Mr Sanjay Prakashsingh Ramdany & Mrs Sandhya Kumari Ramdany

Waxham House

Inspection report

1 High Park Road
Ryde
Isle of Wight
PO33 1BP

Tel: 01983564326

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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
Waxham House is registered to provide accommodation for up to 20 older people with personal care needs, including people living with a cognitive impairment. There were 20 people living at the home at the time of the inspection.

People's experience of using this service and what we found
People were supported by staff who were kind, caring and who understood their likes, dislikes and preferences. People were happy living at Waxham House and told us they felt safe.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed appropriately.

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 supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

The service had a positive person-centred culture. Both people and staff told us the manager was approachable. The service worked in partnership with others and engaged people and staff. There was a positive staff culture, and this reflected in a happy and friendly atmosphere.

People and their relatives felt the management team were open, approachable and supportive. Everyone was confident the provider would take actions to address any concerns promptly. The providers had effective governance systems in place to identify concerns in the service and drive improvement.

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 9 March 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Waxham House

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was completed by two inspectors on day one and by one inspector on day two.

Service and service type
Waxham House 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. The previous registered manager had left the service in March 2019. At this inspection there was a manager in place who had taken over the overall running of the service in July 2019, with support from the Provider. The manager had commenced the registration process with the Care Quality Commission (CQC).

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, the manager, care staff and the chef.

We observed the care being provided and reviewed a range of records, included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit 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 the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained risk assessment information, which provided staff with clear guidance on how to mitigate risks to people. Possible triggers and actions staff needed to take to reduce those risks were identified.

● Some people were at risk of developing pressure injuries. Where equipment was in place to mitigate the risk of injuries occurring, systems had been implemented to ensure the equipment remained suitable for the person. For example, where a person required a pressure relieving mattress that needed to be set in accordance with the persons weight, the setting was checked against the person's weight to help ensure the mattress remained at the correct setting. Monitoring charts in place, also reflected that people's position had been changed as stated within the risk assessments.

● People who were at risk of malnutrition and dehydration, had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. Food and fluid monitoring charts were in place, where required. These were robustly completed and demonstrated that people's intake was closely monitored, and actions taken where needed.

● Other risk assessments in place included areas such as, moving and positioning, skin integrity, medicines management, the use of bed rails and behaviours.

● Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.

● There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe living at Waxham House. A relative said, "I visit every day, not because I am worried about [relatives] safety or care. [Relative] is always very happy."

● The manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.

● Staff understood their responsibilities in relation to safeguarding people and reporting concerns. A staff member said, "If I saw poor care I would report it to the manager, they would act."

● There were processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

● The service had sufficient numbers of staff to meet people's needs. Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way.

● Feedback from people, relatives and staff confirmed there were appropriate numbers of staff on duty to meet people's needs promptly. A person said, "Sometimes they could do with a few more, [staff] but on the whole it's very good and they come quickly if I ring my bell." A staff member told us, "I think there is enough of us, sometimes it can be busy but usually it's alright."

● Staffing levels were determined by the number of people using the service and the level of care they required. The provider told us, they and the manager regularly monitored the staffing levels by observing care and speaking with people, to ensure that staffing levels remained sufficient.

● Safe recruitment practices had been followed. This included a range of pre-employment checks and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Using medicines safely

● People were supported to take their medicines safely. Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed. MARs were reviewed at the end of each working shift to ensure medicines had been provided as prescribed and to allow any errors in administration to be acted on immediately. A full medicine audit was completed monthly.

● There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.

● Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.

● Each person who needed 'as required' (PRN) medicines, had information in place to support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved.

Preventing and controlling infection

● The home was visibly clean throughout. There were processes in place to manage the risk of infection and personal protective equipment (PPE), such as gloves and aprons was available throughout all areas of the home. Staff were seen using these when appropriate.

● Domestic staff were employed within the service and completed regular cleaning tasks in line with set schedules.

● The laundry room was small and due to limited space, it was extremely difficult for a 'dirty to clean' flow be maintained, to mitigate the risk of cross contamination. This was discussed with the provider who agreed to investigate ways this could be addressed.

● Infection control audits were completed regularly by the manager; deputy manager and provider and we saw that action had been taken where required.

● The staff were trained in infection control.

● There was an infection control policy in place, which was understood by staff.

Learning lessons when things go wrong

● There was a process in place to monitor incidents, accidents and near misses. Action to address any issues, was taken when needed.

● Audits for all incidents and accidents that had occurred, were completed. This helped to ensure any trends or themes identified could be acted upon, to help mitigate risk and prevent a reoccurrence.

● Staff were informed of any accidents and incidents and these were discussed and reviewed, with staff, where required.

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 felt they received effective care. One person said, "I'm quite satisfied with everything." A relative told us, "It's not the most deluxe home, but it's the care and treatment that's important, we are really happy with it."
- People's needs were fully assessed prior to their admission and before re-admission, for example, if a person had required a hospital stay. This was to ensure their care needs could be met within the constraints of the environment and in line with current best practice guidance.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries, pain levels and to monitor people's weight.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate, pressure activating mats were provided to allow people to have privacy in their rooms, whilst maintaining their safety.

Staff support: induction, training, skills and experience

- New staff were required to complete an induction before working on their own. This included completing essential training for their role and shadowing an experienced member of staff.
- Staff had the required knowledge, experience and skills to meet people's needs. Staff received a range of appropriate training applicable to their role. Training staff had received included, moving and handling, infection control, medication and person-centred care.
- A staff member told us, that as well as completing mandatory training they had also been offered and had completed, additional training specific to people's needs living at the home, such as stroke awareness, diabetes and dementia training.
- The provider had a system in place to record the training that staff had completed and to identify when training needed to be refreshed. On reviewing this system, it demonstrated that staff received training and updates as required.
- Staff received one to one supervision every three months with the manager and an annual appraisal. Supervisions provide an opportunity for management to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and identify learning opportunities to help them develop. Completed one to one supervisions and annual appraisals, were recorded in detail. Staff told us they felt supported by the manager, who they could approach at any time.

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

● People were supported to eat a varied and nutritious diet based on their individual preferences, which were detailed in their care plans. A relative said, "People are always provided with lots of different vegetables at meal times." A range of snacks, including fruit was offered between meals.

● Throughout the morning people were offered breakfast when they got up. Lunch time service was a relaxed and sociable experience. People could choose from a menu and alternative choices were provided if people did not like what was on offer that day. People were offered a selection of drinks throughout mealtimes, including hot and cold drinks or an alcoholic beverage. In one person's care plan it was noted that they enjoyed a glass of red wine with their meal and we saw that this was provided.

● People told us they enjoyed the food offered and could request snacks throughout the day and night. One person said, "The food is quite good, they will always get me something else if I don't like what is on the menu." Another person told us, "Very good" when asked about the food.

● People were involved in planning menus with the catering staff, to help ensure they were provided with meals they particularly enjoyed.

● Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely. External healthcare professionals were involved where required, to support people and staff.

● Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively. Where required, people were provided with specialist diets to meet their health or cultural needs.

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

● People confirmed that they would be supported to access dentists and opticians if they required and that the doctor would be contacted if they were unwell. A person said, "They [staff] are very good, they will always get the doctor to me when I need one." Care records confirmed people were regularly seen by health professionals and the outcomes of these visits were well documented.

● People's care records contained essential health information, including information about people's general health, current concerns and emotional needs. These care plans were individualised to people's specific health needs. For example, a diabetic care plan provided information of actions staff should take in relation to the person's blood sugar levels.

● The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. Receiving services were provided with essential relevant information about the person and the support they needed. The provider had recently developed a checklist for staff to work from, to help ensure that all required documentation was sent with the person.

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.

● Staff were knowledgeable about how to protect people's human rights in line with the MCA and received regular training on this topic.

● Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

● People told us staff asked for their consent when they were supporting them. We saw this in practice during our inspection.

● Daily records of care showed that where people declined care, this was respected.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.

● Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.

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

● Waxham House is a large domestic house converted into a residential home. With conversions of this type, the rooms vary in size and aspect and some corridors were narrow. The home is set over three floors with bedrooms on all floors. Floors could be accessed by people, staff and visitors via a passenger lift, staircases and stair lifts.

● There were three communal areas available to people, including a dining area, conservatory and a lounge, which allowed people the choice and freedom to choose where they wished to spend their time.

● People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions. Most bedrooms did not have en-suite bathroom facilities however, bathroom facilities were available throughout the home.

● At the time of the inspection there was only one showering facility available to people; on the second floor of the home. The bathroom on the ground floor was under renovation and the provider told us that this was being done as a matter of urgency, to reduce any impact on people. A staff member told us, that people were provided with showers when they choose.

● Some adaptations had been made to the home to meet the needs of people living there. For example, some corridors had handrails fitted to provide extra support to people and toilet and bathroom doors were sign posted and painted in contrasting colours to other doors in the home, so that people could easily recognise them.

● The garden area was accessible to people and had a range of seating, shaded areas and raised flowerbeds.

● Wi-Fi had been installed to allow people or their visitors to connect to the internet and aid communication.

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 were supported by staff who were kind, caring and respectful and feedback we received, reflected this. A person said, "I get very good care, the staff are lovely and will always listen." A relative told us, "The staff, are very good with [relative], they really look after her well. When we visit [relative] is always happy. I don't have any concerns at all about the care they get."
- We observed positive interactions between people and staff. For example, staff supported people in a kind and gentle way, spoke to them respectfully, gave people choices and gained their consent before providing support. Staff demonstrated that they knew people well. They spoke to them about subjects they had particular interests in, listened to them and responded when people required support.
- Staff spoke fondly of the people they cared for and were positive about their job. Staff comments included, "It's a really nice place to work", "We work well together", "The people are lovely" and "This is their home, we want people to be happy." A healthcare professional told us, "The home has a nice atmosphere and the staff are supportive of people."
- The staff recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked people where they would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff, the provider or manager and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home. These demonstrated that people were involved in making decisions about their care, the environment and activities.
- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- We observed that staff respected people's right to privacy and people confirmed this. A person said, "They [staff] will always shut the door when I am having a wash."
- Two people shared a room and privacy was maintained through the use of a walled partition and dignity curtain.

● People had chosen the level of privacy they wanted in their rooms. They had chosen to have staff; knock and enter or knock and wait for an answer from the person. Their particular choice was posted on their bedroom door to inform staff of their preferred choice.

● Confidential information, such as care records, was kept securely within the office and only accessed by staff authorised to view it. Any information, which was kept on the computer, was also secure and password protected.

● People were supported to maintain their independence as much as possible in their daily routines. For example, during lunch time staff were seen to encourage people to eat independently and would offer to cut up food, where required to support this.

● People's care plans provided information for staff about what people could do for themselves and where additional support may be required.

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 remained the same. This meant people's needs were met through good organisation and delivery.

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

- People told us their needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs, which enabled them to provide person centred care.
- Care plans had been developed for each person. Information in care plans included details about people's life history, their likes and dislikes and specific health and emotional needs.
- People were empowered to make their own decisions and choices and confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection.
- Staff worked together well to deliver timely and effective care to people. They also received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed the handover on day two of the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.
- A healthcare professional said, "Staff have a proactive approach to meet people's needs, they phone us for support appropriately, when required."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information.
- The manager was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

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 home employed a part-time activities coordinator who provided activities for people on an individual basis and in groups. Activities included games, armchair exercises, reminiscence, painting and manicures. The provider also explained they had purchased activities from external providers which included, arts and craft, and music.
- People reported enjoying the activities provided and spoke positively about the activities coordinator. On day one of the inspection, we observed the activities coordinator playing a hoop game and bowls with

people, which they enjoyed. During these activities people engaged in conversation and friendly banter with each other. A relative said, "There is always enough for her to do, when we visit she is often painting or doing some sort of activity, she really enjoys it"

● Staff were knowledgeable about people's right to choose the types of activities they liked to do and respected their choice. Activities were discussed during the resident's meetings to give people the opportunity to comment on past activities and share ideas about things that they could do in the future.

● People were supported to partake in activities culturally relevant to them.

Improving care quality in response to complaints or concerns

● People and their relatives knew how to raise a complaint and were confident that action would be taken. Information on how to make a complaint had been provided to each person when admitted and was displayed within the home.

● There were systems in place to deal with complaints or concerns. However, this system was not robust in demonstrating what actions had been taken to investigate and address complaints, and the outcome. This was discussed with the provider and manager who were able to describe the actions that had been taken and agreed to ensure that outcomes and actions were fully documented in the future.

End of life care and support

● The manager, provider and staff were able to provide us with assurances that people would be supported to receive good and effective end of life care to help ensure a comfortable, dignified and pain-free death. Staff had received training in end of life care and demonstrated that they understood this. The provider told us, "It's about their comfort and respecting their wishes." The provider added, "We really aim to ensure people can remain at 'home' (within the service) if that is what they want." Furthermore, they told us they would work closely with relevant healthcare professionals and people's families to help ensure they received the care they required.

● Some people living at the home had an end of life care plan in place which contained detailed information about their individual end of life wishes. These included, information about where the person wanted to be at the time of their death and how they wished their body to be cared for. The provider told us, that these care plans were only in place for people who wanted their wishes known.

● At the time of the inspection, one person living at Waxham House was receiving end of life care.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People and their relatives spoke positively about the service and told us they would recommend the home to others.
- There was an open and transparent culture within the home. People, relatives and staff were confident about raising any issues or concerns with the management team. A person said, "I haven't had to raise any concerns but if I needed to, I could always talk to the owner or manager." A relative said, "We are always notified of any issues or concerns."
- The staff demonstrated they were committed to providing person-centred, safe and effective care to people.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. This was discussed with the provider who was able to demonstrate that this was followed, when required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.
- People and their relatives told us the management team shared information with them when changes occurred, or incidents happened.

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

- The management structure for the service consisted of the providers, manager and deputy manager. The manager had been in this post since July 2019 and was currently being fully supported by the provider. Management roles and responsibilities were in the process of being defined.
- Staff spoke positively about the manager and were confident in her abilities. A staff member said, "I trust the management, the new manager is good, I can approach her about anything and she will always listen." Another staff member told us, "I feel really well support by the manager, all the staff are behind her."
- Policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control.
- There were quality assurance procedures in place, which included audits of care plans, cleaning records, medicine administration, environmental audits, training and supervision. Completed audits resulted in an action plan being completed, where required. These were discussed with staff and timescales for work to be completed, agreed.

● The provider and manager understood their responsibilities and were aware of the need to notify the Care Quality Commission (CQC) of significant events, in line with the requirements of the provider's registration.

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

● People and relatives told us they felt involved and listened to. A person said, "The new manager is good, I definitely feel listened to." A relative told us, "I can visit at any time and always made to feel welcome. I am always kept updated about things, invited to relatives meetings and given a questionnaire to fill out about the care and the home."

● The provider and manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings.

● Feedback surveys were given out every three months to people, relatives and health and social care professionals. Following feedback action plans were developed and required actions were carried out.

Continuous learning and improving care

● The provider told us, "We have definitely learnt from past experiences, we are working really hard to get it right for the people living here."

● There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

● Lessons learnt, and outcomes were disseminated throughout the team via staff meetings and handovers to promote shared learning.

● Staff performance was closely monitored by the management team.

Working in partnership with others

● Staff had links to other resources in the community to support people's needs and preferences. This included links with local church communities.

● The service worked in collaboration with relevant agencies, including health and social care professionals. The provider was clear about who and how they could access support should they require this.