

Whitwell Park Care Home Limited

# Whitwell Park

## 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

This inspection took place on 3 and 4 May 2017 and the first day was unannounced.

The service specialises in providing nursing and personal care for up to 34 people who have a learning disability or autism or other associated and complex needs. There were 34 people living in the service on the day of our inspection. The service provides care and support for older people, with a range of medical and age related conditions, including mobility issues and dementia.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People felt safe at the service; their care needs and any risks to their safety were assessed and reviewed. Enough staff were available to meet people's needs in a timely manner. Staff and the registered manager were able to explain to us how they maintained people's safety and protected their rights. Staff had been provided with training such as the Mental Capacity Act (2005), Deprivation of Liberty Safeguards (DoLS) and safeguarding.

The provider had procedures in place which were followed to safely recruit staff. The provider employed new staff once appropriate checks had been completed. New staff participated in an induction program which included a period of shadowing an experienced staff member and completing the Care Certificate.

Registered nurses followed the correct procedures relating to medicines management; systems were in place to ensure medicines were safely stored, administered and disposed of.

People's healthcare and nutritional needs were met; when needed specialist healthcare professionals were involved to ensure people's needs were met. People received care from staff who had participated in training and acquired skills they needed to meet people's individual needs. People's individual needs were met by the adaptation, design and décor of the service. Individuals' choices and preferences were respected and positive outcomes for people were encouraged.

People's dignity and privacy was maintained; staff demonstrated they knew the people well and were aware of the importance of treating them with dignity and respect. Staff were kind, caring and compassionate. People were involved and encouraged to make choices about their day-to-day care. People's right to a family and private life was encouraged and respected.

Activities were varied and offered to suit people's needs, choice and preferences. People's care plans reflected their individual needs and how these were to be met by staff. People and their relatives felt involved with their care. There was a complaints procedure in place and people and relatives were confident

any concerns would be listened to and action would be taken.

The service was led by a registered manager who was supportive and approachable; they recognised the importance of being open and transparent along with learning from when things went wrong. There were systems and processes in place to check on the quality and safety of the service; audits of the service were taking place to monitor and review the service. Staff and the registered manager demonstrated a clear passion and commitment to providing a good and effective service to people living at Whitwell Park.

## 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.

People felt safe living at the service. Recruitment procedures were in place and were followed to ensure suitable staff were employed. The provider had an effective system in place to manage and analyse accidents and incidents – to learn from them and reduce their reoccurrence. There were enough staff to meet people's needs. Medicines procedures were safely managed by qualified nurses.

### Is the service effective?

Good ●

The service was effective.

Staff were provided with training to enable them to meet people's needs. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). People were supported to have sufficient to eat and drink. People were supported to attend appointments with healthcare professionals. People's individual needs were met by the adaptation, design and décor of the service. Individuals' choices and preferences were respected and positive outcomes for people were encouraged.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate. People and staff had developed positive relationships; staff respected people's right to dignity and privacy. The culture of the service was one which put people and their needs at the centre. People were encouraged to be involved in decision-making about the care and support they received.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to follow their own individual activities and interests. People were included in identifying their individual

support needs and staff respected their choices. Staff had a good understanding of people's individual care and support needs. There was a complaints procedure in place and people told us they felt able to speak about any concerns or issues.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager and the management team promoted strong values; they embraced a person centred culture and this was supported by the commitment of the staff team. There was an effective system for monitoring the quality of the service provided to people. People were encouraged to share their views about the service. Staff and the management team understood their roles and responsibilities to the people they supported. Staff felt valued and supported by the management team and the provider. There was a positive, open and inclusive culture at the service.

# Whitwell Park

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 3 and 4 May 2017; the first day was unannounced. The inspection team comprised of one inspector and an expert by experience who had specific experience of care for people with a learning disability.

Before the inspection we reviewed the information we held about the service along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with fifteen people who used the service and five relatives. We also spoke with three registered nurses, four team leaders, six care staff, an activities coordinator, two kitchen staff, the laundry assistant, the deputy manager and the registered manager. We also spoke with a healthcare professional, the local authority and health commissioning teams, and Healthwatch Derbyshire, who are an independent organisation that represents people using health and social care services. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority or by a health clinical commissioning group.

We reviewed a range of records about people's care and how the service was managed. This included seven people's care plans and associated documents; staff training records, five staff recruitment files, health and safety audits and medicines records.

As not all of the people living at the service were able to fully express their views about their care, we carried out a Short Observational Framework for Inspection (SOFI) to capture the experiences of people who may not be able to communicate their views.

# Is the service safe?

## Our findings

People who were able to told us they felt safe living at the service; one person said, "I use my walker [zimmer frame]; I am safe. I have my own chair [wheelchair] when I go out." A staff member said, "Safe, yes, I do." They went on to say, people were safe, "Because of the assessments we have in place; we all have guidelines we have to follow and I 100% believe we are guided by the rules." Another member of staff said, "There's that much training, it can only be safe." A third staff member said, "Safe – yes; everything we do we put service users first; it is done safely and to benefit the service users."

Staff told us and records confirmed they had received training in respect of safeguarding and how to support people to remain safe. Staff were able to demonstrate how they kept people safe and they knew how to report any concerns they had about people's safety. Staff understood their responsibilities in respect of protecting people and knew how and who to report any safeguarding concerns to. We saw the registered manager and provider ensured they reported any incidents of concern to the relevant local authority and the Care Quality Commission. This meant people were protected from avoidable harm.

Staff were able to tell us how they supported people safely and in a way which reflected information contained in people's care plans. We looked at the care plans and saw risks had been identified, assessed and were evaluated in a timely manner. A staff member said, "We have an obligation to keep people safe." They continued and said, "We assess people's needs and ensure we can provide safe care." Another member of staff said, "We don't want people to fail; we want people to thrive." Staff followed people's individual care plans and risk assessments to ensure safety and well-being was promoted and maintained.

Personal emergency evacuation plans (PEEP's) had been completed and were in place should people need to be evacuated in an emergency. Staff were aware of what to do in the event of an emergency, such as a fire. Safety equipment such as fire extinguishers had been serviced within the appropriate timescales.

Staff told us there were enough staff for them to meet people's needs safely; some people were identified as requiring additional staff to keep them safe and we saw this was provided. One staff member said, "We are really lucky for staff; we cover for sickness – we never use an agency." Another staff member said, "Enough staff – yes there is; in fact we could be a little over." They went on to say, "If service users' needs change we have to change staff levels; we have to work flexibly to give people time to live the life they want and deserve." A healthcare professional told us the staffing levels were sufficient to meet people's needs; they also told us, people had assessment for additional staff hours, and this enabled people to be safely cared for. We saw there were enough staff available to support people in a safe manner and at a time when it was needed.

We looked at staff recruitment files and saw the required checks had taken place prior to staff working at the service. We found staff files contained evidence that all the required pre-employment checks had been carried out. This included two written references, evidence of the applicant's identity and Disclosure and Barring Service (DBS) checks. Staff confirmed their DBS was carried out before they started working at the service. We also saw checks had carried out on nursing staffs annual registration membership with the

Nursing and Midwifery Council (NMC). This assured the provider the nursing staff had retained their registration status. The checks helped the provider to ensure staff were of good character and suitable to work with people who lived at Whitwell Park Nursing Home.

People were unable to manage their medicines and were reliant on the staff to ensure their medicines were stored and administered in a safe manner. Registered nurses administered medicines and we saw before administering they explained in easy terms what each medicine was for. We saw medicines were safely stored, administered and disposed of and in accordance with current guidance. People received their medicines from staff who had received training in medicines administration.

We saw audits of medicines took place to ensure medicines were managed safely. Each person had their own file which contained their medicine administration records (MAR), a photograph and a mental capacity assessment in relation to medicines. We saw, where appropriate, information and guidelines regarding the use of 'as required' medicines. This ensured people did not receive too much, or too little medicine when it was prescribed on an "as required" basis. MAR charts we looked at were complete and did not have any gaps in recording. This showed medicines management was taken seriously to ensure people received their medicines safely and as prescribed.



# Is the service effective?

## Our findings

People told us staff knew them and their needs; one person said, "[Staff name] – oh, she's alright; she knows me well – they [staff] all do." A relative told us their family member had lived at the service for three years and was, "Very happy and content; it puts our minds at rest." A member of staff told us the people they cared for were, "At the centre of everything we do." Staff told us they strived to make people's lives better and interesting.

Training was provided and arranged for staff to ensure the care and support needs of people were met by staff who were able to effectively meet their needs. The training arranged was what the provider felt necessary to meet the needs of the people. We saw the provider had been granted a 'Centre of Excellence Award' for the training staff received in behaviour management and support. The award was because the provider's training and development officer was able to evidence the principles of positive behaviour support had been embedded into the culture of the service. The training is accredited with the British Institute of Learning Disabilities (BILD) and promotes an inclusive and least restrictive approach to behaviour management.

Staff told us new starters were provided with a period of induction and shadowing of experienced staff before working on their own with people. Staff told us the period of shadowing and induction prepared them for their role at the service. The provider expected all care staff to undertake the Care Certificate as part of the development of their caring role. The Care Certificate identifies a set of care standards and introductory skills that non-regulated health and social care workers should consistently adhere to. The registered manager told us there was an expectation for all care staff to have completed the Care Certificate; they said, "We see it as a good benchmark; staff gain and update their knowledge and that can only benefit the service users." This showed the provider arranged the necessary training for staff to be able to meet people's needs.

Staff told us they received supervision and felt supported by the management team. Staff told us they felt able to discuss any worries, concerns and successes. They told us their supervision was a two-way process which enabled them to discuss any training needs, the general morale of the team and any concerns or success they wanted to raise in relation to people's care.

Staff understood the need to offer people choice and gain their consent and agreement before they provided them with care. The registered manager and staff understood the requirements and principles of the Mental Capacity Act 2005 (MCA). Staff had a good understanding of the MCA and ensured people were involved in decision-making. The 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.

Where people had the capacity to make their own decisions and consent to their care and treatment, this

was reflected in their care plans. Where people lacked the capacity to make specific decisions, the provider and registered manager followed the key principles of the MCA and ensured best interest decisions were made. Staff ensured people were included in their care and their consent was sought.

The registered manager ensured applications were made for those people whose freedom and liberty had been restricted. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

When required, the registered manager had applied to the local DoLS team for assessment and appropriate authorisation. Records showed where people lacked the capacity to make decisions regarding their care and treatment, the key principles of the MCA had been followed. This included carrying out mental capacity assessments in consultation with the individual, relevant people and professionals. A member of staff said, "Most of the people here have a DoLS in place; it is to keep them safe." Another member of staff told us DoLS were in place to keep people safe. The staff member recognised the need to ensure people were, "Supported in the least restrictive manner to meet each person's needs." We saw there were policies and procedures as well as legislative guidance in place for staff to follow in relation to the MCA. A staff member said, "All the DoLS are reviewed to ensure we all work in the least restrictive way and ensure best interests." The registered manager and staff understood the importance of acting in people's best interests and people's legal rights were maintained when they lacked capacity to make decisions.

People told us how much they enjoyed the food and drinks provided at the service. One person said, "The food is free; it is nice." Another person said, "I get to choose what I want [to eat]; I like porridge – it's my favourite." The kitchen manager told us they catered for people's need, choice and preference. They said, "It is people's home, so we cater for what they want."

We saw when it was necessary, people had been assessed by a speech and language therapist (SALT) and guidelines and information was available. Staff knew the details included in the guidelines and ensured they were followed. We saw the kitchen staff had up-to-date copies of the guidelines so they knew the consistency of people's meals. The kitchen manager said, "Copies of all the resident's SALT plans are kept in the kitchen, with clear instructions, so we can make sure meals are how people need them." They continued and said, "One nurse is solely responsible for the kitchen - they are a point of contact to clarify any concerns and to maintain consistency." We asked about providing people with special diets, such as fortifying with additional calories. The kitchen manager told us how they prepared meals to ensure they met any special requirements.

People were supported to maintain good health, have access to healthcare services and receive specialist healthcare support when it was needed. Care records confirmed people had access to healthcare professionals when necessary. We saw, when required, people were supported to attend appointments in the community and at the service. This showed us people were supported to maintain good health. This was confirmed by a healthcare professional who told us the nursing and care staff were knowledgeable and understood people's needs well.

We saw people's individual health needs had been recorded within their care plans and a 'hospital passport'. This document is designed to be used should a person require a hospital admission or treatment. This document is considered by the National Health Service to be good practice to ensure people's needs are understood and met when they are away from their home. We saw these documents were readily available in case anyone was admitted to hospital. We also saw the service had a selection of easy read and picture guides to support people if and when they required hospital admission or investigations. One person

told us they had been in hospital for treatment and they described their experience as a positive one because they were supported by staff from the service. They said, "I had a certificate when I went into hospital." This showed people were supported to have effective healthcare; information was provided to people in an easy to read format to help allay any fears and anxieties.

People's individual needs were met by the adaptation, design and décor of the service. One person said, "The man who owns Whitwell Park – he's ok; I have my own bedroom and my own toilet. My bedroom is lovely; it is decorated just how I like it." A staff member said, "I would recommend the home, or I wouldn't work here; there's the stigma of the larger establishments, but we pride ourselves on providing a homely place for service users to live." The service has been through an extensive renovation, re-decoration and refurbishment. People's bedrooms had been decorated to suit people's needs, choice and preference. Furnishings and furniture throughout the building was of a high standard. Bathrooms had been decorated to an excellent standard, which suited people's varied and complex needs. For example, baths had mood lights incorporated and were easily accessible for people who required assistance; specialist equipment for assisting people with safe and effective moving and transferring had been fitted.

Due to individual health conditions, some people were not always able to communicate easily with staff or express how they felt. One person had an electronic pad fitted in front to their wheelchair and staff were familiar with how this worked. The equipment was provided by speech and language therapy at a local specialist service for people with a learning disability. If there was a technical problem with the equipment the staff had a backup of laminated picture cards to ensure there was always an easy and accessible form of communication.

We saw people's care plans contained information for staff, to help them understand how people communicated and indicated if they were happy, sad, angry or in pain. We saw, when staff were talking with people, their language was jargon free and easy to understand. Staff gave people choice and options as well as time for them to make decisions. This helped to ensure individuals' choices and preferences were respected and positive outcomes for people were encouraged.

We saw the daily menu was in a picture format and gave people a visual prompt so they could choose what they wanted to eat. We saw the menu was in the process of being updated. The kitchen staff had been provided with a handheld 'tablet' and had been taking photographs of meals they had prepared on crockery people could recognise. For example, photographs were taken on people's preferred plates of specialist design and colour. The photographs were to be printed, then laminated and made into a book to give people a new and updated visual prompt for meal choice. This showed staff had developed innovative ways of ensuring people were offered choice around meals.

# Is the service caring?

## Our findings

People were treated with care, compassion and kindness. One person told us, "Staff are nice; it is good living here." Another person said, "This is my home forever now. I like it." A relative said, "I would and have recommended the home to others." Another relative said, "Communication is excellent." A third relative said, "We (as a family) cannot fault it. One good thing our social worker did was to find this place". A member of staff said, "I love my job; the staff are a good bunch – they are caring."

The culture of the service was person centred and focused on each person's choice and preferences; the service promoted people's rights to make choices and live as fulfilled and independent a life as possible. The caring approach to people was also echoed by relatives. One relative said, "To be honest I really can't fault anything; I can't give enough credit to the place and to the staff." There was a strong emphasis on promoting a person centred culture; staff were committed to putting people at the forefront of the service. People were cared for by staff who were enthusiastic and motivated.

People appeared comfortable in the company of staff. We saw kind and caring interactions and people were given the time and opportunity to express themselves. We saw and heard staff using effective communication with each person and in a manner that was familiar to them. We heard people and staff speaking to each other in a way which led us to believe there was good rapport between them. Staff knew key words to avoid, which were triggers for increases in people's anxiety and behaviour. Staff quickly responded to people's requests for support and assistance; staff were quickly on-hand and available when and if people required any help and reassurance should they become upset or anxious. For example, we saw and heard one person became upset and distressed. Staff quickly identified the change to the person's anxiety levels and they worked together with the person to establish what the cause of their distress was and how to remedy it. The staffs' quick actions and knowledge of the person had a noticeable and positive impact in alleviating their distress. This showed staff knew people well

People were encouraged to maintain relationships with their family and friends; the value of those relationships was recognised and maintained. One person told us they visited their relatives and they were supported to do so by staff. They also told us their friend and relatives visited them at the service. A relative said, "They [staff] don't just support [family member], they support me too." They continued and said, "It was the right move for [family member] and for all the family; we now have quality time together." Another relative said, "The staff are absolutely amazing and it's the best place ever."

We saw staff always knocked and made themselves known before entering people's bedrooms. We saw signs were placed outside bathroom doors which alerted staff and visitors to someone being assisted with personal care and did not want to be disturbed. This was to ensure people's dignity and privacy was promoted and respected. We saw the service had previously been awarded the Bronze Derbyshire Dignity Award and the registered manager was in the process of starting to collect evidence again to submit for the Silver Award. This demonstrated to us people's dignity and privacy was respected and promoted.

## Is the service responsive?

### Our findings

People were involved in their daily living and care arrangements in a way that was meaningful to them and met their needs. On the day of our inspection people were supported to participate in activities of their choosing. In the afternoon, a group chose to get together for a film show; people agreed which film they wanted to watch. Another small group chose to go out in one of the providers' minibuses. Although there was a planned timetable of activities we saw staff supported people to choose what activities they wanted to join or take part in. For some people, it was spending time with their identified staff looking at photographs or going out for a walk to the local shops or having their nails painted; staff worked flexibly and offered people choice.

One person said, "I like to go out; I enjoy it." They went on to say, "A hairdresser comes here, but I choose to go out to one." A staff member told us people had the opportunity to go out as and when they wanted to. They went on to explain, due to the staffing levels, "Activities can be planned, but can also be flexible to meet individual choice and need." They continued and said, "Service users [where possible] can use public transport with staff; we facilitate the day to suit choice and need." We saw staff rota's were planned to incorporate people's daily as well as individual activities; for example, two people were accompanied to Sheffield Steelers (ice hockey) home matches, a group of service users attended a town centre bar and disco once a month and one person attended a local football teams home games.

Each person's activity plans were person centred and focused on their individual wants, needs and aspirations. People were supported to take part in a wide range of activities, regardless of their complex needs. For example, a group of people were being supported to go on an 'adventure holiday'; some people had complex healthcare needs, however this was not seen as a barrier. Staff were enthusiastic and motivated; one staff member was heard to say, "I'm so looking forward to the weekend with the service users'; it's going to be great." Staff had developed a problem solving approach so people with complex health needs, were not restricted in their opportunities and choices of activities.

We saw lots of photographs displayed around the service and in people's bedrooms. The photographs showed people engaged in and enjoyed a range of social, leisure and recreational activities, both in and outside of the service. An activity organiser said, "I have the best job in the world; I get to do all the fun things." Staff assured us, people were given the opportunity to participate in a wide range of activities.

People received consistent and personalised care and support; where possible, people's care was proactively planned with them and people (relatives and staff) who mattered to them. Relatives who advocated on behalf of an individual were kept fully informed and involved in their family members' life. Relatives helped with identifying people's individual needs, choices and wishes and how these should and could be best met. Relatives were also invited to be part of reviews of people's care and their care plans.

We saw the provider had a complaints procedure, which was on display; people also had a copy in their care plans. We asked about complaints the service had received. The registered manager told us they had received one formal complaint, which had been reported in the previous twelve months. We saw the

complaint had been investigated in line with the provider's procedure; remedial actions and future learning points had been recorded. The registered manager understood their role relating to complaints and we were assured any concerns would be learned from and dealt with in line with the provider's policy and procedure.

We saw information was gathered from people and relatives in the form of questionnaires. The questionnaires were used to gain people's and relatives' thoughts about the service; it also gave opportunities to make any suggestion for change or improvements. The general consensus and results were positive; comments from relatives included, "I cannot speak highly enough of the staff at Whitwell Park," and, "I cannot praise enough the standard and care given to [person's name]." We also saw a number of 'thank you' cards had been received at the service; the cards complemented on the support and care people received. We saw 'residents meetings' took place periodically with staff and people. The meetings gave everyone the opportunity to talk about any specific requests, such as outings and activities as well as any worries or concerns. This meant people's opinions were valued and listened to.

## Is the service well-led?

### Our findings

There was a registered manager in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us, and we saw, they were involved in their care and support. People were encouraged to speak with the staff and discuss any concerns they had or anything they would like to do. People and staff spoke highly of the registered manager and the provider. Staff felt the registered manager and management team were approachable. One member of staff described the registered manager as, "Keen and fair." They continued and said, "She is brilliant – she is very understanding." Another staff member said, "[Registered manager] is lovely – she's very fair and a very good role model." They also said, "[Registered manager] is very supportive and very knowledgeable; she knows the service users well." Staff were aware of their roles and responsibilities to the people they supported and cared for. They spoke to us about the open and inclusive culture which was promoted at the service.

Staff told us they were confident in raising any issues or concerns they had to any member of the management team. One staff member said, "[Registered manager] listens if ever I have any worries or concerns." The registered manager demonstrated a clear passion and commitment to providing a good and effective service to people living at the service. This commitment was also held by the staff, who were equally dedicated and passionate about fulfilling their roles and responsibilities in a manner to meet people's needs.

The registered manager had notified the Care Quality Commission (CQC) at the earliest opportunity, of any significant events, as they are legally required to do. For example notifications of a safeguarding or an event which may stop a service. We saw, when required, the service had also notified other relevant agencies of incidents and events. The service had established effective links with health and social care agencies and worked together to ensure people received care and support they needed and at a time when it was needed.

We saw evidence of staff having received supervision and appraisals; although the registered manager acknowledged this was an area to be improved upon. The registered manager told us and records confirmed staff supervision was taking place, however the regularity of the supervisions could improve. Supervision is recognised as a process where staff meet with their line manager to discuss their work performance and any training and development needs. A staff member told us, "Yes, I have supervision; [registered manager] did my last one. I think it is good- I can discuss any personal development needs and gives me the chance to raise any worries and say if there's anything I need." Another staff member said, "To be fair, I have it [supervision] everyday – we talk all the time." The staff member went on to say, "Yes, I get formal supervision with [registered manager] – we work well together."

We saw minutes of staff meetings which took place and we were told everyone was encouraged to share

their views and opinions to help improve the quality of service provided. A staff member told us, "We have some brilliant staff who want to give people a good quality of life." We saw and staff confirmed, they were encouraged to share their views and look at ways of developing the service.

We saw care plans and risk assessments were reviewed on a regular basis. The provider had a system of quality monitoring and auditing in place, and used the results to identify areas for the improvement of the service. The registered manager recognised the importance of being open and transparent along with learning from when things went wrong. We saw a collection of audits had been carried out; they showed any identified action points along with the date actions were completed. Audits included checks relating to infection control, laundry services, and the kitchen and dining room experience. We saw the registered manager carried out analysis and audit of accidents and incidents to identify any possible trends and reduce reoccurrence. This showed us effective systems were in place to assess and manage risks to ensure the service operated safely.