

Valorum Care Limited

Mickley Hall - Care Home with Nursing Physical Disability

Inspection report

Mickley Lane
Totley
Sheffield
South Yorkshire
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Tel: 01142369952

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Mickley Hall is a nursing home providing personal and nursing care to 40 people who have physical disabilities. At the time of inspection 26 people were receiving support.

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

The service had significantly improved since the previous inspection. People, stakeholders, health professionals and staff recognised the service had improved.

The management team conducted audits and checks to further ensure the quality and safety of services provided to people. The operation of the quality assurance processes had significantly improved and actions arising from audits were being recorded and progressed.

There had been significant improvements to ensure risks identified with people's health, medical and care needs had been assessed and documented. There was clear guidance on how to minimise the risk to keep people safe. People received their medicines safely and as prescribed. Systems and processes were in place to keep people safe.

The premises were clean and there was good infection control practice in place.

There was a friendly atmosphere at Mickley Hall, and we saw people looked well cared for.

Staff were recruited safely, and staffing levels and deployment of staff had improved to keep people safe and to meet their care needs. Staff were receiving appropriate training, which was relevant to their role and people's needs. Staff were supported by the management team and were receiving formal supervisions where they could discuss their on-going development needs.

People were supported to eat a healthy balanced diet. The dining area had been refurbished and was more 'homely' and the dining experience for people had improved. A range of meaningful activities were on offer to keep people occupied, according to their individual interests. Complaints and concerns were well managed.

People were supported and encouraged to achieve positive outcomes. The model of care helped to maximise people's choice, control and independence. People's own rooms were personalised. The care people received was more person-centred and promoted people's dignity.

Although we found significant improvements had been made since the last inspection, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

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

Rating at last inspection and update

The last rating for this service was Inadequate and there were multiple breaches of regulation (published 17 November 2021). The provider completed an action plan after the last inspection to show what they would do, and by when, to improve.

This service has been in Special Measures since November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

The overall rating for the service has changed from Inadequate to Good. This is based on the findings at this inspection.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Mickley Hall on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Mickley Hall - Care Home with Nursing Physical Disability

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 two inspectors and an 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

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

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service.

At the time of our inspection there was not a registered manager in post. The previous registered manager

had left the service four months ago and the provider had appointed an interim manager to oversee improvements at the service until a new registered manager was appointed. The day after inspection the provider informed us a new manager had been appointed. They said the interim manager had agreed to stay on, until the new manager was established in the home, which would allow the interim manager to provide the new manager with a comprehensive handover.

Until a registered manager is appointed the provider is solely legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced. We inspected the service on 8 June 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. 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 took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service about their experience of the care provided. We spoke with 12 staff including the interim manager, clinical lead, registered nurse, a team leader, care staff, and other administrative, activity, maintenance, domestic and catering staff. We also spoke with the provider's quality and compliance managers who were visiting the service on the day of our inspection.

We reviewed a range of records. This included three people's care records and four medicine records. We looked at three staff files in relation to recruitment and staff supervision. We also looked at a variety of records relating to the management of the service, including policies and procedures which we reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and the providers policy and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to ensure robust systems were in place to demonstrate risks to health and safety were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to take steps to ensure medicine recording systems were robust to demonstrate safety was effectively managed. This was also a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 12 and 17.

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Staff showed an understanding of the risks people faced. We found risk assessments had been completed, specific to the individual, including, taking medicines, nutrition, moving and handling and pressure care. We did find some contradictory information in one person's risk assessment about the support they needed with their diet. The manager responded immediately during the inspection to address this issue. We saw the risk assessments had been reviewed and measures, to reduce those risks, were in place before the close of inspection.
- Fire systems and equipment were monitored and checked to ensure they were in good working order.
- People had up to date and detailed personal emergency evacuation plans (PEEPs) so if in the event of an emergency people would have information to hand to ensure that evacuation is handled safely and efficiently.
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.
- Medicines were received, stored, administered and disposed of safely.
- We observed part of the morning and lunchtime medicines administration. We found safe procedures were followed. People told us they got their medicines on time.
- Medicine audits and checks were completed, and actions taken where issues had been identified.
- Staff involved in the handling of medicines had received training about medicines. Staff were assessed as competent to support people with their medicines.

Staffing and recruitment

At our last inspection the provider had failed to take steps to ensure appropriate staffing levels and the deployment of staff were enough to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made in relation to staffing at this inspection and the provider was no longer in breach of regulation 18.

- People and staff told us staffing levels and the continuity of staff had improved since the last inspection. People told us, "Yes there are enough staff" and "Staff come really quickly if I call them, they are really helpful."
- Staffing levels were appropriate to meet the needs of people who used the service. Staffing levels were determined by the number of people receiving care and support and their assessed needs. The manager and provider told us the service was using some agency staff because they had difficulties recruiting permanent nursing staff. However, the agency staff worked regularly at the service so knew people well. On the day of inspection, the provider confirmed that they had successfully recruited a new full-time nurse and another interview for a nurse had been arranged and they were hopeful they would be able to make a second appointment.
- We observed staff responding to people's needs in a timely manner and care was delivered in line with people's care plans.
- Appropriate recruitment checks were conducted prior to staff starting work, to ensure they were suitable to work with vulnerable people. Records we looked at confirmed this.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "Of course, I feel safe, I wouldn't go anywhere else" and "I'd like to be nearer town but I'm happy and safe here."
- The provider had systems in place to safeguard people from the risk of abuse.
- Staff we spoke with were knowledgeable about safeguarding protocols and knew what action to take if they suspected abuse.

Learning lessons when things go wrong

- The provider had a system in place to record and monitor accidents and incidents.
- The manager and provider completed an analysis of accidents and incidents to identify trends and patterns. Accidents and Incidents were discussed at team safety meetings to reflect on any lessons that could be learned or measures to be put in place to prevent reoccurrences.

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 meeting shielding and social distancing rules.
- 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 observed staff wearing face masks and appropriate PPE. People told us the staff always wore masks. They said, "Staff wear masks all the time to protect us."
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 our last inspection we rated this key question requires Improvement. At this inspection the rating has changed to 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; 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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection care and treatment were not always delivered in line with current legislation and best practice standards and the provider was not compliant with the requirements of the Mental Capacity Act 2005. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- We checked whether the service was working within the principles of the MCA. We found the provider and staff were aware of their responsibilities in respect of consent and involving people as much as possible in day-to-day decisions. Staff were also aware that where people lacked capacity to make a specific decision then best interests meetings would be considered.
- We observed staff taking time to explain what they were doing when they were assisting people and

offering them choice. A person said, "Staff talk to me when they help me and make sure I'm happy with what they are doing."

- We looked at activity records that showed us how people were consulted about the activities they wanted to participate in, as well as being consulted about the decor and improvements being made by the provider. People told us they had chosen paint colours for their rooms and communal areas.
- Care records reflected people's mental health needs. We saw a mental capacity assessment had been completed on a person's care record when it was unclear about their capacity on one issue.
- The manager kept a tracker of every person who was subject to a DoLS authorisation and when it was due for review. This was also reflected in people's care records.
- Risk assessments had been completed when a person was subject to restrictive interventions, such as bed rails.
- People's needs, and preferences were assessed and recorded. These assessments considered people's strengths and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices. We saw evidence people and/or their advocate/relative had been involved in the support planning process.
- People's protected characteristics under the Equality Act were identified and any related needs were assessed. People's diverse needs were met in all areas of their support and care was delivered following best practice and guidance.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure all staff had received appropriate support, training and professional development. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People we spoke with told us they thought the care staff were well trained and performed their jobs well. People said, "They (staff) must be trained because they know what to do."
- We saw evidence new staff had completed a comprehensive induction. One new staff member said, "We have lots of training. I also shadowed more experienced staff as part of my induction."
- Staff received training to be able to provide effective care. Staff told us the training was good and some training was online whilst other was face to face which staff said they found beneficial. Two staff were also being supported through Care Home Advanced Practitioner training.
- Staff understood people's needs and delivered care in line with people's care plans. We observed staff supporting people, they knew them well, and clearly understood their needs.
- We found the service had policies on supervision and appraisal to inform practice. We checked the supervision and appraisal matrix. This showed staff were provided with supervision and annual appraisal for development and support. Staff spoken with said supervisions were provided regularly and they could talk to the manager and provider at any time. Staff said the manager was extremely supportive and 'driven' the improvements at Mickley Hall.

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

- People received a healthy and balanced diet which met their needs and took in to account their preferences.
- The catering staff were knowledgeable about people's dietary needs and preferences.
- People we spoke with commented positively about the food saying, "The food is very good. I don't have a

big appetite but what I have, I enjoy" and "The food is definitely getting better." Another person told us they loved spicy food, and this was also catered for.

- The dining area had been recently refurbished. We saw evidence people who used the service had been involved in discussions about how they would like the dining area to look. We saw their thoughts and ideas had been acted upon. The dining room was spacious and light and had the 'air' of a cafe, making it an inviting space.

- We observed meals being served throughout the day. People appeared to sit where they wanted to. Some collected their own meal from the servery, and some were served by staff.

People who required assistance were helped discreetly and respectfully. Some of the tables were height adjustable enabling a variety of seating. This meant people who were using wheelchairs had far more opportunity to sit where they chose. A variety of hot and cold drinks were available throughout the mealtime and we saw that people were offered choices of food and drink. There were enough staff present in the dining room to ensure that people were not kept waiting and no-one was hurried.

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

- People were supported to maintain good health, have access to healthcare services and receive ongoing healthcare support. People said, "We get very good care and the staff are great." People told us they had access to the GP, dentist and chiroprapist.

- Care records evidenced the involvement of external health care professionals. This included specialist health services including speech and language therapists and dieticians. There was a regular GP who covered the service who visited at least weekly and as needed.

- Daily handovers took place. This supported the sharing of information about people and their health and care needs.

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

- Since the last inspection the premises had undergone some refurbishment and decoration. The provider and manager shared with us the ongoing plan to continue to improve the environment. They said the improvements would continue.

- The premises were safe and regular checks were completed to ensure ongoing maintenance issues were dealt with promptly.

- The service was accessible to the people using the service, such as wide corridors and doors to enable people who used a wheelchair to access areas safely.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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

- There was a friendly, calm and relaxed atmosphere at Mickley Hall. We observed staff took time to support people in a kind way. People told us staff were very kind and caring and treated them respectfully and with dignity. People said the staff team were very good and helped them with whatever they needed. They all felt that the staff enjoyed working with them.
- We observed staff talking with people and taking time to listen to them. One person was chatting to a member of staff whilst being assisted with lunch. The staff member was attentive and allowed time for the person to talk.

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

- People had been involved in decision making in relation to their care and support, this was reflected in their care records.
- Staff encouraged people to make choices in the way they received their care and their choices were respected. One person said, "I can choose how I spend my day, sometimes I just want to watch TV in my room and that's fine."

Respecting and promoting people's privacy, dignity and independence

- People were treated with privacy and dignity.
- During our inspection we saw staff knocking on bedroom and bathroom doors prior to entering.
- The service promoted people to be as independent as possible. Staff gave us examples about how they involved people doing certain aspects of their own personal care and day to day activities which supported them to maintain their independence. One person told us that they liked to do as much as possible for themselves and the staff encouraged them to do this and said, "Staff will always help me when I need them though."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; 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

At our last inspection the provider had failed to ensure care was delivered in a way that met people's needs and preferences. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs were assessed, and clear and detailed plans of care put in place. These were person centred and regularly reviewed. People's likes, dislikes and what was important to the person were recorded in their care plans. People said, "I don't know if I helped with my care plan, but somebody must have because they (staff) get it right" and "I suppose I was involved in writing my plan but I'm not sure. They get it right for me though."
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with this information.
- People had access to a range of activities. Activities were both communal and on a one to one basis to ensure people were engaged in activities which were meaningful to them.
- Activity records seen, showed that people were encouraged and supported to access activities away from the home. One person said, "I go in a taxi to see [named a relative] or they take me on the bus". A person was at a day centre on the day of our visit. A variety of activities took place each day and people said they joined in with things if they wanted to. We saw evidence that people were encouraged to decide what activities they wanted to do, and they were involved in decisions that affect the communal environment.
- People spoke about going out and being able to go to music concerts, shopping and sightseeing trips which were open to all and well attended. Access to day centres was also enabled.
- There was an activity team employed by the service who were very enthusiastic about their roles. They were very keen to engage with and involve as many people as possible with the activities provided at Mickley Hall.
- We saw a group of people baking on the morning of our inspection. The activities co-ordinator who was present on the day of inspection, involved all the people in the group and seemed aware of their individual skills and strengths.

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 provider was aware of the standard and ensured all people's needs were assessed before they commenced the service to ensure any adjustments were implemented.
- Staff we spoke with understood how to communicate with the people they supported. We saw good detailed communication care and support plans in people's files for staff to follow.
- Staff communicated with people in various ways and in line with their needs.
- Staff responded to people's body language and gave time for people to respond.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place. The provider used this process to learn and develop their service.
- People we spoke with told us they could raise any concerns with the staff and management team and felt listened to.

End of life care and support

- At the time of inspection, the service was not providing any end of life care to people.
- There were end of life care arrangements in place to ensure people had a comfortable and dignified death.

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 the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to ensure systems were robust enough to demonstrate good governance. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, these improvements needed to be sustained over a longer period.

- Since we last inspected the registered manager had left the service and the provider had appointed an interim manager to oversee improvements at the service until a new registered manager was appointed. The interim manager was experienced and skilled at supporting services to improve.
- The day after inspection the provider informed us a new manager had been appointed and the Interim manager had agreed to stay on until the new manager started and the interim manager would then provide them with a comprehensive handover.
- There were clear signs of improvement at the service, which was reflected in feedback from people, external stakeholders and staff. Staff said they had confidence in the management team and the support they received had improved.
- People and staff praised the management team and told us they were approachable and had an 'open door' policy. We saw this during our inspection.
- Feedback from people, relatives and staff regarding the changes and improvements at the service were very positive. One person said, "The manager and staff have done a marvellous job improving the service. The manager has worked wonders." A member of staff told us, "I love it here. It's a very good staff team and it is now very well run."
- We observed the manager meeting with a group of people to update them on the current situation about COVID 19. Some outside activities had needed to be cancelled and the manager took the time and responsibility to explain this. People knew the manager and said they felt they could talk to him. One person asked to speak with the manager whilst we were there, and the manager immediately took time to speak with them to sort out some issues they had raised. When we asked people to tell us if they had any concerns or if they would recommend Mickley Hall to others they replied "I can't (find fault) it's all good" and "I have

been happy here all along. It's a very good place to be."

- The provider and management team were committed to continuous improvement of the service. The management team demonstrated their understanding of quality performance and regulatory requirements and had made good progress against the action plan formulated at the last inspection, to show what action would be taken to make improvements.
- A range of quality assurance systems were in place to monitor and improve the service. These had been effective in identifying areas for improvement. When issues had been identified, action had been taken to make improvements.
- Although significant improvements had been made since the last inspection, further time was required to ensure that new systems were fully embedded, and consistency of improved practice was evidenced.

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 management team understood their duty of candour, to be open and honest when things went wrong. For example, when incidents had occurred in the home, these were immediately communicated to relatives and reported to professionals appropriately.
- The manager and provider were aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. The management team had sent statutory notifications to the Commission as required.
- Throughout the inspection the manager and provider were honest and open with us. They acknowledged the shortfalls identified at previous inspections. They were eager to put processes in place to ensure people receiving care and support were safe and protected from harm.

Working in partnership with others

- The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home appropriately to meet their physical or emotional health needs. There were also regular visits to or from dentists, opticians, chiropodists, dieticians and others.
- The management team were keen to continue working with partners such as CQC and the local authority. The home had been working with the local authority and held regular 'service improvement meetings' with health and social care professionals to help with improving the service.

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

- The provider engaged with people to ensure their voice was taken into consideration. People were invited to attend meetings and complete questionnaires, which were analysed for any areas needing attention. A residents' forum was held monthly. We saw minutes of these meetings and actions agreed following the meetings which had been acted open and addressed to improve the service. Activities which people wanted to participate in were also discussed and planned at these meetings which were well attended by people who used services, activity and other staff at the home.
- Everyone we spoke with felt the service listened to them and acted on their suggestions. People said, "We are kept up to date, I know what is happening about the manager and any new staff starting. We have meetings every month as well where we can talk about anything."
- Staff told us they also felt listened to and supported by the management team. Staff comments included, "The Manager has lifted morale," "He made things happen," "Communication is better, we have a 'heads of meeting' every Thursday and daily staff 'flash and safety' meetings" and "The managers are really friendly and understanding. Things are so much better."

