

HC-One Oval Limited

# Woodlands View Care Home

## Inspection report

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Tel: 01438740230

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Woodlands View Care Home is a purpose-built residential care home providing personal care up to 120 people. At the time of the inspection there were 74 people being supported. The home has four separate units which can each house 30 people.

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

People were happy with the care and support they received. Staff were kind, friendly and attentive to people's needs. People gave mixed views about if there were enough staff to meet their needs. Staff also felt more staff were needed to give people more attention. Staff were trained and felt supported.

People felt safe and staff were aware of how to promote people's safety. Regular checks were in place to ensure staff worked in accordance with training and health and safety guidance adhered to.

There were governance systems in place and these were used effectively in most cases. However, we found concerns relating to staffing on one unit, call bell monitoring and the process in which the move of people between units was managed. These had not been identified through the quality systems. Following the inspection, the provider's quality team reviewed this and shared their findings with us.

The environment was decorated festively for the season and people told us they liked it. There was plenty of communal space for people to enjoy. People who were participating enjoyed the activities that were provided, however people on one unit and those who were cared for in the rooms lacked stimulation and social interaction.

People were not always 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. This was because a recent move between units had occurred and a robust process was not followed. Staff knew people well and worked in a way that promoted people's preferences and wishes.

People were involved in planning their care and they, along with their relatives. People had end of life care plans which were going to be further developed. Complaints were responded to appropriately. Feedback was sought through meetings and surveys.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

The last rating for this service was Requires Improvement (published 27 August 2019) and there were multiple breaches of regulation. We imposed conditions on their registration to help drive improvement. The provider completed an action plan after the last inspection to show what they would do and by when to

improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. At this inspection, while there have been some improvements, the rating has remained the same.

You can read the report from our last inspection on our website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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 not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Woodlands View Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 carried out by three inspectors, an assistant inspector and two Experts 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:

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

The service had a manager who was registered with the Care Quality Commission. A registered manager 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 did not request a 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 25 people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, the area quality director, and 15 members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 10 people's care records and medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at 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 Inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to ensure people's safety was promoted. This included inadequate pressure care, falls management, a lack of investigations for unexplained injuries, safe use of equipment, preventing the risk of choking and infection control. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- People had their individual risks assessed.
- Staff were aware of individual risks in most cases and we saw them working safely. However, one person was assessed as not being able to use their call bell. Care plan stated, 'staff to ensure sensor beam is on at all times to alert staff if someone enters the room' (The person was in a room at the far end of a corridor). We entered the person's room three times during the course of the day, the sensor beam was not on.
- Pressure care was delivered safely and equipment was checked. Choking risks were shared through the staff team and staff supported people in accordance with guidance. However, one person who was 'prescribed' a soft diet was given toast for breakfast as it was their preference. After discussing this with staff there was a lack of understanding about what was classed as soft diet. The toast was lightly done with lots of butter, making it soft.
- There were systems in place to manage fire safety. Fire drills were completed.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were sufficiently skilled staff to support people in a safe and timely way. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People gave mixed views about if there were enough staff to meet their needs. One person said, "I wait a long time for personal care or the toilet, I press the bell, [staff] turn it off and say I'll be back in a minute, but they don't come so I press again, the same thing happens." The management team did not carry out call bell analysis, so they had not identified this as a possible issue. Another person said, "Yes I think there are

enough staff, I don't call them much at night."

- Relatives also told us there were not always enough staff. One relative said, "The weekend staff are very thin on the ground. [Person] likes to get up about 9am and I've come in at 12.30 or 1pm and [they're] still in bed and not had any help."
- Staff said they could always do with more staff as this meant that they would be able to spend more time chatting with people. Some staff felt that they were very busy, especially at peak periods, such as in the morning or mealtimes.
- On the day of inspection, we saw that on three units people received support when needed. However, we noted that on one unit, people were waiting for support to get personal care and people told us this was a regular issue. Staff were working hard and did not stop but they could not get to everyone in a timely way. One person whose care plan stated they liked to get up at 7.30am, told us at 8.30am that they were waiting to get up. They received care and their breakfast at 11am. The area quality director told us that this was an unusual event and had not been an issue when they carried out observations after the inspection.
- We reviewed staffing and dependency and found that on this one unit, people's needs were high, and staff were under strain to meet these needs. We discussed this with the registered manager and the actual time needed to meet people's needs. Following the inspection, we spoke with the provider's quality team who advised us they had started observations and call bell analysis targeting the unit we raised concerns about.
- The quality team provided us with an account of the observations and feedback and action taken as a result. An additional staff member was deployed to the unit we were concerned about during the busy time in the morning when required. The also told us they were trialling a new dependency tool to help better inform them of staffing needs.

We recommend that the staffing remain under robust and regular review, particularly for the unit we raised concerns about as this additional staff member was not deployed prior to it being raised as part of our inspection.

- Robust recruitment processes were followed, and this helped them ensure those employed were suitable to work in a care setting.

#### Using medicines safely

- People received their medicines when needed and in accordance with the prescriber's instructions.
- Records tallied with stock held in most cases, but one 'as needed' medicine had not been signed for and for another the electronic record was showing incorrectly. The provider's quality control systems had not identified these issues.
- Audits were completed regularly.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe here because nobody can get in." Another person said, "Yes I feel safe, staff know what they are doing." People told us they would talk to a member of staff if they were worried about anything. Relatives also told us that they felt people were safe.
- Staff had received training on how to recognise and report abuse. They were reminded of their responsibility and the process during meetings. However, we asked the registered manager that there be further emphasis on ensuring if something was disclosed to a staff member in confidence in relation to abuse or poor treatment, it is their responsibility to report it.
- Information on reporting concerns was displayed in the home and most concerns had been reported appropriately. The registered manager took the appropriate action in response to any concerns.

#### Preventing and controlling infection

- Each unit of the home was clean and there were systems in place to manage infection control.
- Staff had received infection control training and we saw this being put into practice.
- People and their relatives told us the home was kept clean. One person said, "The housekeeper is very sweet, [they'll] do anything for you, and they keep my room very clean."

#### Learning lessons when things go wrong

- Where incidents, accidents and complaints had occurred, or updates needed, the registered manager shared this information with the senior team through daily meetings. These senior team members then shared this with the staff team.
- Staff confirmed that they were kept informed of changes.

# 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 improved to Good. 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 had their needs assessed prior to moving into the service to ensure their needs could be met. Pre-admission assessments seen from April 2019 were detailed. These fed into care plans that provided enough detail for staff to deliver consistent personalised care. A seven-day care plan and equipment needed was in place when people arrived. Plans were then further developed as staff became familiar with people's needs, choices and preferences.
- Staff were kept informed of expected standards by the management team and this was reiterated at meetings and during the management teams' observations.

Staff support: induction, training, skills and experience

- People told us they felt staff were trained for their role. One person said, "The staff are well-trained, and the care is marvellous."
- Staff had received training in subjects relevant to their role and they told us they felt equipped for their role. One staff member said, "We all received training in relation to choking."
- Staff said they felt supported and had one to one supervision meetings.

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

- People enjoyed a varied and balanced diet. Staff were kind and chatting with people which helped promote good intake of food and drink.
- The experience could be improved on one unit as the TV was very loud and people were scattered around the room. More thought could be made relating to promoting engagement at mealtimes.
- People told us that they enjoyed the food and choices were available. One person said, "There is always plenty of food, I always leave something. You just have to ask, you can have snacks whenever you want." Relatives told us the food was good. Visual choices were shown on the day, some people requested an alternative and this was communicated to the kitchen.
- Dietary needs were known by staff and communicated to the chef. Weights were monitored, and action taken if people were noted to be losing weight and at risk.

Staff working with other agencies to provide consistent, effective, timely care

- The team worked with the local authority to help ensure people received safe and effective care.
- There was good communication between staff and professionals to help ensure people's needs were being met consistently.

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

- Each of the home's units were set up in a way that allowed people to move around freely. There were ample communal areas for people to use. The home had been pleasantly decorated for Christmas and people commented that they were enjoying the festive feel. One relative said, "It's homely and always spotlessly clean."
- There was an accessible garden which people told us they enjoyed in the nicer weather.
- Bedrooms were personalised, and bathrooms had equipment available for people to use the facilities.

Supporting people to live healthier lives, access healthcare services and support

- People had regular access to health and social care professionals.
- We saw that people were visited by the optician and chiropodist and when needed referrals were made to specialist healthcare teams, such as the tissue viability nurse or the speech and language team. A hairdresser was in the home on the day of inspection.
- However, one person told us they were waiting for a hearing aid referral. Staff told us they had not done this and would action it straight away. Another person was waiting to be seen by a dentist and staff told us they had been unsuccessful in getting one to visit.

We recommend that the provider seeks engagement with a dental practitioner to support people with their dental hygiene.

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 had their capacity assessed for relevant decisions, and best interest decisions were recorded. The staff team acted in people's best interests and respected their choices. However, the principles were not applied in relation to moving people to different units.
- We noted that staff asked people for their choices throughout the day and encouraged them to make decisions, such as what to eat and what to do.
- DoLS applications had been made and people were being supported in the least restrictive way while these were awaiting authorisation.

# 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 Requires improvement. At this inspection this key question has improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people's dignity was promoted. This was a breach of regulation 10 (Dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy. All doors were shut whilst personal care was happening, and staff knocked on all doors before entering. Some bedroom doors were left ajar, but staff still knocked before going in. We noted that doors that were ajar was recorded as people's choice.
- Staff were discreet when speaking to people or about people's needs.
- Records were held securely to promote confidentiality.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that staff were kind, attentive and respectful. One person said, "They are all very good to me." Another person said, "The staff are very friendly and helpful, I am very happy, my family can come in, it feels homely here. They are all very kind." A relative said, "The permanent staff here are very kind, they are very kind to [family member] and very kind to me as well."
- Interactions observed were positive. We heard and saw staff being attentive and reassuring to people.
- Staff engaged with people as they passed.
- Visitors could go to the home at any time. We did note that an agency staff member let visitors into a unit without asking who they were. This staff member told them where a person was when asked which room they were in and did not check with the person that they were happy to receive these visitors.
- There was a 'Stop the clock initiative' started in the home following on from a dementia awareness training course. Three days a week at 2pm for 15 minutes all staff stop their normal routine, make a cup of tea and go and sit with a person. Staff said they chatted about the weather, TV programmes etc. A staff member said, "[People] cannot always communicate but it is great to see a smile on their faces."

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

- People and their relatives were involved in planning and reviewing their care and the day to day decisions. Relatives told us that staff contacted them about any changes if appropriate. One person said, "They come and say to me are you ready to go to bed and sometimes I say no I'm not going yet, and they say they will

come back later."

- Staff asked people before supporting them.

# 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 Requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

At our last inspection the provider had failed to ensure people received personalised care that met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us that they were happy with the care they received, and it was delivered in a way they preferred. One person said, "I like a bed bath and [staff]? are very good that's what they do." Another person said, "I really don't like being hoisted so I don't want a shower or a bath, they wash me, and I am happy with that, it's my choice."
- Care plans gave a clear account of people's needs. They were easy to follow, and person centred, providing staff with detail about how people spent their days.
- However, there had been a recent change of units for some people and actions were not always taken to ensure people were happy or emotionally supported. People told us this had been hard. One person told us, "I sometimes get to see my friends at the hairdresser." There were no plans in place to facilitate the friendships between people who had moved units.
- One person had recently had two of her close friends pass away. These friends had been a huge support to the person, they would only attend activities if they accompanied them, they read to them, chatted with them and generally kept the person company in their daily life. Staff told us that the person had been very low since and was struggling with the bereavement. Staff took individual moments to spend time with the person and try to comfort them, but no thought had been given to develop a plan to address this emotional situation so that all staff could act consistently to support the person.
- We discussed this with the registered manager who told us this was not the case and staff had taken people to see their friends. However, we found that more needed to be done in this area as people had expressed they did not feel this was supported enough.

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.

- Staff took time to communicate with people who had impaired communication.
- Care plans set out how each person needed to be supported with communication and staff knew people's abilities and how they needed to approach people.

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 who were involved in the group activities told us they enjoyed the activities provided. We saw people who were joining and with activities and they were smiling and laughing.
- There were activities going on during the inspection in two units. The group activity was exercise and a visiting school to sing Christmas carols. However, on one-unit people were not given the opportunity to go to these activities as the unit had no wellbeing co-ordinator to facilitate it and people were not up from bed in time. One person told us they would have gone to the carol concert if they had known about it.
- Some people stayed in their rooms and activity records showed that there was limited interaction, stimulation and social occasions for them. For example, in November 2019 some people had three sessions recorded with others saying 'asleep'. There was no plan for managing this better to plan to spend time when they were awake or to revisit these people. Some people told us they were lonely.

Improving care quality in response to complaints or concerns

- People and relatives told us that they felt confident to raise an issue if one arose.
- Complaints recorded were logged to enable monitoring of their progress and reviewed to identify themes and trends.

End of life care and support

- End of life care was provided at the service. The staff worked with people to help ensure they were supported in a dignified and pain-free way.
- Care plans were in place to people stating what their wishes were, including if a person wished to be resuscitated and the relevant documentation was in place. However, more development of these plans was needed to support staff to provide a person-centred approach.
- Consideration was needed for people who were tucked away at the end of a corridor with staff popping their head in only every hour and to ensure that fluids were still offered regularly. One person was not having their food/fluid monitored. The decision had been made to stop recording because they were at end of life. Some staff were recording when they had been offered fluids/mouth care but not this was not done routinely. The person had drinks by their side, but they did not reduce much during the day. This lack of consistent support meant people's care was not always respectful at an important time of people's lives.

# 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. 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.

At our last inspection the provider had consistently failed to ensure that systems in place appropriately shared learning, identified and addressed issues in the home. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The registered manager and their management team carried out checks and audits on each unit to help satisfy themselves that standards were to that expected and regulations were met. One staff member said, "[Registered manager] comes on the unit every morning at handover. She speaks to the residents first and then with the staff." However, call bell analysis was not routinely carried out to monitor response times and staff turning off the bell requiring people to use their bell again. This would also help them complete accurate dependency levels on all units.
- Where these checks had identified shortfalls, action plans were implemented to address the areas. The registered manager had added end of life care and activities training and development to their plan. The management team had taken feedback from the last inspection and ensured all staff were aware of the shortfalls and the plan to make the improvements. We found that improvements had been made at this inspection indicating that the registered manager had better oversight and the systems in place were now working more effectively.
- Staff told us that they felt that standards had improved since the last inspection. They told us the team had worked hard to improve the home for people. One staff member said, "Things have definitely got a lot better. We work much better as a team now. People are getting safer care now than six months ago, staff have had lots of training."
- Accidents and incidents were reviewed to ensure there were no themes and trends. Also, to check all needed action had been taken. Staff were made aware of what was required.

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

- People and relatives gave mixed views about the registered manager and the running of the home. One person said, "I know her to talk to, but I hardly see her." Another person told us that they sought assistance from a unit manager as "they sorted things out." However, not all relatives were happy with the way they had

been spoke to by the Registered Manager, so we raised this with the provider's quality team to follow up.

- Most staff told us that often they found that the registered manager was very strict and not very friendly, they told us they felt they were criticised if tasks were not completed rather than supported to achieve the outcomes. One staff member said, "[Registered manager] is a bit unapproachable at times and can be intimidating." However, another staff member told us, "[Registered manager] has listened to us and helped us bottom out why morale was so low. We all get on well with her." Staff told us they were given guidance and had the importance of it explained.
- There was information displayed in the home about how to approach the management team if there was anything people, relatives or staff wanted to discuss.
- The home had recently undergone a change round where people moved to different units based on their needs, the aim was to have people with similar needs in one unit. The registered manager told us that this was done through consultation with people and their relatives. However, people told us that they were unhappy with the way the move was conducted.
- People on some units had been told the management were looking at moving people into a different unit dependent on their needs. However, they said that was the extent of the consultation, they also said the next thing people knew was that they were moved. Staff said some of the people had lived on a particular unit for three or four years and were moved without further discussion. Some people were OK with the move, but some were upset and tearful.
- One person told us, "The [management team] don't realise how much it has affected us. They just make a decision, but we lose our friends. They moved four residents from here to Lucas [unit] and now it's not the same. I can't get there, they won't let me go on my own and at first, we thought a once a week or maybe more visit would be good, but the suggestion just fizzled out. The staff are so busy I don't bother them." A relative told us, "[The management] told everyone they would consult about the move and do it sensitively. Well they didn't. We had people in tears because of the sudden move."
- There was no record of consultation with people and relatives, no meeting notes, capacity assessments, consent forms or best interest decisions relating to the move. There were no plans relating to the proposed moving dates to allow relatives to be available to support people. The registered manager told us this was not recorded, it was done verbally. The process did not ensure people were empowered and it was not inclusive. We discussed this with the provider's quality team who told us they would review how the process was completed.

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 management team were responsive to all feedback on the day of inspection, taking prompt action to review issues.
- Meeting notes showed that safeguarding issues were discussed. Changes to practice that were needed to keep up to date and provide the appropriate care were also discussed.

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

- There were regular meetings for people. The meeting notes included actions and feedback for people. We saw actions had been completed or were in progress. One person had a resident feedback card in their bedroom, a staff member told us that the resident or their family were asked to complete this after the bedroom had been deep-cleaned.
- Staff also told us that there were regular meetings and opportunities to speak with a member of the management team.

Continuous learning and improving care

- Incidents, complaints and events were reviewed, and meetings discussed any learning as a result. A lessons learned record was completed.
- The service had a development plan in place to help drive any improvements forward and develop the quality of the service delivered.

#### Working in partnership with others

- The management team worked with the local authority to address areas they found as needing development