

# Fosse Healthcare Limited

# Poppy Fields

## Inspection report

Chesterfield Road South  
Mansfield  
NG19 6FD

Tel: 01623880860

Website: [www.fossehealthcare.co.uk](http://www.fossehealthcare.co.uk)

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Poppy Fields is an Extra Care Housing scheme that provides personal care for people living in their own flat or house across two sites. There were 49 people using the service at the time of the inspection. The site is split into three parts in two separate sites. People supported include; people living with dementia and people requiring support with regaining their independence in an assessment unit.

In the assessment unit, people lived within their own self-contained flats whilst receiving support to regain their independence with the aim of returning home. If this is not possible, people may then reside permanently at Poppy Fields, or move to a residential care home. Poppy Fields staff provide people with support with their personal care and work alongside health and social care professionals such as physiotherapists and social workers.

### People's experience of using this service:

Quality assurance processes were not consistently implemented to help the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. There was a lack of provider-led audits in place to hold the performance of the registered manager and other staff to account. We have made a recommendation to the provider about this. There was a lack of best practice guidance and legislation used to inform care planning and risk assessment.

The risks to people's health and safety were, in most cases recorded within their records. People told us they received their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. We did note there was an inconsistent approach to ensuring that only legally appointed people signed records on behalf of others when decisions were being made for them.

Where people received support with their meals, staff did so effectively and in line with dietary requirements. Although there was conflicting guidance for one person in relation to the support they needed with their meals.

Incidents that could affect people's safety were reported to the relevant authorities. There were enough staff to care for people safely. People told us they felt the punctuality of staff had improved since the new provider took over the managing of this service. Staff understood how to reduce the risk of the spread of infection in people's flats.

Staff training was up to date and staff received supervision of their practice. People had access to other health and social care agencies if needed.

People liked the staff, they found them to be caring and respectful and they received personal care in a

dignified way. People's independence was encouraged and privacy respected. People's care records were person-centred and contained guidance for staff to support them in their preferred way. Innovative methods had been used to provide people with information in formats they could understand. People felt able to make a complaint and were confident their complaint would be acted on. End of life care was not currently provided.

The registered manager had a good knowledge of their regulatory requirement to report concerns to the CQC. People told us they would recommend the service to others but would welcome the opportunity to meet with the registered manager more often. People's views were requested and acted on.

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

Rating at last inspection: This service was registered with us on 11 October 2018 and this is the first inspection.

#### 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?

Requires Improvement ●

The service was not always 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below

# Poppy Fields

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, an assistant 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be available to support the inspection. The inspection was completed in one day.

#### What we did before the inspection

We reviewed information we have received about the service since the previous provider's last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

During the inspection

We spoke with 13 people who used the service and one relative and asked them about the quality of the care they or their family member received. We also spoke with two care staff and two team leaders, assessment unit leader, scheme manager, quality and compliance officer, the registered manager and area manager.

We reviewed a range of records. This included all or parts of records relating to the care of nine people as well as four medicine administration records. We also reviewed three staff files, training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- ☐ There were examples of detailed risk assessments within people's care records. These included medicines, the environment they lived in and how to evacuate them safely in an emergency.
- ☐ However, we did note that one person had food and fluid charts in place to monitor their intake. Guidance was recorded in the person's care plan for staff to follow, but no nutritional risk assessment was in place. This could impact the person's health if known risks were not fully assessed and acted on.
- ☐ People did not raise any concerns with us about how staff supported them with their care. They felt staff understood their needs and cared for them in a safe way.

### Using medicines safely

- ☐ Where people required assistance from staff with their medicines, they told us they received their medicines when they needed them and in their preferred way. One person said, "They [staff] give me my medication, it's all managed for me, there are no problems, but if there were they would sort it out for me."
- ☐ Medicines were stored in each person's flat. Storage procedures and the risks associated with them were discussed and agreed with each person.
- ☐ Each person had paper-based medicine administration records in place. These recorded when a person had taken or refused to take their medicines. A new electronic recording process had been implemented the week before the inspection. This system had an alert in place that if a staff member had not recorded that they had administered a person's medicine senior staff were informed. This meant any errors were rectified immediately reducing the risk to people's health.
- ☐ During the inspection we did not observe a staff member administer medicines; however, their competency in doing so was regularly checked by the registered manager or other senior staff. Competency assessments helped to assure the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation. Where concerns about staff performance were identified, supervision or retraining was given to ensure improvement.

### Staffing and recruitment

- ☐ People felt there were enough staff in place to offer them care when they needed it. Some people told us that they had concerns in the past with staff punctuality and not responding in good time when they pressed their emergency call bells. Most felt things had improved recently and staff were punctual and responded quickly when needed.
- ☐ One person said, "I get four calls a day, they come on time mostly. If they are late I press the buzzer, or they may let me know."

- When people pressed their emergency call bell, staff were able to communicate directly with them in their bedrooms. This enabled them to quickly assess the seriousness of the call and whether emergency services were required.
- Agency staff were not used at the service. This helped to ensure people received consistent care from staff who knew them. Staff suitability to work with vulnerable people was checked before they started to commence their role. This helped to reduce the risk of people being cared for by inappropriate staff.

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

- People told us they felt safe when staff provided care and support in their own flats. One person said, "I do feel safe, I've no problems. If I did I'd talk to [name]. The girls are lovely."
- Staff had received training to help them to identify the signs of neglect or abuse. Staff spoken with could explain how they reported these concerns and they were confident that the registered manager and/or scheme manager would act on their concerns.
- The registered manager was aware of their responsibility to ensure the local authority and the CQC were notified of any allegations of abuse or neglect. Records showed this had been done where required.

#### Learning lessons when things go wrong

- Accidents and incidents were investigated, and action was taken to identify any themes or trends which could be affecting people's health and safety.
- The provider and local authority commissioners received regular updates on any incidents to ensure that where needed, guidance could be given to reduce the risk of recurrence.
- Where there was any learning required from these incidents, this was discussed with staff during supervisions, or collectively in team meetings.

#### Preventing and controlling infection

- Staff had received training to help reduce the risk of the spread of infection in people's flats. When we visited people in their flats, we did not identify any risks that needed to be addressed to reduce this risk.



# 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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- ☐ People's physical health, mental health and social needs were assessed prior to them starting with the service. These records were reviewed to ensure they remained in line with people's choices. People's protected characteristics, such as their age, gender and ethnic origin were also considered when care plans were formed. This reduced the risk of people experiencing discrimination.
- ☐ However, some care records did not contain reference to current standards and guidance. Whilst the records we looked at did provide staff with enough guidance to provide people with safe and effective care; it was not always clear what resources had been used to ensure care records continued to meet current standards. The registered manager told us they had confidence that people's care was provided in line with current best practice guidance, but they would review the way care records were formed to ensure this was made clearer.
- ☐ Staff spoke knowledgeably about people's care needs; however, the care they described people required, was not always reflective of what was recorded in their care records. This could lead to people receiving inconsistent care and support.

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.

We checked whether the service was working within the principles of the MCA.

- ☐ Where people were able to make decisions for themselves they felt staff always respected and acted on their wishes. One person said, "You do get choices and if you want they will help you sort out anything."
- ☐ People's ability to make decisions about their care were assessed and recorded within their care records. Where they were able to consent to decisions, they had signed their care records. Where they were not, best interest decision documentation was in place to ensure that any decisions made for people were always done so in their best interest. Appropriate relatives and where applicable, health and social care professionals contributed to this process. Staff had a good awareness of the MCA and could explain how they ensured people's right to choose was respected.
- ☐ We did note that for some people their care records had been signed by relatives who had been recorded

as their 'next of kin'. However, it was not clear whether these relatives had the legal authority to sign these records on behalf of their family members; this is called having 'lasting power of attorney'. This power enables the approved relative (or other appropriate person) to act in the person's best interests when making decisions on their behalf. The registered manager acknowledged this needed improving and told us they would address this. This will help to ensure that people's rights are adhered to and respected.

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

- Some people required support from staff with their meals. This support was provided in two formats, either support in their own flats, or meals provided in the communal areas of the scheme.
- Staff were aware of the risks associated with people's diet and could explain how they supported people effectively with their meals. Care plans and risk assessments were in place to help to reduce the risks to people's health.
- We found, in the initial assessment for one person, that they required their food cutting into small pieces. However, there was no reference to this in the person's care records. We raised this with the assessment unit leader. They told us this was a temporary measure and the person did not currently need this. They acknowledged that the information within the care record was incorrect and could mean the person received their meals not in their preferred way. They told us this would be amended.

Staff support: induction, training, skills and experience.

- People felt staff had the skills needed to provide care in their preferred way. One person said, "They certainly know what to do they're grand girls. They always wave as they walk past so I don't feel lonely."
- Records showed staff had completed training the provider deemed mandatory for their role. Staff received regular supervision and observation assessments of their practice. Staff felt supported by the scheme manager and registered manager and were able to ask for additional training or support if needed. This helped staff to have the confidence to continue to provide people with safe and effective care.
- Staff were given the opportunity to gain externally recognised qualifications such as diplomas in adult social care and the care certificate. The care certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Access to additional qualifications such as these helps to provide staff with up to date skills and experience to provide people with high quality care.

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

- Support with visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the service. If required, there were occasions when staff would support people with these visits.
- The provider worked alongside other healthcare professionals based at the location. These included physiotherapists and social workers. Poppy Fields staff supported people with their personal care; alongside other healthcare professionals who supported them with their reablement. spoke with a social worker based at the location. They told us their professional recommendations were followed by staff. They also told us they had previously had some concerns that the care records for people were not always reflective of their changing needs; however, they felt this was improving with the introduction of electronic care plan records.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 found staff to be friendly, caring and they felt well treated. One person said, "They don't make you feel as though you're a nuisance." Another person said, "I like the staff; they're friendly, nothing is too much trouble."
- ☐ People felt staff cared for them in their preferred way, with kindness, compassion and empathy. They felt listened to, respected and had built positive relationships with them. Many commented that since the new provider had taken over the running of this service, they felt the quality of the care received had improved. Many welcomed the fact they always knew who was coming to their home and changes to this were notified. This put people at ease and helped them to feel that they mattered.
- ☐ Staff spoke with empathy, passion and respect when describing how they cared for and supported people. Staff could explain the positive impact they had on people's lives. One staff member said, "One person who came into the assessment unit was really frail and frightened. After a few weeks they are really independent now, we offer praise and encouragement to build confidence, often people have lost their confidence because of an experience before they get to us." Although our observations of staff interaction with people throughout the day were limited; when we did see staff with people they cared for, they spoke to them respectfully and in a caring manner.
- ☐ People's diverse needs were discussed with them during their initial assessment stage to determine if they had any specific requirements of the staff that supported them. This could include any aspects of their religious or cultural backgrounds. Staff could explain how they supported a person with specific religious beliefs and how this affected how they wanted staff to provide care. A staff member said, "Whatever people's views are we must show respect and take our lead from them."

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

- ☐ People were provided with a variety of ways to contribute to decisions about their own care. When people first started to use the service, care plans were formed with them and decisions made and agreed with them about how they would like their care to be provided. Regular reviews of people's care also took place to ensure that if people wanted to change the way their care was provided, this could be accommodated.
- ☐ Care plans were in the process of becoming fully electronic. People were still able to request a paper copy if they wished, however, an electronic version could also be viewed with the appropriate technology, such as mobile phones or tablets. This will enable people to access all elements of their care plan at the touch of a button. With the person's permission, relatives will also be able to review their family member's care records through the internet; this is especially important for some relatives who live far away from the home and are unable to visit regularly.
- ☐ Information about how people could access an independent advocate was provided for people.

Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard. At the time of the inspection, no advocates were used.

Respecting and promoting people's privacy, dignity and independence

- ☐ People's independence was encouraged wherever possible. People living within the Assessment Unit, were supported by staff and other healthcare professionals to regain their independence through regular physiotherapy and support with daily living tasks. Care plans contained guidance for staff on the level of support people required and these were reviewed to ensure they were reflective of people's changing needs.
- ☐ People felt staff understood how to support them with personal care, encouraging them to do as much for themselves as possible, whilst keeping them safe and dignified. People told us they had been given a choice of male or female staff member to support with personal care. One female person told us they liked the male staff and they made her feel "completely comfortable with them".
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance with the General Data Protection Regulations. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

- ☐ Before people started to use the service, an assessment was carried out to ensure staff could provide them with the care and support needed.
- ☐ When the assessment was completed people moved into their own self-contained flats or houses at Poppy Fields. Care plans were put in place to enable staff to care for them in their preferred way. People's care records contained clear, daily routines which had been agreed with people prior to them moving. These plans contained people's likes, dislikes and personal preferences such as the assistance they needed with medicines, the level of support they needed from staff with their personal care.
- ☐ People told us they had a care plan and the care and support they received was in accordance with their wishes. Staff had a good understanding of people's daily routines and could explain, in detail, what level of care people needed and wanted.

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

- ☐ An aim of the provider was to aid social inclusion and to reduce the risk of people becoming isolated from friends, family and their local community. A variety of events were put on for people; friends, family and other residents from within the scheme were invited. A community group led by volunteers at the location was run with the support of Fosse Healthcare staff. Events celebrating regular festivals were held as well as several other activities.
- ☐ The communal areas were not managed by Fosse Healthcare staff; however, they supported people to use them for meals, attend activities and to meet friends. Several people told us they enjoyed the use of these areas and welcomed the support of staff with accessing them.

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.

- ☐ The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. Larger font documentation was available where needed. The provider had plans to move all records to a digital format. The registered manager told us this offered more opportunities to provide information for people in a wider variety of formats. Future changes will include providing care plans in a format that will enable records to be

provided for people who were registered blind or partially sighted to have their records spoken to them. These systems will help to ensure that people were not discriminated against because of a disability or sensory impairment.

- Electronic devices were also used where the speech function could be turned on to assist people who were partially or fully blind to access care records and other documentation such as company policies. People could also contribute to their own care planning and reviews via the tablet by using spoken word which then translated into care planning reflective of their own words. The registered manager was proud of these additions and felt they would further enhance people's ability to contribute to their care despite their disabilities.

#### Improving care quality in response to complaints or concerns

- People felt confident that if they made a complaint it would be acted on by staff and/or the registered manager. One person said, "I could make a complaint, I'd talk to the team leader or the manager."
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

#### End of life care and support

- Due to the characteristics of the people currently receiving support, end of life care was not currently being provided by the care team; however, provisions were in place to support people and families should care be needed. The registered manager told us they planned to have more detailed discussions with people about this element of care to ensure their needs could be met when needed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- ☐ Quality assurance processes were in place that were designed to assist the registered manager with assuring them and the provider that the care provided for people was of the required standard. Staff competence was also regularly assessed to ensure staff provided with the care they needed.
- ☐ In many areas of this service the care provided was good. People commented on the improvements made to this service since the new provider took over the running of the service in October 2018.
- ☐ However, we were not fully assured that the quality assurance processes in place were robust enough to ensure that all people's records were of the required standard. Robust processes would ensure people always received care in accordance with their needs and recognised best practice guidance. A review of the implementation of the Mental Capacity Act 2005 (MCA) was also required to ensure only legally appropriate people were signing care records on behalf of others. Whilst it was evident from our observations, speaking with staff and from what people told us, that people received safe care, robust records were required to reduce the risk of these standards slipping, resulting in an increased risk to people's safety.
- ☐ Since the provider took over the management of this service, the registered manager met with the provider and other registered managers from within the provider group on a weekly basis. At these meetings actions were agreed and then checked at the next meeting to ensure they had been completed. However, we were informed that no formal audit had taken place to assure the provider that care provision was of sufficient quality to meet people's needs and to reduce the risks to their safety. A robust, provider-led audit would assist the registered manager with identifying shortfalls and enable them to act on any issues raised, including the issues highlighted during this inspection.

We therefore recommend the provider ensures robust quality assurance processes are implemented and used effectively to help them to identify, assess and act on the risks to people's safety. This will include a review of all records relating to people's care; such as care plans, risk assessments and implementation of the MCA.

- ☐ The registered manager had a good understanding of their role. They ensured weekly and monthly updates were forwarded to the provider. This included the numbers of accidents, incidents and safeguarding. They also understood the regulatory requirements of their role. When required, they ensured appropriate authorities such as the CQC and local authority were informed of any incidents or concerns about people's safety.
- ☐ The registered manager was held accountable, to the provider, for the performance of the scheme. They

were required to provide regular updates to the provider and the local authority about factors that could affect care provision. This included accidents and incidents, safeguarding and staffing levels. The registered manager also attended regular meetings with other managers from within the provider's group of services. At these meetings aims and objectives for the group were discussed and agreed with an expectation that these would be passed on and implemented by each registered manager.

- Staff could explain how they contributed to providing people with the care they needed.

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

- People liked living and/or staying at Poppy Fields. Many felt their health had improved as a result and people told us they would recommend the service to others. One person said, "I would recommend this place, they're very good."
- Staff were focused on providing positive outcomes for people. This was particularly prevalent on the Assessment Unit. We were told of many success stories where people had returned home or moved to the extra care scheme following their rehabilitation. Staff told us this made them feel proud they had contributed to people's success.
- Since the scheme was provided by the new provider, staff have been supported to provide care in line with the provider's aims and values. These are discussed during staff supervision to ensure that all staff are providing people with consistent care, in a positive, open and inclusive environment.

Continuous learning and improving care

- The provider had given the registered manager the freedom to appoint a 'management team' with members of staff given delegated responsibilities to manage certain parts of the service. This included an assessment unit leader, quality and compliance officer and scheme manager. The registered manager told us this had helped with the management of the service, particularly when they were not present at the scheme. It had also helped to develop staff and provide them with more responsibility.
- The provider had identified that further training was required for staff in some key areas of care. They had arranged health and safety training and emergency first aid. Further training in key areas such as Parkinson's, dementia and effective communication were due soon. The registered manager told us this demonstrated the provider's plans to continuously improve the standard of care people received.
- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.

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

- The provider had the processes in place that ensured if mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning, and development was implemented to help reduce the risk of incidents recurring.

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

- People, relatives and staff were provided with the opportunities to give feedback about their care. Many people spoken with could recall taking part in formal questionnaires to gain their views. Many also told us they took part in regular reviews of their care through quarterly assessments of their care needs.
- People did comment that whilst they were happy with the quality of the service provided they would



appreciate the opportunity to meet with the registered manager more often.

- ☐ Staff felt able to raise any issues with the registered manager and that any concerns would be acted on.

Working in partnership with others

- ☐ Staff worked in partnership with other health and social care agencies to provide care and support for all. This included professionals based at the location who provided people with a variety of support to regain their independence.