Pages Homes Limited

Amherst Court

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

About the service
Amherst Court is a residential care home providing personal care to up to a maximum of 15 people. The service provides support to people living with a range of mental health needs and some who require support living with Parkinson's disease, diabetes, and early onset dementia. At the time of our inspection there were 14 people using the service.

People's experience of using this service and what we found
People lived safely at the service and were protected from harm. Risks to people had been identified, were documented and managed with assessments of risk being reviewed monthly or more frequently if needed. Staff knew people well and were aware of people's needs. Staff had been safely recruited. Medicines were stored, administered and recorded correctly by trained staff who received regular competency checks. Staff had access to personal protective equipment (PPE) and the service was clean throughout. Any trends, patterns and learning identified following accidents and incidents were shared with staff.

A pre-assessment meeting took place with people and their loved ones before moving into the service. The registered manager made sure that their staffing team had the right training and experience to be able to support people's needs. New staff went through an induction period and support continued through regular supervision meetings. People were supported to make and keep health and social care appointments. The service was accessible throughout to everyone living there. People's nutrition and hydration needs were met. 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.

People were treated with kindness, respect and dignity. People's privacy was respected and any cultural, faith or personal lifestyle choices were acknowledged and celebrated. People were encouraged and supported to be as independent with daily tasks as possible within a safe environment.

Care plans were held on a computer system and daily notes were inputted using handheld devices. Care plans were centred around people, highlighting what was achievable independently before going on to describe support needs. People's communication needs were met, and staff provided activities to people either 1 to 1 or in small group sessions. Complaints and concerns raised by people and their relatives were dealt with appropriately. Staff had received training in end of life care.

The registered manager was a visible and a supportive presence at the service and everyone we spoke to spoke highly of them and the wider management team. Auditing processes were in place and people, their relatives and staff all had opportunities to provide feedback and suggestions about the service. Feedback was acted on by the registered manager.

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

Rating at last inspection
The last rating for this service was good (published 24 April 2018)

Why we inspected
This inspection was prompted by a review of the information we held about this service and the age of the rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Amherst Court

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 Health and Social Care Act 2008.
As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services

Inspection team
The inspection was carried out by 1 inspector.

Service and service type
Amherst Court is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Amherst Court is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spent time looking around the service. We spoke to 7 people about their experience of living at the service and 7 members of staff. Staff included the area manager, the registered manager, deputy manager, 2 seniors and 2 carers.

We looked at documents relating to people care and support including 3 care plans and associated risk assessments. We looked at medicine administration processes and observed a medicine round. We looked at 4 medicine administration records (MAR). We checked 4 staff files for recruitment. We looked at documents relating to auditing, quality assurance, safeguarding and accidents and incidents.

Following the inspection we spoke with 4 relatives and contacted 4 professionals who regularly visited the service.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People lived safely, protected from the risk of harm. People and their loved ones told us they felt they were safe. A relative told us, "He's safer here than he's ever been." Another added, "They are well looked after and get 1 to 1 attention when needed, it's safe."
- People were supported by staff who had completed safeguarding training and who were able to tell us the steps they would take if they thought a person was at risk. A staff member said, "I'd speak to those involved and make sure they were alright." Another staff member added, "I'd intervene, try and calm things then report to manager. I'd record on the tablet (electronic device) what I'd done."
- The service had safeguarding and whistleblowing policies in place and staff were confident to use both processes if needed. Whistleblowing protects staff identity and enables them to raise concerns anonymously.
- The registered manager had a safeguarding folder with all referrals and queries relating to incidents recorded. A positive relationship had been developed with the local authority who were approached for advice if needed.

Assessing risk, safety monitoring and management

- People had risk assessments in place specific to their individual needs. We looked at 3 care plans and each contained a range of risk assessments for example, diabetes, Parkinson's disease, falls and oral hygiene. Each assessment described how best to manage the risk and the steps staff needed to take in the event of person needing support to manage the risk.
- Risk assessments were reviewed each month by the registered manager or more frequently in the event on an accident or incident or a change to the person's circumstances. Staff knew people well and were aware of the risk factors that may affect them. Staff spent time with people for example, as they moved around the service, at mealtimes when people needed support and ensured the living environment was free from trip or other hazards. We witnessed call bells being answered promptly.
- Some people needed support and reminders about oral hygiene. NICE guidelines relating to oral hygiene were highlighted in care plans that recommended a minimum of twice a day brushing of teeth with a fluoride toothpaste. People were supported with this practice and with regular dental appointments.
- Safety certificates had been reviewed and updated for gas, electricity and legionella. Fire safety equipment had been regularly checked and weekly tests of the fire alarm system took place. A fire safety certificate showed only minor updates required, all of which had been completed. Personal emergency evacuation plans (PEEPs) were in place describing the levels of support people needed in the event of an emergency. Printed copies were kept in an emergency grab bag for easy access.

Staffing and recruitment

● There were enough staff on each shift to support people safely. Staff rosters confirmed this looking forward over the next two weeks. Agency staff were used rarely and to cover short notice leave and sickness only. The same agency staff, familiar with the service and people, were used. Staff rosters confirmed safe numbers of staffing. Agency staff had been through an induction process before being able to work alone at the service.

● New staff had been recruited safely. We looked at 4 staff files and each contained the required documentation for example, application form, references and photographic identification. Current Disclosure and Baring Service (DBS) checks were in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● People received their medicines safely, administered by trained staff. Medicines were stored, administered and disposed of safely. Administration was recorded on medicine administration records (MAR) with each entry being timed, dated, signed for by the staff member involved and a record kept of the number of medicines remaining.

● Staff were given protected time when administering medicines to ensure people received their medicines on time. We observed a medicine round, and each administration was done individually and written up before moving on to the next.

● Staff had received training in medicine administration and received regular refresher training and competency checks. Manager would carry out 'spot' checks on staff (unannounced supervisions) to ensure correct practice was being followed.

● 'As required,' (PRN) medicines had a separate protocol and were recorded on a separate MAR. Non prescribed PRN medicines for example, occasional pain relief, were similarly recorded and staff knew how to manage requests for these medicines. A staff member said, "There is a separate MAR and I always write some notes on the back. If they keep repeating the request I'd speak to the manager of GP."

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was supporting people living at the service to minimise the spread of infection.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was responding effectively to risks and signs of infection.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

There were no restrictions on visitors to the service in line with current government guidelines. Previous government guidelines had been followed during the recent Covid-19 pandemic and people were able to maintain contact with loved ones by telephone or using video technology.

Learning lessons when things go wrong

● When accidents and incidents occurred a record was made and attached to the person's care plan. A list of all accidents and incidents was accessible from the computer system and this was looked at by the

registered manager with any trends or patterns identified and learning shared with staff.

● Some people were at risk of falls. These were mainly due to people's medical issues and that they wanted to maintain their independence. We discussed with the registered manager the steps that had been taken to mitigate people falling. This included, environment checks, time and location maps, medicines reviews and the involvement of other professionals for example, GPs, Occupational Therapists and the local authority Falls Team. A balance had been achieved between people's safety and independence which allowed people to make choices and take considered risks.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained 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
- A thorough pre-assessment process took place before people moved into the service, in line with national guidelines. Managers would meet people, their loved ones or advocates and listen to professional input where relevant. A relative told us, "They came out to see us and talk through things." Managers would make sure that their staff team had the required skills and training to be able to support people before they moved in.
- Pre-assessment paperwork then formed the basis of people's care plans. These were regularly reviewed by the registered manager and more frequently if there was a change in a person's care and support needs.

Staff support: induction, training, skills and experience
- Staff new to the service were supported with an induction period. Staff were given time to familiarise themselves with the service, health and safety matters and the support needs of the people living at the service. Before working alone, staff had to shadow more experienced staff on several shifts until they had the skills and confidence needed.
- Staff told us the induction was helpful. Comments included, "It was 4 days and we learnt about people's needs" and "I did 7 shadow shifts, 4 days and 3 nights, until I was confident." Staff support then continued through regular supervision meetings with line managers. A staff member said, "Every couple of months of more often if needed. I'm asked my opinion and if I need any other training."
- Staff received training in all key areas and some specialist areas to enable them to meet people's needs. The registered manager kept a spreadsheet of training data which colour coded training due in the next 7 or 28 days and any overdue. Training included for example, Parkinson's disease awareness, positive behaviour and mental capacity. Staff told us the training received was of a high standard and covered everything they needed to safely support people.

Supporting people to eat and drink enough to maintain a balanced diet
- People were supported to maintain a healthy food and fluid intake but were still able to make choices about what they wanted. Choices were given to people each mealtime and people could also chose where they wanted to eat.
- Most people had their meals at a communal dining table. We observed lunch and saw people enjoying the food provided and sitting together and chatting with each other. Some people needed support to eat and this was provided 1 to 1 by staff.
- The kitchen was clean and well equipped. There were charts clearly displayed showing people's dietary needs for example, likes, dislikes, allergies and preferences along with anyone needing a diabetic diet or

food that was cut up into small pieces.
● We saw people being invited to help in food preparation and some people did go to the kitchen to help. This included helping to make some cakes for a mid-morning snack. People and their relatives told us the food was nice. A person said, "Love the food here." A relative added, "Food is always of a good quality."

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support
● The registered manager ensured that people kept health and social care appointments needed for their health and wellbeing. Regular appointments with for example, dentists and GPs were made and other professionals were sometimes called in to support people, for example, chiropodists and specialist nurses. A person told us, "I have appointments, doctors and that, they get me there."
● Loved ones told us they were kept informed of appointments that were made and given opportunities to attend with them. A relative told us, "They do all the appointments. I did go to hospital once to reassure them (the person) as they were having some dental work done."
● Care plans had details of key contacts for people in the event of needing health or social care support. For example, loved ones or advocates to call in the event of an emergency, GPs, social workers and specialists such as the Parkinson's nurses.

Adapting service, design, decoration to meet people's needs
● The service was split over 4 levels the first 3 being accessible using a lift. Bedrooms contained sinks and each floor had access to a bathroom. The ground floor contained the communal area where people ate and socialised. The kitchen had a serving hatch that opened out onto the dining area and people were able to have supervised access to the kitchen.
● The communal area opened out onto a garden area where people socialised with each other and had the opportunity to be involved in outdoor activities in the garden. A quiet room was available if people wanted to spend time alone.
● People's bedrooms had been personalised with people's own possessions including small items of furniture, photographs and collections of books and music. The rooms felt homely and comfortable.
● We spent time talking with and observing people. Some people were happy to spend time quietly alone and others engaged in conversation. The service presented as friendly and people told us they felt comfortable and at home.

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 MCA 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.

● People's ability to make decisions was constantly under review. There was no one living at the service at

the time of the inspection who lacked capacity to make their own decisions. However, some people had early diagnosis of dementia and the registered manager told us that this was reviewed at least monthly along with any support people needed.

● Staff knew the importance of allowing people to make their own day to day choices. A staff member said, "Most people understand but some people's short-term memory is fading. We are there to support, I talk to them and reassure and remind them what they are trying to do."

● People were allowed to make decisions and were supported by staff in their best interests. For example, people enjoyed trips out of the service and some people would take walks to the nearby shops and cafes'. Some people were accompanied by staff to support them during these trips to make sure they were safe. At the time of the inspection no one was subject to DoLS but this was also kept under review by the registered manager.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness by a staffing team that knew them well. Staff spent time chatting to people in a respectful way, asking how they were today, what their plans were and taking an interest in what they were doing. People told us they were treated well, one saying, "We all get on really well, the staff are lovely."
- Staff were thoughtful to people, addressing them by their preferred names. We saw people returning from a shopping trip and staff gathered around as people showed staff what they had bought, taking an interest and asking questions about the items purchased.
- There was a family atmosphere to the service and staff in all roles added to the homely feeling. Staff in support roles stopped to talk with people and it was clear from interactions we saw that people knew all of the staff well and appreciated them taking the time to speak with them.
- People's cultural, religious and personal differences were acknowledged and people were supported to live their lives how they chose. Some people attended a local church and a bible study group each week. This was documented in people's care plans and talking to people about their beliefs was shown to relieve any feelings of anxiety and supported people's wellbeing.

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

- People were given choice about how they wanted to be supported. People's preferences, likes and dislikes were discussed during the pre-assessment process and were regularly reviewed after people moved to the service.
- Choices involving how people preferred to spend their day, whether in their bedrooms or in communal areas, where they wanted to eat their meals and their daily routines were all discussed and respected by staff.
- Care plans were updated daily with activities, events and people's general health presentation so that all staff and managers were aware of people's current needs and support wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. We saw staff knock on people's bedroom doors and wait for a response before entering. Any discussions about people between staff for example during handover meetings, were held in private away from people. People's personal information was kept on password protected computers or locked in secure filing cabinets.
- People were treated with dignity at all times. People and their loved ones told us that they were respected

and treated well. Comments from relatives included, "They have made good friends there, a good relationship with staff," "The staff need respect. One recently spent all day with him following a family bereavement" and "The care is so thoughtful."

● People's independence was respected and promoted without compromising safety. Most people lived independent lives and were able to follow their own routines and spend time where they wanted. Some people needed some support and encouragement with some tasks. A staff member told us, "People are encouraged, I will get people involved, cooking, laundry, stripping beds." A relative said, "They (person) needs a push sometimes to do things but they are good, supporting them to keep their room tidy and make friends too."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

- Care plans were person centred and each section began explaining what people could achieve themselves before moving to the areas where people needed help and support. The front page of each care plan had a 'Key Statement' which was a significant fact about the person concerned. Statements included for example, 'I enjoy going to church' and 'I enjoy spending time with my peers.'
- Staff updated daily tasks and activities using electronic handheld devices. This daily information fed into people's care notes and was immediately accessible to managers to oversee. Staff told us the system worked and was easy to use. A staff member said, "We record everything on the (device) and managers can see. It's a good system to use and we can see all the latest information."
- Staff handover meetings were held between shifts to ensure incoming staff were fully aware of how people were that day, any particular needs and any appointments of visits expected.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Most people were able to communicate verbally and required minimal support. Some people when feeling anxious or unhappy presented as confused and required staff to spend more time with them to enable them to understand what was being said. These differences were described in care plans so staff knew the correct approach to make.
- Staff knew people well and were able to tell us how sometimes they needed more time with people when talking with them. Staff had all completed a training module in effective communication.
- The registered manager was committed to making communication easy and accessible to people. A poster on the wall in the communal area described Accessible Information Standards and the different ways people could request help if needed. This was presented in a way that people could read and understand indicating different available tools for people for example, use of sign and body language, flash cards and using an advocate if needed.

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

● The service did not employ an activities co-ordinator but the registered manager factored in time within each staff member's daily rota to support and engage with people. During the inspection we saw staff engaging people in small group activities, 1 to 1 activities and just sitting and having conversations with people.
● People could spend their time how they wanted to. Most people went out of the service each day to visit shops or go for a walk. Staff would accompany people that needed any support in the community. People sometimes went to stay with relatives or loved ones. Other people were happy to spend their time at the service enjoying the activities on offer.
● The registered manager had introduced 'themed months.' An example was a Hawaiian month where each day there were quizzes , games and food associated with Hawaii. We saw people engaged with this and there were posters and photographs around the service highlighting these activities.

Improving care quality in response to complaints or concerns
● A complaints policy was in place and the few complaints that had been made about the service had been addressed and responded to in line with the policy. When issues were raised, they were recorded, investigated and a response provided to complainants in a timely way with explanations and apologies given if appropriate.
● People and relatives told us they knew how to complain and raised concerns and were confident that issues raised would be addressed by the registered manager and their team. A person said, "I have no complaints but would go to the manager if I did. They would sort out any problems for us."
● Comments from relatives included, "I'd always talk to the manager. I'm confident they would sort out any issues that I have," "I'd ring the manager of go in face to face but I've never had an issue" and "I did raise an issue where they kept getting drinks wrong. I raised it, they listened and it was sorted."
● The complaints policy was kept under review and complaints were audited monthly by the registered manager. Too few had been received to identify any themes or trends, but this was kept under regular review.

End of life care and support
● People were given the opportunity to discuss and make advanced decisions about their future care and support needs. Not everyone was prepared to make these decisions and this was respected and recorded. Some people did have DNACPR documents in place. DNACPR means an advanced decision made by the person and their GP relating to resuscitation.
● Most staff had completed end of life training and although the service had experienced only a small number of deaths, staff knew the important aspects of care at this time in people's lives. A staff member said, "Important to have family and friends close."
● Care plans had a section that provided details of key contacts in the event of a medical emergency. This included family and loved ones as well as social and medical care professionals.

Good

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 our last inspection we rated this key question good. The rating for this key question has remained good.

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

- Everyone spoke positively about the atmosphere and culture at the service. The registered manager and wider management team had created an environment that was friendly, open and that provided good outcomes for people.
- People and their relatives spoke well of the registered manager. A person said, "The manager is really good, not been here long." A relative told us, "The manager is approachable." Another relative added, "We have well established lines of communication. (Registered manager) always lets me know quickly if they are ill or for any financial matters."
- Similarly, staff held the registered manager in high regard. Comments from staff included, "It's a well-run home. Manager is always approachable and supportive," "There has been a lot of change but I feel supported in my role, I can talk to them" and "I could approach if I had an issue."
- The registered manager reviewed care plans each month to ensure the care and support given to people was still appropriate and met people's needs. Updates and changes were made if needed following a change in people's health, following accidents or incidents or where people's needs had changed. This review process meant that people received the best care that the service could provide.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood and had complied with the duty of candour. There was a legal obligation on registered managers to report significant incidents to the local authority and CQC, this obligation had been met. Notifications had been submitted in a timely way.
- The registered manager and wider management team were open and honest with us throughout the inspection process and responded to our observations.
- The most recent CQC inspection report was displayed in the entrance porch to the service for all visitors to view. A link to the most recent report was found on the service website homepage.

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

- The registered manager had a robust process in place for auditing all key areas of the service. Most audits were carried out monthly and an 'audit action plan' was drawn up, summarising all of the action points from the audits. These were then assigned to staff, addressed and signed off.

● Key areas audited included, medicines, accidents and incidents, including falls and care plans. Trends and patterns were identified and action taken to rectify any faults and share learning with all staff regarding changes of working practice needed to improve the care and support provided to people.
● Daily actions and tasks were immediately overseen by the registered manager as they were recorded and inputted onto hand held devices that feed directly into people's care plans. This enabled managers to see for example, where medicines or personal care had been completed or not.
● The registered manager provided a visible presence at the service and was actively involved with people and their care and support. Their daily involvement in for example, activities, medicine rounds and checking on the day-to-day wellbeing of people, provided an oversight for the registered manager and any changes needed were quickly identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives had opportunities to provide feedback about the service. They were given the chance to comment and tell managers what was working well and what needed improving.
● The presence of the registered manager at the service meant there were daily opportunities for people to raise concerns and provide feedback. In addition, there was a more formal, 2-monthly, written feedback request made of people. The results of these were overwhelmingly positive however any suggestions were acted on. For example, in a recent survey some people had commented on an unpleasant odour near to the sluice. This was immediately rectified by staff.
● Relatives told us they also had the chance to both informally and formally provide feedback. A relative told us, "We get questionnaires about the service to fill in. But we can speak to the manager anytime."
● Similarly, staff told us of a close-knit staffing team where they could raise issues and suggestions with the registered manager either informally or through their regular supervision meetings. Staff meeting as also took place which was an opportunity to discuss the service. A staff member said, "Meetings are every 3 months but can be ad hoc if there is a need."
● People's equality characteristics, personal preferences and daily routines were supported, with details recorded in care plans.

Continuous learning and improving care. Working in partnership with others
● The registered manager had a clear vision about continuous improvement. Short term goals involved completing internal decoration and developing the garden area and longer term there were plans for a resident led committee. The registered manager told us, "We want to be the best we can."
● Business continuity and contingency plans were in place. In the event of an emergency the service had 'buddied up' with a neighbouring service for support. Plans included the ability to move all residents if needed on a temporary basis.
● The registered manager kept themselves up to date with changes to their sector with bulletins from the local authority and CQC and by attending registered manager forums and Skills for Care workshops. Skills for Care provide essential training and updates for managers and staff.
● The registered manager had established a positive working relationship with other health and social care professionals to ensure people received the best care and positive outcomes.