screening tool (MUST) to monitor weight loss and other tools to monitor skin integrity.

Staff support: induction, training, skills and experience

- Staff had completed an induction which included shadowing a senior member of staff and regular training to perform their role effectively. Staff had also undertaken in-person 'Practitioner Level - Dementia Training' which was provided to give staff a better understanding of dementia. A member of staff commented, "The training is fabulous. We did face to face and online."
- Staff told us they had received regular supervisions to discuss performance and areas of training and development they wished to undertake. Records showed staff had discussed dignity and respect and applying the values of the organisation. One member of staff told us, "I only started a few months back, so I have had 2 supervisions. It's good to have that conversation."
- The service had a training matrix in place to ensure staff had completed training and regular refreshers. Where staff were due to complete a refresher, this was highlighted and there were plans in place for staff to undertake these in a timely way.

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

- People told us they were able to choose what they wished to eat and that the food provided was of a good standard. One person told us, "By and large, it's pretty good. There's a pretty varied menu." Another person commented, "The food's good. They'll bring you something else. You can change it if you don't like the look of it." A relative told us staff were flexible to cater for the individual, "Yes, and [person's] requests were strange – anything white – boiled eggs, milk, vanilla ice cream."
- Where people were receiving a modified texture diet, this was presented well and staff asked people and their relatives about their preferences to maintain a balanced diet.
- We observed staff regularly offering people drinks to reduce the risk of dehydration and developing urinary

tract infections. One relative told us, "They do monitor what she eats, regularly weigh her and ensure she has regular drinks during the day to stay hydrated."

- We observed staff supporting people to eat and drink in a kind and respectful manner. People were offered a choice of meals and snacks and were able to request an alternative if they preferred. Training records showed staff had undertaken 'food safety' training to ensure they were able to handle food appropriately.

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

- People told us they were able to access healthcare professionals when they needed to. One person told us, "They've organised with the hearing aid people for me to get new hearing aids. They go above and beyond." A relative told us, "She is seen regularly by a doctor."
- Care records showed that staff shared information with healthcare professionals when this was appropriate. For example, staff had made referrals to the speech and language therapy team (SaLT) when they noted swallowing difficulties and worked well with other healthcare professionals to achieve positive outcomes for people. A healthcare professional told us, "I think the residents do get good medical care and are well looked after."
- Where people preferred to arrange their own healthcare appointments, staff assisted them as requested. One person told us, "I go in a taxi with an escort from here. That's one less thing to worry about."

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

- The service was set across three floors and decorated to a high standard to meet people's needs and preferences. People had access to the garden via a lift and staff supported them to access the outside areas. A relative told us, "Love the non-linear corridors as stops it looking like a hospital."
- People's rooms had been personalised with their own items and people were able to bring their own furniture should they wish to. One person commented about their room, "It's very nice."
- The floor dedicated to supporting people living with dementia had appropriate signage throughout and people had memory boxes outside their rooms. A memory box may help a person living with dementia recognise that the adjacent room is theirs and offers familiarity.
- The floors were on one level and corridors were sufficiently wide for the equipment in use. We observed people being supported in wheelchairs to move around the service.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any 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 when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People who used the service and their relatives told us staff sought consent before commencing support and were respectful of people's choices. Comments from people who used the service in relation to staff seeking consent included, "They see you need help and they come straight away and assist you." and "Certainly".
- Records showed that staff had undertaken best interests decisions with the involvement of relatives and healthcare professionals where a capacity assessment indicated that a person lacked the capacity for a specific decision.
- Where a person lacked the capacity and a best interests decision was made, staff had submitted a DoLS application to the local authority which indicated who had been involved in the decision-making process.

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.

This is the first inspection of this newly registered service. This key question has been rated 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; respecting equality and diversity

- People and their relatives told us staff were kind and caring towards them. One person told us, "I've got very good care here." A relative commented, "Better than I could have dreamt of." Another relative said, "All the staff in Memory Care seem most caring and in tune with the needs of dementia patients."
- We observed staff interacting in a kind and respectful way with people involving them in their care. Staff communicated with people at eye level and asked people if they needed anything to be comfortable. Where people preferred to stay in their rooms, staff spent time with people on a one-to-one basis and people appeared to be comforted by this. One person who used the service told us, "They (staff) know what I like."
- Staff had undertaken training for 'Respect and Dignity' and 'Respect in the Workplace' and told us they understood the importance of respecting people's wishes and treating people with dignity. One member of staff said, "We treat the residents how we want to be treated – with respect and no discrimination."
- People had access to local places of worship and the provider worked with them so people who were unable to leave the home were able to partake. For example, staff supported a person's church group to regularly come and visit them at the home.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they felt staff promoted their independence and respected their right to privacy. One person told us, "Yes, as much as they reasonably can, given health and safety constraints." Another person said, "They've got to know me and what I can and can't do for myself."
- There were several people self-administering their medicines with the support of staff. Staff told us they felt it was important to encourage people's independence and we saw that this was being done with the relevant documentation in place.
- We observed staff ensuring people's privacy and dignity was respected. For example, before entering a room, staff knocked, waited for permission to enter and closed the door before starting personal care.
- People and their relatives told us they felt involved in making decisions about their care and we saw in care records people had expressed their views which were respected by staff. One person told us, "Yes, but sometimes they give you a prompt or suggestions. They might ask if you've had a bath this week." A relative told us, "100% they spoilt [person] rotten."

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated 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 and their relatives told us staff knew their needs and preferences well and that they were involved in the care planning. One person told us, "They don't take long to suss people out." A relative told us, "The family are very involved with staff ensuring she has the right level of care and we were involved in all aspects of her care plan and its development."
- People's care records were detailed, person-centred and gave staff the instructions needed to appropriately support the individual. These included care plans for personal care, lifestyle, mobility and continence needs. People's preferences were recorded and there were instructions for staff to follow to reassure people.
- Care records included information on people's oral care needs, such as the level of support provided by staff and the dentist's involvement. One person told us, "In my experience it's good. They check your teeth and recommend if you need any treatment."
- Staff told us they had sufficient time to read care plans and undertook daily handovers to report on changes to people's needs and events happening during that day.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The manager told us they were able to provide policies and other documentation in an accessible format such as in large print or pictorial should people require this. At the time of the inspection, people did not require different formats of information.
- We reviewed care records which included information on people's communication needs and the steps staff should take to communicate with the person. For example, one care plan described how staff should clean hearing aids to ensure these worked effectively.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and their relatives told us they were generally happy with the number and types of activities on offer. One person told us, "I pick the ones I like. Some I don't like and some I can't do. I go to the quizzes to keep my mind going and I do the exercises every day." A relative told us, "The activities team is outstanding!"

There is no pressure to be there, but the team will encourage and now they will come and collect mum for each activity she likes going to, as mum cannot remember to go."

- Where people had requested activities that were less "noisy", the manager involved people in choosing what these could be. For example, where people told us they would prefer to have further quiet areas in the home, staff worked with them to accommodate this.
- We observed activities staff engaged with people throughout the inspection. People appeared to enjoy the activities on offer and people's choices were respected if they did not wish to attend.
- Where people wished to remain in their rooms, they were offered alternative activities on a one-to-one basis to reduce the risk of social isolation. Staff kept a record of these in order to learn from suggestions that people had.

Improving care quality in response to complaints or concerns

- The manager took people's complaints and concerns seriously and there were systems in place to learn from complaints. For example, where people had complained about their clothes, the manager worked with them to replace lost items and looked at ways of reducing these complaints in future.
- The provider had a complaints policy and procedure in place and responded to complaints made to the service. People and their relatives told us they felt complaints would be addressed appropriately. One person told us, "You can say if you have any complaints, they write it down." One relative told us, "When we have asked for things to be done they have been or a very good reason given for an alternative which we have accepted."

End of life care and support

- We reviewed care plans relating to people's needs and preferences for their end of life care. Care plans included information on people's wishes should their health deteriorate and where they wished to be supported. There was information on how people would like to manage any pain, religious wishes and it was clear which people were involved in people's end of life care.
- Care plans included information on people's cardiopulmonary resuscitation (CPR) wishes and where there was an order in place not to administer CPR if a person's heart stopped.
- Comments from relatives thanking staff for their compassion when providing end of life care included, "...I know mum could not have received better care, support, understanding and affection anywhere else – Thank you again and again." and, "I can't thank you enough for your amazing empathy and kindness to me during mum's last few days – I will never forget you."

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.

This is the first inspection of this newly registered service. This key question has been rated 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

- People and their relatives were complimentary about the leadership and the culture in the service. One person told us, "I'm treated respectfully and nothing is too much trouble." A relative told us, "The service is very well managed. The previous GM (general manager) was exceptionally good during the Covid pandemic and the company has promoted [the] deputy [manager] into the job and so we have continuity of leadership."
- Staff were complimentary about the leadership and culture in the service. One member of staff told us, "It's managed very well." Another member of staff said, "It's teamwork and we work together." A third member of staff said, "The manager is approachable and she is managing the home."
- We observed the manager was visible and approachable throughout the inspection and knew people's needs and preferences. For example, we saw the manager talking to people who were attending an activity and asking how they were.

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

- The manager understood their responsibilities in relation to duty of candour. A duty of candour event is where an unintended or unexpected incident occurs which results in the death of a service user, severe or moderate physical harm, or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- We did not identify any incidents which had not been reported that qualified as duty of candour incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a structure of governance in place for staff to follow and staff knew what their responsibilities were. Staff told us they received sufficient support to perform their roles and knew where to go if they were unsure. One member of staff told us, "Of course I feel supported here." Another member of staff commented, "We can go to [manager] about everything."
- The provider had undertaken audits of call bell waiting times, infection prevention and control, care records and health and safety. Where these had identified issues, there were plans in place to address this. Managers undertook weekly audits to look at ways of improving the care delivery and medication management. Where the provider had identified prior to the inspection that fire doors needed replacing, we saw that this work was in progress during the inspection.

- Where we highlighted minor areas for improvement during the inspection, the manager proactively addressed this immediately and involved people and staff in the process.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The manager had notified CQC where this was appropriate. We saw in records that the local authority and other relevant agencies had been informed of incidents.
- Relatives told us they had been informed of significant incidents and changes in line with agreed communication plans. One relative told us, "We have a number of regular email contacts and if anything happens or is needing action then I am contacted as Power of Attorney."
- The service had recently appointed a manager who has submitted their application to the Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us they felt engaged in the service and that their comments would be considered. One person told us, "I've got an appointment to see the deputy manager. I've got some ideas." A relative told us, "We are in regular dialogue with the care staff and attend meeting with [manager]."
- The provider had sought feedback from people who used the service and visitors which was looked at, and meetings were held for people to express their views.
- Staff told us they felt engaged in the running of the service and felt valued. One member of staff told us, "I feel involved with everything here." Another member of staff said, "We do feel valued." A third member of staff told us, "[Deputy manager] is good and [manager] listens as well. They listen to the problems."
- Care records evidenced that healthcare professionals and the local authority had been involved in people's care to achieve good outcomes for people. Healthcare professionals we spoke with confirmed this. One visiting healthcare professional told us, "I am provided with up to date information on residents I am requested to review, and they are more than happy to carry out any requests that I make."