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Meadowcroft Residential 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: Meadowcroft Residential Care Home is a residential care home that was providing personal care and support to 18 older people some of whom were living with a dementia at the time of the inspection.

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

People's experience of using this service:
People told us they felt safe and that staff were kind and caring. One person told us, "The best thing is the people here and the helpers. They make us very comfortable. There is nothing I would change." Staff understood how to support people safety through managing people's medicines, using equipment and managing risks around infection.

People were at the heart of the service, and their choices and views were valued and respected. The culture of the staff and provider was positive, and person centred. Staff understood the importance of people making choices and decisions about their care and encouraged this.
People's privacy and dignity was respected, and their independence encouraged and promoted. Staff knew people well and provided social and emotional support, in addition to meeting people's care needs.

People, their relatives, staff and other professionals were engaged with and involved with the service. Their views were listened to and acted on. The provider encouraged engagement with the wider community and people were regularly visited by the children from a local nursery, college children on work experience and other people from the local area.

People's needs were assessed before they moved into the home. Risks to people were considered and assessed and care plans supported staff to deliver personalised care. People were supported to maintain their health and access healthcare support. Staff worked in partnership with other agencies to ensure people received the right support.

There were enough staff available to support people. Staff were supported to meet the needs of people through training and supervision. Staff were supported with specialist training as needed, such as Parkinson's and end of life care.

The home was decorated in homely way and people's bedrooms were highly personalised. People were encouraged to bring things with them to make them more comfortable.

People and their relatives told us that if they had any concerns, staff and the provider would respond straight away. People knew how to complain and were confident to do so. When things went wrong, lessons were learnt and actions put in place to prevent reoccurrence.

Rating at last inspection: At the last inspection the service was rated Good. (19 July 2016)

Why we inspected: This was a planned comprehensive inspection.

Follow up: We will continue to monitor the intelligence we receive about this service and plan to inspect in line with our re-inspection schedule.

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?

Good

The service was well-led

Details are in our Well-Led findings below.

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

Inspection team:
The inspection was completed by one inspector.

The service is not required to have a registered manager. The provider also manages the day to day running of the service. They are legally responsible for how the service is run and for the quality and safety of the care provided.

Service and service type:
Meadowcroft Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection:
This inspection was unannounced.

What we did:
Before the inspection we used information, the provider sent us in the Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We looked at information we held about the service including notifications they had made to us about important events. Notifications are

information about important events the service is required to send us by law.

During the inspection we spoke with nine people receiving support, three relatives of people receiving support, two health and social care professionals, the provider, deputy manager and five staff. We inspected four people's care records, three staff recruitment files, records of accidents, incidents and complaints and other records relating to the running of the service.

Following the inspection we spoke with two relatives of people receiving support and two health and social care professionals.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. One person said, "I feel safe here, it's the whole environment." Another said, "It's clean, warm and the people are nice."
- People were protected with systems and processes to safeguard them from harm and the risk of abuse. The provider and another member of staff were safeguarding champions and had undertaken training with the local authority. A member of staff described, "If people have concerns and don't want to speak to the manager they can speak to me."
- Staff had training about safeguarding and understood types of possible abuse and how to identify these. They knew how to raise any concerns with both the provider and local authority or other relevant agencies. One member of staff told us they would be concerned if, "someone becomes withdrawn, angry, scared of you or had a bruise or physical mark. We've not had any problems, but we're always very conscious and look out."
- Staff understood whistleblowing and there was a procedure in place they could follow.

Assessing risk, safety monitoring and management

- People who needed support with moving, either by staff, equipment or both had their needs assessed. Plans guided staff in how the support the person correctly. For example, for one person who could become anxious when moving from place to place, their plan reminded staff of the importance of explaining what they were doing at each stage. When necessary, photos assisted staff to ensure equipment was correctly positioned for people.
- The risk of damage to people's skin was considered and assessed. When this identified a medium or high level of risk, steps to prevent skin damage were identified. For example, one person was assessed to be at medium risk and so had an air mattress in place and staff regularly checked their skin and applied barrier creams.
- Risks about the environment and equipment people needed to use were considered. Checks on the environment and any maintenance needed were regularly completed. Equipment, such as hoists and stand aids, were regularly serviced and checked to ensure they were safe for people to use.
- There were plans in place in the case of an emergency. People had personal emergency evacuation plans in place which detailed the support they would need to leave the building in an emergency. These plans also included any important items they would need with them, such as an inhaler.

Staffing and recruitment

- People told us that there were enough staff available. One person said, "They come quick for the buzzer."

Another person said, "I press the bell and they come like lightening." Another person's relative said, "If she needs something, ring a bell and they are there."

●There were enough staff available to meet people's needs. Call bells were answered quickly, and the provider checked regularly to ensure that staff responded to these in a timely way. A member of staff said, "I think we have enough, we all work really well together."

●Safe recruitment practices were followed which included references from previous employers, proof of identity and checks through the Disclosure and Barring Service (DBS). DBS checks help employers to make robust decision about staff they recruit.

Using medicines safely

●Medicines were managed safely. Medicines were ordered, stored, given and returned safely. There was a medicine policy in place to guide staff and information was available about how each person preferred to have their medicines.

●People were encouraged to manage their medicines independently, where this was possible. Potential risks were considered, and discussions held with the doctor, to ensure this was the right decision.

●Some people were prescribed medicines which needed to be taken at specific times. Staff understood the reasons for this and the times were clearly marked on medicine records.

●When people were prescribed topical creams, there were clear body maps to show staff where to apply these.

●Some people were prescribed medicine to be taken 'as required' (PRN). These are medicines that people take as and when they need, for example pain relief. Protocols were in place to guide staff about when people may take these medicines and how often they could be taken.

●There was a stock of over the counter medicines, known as 'homely remedies'. The provider had checked with the pharmacist to make sure people could take these medicines as needed, and that they would not interact badly with their prescribed medicines.

●The pharmacist had completed an audit to check on how medicines were being managed in the home. They told us, "The staff are very caring, and the manager is very kind and focused on the needs of the residents, she is extremely careful with the safe supply, storage and recording of medications, when I have carried out medication audits at the home it has been faultless." The provider also regularly checked that medicines were being given and recorded correctly.

Preventing and controlling infection

●The prevention and control of infection was well managed. Hand gel was available throughout the building and a sign at the front door explained to visitors the importance of using this and not bringing infections into the home.

●Staff had training in infection control and understood how to control infection. A member of staff told us part of this was, "wearing gloves and aprons and washing hands thoroughly."

Learning lessons when things go wrong

●Staff knew what to do when things went wrong. A member of staff told us what they would do if they found someone had had a fall. They said, "I'd ring the emergency bell. Not attempt to get them up without being checked over. Dial 999 if they are injured. Reassure them and bring pillows and a blanket. I'd sit and chat with them until help comes."

●Lessons were learnt when things went wrong. For example, one person had a fall. Staff had followed the service's falls procedure, contacting medical professionals, putting in a sensor mat and reviewing the

person's care plan. They had also contacted the falls team to see if there was anything further they could do to reduce the risk of the person falling again.

Good

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

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

●People needs were assessed before they moved into the home. One person told us, "[Provider] came to the hospital and talked to me for an hour about what I wanted." Another person's relative said, "[Provider] came to visit in the hospital." This assessment was completed with the person and, when appropriate, their relatives.
●People's needs were considered holistically and included health, communication, religious and cultural needs. People's choices were also recorded, such as any preferences about the gender of the staff supporting them and their preferences during the day and at night.

Staff support: induction, training, skills and experience

●Staff new to the service were supported with an induction. This included shadowing experienced staff. A member of staff told us, "I had one to one support from the senior and did shadow shifts. I observed for the first week or so and then worked closely with other staff until I got my foot in."
●Staff had received training to help them to support people. This included first aid, person centred care and dementia. Staff had recently had training about Parkinson's. A member of staff told us how this helped them work with people with the condition. They said, "It reinforced about slowing down and taking your time."
●Staff were supported with regular supervision and an annual appraisal. Many of the staff had also undertaken further training to obtain diploma qualifications is social care, supported by the provider.

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

●People enjoyed the food and drink. One person told us, "The food is very good. The menu is up on the board." Another said, "The food is very nice, I'm always looking forward to the next one. It's all home-cooked." Another person told us, "I have something different every day and always have fresh vegetables."
●Many people ate their meals in the dining room. We observed a mealtime which was calm and relaxing, with staff available to support people as needed.
●When people had specific needs around their meals, staff and the cook understood these. For example, one person required their meals to be of a specific consistency. The cook explained how they would present the meal, to ensure it was still appetising.
●People who had been identified at risk of malnutrition were supported with food with additional calories and their weight was regularly checked. Referrals were made to health care professionals when needed.
●Staff had training in food hygiene and nutrition and knew people's preferences about their food and drink. For example, one person had a medical device which limited the types of food they could eat. Staff knew

what these were and this was reflected in the person's care plan.
●People were given a weekly menu and could advise staff or the cook if they would like an alternative option.

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 with their healthcare needs. One person told us, "They help with things about health. They get the doctor even when I don't think I need them." Another person's relative said, "[Provider] came to a hospital appointment with me and mum. Nothing is too much trouble."
●Staff knew about people's health conditions, and their medical histories were recorded in their care plans. When people had specific diagnoses, such as Parkinson's Disease, the impact of this condition was considered throughout their care plans. For example, their care plans about mobility, communication and needs around eating and drinking all included information about how their health condition affected these parts of their lives.
●People's health needs were regularly reviewed, and professionals were contacted as needed. For example, for one person an oral health assessment identified the need for them to see the dentist. This was arranged, and they received the support they needed. One person's relative told us about when their relative had been unwell. They said, "[Provider] was on the phone straight away. They call the doctor in whenever they feel it is needed."
●An ambulance folder held information to be taken to hospital with people. These documents gave health care staff a brief overview of the person. They included details of the person's medical history, any allergies and information about their preferred communication methods.

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

●People's bedrooms were personalised. The provider encouraged people to bring furniture, pictures and other important items with them to help them feel at home. For example, one person had brought a fireplace with them. The provider explained that this had been important to the person, so they had found a way to include it into their room.
●The lounges and dining room were comfortable and homely. Chairs and tables were in small groups to allow people to chat and interact more comfortably.
●Art work by people living at the home was displayed throughout the home. For example, a collage celebrating St George's Day was displayed in the dining room.

Ensuring consent to care and treatment in line with law and guidance

●The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
●People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). No one living at Meadowcroft Residential Care Home at the time of the inspection lacked capacity to agree to their care and support. Due to this, no applications for Deprivation of Liberty Safeguards had been made.
●We checked whether the service was working within the principles of the MCA. We found that they were. Staff had received training in MCA and DoLS and understood the importance of people making choices

about their care and support. One member of staff said, "I give them choices, I don't make choices for them."

●People were consulted about various aspects of their care, including whether they wished staff to check them at night and whether they would like a lock on their door. When other people, such as family or solicitors, held legal authority to make decisions on behalf of people, staff understood and respected this.

Good

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

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 told us that staff were kind and caring. One person said, "Staff are very good, really very helpful. They are lovely." Another told us, "They are all kind, I've never heard a bad word from any of them." Another person said, "Staff are an absolute joy. Everyone is different and have their own way but couldn't be nicer or more helpful. I couldn't praise them more."
●One person's relative said, "It seems to be that staff care for people like they are family." Another told us, "Staff are lovely, you walk through the door and they offer tea and coffee. I know them all by name."
●Staff provided emotional support for people, when needed. A member of staff told us, "I like making people happy, cheering them up and getting them a cup of tea."
●A health and social care professional told us, "I think this home is great. [Provider] is brilliant." Another health and social professional said, "If my mum was to go into a home, it would be here They are very responsive to people. It is a calm, happy and relaxed environment."
●When people moved into the home, staff made sure they spent time with them and got to know them. The provider ensured the person had time with their keyworker and got to know the other people living in the home.
●The provider and staff understood what was important to people. For example, one person's watch battery had stopped. The provider explained they knew that not knowing the time would distress the person so they purchased another battery and got the watch working again. This prevented the person being distressed.
●People's birthdays were celebrated with parties, and the provider had given each person a card and Easter egg to celebrate Easter.
●Visitors were welcomed to the home, and there were no restrictions on when they could visit. One person's relative said, "I will turn up anytime of the day or evening." Another said, "We feel very much at home in Meadowcroft and have done so after only a couple of visits. The front door is opened with a smile and a welcome. The decor and set up is warm not cold, comfortable not palatial, homely not clinical."
●People's relatives told us they felt well supported by the staff. One person's relative said, "All the staff know how tough the decline in my mum's mental and physical state has been, and they are so warm and kind to me, I feel very supported emotionally. They are prompt in keeping me informed about what is going on, and in a really nice way." Another person's relative told us how staff helped them keep in touch with their loved one although they lived in another country, through telephone calls, pictures and videos.
● The provider had received compliments and thank you cards and emails from both people living at the home and their families. One person, who had since passed away had written a letter to the provider thanking them and the staff for the care and kindness they were treated with. They described their time at the home as one of their happiest.

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

●People were supported to express their views and make decisions about their care. One person told us, "Staff are all very helpful. They do things the way I like."
● We saw that staff talked to people and offered them choices. A member staff told us, "I don't do anything without people's consent. We work in the way that people want things. I won't make someone do something they don't want to do."

Respecting and promoting people's privacy, dignity and independence

●People were treated with dignity and respect. A member of staff was appointed dignity champion and there was a dignity pledge displayed in the hallway. One person's relative said, "Our experience is that the staff are highly skilled, experienced and trained to care for the residents with dignity and respect."
●People's privacy and dignity was respected. A member of staff told us, "If people are getting dressed then you make sure you shut the door. Cover them up when coming out of the shower. I leave the room if they are on the phone."
●People's independence was promoted. Staff knew people's abilities well and this was reflected in care plans. One person's relative said, "[Relative] is an independent woman and capable of doing much for herself. The staff are there to assist if required. They do encourage independence which suits us all fine, but the help is there if it is needed or requested."
●Staff understood confidentiality and the importance of keeping people's information safely. Care plans were stored securely to ensure that only people who needed to access the information were able to.
●The provider had spoken to people about the changes in data protection regulation and their rights.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

●Staff knew people well and provided personalised care. One person's relative told us, "The longer she is here, they get to know her better. Always have a laugh and a joke." A member of staff told us about a person living at the home. They knew the person's life history and interests and told us, "We chat about Scotland and the birds, they are things I know she likes to chat about."
●One person's relative told us about the relationship staff had with their relative who was living with dementia. They said, "They anticipate her needs, and the way they talk to her. It's such a weight off our minds. She has proper care, from the heart."
●Care plans included information about people's life histories, things they enjoyed and what their likes and dislikes were. If people had preferred ways to spend their day, or times that they liked to go to bed or have a meal, these were recorded. Staff told us they used people's care plans to help them get to know people, as well as talking with them. One member of staff said, "The care plan is clear about what they prefer, like a time for breakfast and if they like a shower of bath."
●People's religious or cultural preferences were discussed and recorded. For example, where someone went to church and whether they liked to attend the fortnightly service at the home.
●People met with their keyworkers monthly to talk about their care. Staff checked that people felt safe, felt staff were caring and that the management listened to them. One person said, "They do a plan every month about how I've been getting on. She gives it to me to read and sign."
●Staff understood the Accessible Information Standard (AIS). From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the AIS in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs.
●People's communication was considered within their care plans. For example, one person could take time to respond. Their care plan included information on how staff might understand their communication, other than verbally. This included the person being restless in the chair could mean they needed assistance to the bathroom. A member of staff told us, "It can take a long time, but you get to know her facial expressions. You just have to patient with her as you know it will take while." A mobile magnifier was available in the hallway of the home. An audio guide welcoming people to the service was also available.
●There were a variety of activities on offer at the service. We saw people take part in a music and movement activity, watching films and spending time talking to each other. One person said, "Activities are always there if I want to join."
●People were encouraged to maintain interests they had outside of the home. For example, one person enjoyed a regular book club, which was now hosted at the home to ensure they could still take part in this. Another person, who was living with dementia, travelled independently to visit a friend living locally. Staff supported this, whilst having plans in place to support the person's safety. This person was also being

supported to use a befriending service, so they could go to a sports match.
●People's individual interests were encouraged. Some people enjoyed reading the paper, watching quiz programs and knitting. A member of staff said, "The main thing is knowing each person, it is down to them, what they want to do."
●The provider worked with organisations in the local area to connect the community with the home. A local children's nursery regularly visited people in the home. Students undertaking the Duke of Edinburgh awards had also come to work with people living at the home. A local college student was regularly coming to the home to do work experience. They had supported people to do craft activities.
●There was a video link to a farm owned by a member of the provider's family. People had used this to watch the birth of lambs and had recently connected to see new born calves.
●The provider decorated the home and arranged activities for various holidays. For example, for St Patrick's Day people had been visited by Irish dancers. The provider also took people out to local attractions. People and their relatives told us about recent trips to see the bluebells and lambs. We saw photographs of people with the lambs on their laps. One person's relative said, "We love that [provider] gathers up some residents on a suitable day and takes them out for a ride in her car. Recently it was to view the bluebells. [Relative] told me that through this she learned about new places the bluebells hung out but she also shared with [provider] her local knowledge. Another time it was a trip to a local farm. [Provider] sent me a photo of her cuddling a baby lamb and she looked so happy. These small outings are so personable and enjoyable for [relative]."

Improving care quality in response to complaints or concerns

●People, and their relatives, knew how to raise any concerns and were confident to do so. A complaints policy was available in the hallway, showing what people could expect if they raised an issue.
●Complaints had been responded to quickly and effectively. This included when a person chose not to submit their complaint in writing. Their concern, about going out to an appointment in the cold, had been looked into by the provider and responded to. One person told us, "Anything I don't like, I tell them. I can always tell [provider] or anyone. They get it seen to. Like my radiator not being hot. They came, never leave it to do the next day."

End of life care and support

●People were supported with dignity and respect at the end of their lives. When it was identified that people were at the end of their lives, staff worked with relevant health care professionals, such as staff from the local hospice. One person had an end of life pathway completed with the hospice, this included their wish to spend their last days at the home, with the support of community health professionals.
●Staff told us that they supported people's wishes at the end of their lives. One member of staff said, "We try to make sure, if they want to stay here, that's what we do. This is their home." Another told us, "It is all about their choices and what they want. How they want to die and making sure they are clean and comfortable. We work alongside the district nurses to make sure people are comfortable."
●Staff told us about one person who had recently passed away. A friend had visited and stayed at the home during the person's final days, so they could spend time together.
●Assessments considered people's preferences about end of life, including where they would like to be cared for, resuscitation options and any decisions about funeral arrangements.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

●The provider communicated their philosophy of care with people, through a resident's charter. This was to promote people's privacy, dignity, independence, choice, rights and fulfilment. We found the culture of the staff and service met the philosophy set out by the provider. A member of staff described, "It's to be a home, make people feel like they are in their own home. Everything is their choice. We make them feel as comfortable as possible."
●The culture was positive, and person centred. The provider explained that if someone wanted to do something she would, "find a way that we can." One person's relative said, "The minute I came, it felt just like a home." Another said, "It's just an exceptional place. Just so caring. I would recommend to anybody." Another told us, "Staff are definitely well trained, well managed, compassionate. I feel very grateful that such a home is available to us. There is much love at Meadowcroft, both from the staff to its residents and vice versa." Another person's relative said, "It feels a very personal service to residents and to their families. But one which encourages residents to be as independent as they wish. I have no hesitation in recommending Meadowcroft. Their personal service, genuine warm hearts, congeniality, set up with two comfortable lounges and a dining room, food, beverages, activities, level of cleanliness are impressive. We would not trade this for a larger, modern, more clinical set up for all the tea in China. If there were a rating above 'excellent', I would award it. I feel my [relative] is in excellent hands for her wellbeing, safety, mental stimuli and small pleasures."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●The provider understood their role and responsibilities. They kept up to date with changes through working with the local authority and links with other professionals and organisations. The provider understood duty of candour.
●Staff understood their roles and responsibilities and were well supported by the provider. One member of staff said, "I have supervision, but I can go to her at the time if I have a problem. I can talk to her anytime." Another told us, "She is fair, I feel I could always go to her with anything."
●There was good communication within the staff team to ensure they had the right information to provide support to people. This included regular handovers between shifts.
●The rating of the service's last CQC inspection was displayed in the hallway for people and visitors to see.

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

●People told us they could speak to the provider when they needed to. One person said, "She is lovely. You can always go to her if you want or have any problems." Another told us, "She is an angel on earth. So patient and kind and thoughtful. If you can find a better one, I'd give you a medal."
●Surveys were sent to people, their relatives, professionals and the staff team every six months. The provider acted on the feedback received. For example, people and their relatives had commented about the accessibility of the back garden. Ramps had been installed to ensure people could access the garden freely.
●There were regular meetings with people living at the home. These meetings included discussion on what people could expect from a good care home, people's safety and activities. People's views and wishes were considered and responded to. For example, one person had request pork pies the day before the inspection. The provider had purchased some, and they were in the fridge.
●Staff were supported with regular supervision. A member of staff told us, "It's always good to have a chat and see where you are at. I can bring any concerns and request refresher training or any particular training I want." Another said, "I get feedback on practice, and anything that needs improving."

Continuous learning and improving care

●The provider had oversight of any accidents, accidents, near misses and falls which happened in the home. They considered what happened and whether there were any themes they could address, to reduce the risk of harm to people.
●The provider completed regular audits to ensure the quality of the service provided. For example, every month they put together a document for each person, looking at what they had done in the month and any changes that had happened. The provider also checked through each person's care plan to ensure their documentation reflected their needs.
●Regular checks were in place to ensure other aspects of people's care were maintained. For example, there were regular checks of hospital beds, air mattresses and call bells.

Working in partnership with others

●Staff worked in partnership with other professionals. A health and social care professional told us, "Home visits are requested appropriately, and in a timely fashion. Medication requests are appropriate, and they encourage residents to self-care where possible. We are kept informed of any issues." Another professional said, "Whenever I have visited the home I felt it was lovely environment, the standards of care are high and the residents well cared for. From my point of view, they are a very nice home to deal with as everything is so well organised."