Heathfield (Horsham) Limited

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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:
Heathfield (Horsham) Limited is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 36 people. Heathfield (Horsham) Limited accommodates people in one adapted building.

People's experience of using this service and what we found:
People received safe, personalised and responsive care. However care records did not always reflect the personalised care being delivered. Improvements were required to ensure the information contained within people's care records was personalised, consistent and accurately reflected peoples current care and support needs. Staff were knowledgeable about people's needs and people's safety had not been impacted. We have made a recommendation for the provider to seek advice and guidance from a reputable source, about how to record / assess people's needs and choices; in line with standards, guidance and the law.

People received care and support that was safe. One person said, "I feel very safe here. The staff support me safely when helping me move around." People were supported by staff who received training and were able to identify and respond appropriately to abuse. There were sufficient staff to support people with their daily living and activities. A member of staff said, "The (staffing) levels are very good and keep people safe."

Training and observation of staff practice as well as supervision ensured staff were competent in their roles. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care from staff who were kind and caring. People told us staff always respected their privacy and dignity. One person said, "I may be getting on, I didn't think I would end up in a home, its made that little bit easier because of the type of staff here. They have become my family. Very kind they are." Staff supported people to be fully involved in their care planning and reviews.

Records showed the service responded to concerns and complaints and learnt from the issues raised. No formal complaints had been made since the previous inspection.

People told us the home was well-organised and commented on the pleasant working atmosphere amongst staff. The board of trustees and the registered manager provided a visible presence at the home. People were encouraged in their involvement and development of the home.

Staff felt well supported in their roles. Staff meetings provided opportunities to reflect on people's care and anything that might be done differently. A system of audits monitored and measured all aspects of the home and were used to drive improvement. The home worked proactively with the NHS and Social Services to proactively meet peoples care needs.

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 requires improvement (published 12 June 2018).

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Heathfield (Horsham) Limited on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service until we 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**

Heathfield (Horsham) Limited

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
This inspection was carried out by one inspector 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
Heathfield (Horsham) Limited 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 information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-
We spoke with 12 people who used the service and two relatives about their experience of the care provided. We spoke with two visiting trustees, the registered manager, deputy manager, general manager, activity coordinator and the chef. We also spoke with four members of care staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures around dependency levels, assessed needs and admission.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
At our last inspection we recommended the provider consider updating their personal emergency evacuation plans (PEEPs) making them more person specific, so that people stay safe. The provider had made these improvements.

- Fire safety at the home was well-managed. This included a fire risk assessment; regular checks and maintenance of fire safety and firefighting equipment; personal emergency evacuation plans (PEEPs) for people living at the home; fire safety training for staff and regular fire drills.
- Risk assessment's varied in completeness regarding guidance for staff on how to manage some health risks. When we spoke with staff they could tell us how to mitigate risks and what measures they took to reduce risks to people. The staffing team were well established, and the registered manager did not use agency staff. Without exception all the people and relatives we spoke to told us they felt safe and that quality of care delivered was safe. We found people's safety had not been impacted and we have covered the inconsistent documentation of risks to people in the well-led section of this report.
- Risk assessments included malnutrition, moving and handling and diabetes. These were based on individual needs. They were updated monthly or more often, when needed.
- Where a person was at high risk of falls, staff sought the advice of the community falls team and acted on that advice, which successfully reduced risks for the person. Sensor pads had been introduced for people at high risk of falling. These set off the call bell system, when the person moved around their room. This prompted staff to go to those rooms immediately to check on the person's wellbeing and offer them assistance.
- To ensure the environment for people was kept safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. There were risk assessments in place relating to health and safety.

Systems and processes to safeguard people from the risk of abuse
- The registered persons and staff understood their responsibilities to safeguard people from abuse. Concerns and allegations were acted on to make sure people were protected from harm.
- Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident that management would act appropriately.

Staffing and recruitment
- People received care and support in an unrushed personalised way. Discussions with people, relatives and staff indicated there were enough staff on duty. One staff member said, "They are much better than what they were. The work load has lightened, less pressure. We are more efficient. Everything runs smoothly."

● There was a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with people.

Using medicines safely

● Arrangements had been made to ensure the proper and safe use of medicines. There were reliable arrangements for ordering, administering and disposing of medicines.

● Medicines were ordered in a timely way and senior care staff who administered medicines had received training. Records demonstrated arrangements had been made for all trained staff to be annually assessed in their competency to administer medicines.

● Unused medicines were discarded safely and in accordance with the provider's administration of medicines policy. Stocks of medicines showed people received them as the prescriber intended. When people had their medicines administered on an 'as required' basis there was a protocol for this, which described the circumstances and symptoms when the person needed this medicine.

● Medication audits were completed on a daily and monthly basis. The registered persons reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Preventing and controlling infection

● The home was clean and without odours. Housekeeping staff completed a daily cleaning schedule. Staff used personal protective equipment when assisting people with personal care. For example, gloves and aprons.

Learning lessons when things go wrong

● Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was recorded to establish patterns and monitor if changes to practice needed to be made.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience
At our last inspection supervision and appraisals were not taking place. Supervision is when staff meet individually with their manager. It provides staff with one to one support and enables them to voice any concerns they may have. The provider had made improvements.

- Staff told us they were supported by the registered persons through regular supervision and an annual appraisal. One staff member said, "Since [registered manager] has been here we are supported a lot more. She has the answer. She has confidence which makes everyone else confident." Another staff member said, "Nothing phases the manager. You know where you stand. Personally I feel that if there was anything that needed to be talked about I could approach [registered manager], you do not need formal supervision to do that."
- Records showed staff were given the opportunity to discuss working practices, what went well and what did not go so well and explore ways of improving the service they provided.
- People received effective care and treatment from competent, knowledgeable and skilled staff with the relevant skills to meet people's needs. People felt staff were competent to give them the care they needed, and staff were flexible with the support they provided. One staff member commented, "I did an oral hygiene course. It was interesting and gave me more of an idea around denture care which I have put in practice."
- New staff had completed a comprehensive induction and worked alongside experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People confirmed they were offered choices, and their consent sought before they received personal care.
- People's needs were assessed before they started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs. Records did not demonstrate the initial assessments had considered any additional provision that might be needed to ensure people did not experience discrimination. Since the registered manager commenced in March 2018, the registered manager had documented these as an addition to the assessment form used, this was due to the registered managers knowledge that this was a required standard. The assessment document did not sufficiently cover these personalised areas. We have covered this in further depth, in is the service well-led.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with

nutrition and skin integrity.

Supporting people to eat and drink enough to maintain a balanced diet
● People were positive about the quality of food and choices. People were provided with a choice based on their individual needs. One person said, "Lunches are top class. There are three main courses, and three deserts to choose from." Another person referring to the food said, "Very good. 100%." A relative said, "The food is amazing."
● People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing for special diets, such as for diabetics.
● We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the day, in their rooms and in the lounge and dining areas.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live healthier lives, access healthcare services and support:
● People were supported to access healthcare from professionals such as GPs, chiropodists, dentists and opticians. They told us staff were quick to spot changes in people's health and arranged for GPs to attend in a timely way.
● Records confirmed advice obtained from health and social care professionals was transferred into care planning. The registered persons met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them.

Adapting service, design, decoration to meet people's needs
● The accommodation was on two floors and there was a passenger lift. There was a large lounge, conservatory, dining area and a well-appointed garden. This had well maintained paths and had sufficient railings to ensure ease of access. The home had call bell pendants available for when people went into the garden. This would enable them to call for help if required. There were aids and hoists in place to help people with mobility needs.

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).

● Staff received training in the principles of the MCA and understood their role and responsibility in upholding those principles. One staff member said, "MCA is where a resident may not have the capacity to make a decision. We must firstly always assume capacity unless assessed otherwise. If needed it would be assessed and then a best interest decision needs to take place by the care manager, maybe the person might need an advocate, persons solicitor, relatives and staff."
● People's mental capacity was effectively assessed and managed. Capacity assessments and best interest decisions were made in line with best practice.
● The registered manager had made DoLS applications to the local authority when necessary and kept

them under review until a response had been received.

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 received care from staff who developed positive, caring and compassionate relationships with them. One person said, "The staff are so considerate. Nothing is too much. I love my gardening and the manager gave me section of the garden to grow vegetables and plants. I did this before moving here and it was something that was very important to me to continue. Just because I am old, doesn't mean I can't carry on doing what makes me happy."
- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. We saw there was a strong rapport with staff which was evident when they were talking and laughing with people.
- People were part of their local community and enjoyed a communion service from their local clergy, who visited monthly.

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

- People confirmed they were involved in day to day decisions and care records showed they participated in reviews of their care. One person said, "I can get up and go to bed when I want. I have a shower every day, it wakes you up and makes you feel fresh." People's views were reflected in their care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews.
- Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care they could manage for themselves and what they needed help with.
- People's rooms were personalised with family photos, mementoes and furniture. Staff supported people to keep in touch with their family. People said visitors were always made welcome and offered a drink, and some privacy to talk. Staff kept people in contact by telephone and email with relatives who lived further away.

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. One staff member said, "You have to ask the resident what they prefer to wear. It should be their choice. During personal care we close the curtains and door. Cover personal areas when not washing to ensure personal care delivery is dignified."

● People were treated with dignity and respect. People's dignity was respected during moving and handling transfers. We observed staff knocking on people's doors to seek consent before entering throughout the inspection. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

● People were supported by staff to take pride in their appearance. We saw people wearing jewellery and make up. People told us they were supported to maintain their personal hygiene through baths and showers when they wanted them.

● People were encouraged by staff to be as independent as possible. One person said, "I make my bed. I like to be as independent as I can." Another person said, "Although the carer washes me. I take my teeth out and clean them myself." A staff member said, "One lady can become very very nervous. You have to be careful how you encourage them to go in their bathroom to wash. If you go to the sink too quickly it can make [person] distressed. The approach needs to be slow and supportive. This encourages [person] to do more for themselves."

● Confidential information was held securely in locked cupboards. People had received an updated privacy policy and policy statements following changes to data protection legislation in May 2018.

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 received personalised care in line with their preferences, interests and needs. However, the quality of care plans were inconsistent in terms of the quality of information recorded. The majority of care plans we reviewed contained high levels of good, person centred detail, other care plans did not. We have covered this in further depth, in the well-led section of this report. People and their relatives told us they had not been impacted by this and felt they received an "excellent" personalised service.

● From our conversations with care staff, it was clear they knew people well. One staff member said, "Every person here is different. What we do here each day is personal. Some people who may be hard of hearing, we ensure they have working batteries in their aids. One person prefers us looking directly at them very closely, because [person] reads our lips. Every person is different and cared for in a way they should be and want to be."

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.

● Each person had an 'Accessible information' care plans. This detailed the persons communication needs and whether the person required a hearing aid, wore glasses and what support the person required around this. One person used a tablet to read their care plans and other information, in large font. Printed off information was provided for in larger print to read.

● The general manager had arranged links with local library to access large print and audio books. People told us they were aware they could use this. The home had a library card to also access talking books. One person was supported to use a magnifier to be able to see what they were reading.

● We observed a person thanking a carer for changing their hearing aid battery. They said, "It is so much better." The carer was not convinced the issue was just to do with the battery and with the persons permission, arranged an appointment with the local GP to have their ears examined. This meant the person's ability to be able to hear effectively was promoted.

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 were supported to maintain relationships that were important to them. Visitors were made welcome at the home at any time.

● Care plans recorded information about people's interests and hobbies. People confirmed they were

happy with the activities on offer at the home. In one person's care plan it indicated the person enjoyed talking about when they were a clothes maker. We observed staff engage in this conversation while doing crafts for the upcoming Queens birthday.

● Where people were unable or chose not to be involved in communal activities, they received 1:1 support from staff. For example, one person told us they preferred 1:1 stating, "The craft lady is wonderful. We have been making cards together and knitting dollies." The person told us it meant a lot to them to be able to do this.

● People could go out independently if they chose or join community outings, such as a visit to a garden centre. One person said, "We have been to [garden centre], [National Park], and [historic villages]." People told us their independence to come and go was an important aspect to living at the service.

Improving care quality in response to complaints or concerns

● Complaints were managed in line with the provider's policy. There had been no formal complaints since the last inspection. People told us they were confident that any issues they raised would be listened to and acted upon.

● Relatives complimented the service, comments included, 'The care [person] gets from you all is wonderful and gives me such peace of mind.', 'The care and affection that is being shown to person] by you and all the staff is wonderful and I know he really appreciate it.' 'Thank you for being so kind and making me feel welcome here. The food was top class.'

End of life care and support

● Peoples' end of life care was discussed and planned, and their wishes were respected if they had refused to discuss this.

● People could remain at the service and were supported until the end of their lives.

● Observations of documentation showed that peoples' wishes, about their end of life care, had been respected.

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 Requires Improvement. At this inspection this key question has remained the same 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
At our last inspection there was a lack of quality auditing systems in place. The trustees had recognised that the lack of having a consistent management team had impacted the culture of the home and this had impacted on staff morale. The provider had made improvements.

● Although there were significant improvements in the quality auditing systems and staff morale, the home was still on an improvement journey with their care records, all of which had been reviewed since the last inspection. The registered manager told us, during the care record review process they had identified a number of care records that still required attention to ensure there were no gaps in guidance for staff around health issues and that not all records had been personalised. This supported our findings.
● Some risk assessments did not clearly outline the risks to people and how these risks were being managed by staff supporting them. While staff understood people's needs and supported them safely, these were not always clearly recorded. For example, for one person when they become unwell the care plan instructed staff to take the person's oxygen levels. There was a lack of written guidance on what those levels should be and what action to take. A person with osteoporosis didn't have a risk assessment. People with osteoporosis are more at risk of bone fractures and additional pain/aches.
● Although plans were already in place to address the issues we found in care records, these had not all been actioned. We will not be able to confirm if sufficient action has been taken until we next inspect the home.
● People's needs were assessed before they started to receive support from the service. However, the admission assessment was vague. The questions on the form did not provide assurances on how people would be protected from the risk of discrimination. The admission assessment did not allow the information being gathered to be personalised. Since the registered manager commenced in March 2018, all admissions we reviewed had additional information noted on the back of the assessments to ensure care plans and support could be personalised. The registered manager had asked the questions and noted people's responses. The registered manager told us the format was not inclusive of people's needs and did need updating to formally meet the providers policy.

We recommend the provider seek advice and guidance from a reputable source, about how to record / assess people's needs and choices; in line with standards, guidance and the law.

● A detailed system of audits monitored and measured all aspects of the home and were effective in driving improvement. The registered manager and general manager explained the Trustees recognised there needed to be better leadership and continuity for the team, people and relatives. The registered manager said, "When I started, I was horrified what wasn't being done. It is now working well but full of challenges. As a management team we have had to reintroduce a lot of paperwork over a short period of time. It takes time to embed. We have done really well and there are still improvements to be made. But there should always be improvements." One staff member said, "Morale is so much better, because we are all working as a team. Everyone wants to help each other. And doing our roles to the best of our ability."
● We looked at audits in relation to care plans, medicines, activities, the kitchen, mealtime experiences, call bells and infection control. Actions were recorded that had arisen out of any issues found. Actions were clearly documented and followed-up.
● The registered manager demonstrated their understanding of the regulatory requirements. Notifications which they were required to send to us by law had been completed. The rating awarded at the last inspection was on display at the home and on the provider's website.
● Staff were clear about their roles and responsibilities. Monthly team meeting records showed topics discussed included what might have been done differently. These meetings provided opportunities for discussion and reflection.

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 registered manager understood their responsibilities under Duty of Candour. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had.
● People felt confident to talk with the trustees or the registered manager if they needed to. One person said, "There is a manager here every day. Every day there is someone in charge we can speak to about the service we receive. We are always asked our views on the care we receive, and they are good at saying sorry when things go wrong. The management are honest."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● People and relatives all told us they found the staff to be approachable, at all levels, from care staff to management and the board of trustees.
● Staff were motivated and proud of the service. All staff we spoke with consistently knew people well and felt they worked well as a team. One staff member said, "We are here to protect and aid people that want and need help with aspects of their life like personal care, food, having a happy and safe life while they are here." The staff member continued, "It is a lovely place to work. I get up in the morning and am excited about coming to work. You can sit and have a chat with a person over the age of 99, make them laugh, it's really nice. I look at these people and they are someone's nan, mum, grandad and dad. They deserve the best we can give them because they cannot be in their own home. There may be one day I am in a home being cared for and we all deserve to be treated and cared for in the correct manner."
● Interactions between people, relatives and staff, including the management team, were all warm and positive and they clearly knew each other well.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager told us there had been a "huge" recruitment drive in the last year. This led to the development of a skilled and diverse workforce which has had a positive impact on the staff team and people living at the home. The registered manager continued, "There is so much more diversity here. It has had a positive impact on the team and people living here.

● Records showed that 'Equality and Diversity' had been repeatedly discussed in team meetings, minutes of those meetings demonstrated the struggles the management team had in trying to change the culture of existing staff. Since March 2018 all staff have completed training in 'Equality and Diversity'. The records showed a journey of staff's competency being assessed around this topic. This had improved staff understanding.
● The management team told us, conversations with people about their sexuality could feel awkward for staff. Different questions had been considered to enable staff to ask questions in a different way to avoid such a direct question. Consideration had been given to national studies and guidance about supporting people to use services who identify as lesbian, gay, bisexual and trans-gender (LGBT) to ensure best practice was being followed.

Continuous learning and improving care
● The registered manager collected and analysed information about the service, for example falls, and used this information to create an action plan to reduce or mitigate identified risks. We saw where one person had recurrent falls this triggered a best interest meeting where the suitability of the service to meet the person's needs was discussed.
● The registered manager acted on feedback from local authority visits.
● Staff told us they were given opportunities to share ideas and make suggestions to improve the service at team meetings, supervisions and as and when they wanted to. One staff member said, "The bedding was getting tatty and needed replacing. We suggested this to the management team and new bedding, bathmats and fitted sheets were purchased."
● The provider issued satisfaction surveys monthly to gain people's feedback. We reviewed the outcome of recent surveys and saw that people had expressed a high level of satisfaction with all aspects of the service. The provider had acted in response to any negative comments, including changing menus and providing additional activities. A comment from a survey included, ''The staff are especially caring and helpful. Food was exceptional.'

Working in partnership with others
● Staff worked closely with local healthcare providers such as the GP surgery, district nurses and the local pharmacy. Staff worked in partnership with local authority commissioners, social services and safeguarding team members where necessary. This was to share information and learning around local issues and best practice in care delivery. For example, staff worked closely with the local fall's prevention team and the integrated response team. This enabled additional training to be attended in wound care which developed staff's skills in being able to carry out initial wound dressings before a district nurse comes in.