

The White Horse Care Trust

White Horse Care Trust - 12A Masefield Avenue

Inspection report

12A Masefield Avenue
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

White Horse Care Trust - 12A Masefield Avenue is a residential care home providing nursing and personal care to five people at the time of the inspection. The service was for younger adults with physical disability, learning disabilities and/or autistic spectrum disorder.

The service had been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a fully adapted bungalow, the same size and appearance as other domestic properties in the residential area. It was registered for the support of up to six people. This is in keeping with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home.

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

People were safe and staff treated them with respect and dignity. People were happy and relaxed when interacting with staff and had formed positive relationships with them. Risks to people were managed through regular reviews and detailed support plans which included guidance from health professionals. This included regular use of best practice assessment tools to ensure people's needs were identified accurately.

People were supported to have maximum 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. When restrictions were needed to maintain people's safety, for example, when going out into the community, the least restrictive approach was taken. Arrangements made on people's behalf were made in line with Mental Capacity Act requirements, when people could not consent to decisions about their care.

The service applied the principles and values of Registering the Right Support and other best practice guidance. People's wishes and support needs were reviewed regularly with them (and their representatives) to ensure the support provided continued to meet their needs. The service was committed to ensuring people's disabilities did not prevent them from living a fulfilled and happy life. Ongoing recruitment of regular staff and innovative approaches to staffing meant people were increasingly supported to participate in activities they enjoyed and were interested in.

People were empowered to contribute and be independent as far as possible, for example through use of technology to assist them to communicate. People enjoyed regular trips out and had maintained lifelong

friendships with others they lived with. People were supported to maintain relationships with others who were important to them through social events.

The service was caring and person-centred. People using the service and the staff supporting them, were valued and listened to. The provider and registered manager understood their responsibilities and monitored the service to ensure any improvements needed were carried out. They worked openly and transparently with outside agencies.

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

Rating at last inspection

The last rating for this service was 'Good' (published 24 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

White Horse Care Trust - 12A Masefield Avenue

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

The inspection was completed by one inspector.

Service and service type

White Horse Care Trust - 12A Masefield Avenue 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 who had applied to register with the Care Quality Commission. Their registration was completed on 18 December 2019. 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. 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.

During the inspection

We met all five people who used the service but were unable to speak with them about their experience of the care provided. We spoke with two people's relatives and observed interactions between staff and people. We spoke with four members of staff including the area care manager, the registered manager, a nurse, a trainee nurse associate and a support worker. We reviewed a range of records. This included people's care and support records and medication records. We looked at two 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 received feedback from four healthcare professionals who work with the service. We looked at training data and quality assurance records.

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

- People were comfortable and relaxed around staff and responded well when staff approached them. Relatives spoke positively about staff and their relationships with people using the service. A healthcare professional said, "I have never witnessed any unsafe practice or had to raise any concerns or safeguards."
- People were supported to keep safe as staff followed the systems and processes in place to protect them. Staff knew how to identify signs of abuse and understood how to protect people from harassment and discrimination. Staff had a good understanding of local safeguarding procedures, including involvement of outside agencies.
- The provider worked openly and transparently with relevant agencies to safeguard people. Staff understood how to 'whistleblow' and told us they would be happy to do so if necessary.

Assessing risk, safety monitoring and management

- Risks to people had been assessed and kept under review to reduce risks to people. Risk assessments included risks people may be exposed to in the community and/or when taking part in activities.
- People's support plans were clear and included detailed advice from healthcare professionals. Staff understood risks to people and could tell us how these were managed. We saw staff followed people's support plans for example when assisting people to eat safely.
- People's complex health related risks were managed safely. Referrals to healthcare professionals were made promptly and their advice was acted upon. A healthcare professional said, "They are very responsive to changes in people's condition, they refer in a timely manner and they listen to advice."
- Environmental and equipment safety checks were up to date and risk assessments were in place. Repairs or replacement were carried out when issues were identified. Some flooring had been identified for replacement and a date for completion of this work had been agreed.
- People's needs in the event of an emergency had been assessed. Business contingency plans and personal evacuation plans were in place to guide staff in the event of an emergency. Staff were trained in fire safety and first aid.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet people's needs. The service was coming out a temporary period of higher staff turnover and increased use of agency staff following management changes. Recruitment was in progress for one full-time support worker and two, newly created, 'trainee nurse associate' roles. (Trainee nurse associates are experienced support workers who complete an apprenticeship, while working under the guidance of a healthcare professional. Nurse associates are qualified to carry out extended tasks, (medicines, observations), freeing-up nurses to address people's more complex health and well-being needs.) There were no nursing vacancies at the service.

- One relative said, "They seem to be struggling with staff at the moment." Both relatives we spoke with said the same agency staff worked at the service on a regular basis, these understood their relative's needs.
- Staffing levels were flexible in response to planned events and the rota was adapted accordingly. We saw staff had time to meet people's needs without rushing them. Staff were supported by a manager on-call system out of hours. One staff member said, "There are times when we have been stretched but it [the service] has never felt unsafe."
- People were protected from those who may not be suitable to work with them. Required pre-employment checks were completed before new staff started work. This included ongoing checks to ensure nurses professional registration remained current. Staff induction and a three-month probationary period ensured new staff understood the systems and processes to be followed to keep people safe.

Using medicines safely

- People received appropriate support to take their medicines safely. The administration of people's medicines was complex. The registered manager had acted to reduce the risk of medicines errors by producing comprehensive guidelines, written specifically for each person. These reduced the risk of human error as step-by-step instructions were given, volumes and doses were pre-calculated and timings were set. These guidelines had been approved by medical and pharmacy professionals supporting the persons care.
- Medicine administration records (MAR) showed people had received their medicines as prescribed and the guidelines (protocols) in place for staff giving 'as required' (PRN) medicines had been followed. Protocols for PRN medicines were easy to follow, highly detailed and person centred. Protocols signposted staff to relevant support plans and assessment tools, gave guidance on the use of related medicines and detailed the action to be taken if the PRN medicine was ineffective.
- Staff who administered medicines had received appropriate training and their competency was checked annually. Competency checks included administration of rescue medicines used to control seizures. A system was in place to ensure medicines were delivered in time for people's use as prescribed. Medicines were stored safely and securely and destroyed if unused.

Preventing and controlling infection

- Staff understood how to manage potential infection control risks and followed the policies in place when managing laundry and body fluids. This included following the national colour coding scheme for care home cleaning materials and following a cleaning schedule.
- Personal protective equipment was available for use throughout the service and an infection control audit was carried out regularly. Any improvements needed had been acted upon.
- Staff completed food hygiene and infection control training. The service was clean and well-maintained throughout. There had been no infection outbreaks at the service in recent years.

Learning lessons when things go wrong

- Records relating to incidents and accidents were reviewed by the manager, to see if a similar incident could be avoided. People's risk assessments and support plans were updated accordingly.
- A log of accidents and incidents was kept and this was reviewed to identify any trends or patterns. Incident and accident records could be accessed electronically by the provider's senior management team. This meant any serious incidents could be addressed by the most appropriate staff without delay.
- Lessons learned had been shared through the provider's management meetings. The improvements made in medicines management at the service had resulted in a decrease in medicines errors. The registered manager was medicines lead for the Trust and told us they would be rolling out improvements to the provider's other services.

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 support needs were reviewed regularly by their allocated staff member(s) (keyworker/named nurse). Relatives were integral to care reviews, one said, "We are 100% involved. I am his voice. I speak my mind." Our discussions with relatives demonstrated staff communicated well with them and were effective in helping people access information in a way they could understand.
- People's needs were reviewed in line with best practice guidance, such as STOMP. STOMP is a health campaign to stop the over-use of psychotropic (mood altering) medication to manage people's behaviour. Staff used multiple assessment tools, including the Abbey Pain Scale and DisDAT (Disability Distress assessment Tool), to assist them to provide the right support at the right time.
- The provider ensured policies included up to date national guidelines and legislation for staff to refer to. The provider monitored compliance with STOMP. People's individual characteristics, under the Equality Act, were recorded and consideration was given to their age, religion and disabilities when planning their care.
- Technology and specialist equipment were used to ensure people's needs were met in timely way and risks to them were reduced. For example, people's risk of developing pressure sores was reduced through use of appropriate pressure relieving mattresses and bespoke seating.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction programme during their three-month probationary period. This included basic training, working alongside experienced staff, competency checks and regular support and feedback on their performance. The registered manager told us new staff getting the right support was key to staff retention and effective team-working.
- Staff were supported through one to one meetings [supervision] and received an annual appraisal. Staff were positive about the training and support they received. One staff member said, "I can't thank them enough for the support I've received. The trust as a whole is really good for training."
- Staff competency and development needs were monitored by the management team and action had been taken to ensure the nursing team could advance their skills in relevant clinical areas. The registered manager told us "more substantial" courses were being booked to cover key areas. This included care of feeding tubes, oxygen therapy, oral suctioning, wound and pressure area care. Competency checks were thorough and tailored to each person's individual needs. For example, staff competency was checked for each type of moving and handling procedure each person needed to assist them to move safely.
- People's relatives were complementary about staff skills and knowledge. Relatives told us people were better cared for at Masefield than they were during hospital admissions. One said, "He's safe here because staff understand his needs. If he was in hospital I would never leave him."

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

- People were supported to receive healthy nutrition and maintain good hydration. Three of the five people the service supported were unable to eat or drink by mouth and received everything they needed, including most medicines, via an enteral (stomach or small intestine) tube. The meals prepared for the other two people were balanced and met their dietary needs and preferences. Both people required modified diets, to manage choking risks and/or food allergies. Staff kept detailed and accurate records to monitor people's intake and people's weight was monitored regularly.
- Staff followed the guidelines in place to ensure people were supported in-line with specialist recommendations. Recommendations from dieticians and speech and language therapists (SLT's) were included in people's support plans which we saw were followed by staff. One health professional said, "I have experienced no difficulties with staff adhering to advice given; for example, they have taken on board advice to provide modified diet consistencies and appear creative in their response to this."
- Staff had completed training in food hygiene. Meals were prepared from fresh, good quality ingredients, people were given choices at mealtimes and assisted to eat at their own pace.

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

- People had health action plans which described their health-related support needs and listed the healthcare professionals involved in their care. People were registered with a local GP and were supported to access preventative health care including an annual health check, dental and optical care. Dates when health checks were due were noted in people's health action plans.
- People received timely support in response to their changing needs. Staff supported people to access medical care when they showed signs of discomfort or ill health. A health professional said, "The staff made a prompt referral to the service when they noticed the clients having difficulty."
- Improvements needed to some aspects of record-keeping were being addressed. One professional told us adequate records relating to seizures had not always been maintained; and this could, "At times, make it difficult to make suggestions and recommendations." Managers told us the service had been first to implement the provider's new e-recording systems and they were working to ensure record-keeping was improved at the service, in line with the provider's other services. Improving documentation was discussed in the nurse team meeting, held on the day of our inspection.

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

- The building design was suitable for the needs of people living there. Masefield was purpose-built, designed for adults with significant learning disability and complex health needs. The provider's website says, "All of the rooms are built to the latest National Care Standards, including integrated hoist facilities and full profile beds, and the home includes a sensory room to provide relaxation and other sensory benefits."
- The house and gardens were all on one level, which was fully wheelchair accessible. Bedrooms and communal rooms were spacious and suitable for use of any equipment needed to assist people to mobilise.
- The décor of the home was bright and modern, in keeping with the young men living there. A relative said, "It's always been a fab bungalow." People's choices and interests were reflected in their own rooms.

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's consent was routinely sought by staff before providing care or support. Staff used a variety of ways to communicate with people. We saw one staff member using closed questions, requiring a yes or no answer, around one person's lunch choices. One relative said, "They [staff] all explain what they are doing."
- Staff understood the principles of the MCA and the MCA Code of Practice was followed. Assessments had been carried out when people's capacity to consent was in question. Mental capacity assessments and related best interest decisions informed risk assessments and support plans, to ensure people were supported in the least restrictive way.
- Support plans described what decisions people could make for themselves, for example, when managing their personal finances or personal care. When family members held power of attorney, evidence of this was kept. The registered manager told us in cases where the Trust was financial appointee for the person, any purchases over £50 (on the person's behalf) would require a best-interest meeting.
- DoLS applications had been submitted as required, renewal dates were tracked to ensure applications were submitted in a timely manner. The DoLS authorisations in place at the time of the inspection had no conditions attached.

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

- Staff developed excellent relationships with people and their relatives. We saw people enjoyed staff's light-hearted banter with them during lunch, responding with laughter to their gentle teasing. A relative said, "The keyworker absolutely adores him. She will make sure she's available [for him]." Comments from staff included, "The lads are amazing" and, "The family are really nice."
- Staff had received training in equality, diversity and inclusion. They were inclusive in their approach to people, whose support was delivered in a non-discriminatory way. The rights of people with a protected characteristic were respected. Protected characteristics are set out in law to prevent discrimination, for example, based on age, disability, race, religion and sexuality.
- Staff provided emotional support to others when needed. Staff told us about the caring shown to one person while being supported at the end of their life in hospital. Manager's comments included, "I was very proud with how they [staff] managed a difficult situation and supported the family" and "They are the most amazing group of people I've ever worked with." Feedback from the person's family told of the comfort they found in the level of support and care Masefield staff had given their relative at this time.

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

- People were supported by a named keyworker/nurse who worked with them regularly to understand their support needs and wishes. Keyworkers helped people identify their short-term and longer-term goals and put these into action. For example, attending events that were important to them.
- People were enabled to have control for aspects of their care and were encouraged to manage some aspects of their daily lives independently. For example, one person indicated which outfit they wanted to wear from a choice of two by 'eye-pointing' at the outfit they wanted.
- People were supported to live a full and rich life. They had opportunities to follow their interests and were supported to access days out in the community. One relative said, "[Name] has a better quality of life here than anywhere else [care services] I've experienced."

Respecting and promoting people's privacy, dignity and independence

- Staff assisted people to maintain their dignity at all times. People were well presented and personal care was consistently carried out behind closed doors.
- People's personal space and time to themselves was respected.
- People were encouraged to lead as normal a life as possible, doing things for themselves when they were able. One person was supported to eat using a hand over hand technique, giving them some degree of independence in setting the pace.

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 and their relatives were involved in all aspects of decision-making about the care and support delivered to them. When one relative told staff they wanted to avoid hospital admissions, staff worked with them and healthcare professionals to develop an effective support plan around this. One healthcare professional said, "The staff were responsive, they listened to mum's concerns about her son, they supported her at the meeting."
- People met with their named nurse each month to review the support they received and whether this still met their needs and wishes. Relatives were integral to care reviews, one said, "We are 100% involved. I am his voice. I speak my mind."
- Staff prioritised people's needs and assisted them to lead as full a life as possible. One relative said, "This staff group is very proactive." The service had two dedicated vehicles which were fully adapted for wheelchairs. People's needs and choices were included in their support plans and their cultural and religious preferences were met.

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 with people who were important to them and had opportunities to make new friendships. One relative described the house sharing and social arrangements as alike to those any young adult may choose. They said, "He's got four friends here" and, "His brother and nieces go to the ice-hockey, he often meets up with them there."
- People's religious and cultural beliefs were upheld. People were supported to attend religious services in their local community when they wished to. Events were held at the service to celebrate special occasions, to which people's families and friends were invited.
- People had regular opportunities to follow their interests. One relative told us opportunities to go out had increased in the last 18 months. This included trips to the theatre and to watch ice-hockey. Each person had a personal Christmas activity calendar which included opportunities to buy gifts, attend outside events such as pantomime and spend time with their families. One relative told us how impressed they were with this.

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 had been explored and highlighted in their support plans. Support plans described how to ask the person a question, how that person may respond and what this meant. We saw staff responding to cues people used to communicate their needs and wishes when assisting them to eat.
- Staff understood how people communicated distress or frustration and how to respond to this. One staff member told us how the staff team were reducing the discomfort one person experienced when being moved, through ongoing review of pain-relieving medicines and use of adapted moving techniques.
- People were supported to express themselves. One relative told us, "He's the hardest of the bunch to communicate with and because of this, takes the longest to get to know. When they get there [staff], they love it." Support plans included any reasonable adjustments people needed to access information, healthcare services and their local community.

Improving care quality in response to complaints or concerns

- Information about the complaints process was accessible to people and was available in easy-read format. Two complaints had been received in the 12 months before our inspection. These had been investigated and responded to in-full, in-line with the provider's policies.
- People's relatives told us they would be happy to speak with the registered manager if they had any complaints or concerns.
- The provider's complaints policy was available in the service. The electronic records system in place allowed the management of complaints to be overseen by the provider's senior management team.

End of life care and support

- One person had received end of life care in hospital since our last inspection. Managers told us staff went into hospital in their own time to advocate for this person and support the family throughout. The registered manager said, "I was incredibly proud with how they [staff] managed a difficult situation." The person's relatives told the provider they were, "So grateful for everything that everyone did and continue[d] to do" and spoke of the comfort staff had given them and how much their presence had meant.
- Staff supported people, families and each other to grieve, ensuring they could attend the service and hosting all at Masefield afterwards. One relative said, "They dealt with it so well." The registered manager planned to speak with people's relatives about end of life care, planning and support at a meeting the week after our inspection; relatives had not previously been ready to discuss this.
- The provider had policies in place to guide staff in relation to end of life care. Some staff had completed specialist training in end of life care. Managers told us end of life care would be provided to people in partnership with health care professionals with whom they had well-established working relationships.

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 has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 service was person-centred, open, inclusive and empowering. The registered manager said, "It's my personal belief these lads [people using the service] deserve everything. I want it to be the best it can be, as they deserve the best. We see people, not a group of conditions or disability." People's relatives were at home in the service, one made a drink for us while they were getting themselves one. One relative quickly and confidently cleared a blockage in their relatives 'feeding tube' without needing to refer to staff.
- The provider acted to meet their duty of candour, working openly with relatives and external agencies.
- The provider demonstrated their core values, (listed on their website), through timely and comprehensive action to improve the service and ensure good outcomes for people.
- The culture in the service was caring and compassionate. One staff member said, "It's such a lovely environment. They [people] get all the care they need. It's like a second family." Relatives comments included, "He has a better quality of life here than anywhere else I've experienced" and "It's always been a fab[ulous] bungalow."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had identified lessons learned in relation to effective monitoring of the staff culture in their services and had taken action to address the shortfalls identified. This included review and reflection on the systems in place and reference to 'lessons learned' from relevant published reviews (Winterbourne View).
- The provider had adopted a risk-based approach to ensure effective oversight of each service. Each service had a risk score, taking leadership, risks related to people, staffing, incidents, the premises, external feedback and effective use of systems into account. Higher risk services were managed through the provider's risk register and were subject to increased scrutiny by senior managers.
- The provider had effective systems to support service managers and staff. Managers were supported and updated through management team meetings. Updates and changes were cascaded by managers through staff meetings as needed to improve the service. The provider's e-recording system allowed the senior management team to monitor service provision remotely. Support provided could be scrutinised following an incident or accident, to ensure risks were managed and the relevant authorities had been notified.
- The provider and registered manager understood regulatory requirements and had identified areas for further improvement in the service. This included improvements in record keeping, which was discussed at the nurses meeting during the inspection. Notifications about important events at the service had been

submitted as required. The registered manager had made significant improvements to the service since their appointment, including safer management of medicines.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked closely with other professionals and responded positively to their requests. One professional said, "Overall, the staff are very pleasant and clearly care a lot for the residents. I have seen evidence of them working in a person centred and holistic way, a few of the staff have been there for many years and know the residents really well and this is evident when watching their interactions and care."
- People, their relatives and staff had access to managers, the senior management team and chief executive. Relatives told us they were very involved and felt listened to. Staff, managers and the chief executive communicated with each other through the provider's e-systems. Staff were complementary about the support they received from the provider and management team.
- Feedback about the service was sought from people's relatives through meetings. In response to this, the registered manager was working with external healthcare professionals to explore ways of avoiding hospital admissions.