Elmwood Nursing Home Ltd

Pinewood Residential Home

Inspection report

33 Victoria Place
Budleigh Salterton
Devon
EX9 6JP

Tel: 01395446161
Website: www.pinewoodonline.co.uk

Date of inspection visit:
06 August 2019
07 August 2019

Date of publication:
30 October 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Pinewood is a residential care home providing personal and nursing care to 32 people aged 65 and over at the time of the inspection. The home is a large, converted period property with sea views. Accommodation is arranged over four floors and can support up to 35 people.

People's experience of using this service and what we found
There had been several changes at the service since the last inspection, including a change of registration from a nursing home to a residential home, a change in the management team and a turnover of staff. This, combined with a flu outbreak, had impacted significantly on the running of the service over the previous 12 months. The provider and registered manager told us they had prioritised the care of people at the same time as making improvements to quality and safety. This was still a work in progress

People told us they felt safe living at Pinewood Residential Home. Most risks to people's safety were assessed and managed well, however this was not always the case. Although risks were well understood and managed by staff, there was a potential for error because the information documented on the computerised system, and paper records kept in people's rooms did not always correspond, and both were in use. A new computerised care planning system was being sourced. In the meantime, the registered manager encouraged staff to refer to the paper care plans, which contained a summary of people's needs, and had been completed for 90 percent of people at the time of the inspection.

Staff did not always follow best practice guidance when administering medicines. The member of staff administering the medicines was frequently interrupted during the medicines round which meant they were unable to focus fully on the task. The provider took immediate action to address this, ensuring staff understood and followed the processes for administering medicines safely.

The registered manager was in the process of reviewing and updating quality monitoring processes to improve their effectiveness. Policies and procedures were also being reviewed to reflect that the service now provided residential rather than nursing care.

There were systems in place to protect people from abuse and avoidable harm. There were enough staff to support people safely and the provider had robust recruitment processes to help ensure they were suitable for the role.

The registered manager had reviewed and updated the induction and training programme, so that staff received the training they needed to help them do their job effectively. People received the support they needed to maintain their health and wellbeing, including a healthy balanced diet. The provider had considered how the home environment could be adapted to meet people's needs, and was considering further improvements, including pictorial signage to promote the independence of people living with dementia.

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.

Staff were compassionate and caring and people felt respected and valued as a result. Although the majority of the staff team had started working at the service since the last inspection, they knew people well and had developed positive working relationships with them. Staff enabled people to make choices about their care on a daily basis and the home had a culture that promoted dignity and independence. An equality, diversity and human rights approach was firmly embedded at the service.

People received personalised care that took into account their needs, preferences and backgrounds, including their preferences around end of life care. People enjoyed a dynamic programme of activities, based on their interests and aspirations. This included visiting musicians, arts and crafts and visits from the 'library ladies', who brought people books. Community activities incorporated ten pin bowling and cruises on the river. An enabler was employed to support people with activities on a one to one basis. One person told us, "The number one thing about Pinewood is the fact that they make sure all my time is filled with interesting and varied things for me to do."

The service was able to provide information in a variety of accessible formats, according to people's individual needs. The registered manager was committed to developing this aspect of the service further.

There was a complaints procedure in place and information about this was displayed in communal areas.

People were involved in the running and development of the service. The service had a person-centred culture that supported people to understand their rights and express their views. Staff were proactive in collecting and acting on people's feedback.

People, relatives and staff felt the provider and registered manager were open and approachable and managed the service well. They commented on the recent improvements at the service. One member of staff said, "It's a lot better since [managers name] has been here. It's more organised and there is more structure in the way things are done. It makes it feel a lot more at ease.".

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

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Pinewood Residential Home on our website at www.cqc.org.uk.

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 responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our Well-Led findings below.	**Good**

Pinewood Residential 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 one inspector and an Expert by Experience.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the Provider Information Return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 12 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the provider, registered manager, deputy manager and cook. 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 five people's care records and multiple medicines records. We looked at four staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We contacted four health and social care professionals and had feedback from two.

Requires Improvement

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 now deteriorated 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.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Risks to people's health and safety had been assessed. Staff understood the risks to people's health and knew how to protect people from expected risks. For example, where people were at risk of weight loss or dehydration, their fluid intake and weight were monitored regularly.
- Although risks were well understood and managed by staff, there was a potential for error. This was because the information documented on the computerised system, and paper records kept in people's rooms did not always correspond, and both were in use. For example, the computerised care record for a person at the end of their life advised they required a soft diet and two hourly checks. However, their paper care plan stated "I am at high risk of choking with normal fluids. Drinks are not to be left within my reach, and a carer needs to visit me hourly to encourage fluids." Staff told us how another person could become aggressive and try to leave, but there was no information in their care plan about this. We discussed this with the registered manager who told us staff had detailed knowledge of risks and the action needed to minimise them. 90 percent of people had up to date paper care plans in their rooms. They were encouraging staff to use these while a more effective computerised care planning system was being sourced.
- The registered manager and provider were working to improve environmental safety monitoring, to ensure the environment and equipment were safe and maintained. Staff had completed fire safety and health and safety training, and emergency plans were in place to ensure people were protected in the event of a fire.
- The service was well-maintained, clean and tidy throughout. A comprehensive cleaning regime was in place following a flu outbreak earlier in the year. Staff had received training and followed the provider's infection prevention and control policy and procedure to ensure people were protected from the risk of infections spreading.

Using medicines safely

- Although there were systems in place for the safe administration of medicines, best practice guidance was not consistently followed by staff. The member of staff administering the medicines was unable to focus fully on the task because they were talking with visitors and responding to requests for staff support. Following the inspection, the registered manager told us staff had been reminded to wear the 'do not disturb' tabards provided when administering medicines, and only to respond to staff requests for support once the medicines round was finished. People and staff had been asked not to disturb the member of staff administering the medicines."
- Medicines were safely received, stored and returned to the pharmacy when they were no longer required. Medicines were administered by senior staff who received medicine management training, and competency checks were carried out.

Staffing and recruitment

● The service had experienced a period of significant change and challenge over the previous 12 months. It had changed its registration from nursing to residential and there had been a change of manager. There had been a turnover of staff and difficulties recruiting new staff. The manager had continued to provide a safe service using consistent agency staff. The provider had joined the staff team 'on the floor' and completed training in medicines administration. The manager was closely monitoring how the care was being provided, to ensure people's needs were being met.

● Throughout the inspection we observed there were sufficient staff on duty to meet people's needs and spend time socialising with them. People and their relatives commented, "Nothing is too much trouble for them to do. If you need some help you call for it using this button and someone attends quickly. At night you don't have to wait more than five minutes" and, "I visit at a variety of different times and on different days, never a pattern. Each time I find I'm impressed with the consistency of staff levels, happy atmosphere and the way my relative is dressed and presented. Consistency is the word I'd use."

● A recruitment campaign was in progress. Staff were recruited safely, and appropriate checks were carried out to protect people from the employment of unsuitable staff.

Systems and processes to safeguard people from the risk of abuse

● People felt safe, confident and happy when being supported by staff. One person said, "I am really happy with everything about things here, yes thank you, I feel safe and well cared for." A relative commented, "Being safe for my relative is a primary concern. I feel they are safe here and I rest at night knowing that."

●The provider had effective safeguarding systems in place. Information about safeguarding people was displayed in communal areas. Staff had a good understanding of what to do to make sure people were protected from harm or abuse and had received appropriate training in this topic area.

Learning lessons when things go wrong

● Lessons were learnt when things went wrong. The registered manager and provider had completed detailed investigations into all incidents and safeguarding concerns and acted to minimise the risk of recurrence. For example, following a choking incident the registered manager was sourcing different coloured cups for people requiring thickened fluids, as a visual reminder for staff and other people of their risk of choking. Following an injury from nail cutting, a member of staff had undertaken a nail manicure course and was cutting people's nails on a weekly basis.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as 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 needs were assessed prior to them being provided with a service, to ensure the service was right for them and their needs and choices could be met. The assessments were completed with relatives and significant others who knew the person best. They informed the development of the care plan.

Staff support: induction, training, skills and experience

●People and their relatives spoke positively about the skills and experience of staff. One person said, "The level of care I get is here is what I expected. I was recommended to move here and so far; all my expectations have been met."

● When they came into post the registered manager found that staff had fallen behind with their training, which meant their knowledge and skills were not up to date. They had reviewed and updated the induction programme, during which staff were observed to ensure their competence. The programme incorporated the care certificate, a nationally agreed set of standards for care workers. A newly recruited member of staff told us, "The induction was very thorough. I shadowed other staff for several days and did manual handling training and infection control. It equipped me to do the role."

● All staff completed regular mandatory training to ensure they could meet people's needs. The registered manager was a qualified trainer and had developed a face to face training programme to replace the on-line training used by the previous manager. They aimed to make the training as interactive and memorable as possible, for example using a 'dysphagia game' to help staff learn about supporting people at risk of choking, and asking staff build a spine out of rich tea biscuits and jam doughnuts.

● Staff practice was observed and rated in line with the CQC's key lines of enquiry to ensure best practice was followed.

● Staff had three monthly supervisions and annual appraisals during which they received feedback on their practice and identified areas for development. The registered manager told us, "I'm making sure they have got the knowledge to do the best they can and identify where improvement needed."

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

● People had a varied and balanced diet. There was plenty of choice, and a 'takeaway evening' once a month. They told us, "The meals are always good, and if you feel like something other than what's on the menu, you only have to ask, and it's provided for you" and, "The food here is plentiful, often too much for me".

●The service catered for a range of dietary needs and preferences. This information was provided on the computerised care planning system, and the cook had an in-depth and up to date knowledge of them.

● People's hydration was promoted. There were jugs of water and squash available in communal areas and

a variety of hot and cold drinks offered throughout the day.
● People's weight and nutritional intake were monitored by staff; and relevant healthcare professionals involved if required.
● Staff worked closely with Speech and Language Therapists (SALT), to support people at risk of choking and minimise risks. We saw their guidance being followed.

Staff working with other agencies to provide consistent, effective, timely care
●People's healthcare needs were met in a timely way. Records showed people were being supported by a range of healthcare professionals including community nurses, GP's, podiatrist, optician and dentist.
●Staff supported people to access healthcare services, and supported people to attend appointments if required. One person said, "The staff here know I'm waiting for a hospital appointment date, and they chased it up without me having to ask or nag them to. I think that's very good of them."

Adapting service, design, decoration to meet people's needs
● The environment was comfortable and homely. People were supported to personalise their rooms with their own furniture, pictures and ornaments. The registered manager told us, "Their own room is a blank canvas. Their room is their home and it has to feel like that. We want them to feel at home."
● A refurbishment of the communal areas was in progress with bright colours being used to lift people's mood. There was a wheelchair accessible outside space which people enjoyed in the summer.
● Further improvements were planned to promote the independence of people living with dementia, using pictorial signage to help them find their bedrooms, bathrooms and communal areas.

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.

● The registered manager was proactive in ensuring staff had a clear understanding of the Mental Capacity Act (2005) and its use in practice, through training and discussion in supervision.
● People were routinely involved in decisions about their care; staff sought people's consent and supported them to have choice and control over all aspects of their support.
● People's rights were protected; staff assessed people's mental capacity and made best interest decisions when needed.
●Capacity assessments and consent forms were reviewed monthly with people to ensure their continued accuracy.
● The service had referred people for an assessment under DoLS as required.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

●People told us staff were kind and caring. Comments included, "I find the carers have time for us. I know they're at work, but they don't make you feel that way", "They care for me by looking out for me and making sure I have all I need" and, "If it's your birthday, the staff organise a card and people to sign it, and then there's a cake for you"

●The registered manager was proactive in ensuring that an equality, diversity and human rights approach was firmly embedded at the service. This formed part of the induction programme and was reinforced during training, observations and supervisions. They told us, "You have to treat people as an individual to treat people equally."

● Staff treated people as equals. They showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way.

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

● People, with their relatives were treated as active partners in their care. Staff supported people with their routines and offered them choices. One person said, "I have a sense of choice. By that I can choose whether or not to join in with the activities on offer, which are plentiful, or choose where to eat my meals, here or downstairs"

• Relatives felt welcome at the service and were consulted and involved in all aspects of their family members care as appropriate. One person told us, "I have frequent visits from my relatives, and they can come and go as they wish, there are no restrictions on visiting times"

●Quarterly meetings were held for people and their relatives where people were asked for their views about the service and support provided, such as menus, activities and improvements being made to the home. Quality assurance questionnaires were completed monthly with people and annual quality assurance questionnaires had been introduced. A 'resident of the day' programme focussed on the wellbeing of each person and provided an opportunity for them to talk about the support they received.

●There was a 'shout out board' in the lounge, on which people, visitors and staff were invited to post comments about good practice, and where staff had gone 'above and beyond'. Comments slips were provided for people and visitors to put forward ideas about how the service might be improved, and a 'suggestions box' was located near the entrance.

Respecting and promoting people's privacy, dignity and independence

●People were treated with compassion, dignity and respect and we saw this throughout the inspection. For example, staff were assisting people to eat their lunch, going at the persons pace, describing the food and

ensuring the person was comfortable and happy. Staff addressed people by their preferred name, which, with consent, was posted on the door of their room. A person told us, "I am treated with dignity and my room is treated as somewhere that is private."

●Staff explained how they ensured people's dignity was always respected. Comments included, "I ask them if they are ready to get up, put a towel over their lap [when supporting with personal care], and ask them what they would like to do. Would they like to wash their face and hands, or brush their hair? "They told us how people unable to communicate verbally could still communicate their choices. "You get the gist of their body language once you've got to know them."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has stayed 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

●The service used a computerised care planning system. Each person had a care plan that covered all areas of needs. While some aspects of the plans contained good detail, this was not consistent. One care plan contained no information about the person's background and interests. Some reviews had not been completed relating to a person's mobility or capacity to make particular decisions, which meant the information may no longer be accurate.

●The registered manager had identified the gaps in the computerised care plans. A new computerised care planning system was being sourced, and they had taken action to ensure staff had the information they needed to support people in the interim. Paper care plans were kept in people's rooms, with a summary of the persons support needs, preferences and information about them including their personal histories and interests. Key information, such as guidance around minimising individual choking risks, was provided on pocket flash cards to support new and agency staff. Comprehensive staff handovers ensured they were kept up to date about any changes in people's needs. Staff we spoke with knew people well and understood each person's needs and preferences.

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.

•Care records contained information explaining how people communicated and the support they needed. For example, "I can speak well but I can find it hard hearing the carers. Could carers please ensure they are looking at me. Speak clearly with a raised voice so that I have a good chance of hearing them."

•Staff were aware of how people communicated and supported them to access information if required. For example, reading through menus and care plans with people who were visually impaired.

•People enjoyed 'talking' newspapers and books, and care plans could be provided in large print if requested.

• The registered manager was committed to supporting people with communication, creating an 'accessible information' policy and care plan in response to feedback given during the inspection. Following the inspection, they translated some documentation into an 'easy read' format to meet the individual needs of a person living at Pinewood.

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 told us they enjoyed lots of activities at Pinewood and trips out in the minibus. Comments included, "The number one thing about Pinewood is the fact that they make sure all my time is filled with interesting and varied things for me to do" and," There are many activities and weekly trips out, I think there's more than enough to keep us occupied."
●There wasn't a dedicated activities co-ordinator employed at the time of the inspection. However, staff were proactive in finding out what activities people enjoyed or aspired to and used this information to plan the activities programme.
●Activities took place within the home on a daily basis and included visiting musicians, exercise, arts and crafts, visiting birds of prey and visits from the 'library ladies', who brought people books. People went out ten pin bowling, for fish and chips, cruises on the river and visits to the local donkey sanctuary. An enabler was employed to take people out a one to one basis, which could be to visit friends and relatives, shopping or to the seafront. They also spent time with people in their rooms.
● People were supported to follow their chosen faith. A local priest visited regularly, and staff supported people to attend local religious establishments if they wished.

Improving care quality in response to complaints or concerns
●The provider stated in the PIR (provider information return), "We view concerns and complaints as a positive way of improving the service we provide. We, therefore, encourage service users and visitors to complain or suggest improvements wherever possible."
● A copy of the complaint's procedure was displayed at both entrances to the home. This laid out the process for making a complaint. People knew how to make a complaint and were confident that they would be taken seriously, and action taken. A relative told us, "If there's a reason to complain, I am confident that the manager would listen, act where they can and feedback any outcome"
● We saw complaints had been investigated and responded to in writing, in line with the complaint's procedure.

End of life care and support
● People and their relatives were supported, if they wished, to make decisions about their preferences for end of life care which were documented in care plans.
● Staff worked alongside health professionals to ensure people were comfortable and had the equipment and support they needed.
● Relatives were offered food, refreshments and a place to sleep so they could be near their loved ones at the end of their lives.

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 the last inspection this key question was rated as Good. At this inspection this key question has stayed the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Although there was not a service improvement plan in place, the registered manager had continuous oversight of what was happening in the service, the progress made and the areas still requiring improvement.
- The focus on maintaining the staffing levels and safety of people over the previous 12 months meant the registered manager had fallen behind with some of the quality assurance checks and audits. They were now catching up and in the process of reviewing their existing quality assurance processes and introducing new ones to improve their effectiveness.
- Monitoring and accountability were being improved through a review of staff roles and responsibilities. There was now a deputy manager in post to support the registered manager. There were plans to introduce 'champion' roles so that staff had clear responsibility for promoting a particular area of staff practice, such as nutrition or dignity.
- Staff skills and knowledge were being improved through the introduction of a new 'face to face' induction and training programme.
- Staff recording, communication and the monitoring of care provision was due to be improved with a more effective and relevant computerised care planning and medication administration system.
- Policies and procedures were being reviewed to reflect the service was now a residential rather nursing home.

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

- The registered manager and provider had been through a period of significant challenge and change since the last inspection. This included the change of registration from a nursing home to a residential home, a change in the management team, a turnover of staff, and a flu outbreak. They told us they had been able to prioritise the care of people while making significant improvements to the culture, quality and safety of the service. This was still a work in progress, and people and staff reported it was having a positive impact. Staff commented, "It's a lot better since [managers name] has been here. It's more organised and there is more structure in the way things are done. It makes it feel a lot more at ease." A relative said, "Things are much better here now. I'd say the improvements have been over the last six months, and since [Manager] and [Provider] had a change of staff"
- The registered manager and provider were highly visible at the service. They knew people and staff well and promoted a transparent and open culture. People commented, "[Provider] and [Manager] are

wonderful. You can tell them or ask them for anything and they'll see to it for you." and, "You will see [Managers name] every day if you're here. They look out for us and I trust them".
Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●People and their relatives were engaged and involved in the service through residents and relatives' meetings, monthly care plan reviews, quality assurance questionnaires and the 'resident of the day' programme. For example, people were asked which activities they wanted to do, and took it in turns to choose the monthly takeaway.
●The provider and registered manager had been proactive in engaging and developing the new staff team. They used the computerised care planning system to send staff messages reminding them to support and help each other. Team building days had been organised.
●Staff told us they felt valued and their views were listened to. They were passionate and motivated about their roles and the newly established staff team. Comments included, "[Providers name] is a very fair person and listens to what you say. Staff feel able to say honestly what they think. They are able to be negative and their views and ideas are taken into account" and, "We are a good staff team. There have been lots of staff changes, but everyone is getting on well"
●The provider was active in involving the local community and inviting them into the service. They held coffee afternoons to raise funds for local and national charities. In addition, more than 200 people regularly attended an annual fireworks event at Pinewood run by the local Lions Club. The registered manager was looking at ways to further develop community links, for their own service and linking with other providers in the local area.

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 provider has notified us of all accidents, injuries and significant events that may affect the running of the home.
● The provider understood their legal duty to be open and honest if anything went wrong. They had developed a leaflet for people using the service explaining 'the duty of candour' policy and what this meant in practice.

Continuous learning and improving care
● The provider and registered manager were proactive in seeking ways to gain and share knowledge of best practice and use this to improve the quality and safety of the service.
For example, they attended events such as 'The Care Show', to improve their knowledge of the sector.
● The registered manager had devised an interactive face to face training programme for staff.
The provider and deputy manager were doing 'train the trainer' courses, to enable them to support the registered manager in the delivery of this training.
●The registered manager had worked closely with the local authority quality assurance and improvement team, who provided resources to support the development of the service. They also supported and were supported by other managers working with the same provider.
●Staff were supported with their continued professional development and further qualifications in health and social care.

Working in partnership with others
●The service worked with other health and social care professionals in line with people's specific needs. People and staff commented that communication between other agencies was good and enabled people's needs to be met. Care files showed evidence of professionals working together. For example, GPs and social workers. Regular reviews took place to ensure people's current and changing needs were being met.