Winslow House Limited

Winslow House

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Winslow House is a residential care home providing personal care with accommodation in one adapted building. It can accommodate up to 35 people. At the time of the inspection 31 people aged 65 years and over were receiving support.

People had their own private bedrooms and there was plenty of additional communal space for people to use. The outside space was easily accessible and enjoyed by people in the good weather. The home was located near to the local town with its shops and other community facilities.

People's experience of using this service and what we found
People told us they felt safe and well cared for. They told us they enjoyed living at the home and felt staff had their best interests at heart. Relatives who visited also felt it was a happy place and felt able to discuss any concerns they may have, about their relatives, with the staff. One relative said, "The staff are amazing."

There were enough staff with the appropriate skills and knowledge to support people. Staff were valued and supported by the managers and many had worked for the provider for several years which helped secure continuity of care.

People were supported to take their medicines as prescribed and had access to healthcare professionals' advice and support as needed.

People lived in a clean home which was well maintained and adapted to meet people's needs.

People's diverse preferences and beliefs were respected and met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive was possible and in their best interests. The policies and systems in the service supported this practice.

People had a choice in what they ate and drank, and specific dietary needs were met. People had access to snacks and drinks at any time of the day or night.

Staff provided people with support to pursue their hobbies and interests. Organised activities and social events were planned with people and something took place most days which people enjoyed. Efforts were made to reduce risks associated with self-isolation and loneliness.

People's privacy and dignity was maintained during care delivery. Information about people's care and treatment was kept secure and confidential.

There were arrangements in place to manage complaints and concerns and to resolve these.

People's care was person-centred and delivered in a way which met their needs, and which was adapted depending on people's daily preferences.

Staff knew people's needs well and other arrangements in place ensured the care delivered was always appropriate to people's levels of risk and health needs.

A quality monitoring system was in place and some processes were effective in driving improvements. There were some audits which needed to be more comprehensive so that the registered manager and provider received enough information, for them to determine where improvements were needed.

We made a recommendation in relation to the provider's quality monitoring system.

Managers were committed to providing a good service which resulted in good outcomes for people. The home had worked towards higher standards in end of life care and was applying for accreditation with the Gold Standards Framework for end of life care.

Staff were provided with strong leadership but also nurturing support which encouraged reflection, further learning and a positive working culture.

Managers provided opportunities for people, their relatives and staff to give feedback and they acted on the feedback they received to support improvement of the service.

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

Rating at last inspection
The last rating for this service was Good (report published 10 May 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will request an improvement plan from the provider to understand what they will do to improve their monitoring system. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was 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 not always well-led. Details are in our well-Led findings below.	**Requires Improvement**

Winslow House

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 Care Act 2014.

Inspection team
One inspector completed this inspection.

Service and service type
Winslow House 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed the information we held about the service, including the previous inspection report. We reviewed the last commissioning and quality report completed by the local authority in April 2019. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection
We spoke with five people who lived at Winslow House and two relatives to gather their view of the care

provided. We reviewed three people care files which included risk assessments and care plans. We reviewed 11 people's medicine administration records including all recorded protocols for medicines used occasionally. We spoke with the Nominated Individual, registered manager, deputy manager, planned interim manager, activities co-ordinator, cook, maintenance person and three member of care staff.

We reviewed three staff recruitment files and records relating to four staffs' induction, training, supervision and competencies. We also reviewed the service's central training record. We reviewed records associated with all recorded complaints received since the last inspection (March 2017). We reviewed a selection of audits and cleaning records including the service's continuous improvement plan.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at the home's central training record and further medicines audits.

Good

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

● Staff had been trained to recognise potential abuse and were able to tell us how they would report any concerns they may have. Information about safeguarding processes was displayed in the staff room and the subject discussed in staff meetings. There were arrangements in place to safeguard children when they visited the home.

● Managers followed the provider's policies and procedures which were aligned with the local authority's safeguarding processes. Staff therefore shared relevant information with external agencies who also had responsibilities to protect and safeguard people.

Assessing risk, safety monitoring and management

● People told us they felt safe. They told us staff made sure the external doors were locked and one person told us how staff always reminded them to wait for help before they moved.

● Processes were in place to assess risks to people and to ensure action was taken to reduce these. Safe ways of working ensured people were moved safely and emergency situations managed appropriately. A member of staff, who had been trained to take a lead in providing First Aid, confirmed the service's processes for assessing and managing falls, injuries to the head and when the emergency services would be called.

● Environmental checks, risk assessments, regular maintenance and servicing by external contractors ensured equipment remained safe to use and the home's main systems; fire detection and utilities remained in safe working order.

● Following vandalism outside of the home, security and use of CCTV was increased (the provider did not use CCTV in areas where personal care was delivered).

● Arrangements were in place to support people's safety when out in the local community. Some local businesses had links with the home and would contact the staff if they thought a person was lost or needed help when out. Staff in the home also ensured people, had on them, the home's address and contact details when they went out in case of emergencies

Staffing and recruitment

● The registered manager and provider employed enough staff with the appropriate skills and knowledge to meet people's needs. The registered manager reviewed people's dependency levels and, with the provider, ensured there were always enough staff on duty. We observed staff being available to meet people's needs when they needed help and call bells were answered in a timely way.

● Staff and managers told us the staff team as a whole, worked together, to cover unexpected staff absences or where people needed escorting to appointments.

● Several staff had worked at the home for many years and supported new staff to become integrated into an already well-established team approach to work.
● The provider completed appropriate staff recruitment checks before they employed staff to work in the home. These checks included clearances from the Disclosure and Barring Service (DBS) against the list of people barred to work with vulnerable people, police checks and previous employment checks, including employment references.

Using medicines safely
● People were supported to take their prescribed medicines by staff who had the appropriate knowledge and competencies to do this.
● Arrangements were in place to ensure people's medicines were ordered and available for use. All medicines were stored safely.
● The effectiveness of people's medicines was monitored, and arrangements made with people's GPs for medicines to be reviewed where needed.

Preventing and controlling infection
● People lived in a clean environment where cleaning and infection control measures were effectively monitored daily.
● All staff had received training on how to reduce the risk of infection spreading. Effective arrangements were seen to be adhered to by care, kitchen, cleaning and laundry staff.
● The registered manager ensured people and staff had access to the Flu vaccine when appropriate.

Learning lessons when things go wrong
● Reflective practice was used to support learning and on-going improvement in the service when things do not go to plan. Managers proactively encouraged staff to reflect on their practice and experiences to support further learning.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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
- People's needs were assessed before they moved into the home so that staff could be sure they could meet these. Ongoing assessment of people's needs, and abilities ensured staff remained up to date with potential risks to people's health and the action required to reduce these.
- Risk assessments were carried out and reviewed on a regular basis to ensure people received effective support with potential risk areas such as mobility, nutrition and skin care.
- Assessments were completed in line with best practice guidance and staff organised referrals to external healthcare practitioners and specialist where needed. In one person's case this had been to a speech and language therapist for assessment of their swallowing abilities. Action had been taken to reduce a choking risk.

Staff support: induction, training, skills and experience
- Staff completed induction training when they first started work, which the provider organised, to ensure staff had relevant knowledge and skills to be able to perform their work safely. During this time staff were made aware of the provider's expected standards and relevant policies and procedures.
- Staff were provided with supervision meetings where they were able to review their learning needs and work progress with a senior member of staff.
- Staff received ongoing support and training in subjects such as safe moving and handling, infection control, fire safety, food safety and dementia care. Staffs' competencies were reviewed in all areas of care delivery including the administration of medicines.

Supporting people to eat and drink enough to maintain a balanced diet
- Fresh food was prepared each day and people were supported to make food and drink choices. One person said, "We get good food."
- The cook told us care staff were good at keeping kitchen staff up to date with any changes to people's dietary needs and preferences. The cook clearly had a good understanding of people's dietary needs, such as texture altered foods (soft and puree foods) and where there was a need for additional calories to maintain people's weight.
- People who required support with their eating and drinking were provided with this. One person who had dexterity and dental problems was provided with one to one support at meal times. Another person who was potentially at risk of choking but did not always wish to follow professionals' advice about how to reduce this risk was closely monitored when eating and drinking.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support
● People had access to local GPs and community nursing services. Staff supported people to attend health appointments as was seen during the inspection when one person had to attend a hospital appointment.
● Staff liaised with and worked with external agencies and professionals to ensure people received appropriate and timely referrals and support. This included physiotherapists, continence practitioners, NHS optical services, mental health specialists and the emergency services.
● People's needs in relation to their oral care were assessed and recorded. People were supported to access dental care which was the case for one person who was requiring significant dental treatment.
● The registered manager liaised with commissioners of care to ensure people could access the support of the home when needed.

Adapting service, design, decoration to meet people's needs
● The period property been adapted to make living easier for older people with physical disabilities and orientation needs. A call bell system had been fitted throughout so help could be summoned, a passenger lift supported access to the upper floors and signage helped people locate areas. Bathrooms and toilets were adapted with hand-rails and lifting equipment to help people less mobile use these facilities more easily.
● All communal rooms were of a good size which allowed easy movement by people using walking frames and wheelchairs.
● Outside, a large terrace, leading from the main dining room, allowed people with mobility restrictions (including wheelchair users) easy access to the outside overlooking the garden.

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 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.
● People were supported to make independent decisions and provided with opportunities to make choices about their care and treatment. One person made daily decisions about their food and drink and in what form staff provided this.
● There were no authorised DoLS in place at the time of the inspection. The registered manager regularly reviewed the need for applications for this and submitted these when needed.
● People's ability to provide consent for areas of care and treatment was recorded for staff guidance. Where support had been needed with more significant decisions, people's relatives had supported them.
● The registered manager explained there had been no need to formally assess anyone's mental capacity to date as people were able to provide consent.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 were protected in line with the Equality Act and their protected characteristics; age, disability, race, religion, sex, sexual orientation, sexual reassignment (other characteristics include maternity and pregnancy). At the time of the inspection staff were not supporting any diverse needs however, managers confirmed, that no-one was discriminated against. A regular service was held in the home for all Christian denominations and staff confirmed that they would seek pastoral support for any other preferred faith if people wished them to do so.
- People had wanted to remember those who had died and with whom they had made friendships and who had been part of the Winslow House community. A remembrance service was now held, and a candle lit to celebrate the life of the person who had passed on. A photograph of the person was put up prior to this with a little information about them to help remind people who the service was about, and staff gave people time to talk about those who were no longer present.
- We observed people being treated with respect and kindness. Comments from people about this included "Staff are kind", "Staff are caring" and "I never feel bullied." A relative said, "Everyone seems happy here" (this comment also applied to the staff).
- A member of staff told us that people and staff had been interested in learning more about different cultures and religions. This had led to the cook providing different cultural foods as part of themed meal experiences and staff from different countries sharing their traditions and music with people in activity sessions.

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

- People's choices and views about their care and treatment were taken into consideration when first assessing their needs and then when planning their care. People's on-going care was reviewed with them or with their representatives to ensure people received care which suited them best.
- When talking about having choices and making decisions about their care people described the staff in this process as being "Very fair" and "They listen and are very nice." Staff provided person centred care; care and support based on people's individual choices and preferences.

Respecting and promoting people's privacy, dignity and independence

- People's care was delivered in private and their bedrooms recognised by staff as being people's personal space. Staff knocked on people's doors before they entered and were respectful of people's personal property.
- Information about people's care was kept secure and confidential.

● Staff spoke with people in a respectful way and maintained their dignity. We observed this practice throughout the inspection, when people were supported to move and during the delivery of end of life care.
● People's wish to remain as independent as possible was supported. One person told us they were still able to physically look after themselves independently, but the staff supported them with the things they needed help with.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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's care was planned with them and with the support of their representatives and relatives, where appropriate. One person's representative was supporting their relative to make an independent choice about their longer-term care needs. During the inspection this person told us they had felt so well supported during their short stay in the home, they had decided to stay permanently.
- Staff knew people's likes, dislikes and choices well and provided their care in a way which people preferred; care delivery was centred around what the person wanted.
- Care plans provided a written plan of people's needs and how these were to be met. We found three examples where the personalised content of people's plans had not been updated as their needs changed. These care plans were adjusted as soon as we fed this back to managers. This had not impacted on people as care was delivered according to the person's needs and preferences on the day.
- All risk assessments and associated care was up to date, such as moving and handling risk management plans. Care plans included the support people required with their dental hygiene.
- We observed, throughout the inspection, that people were supported to make simple daily decisions and choices and the staff met these.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs and how they needed information provided for them was recorded in their care plan information. This included guidance for when there was a sensory loss such as hearing or sight loss, where information needed to be in large print, given verbally or repeated. Staff were aware of the need to use non-verbal communication; gestures and facial expression to help communicate with some people.
- The registered manager realised that for some people written information was not easy to follow so they provided pictorial information. This was in use in the home's Newsletter, people's life history and preference information in people's bedrooms and general signage around the home.

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's interests, hobbies and their life histories were explored with them soon after admission. This was so staff could start supporting people with the activities they enjoyed and interacting with them in a meaningful way.
● The activities co-ordinator said, "We want to keep people as happy as possible, they [people] are a whole person, we are invested in that whole person and try to think out of the box in how we can support that." One person with partial sight told us they did not get involved much with activities because of this, although, we saw them being included, and enjoying, some of the activities and conversations which were led by staff during the inspection days. Another person experienced low moods. The activities co-ordinator said, "Staff are well tuned into [name] and how they are feeling and will encourage and do activities with [name] when they are low."
● Staff were aware of the risks of social isolation and that some people may potentially feel lonelier than others; those who lived with dementia or remained in their bedrooms, either from choice or ill health. Arrangements were in place each day to ensure staff were aware of who these people were and that they received regular visits from staff throughout the day. The activities co-ordinator explained that whilst people's wish to spend some time alone was fully respected, they also did not want anyone "falling through the net" and not getting the support in this area they may need.
● A full activities program was organised with something happening each day. This was well advertised, and each person had a personal copy of this. People's level of involvement and their ability to engage in an activity was monitored so that adjustments could be made for people if required.

Improving care quality in response to complaints or concerns
● The providers complaints procedure was on display for people and visitors to the home to read. Some adjustment was needed to this to make it clearer to people who they could make a complaint to and what the next step is if they are unhappy with the complaint response provided by the service. The registered manager and provider told us they would amend this straight after the inspection.
● We reviewed the management of all complaints received since the last inspection in March 2017. Appropriate records had been kept in relation to these complaints which included the actions taken in response to the issues which had been raised.
● The registered manager was responding to information requested by The Local Government and Social Care Ombudsman in relation to one on-going complaint.
● We also reviewed the many compliments the service had received about the quality of care provided.

End of life care and support
● Staff had just completed two years' work towards the Gold Standards Framework in end of life care at the time of the inspection. The service was waiting to see if they had reached the standard needed to be accredited with a Gold Standard in end of life care. This had included training staff and implementing the systems and processes required to provide a high standard of end of life care. This included working effectively with other community-based healthcare practitioners and end of life specialists to be able to recognise, early on, life-limiting conditions or changes in these and be able to support people to plan and live as well as possible right to the end of their lives. This included supporting those who were close to people during this time and after their loss.
● One person was receiving care in the last few days of life at the time of the inspection. Staff were providing care which had been planned, for this time, with the person. discussed with the person and which followed their preferences and wishes. Discussions had included what medical interventions they wanted and did not want should a medical emergency arise.
● This information had been recorded so that when the person was no longer able to express their wishes staff were clear about what these were and could meet these. This person's relative told us staff had supported their relative to live well right up to the current time. They told us they were able to visit when

they wished, able to stay for as long as they wanted and were always supported by the staff at these times. They said, "The staff are amazing, so kind, they also phone me regularly with updates about [name]."

● Care records showed that conversations had also been held with this relative, about what to expect and what action would be taken by staff to keep their relative comfortable. We saw staff visiting this person on a regular basis ensuring they remained comfortable and reassured.

Requires Improvement

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 Good. At this inspection this key question deteriorated to Requires Improvement. This was because some monitoring processes needed review to ensure they were fully effective in identifying areas for improvement so that people continued to receive high-quality and person-centred care.

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

● The registered manager had implemented a monitoring system. This consisted of a program of audits and other more informal checks to monitor the service and identify any areas of shortfall. In areas, such as infection control, health and safety, staff recruitment and monitoring risks, accidents and incidents we could see that these audits were effective. However, in one area of medicines management and in the checking of some care plan content the audit process had not been fully effective in picking up areas which required some improvement. The shortfalls we identified had not impacted on people, because staff knew people's needs well, provided the care they needed according to their needs on each day and senior care staff monitored staffs' daily work.

● The provider relied on the registered manager to complete the audits and received verbal assurances of the outcomes of these, however, did not have a process in place to verify or check that the auditing process was effective and fully completed. This meant the provider also would not have picked up on the shortfalls we identified. As the registered manager was due to take a planned absence from work the provider's current arrangements were not robust and effective enough to ensure that any shortfall in the quality and standard of the services provided would be adequately identified and addressed. Although the provider had employed an interim manager for this period, some adjustment to the provider's monitoring system were therefore needed so the provider, had the information they needed to drive any necessary improvement.

We recommended that the provider seek advice, from a suitable source, to improve aspects of their quality monitoring system.

● We reviewed the service's continuous improvement plan which was a live document. Actions for improvement on this came from the findings of the audits, any plans for on-going improvement discussed by the registered manager and Nominated Individual and any suggestions or ideas fed back by people, relatives or staff.

● A daily 'things to do' list included actions from the improvement plan as well as others added by the registered manager during their daily work. This was also a live document which was evident from the notes recorded showing actions completed and work which was still in progress.

● Audits had been completed regularly in relation to infection control and health and safety although the last infection control audit could not be found during the inspection but was confirmed as having been completed. We fed back to managers that the system for storing current records associated with inspections

would benefit from a review, so these could be easily accessed when requested. A substantial amount of work had been done in re-organising records relating to the management of the home. the service's records this area but managers agreed it was still work in progress.

● We reviewed collated information relating to falls and individual people's infections, which was used to help identify potential trends or patterns in these areas. This helped managers to ensure that the risk management actions in place, were effective in reducing risks and infection. There had been worrying trends identified.

● There was evidence to show that managers took appropriate action when the service's expected standards of care or behaviour were not adhered to.

● Managers ensured that the Care Quality Commission (CQC) received all notifications as required following a death, accident or incident or allegation of abuse, and for any other event that impacted on the smooth running of the service. The service's previous rating given by the CQC was displayed as required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● A positive working culture was promoted and supported through all the levels of management. Staff were supported in a way which enabled them to put people first. They felt able to openly discuss ideas and suggestions they had about improving outcomes for people. They told us they felt valued and included in decisions made about the service.

● One member of staff told us they felt "very much part of a team". Another member of staff explained how the registered manager sometimes showed their appreciation and how this made staff feel valued. They said, "[Name of registered manager] will sometimes write a thank you card to the staff, it means a lot." The registered manager told us in 2018 they raised money and took staff out in two groups on a 'Spa Day' to thank them for their commitment and had work. Another member of staff told us how supportive the deputy manager was. They said, "You can go and chat to [name] about anything, a caring brilliant woman."

● The same positive regard was given to the Nominated Individual (NI). One member of staff said, "[Name of NI] is very approachable, she's right in the middle of it, interested in everything that's going on."

● People told us they considered the home to be a happy place. Comments about the registered manager included, "Very nice", "Very fair", "Has a laugh with us" and "[Name of registered manager] is lovely." One relative said, "[Name of registered manager] is lovely."

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; Continuous learning and improving care

●There had been no incidents which had resulted in serious harm or death where duty of candour would have applied. However, where accidents or incidents had taken place managers had informed people or their representatives about this and explained what action had been taken in response to these.

Continuous learning and improving care

● The registered manager used feedback and accidents and incidents as opportunities for staff learning and identifying where further improvement to staff practice and processes could be made. Reflective practice was used to aid staff learning and understanding.

● The registered manager discussed some specific areas of improved practice which had resulted from specific areas of subsequent learning and reflection. This included staff ensuring they ascertained and recorded any specific personal care preferences that people's representatives may have, in situations where the person is unable to express these independently. Changes in people's personal care were verbally hand-over to staff in staff hand-over meetings and staff were now required to sign that they had attended each hand-over meeting at the beginning of their shift. Better explanation was now given to staff about why certain changes may have been made to people's care so the reason behind the change was understood.

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

● The registered manager and deputy manager held regular meetings with different groups which included people, their relatives and staff to hear their views and communicate necessary information. A monthly Newsletter was also provided, and email addresses were being sought so this could be more easily shared with relatives.

● Feedback from people and their relatives was also sought and received on a daily basis, but also formally on an annual basis using questionnaires. Information was collated from these and a "You said we did" form of feedback in response was adopted. Questionnaires were due to be sent in December 2019.

Working in partnership with others

● The service worked with several community-based groups and individuals to promote improved experiences and outcomes for people. This included intergenerational work with a local school where pupils came to read with people on a weekly basis.

● Managers liaised with commissioners of adult social care and providers of hospital care to ensure people could access the service when needed.

● Improved and closer working with primary health care professionals such as GPs, community nurses, pharmacists and local churches had come from the home's involvement with the Gold Standards Framework for end of life care.