

Wellbeing Care Limited

The Dell

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Dell is a residential care home for 40 older people, some of who may be living with dementia. At the time of our inspection there were 37 people living in the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of Good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The service had clear and effective governance, management and accountability arrangements. Staff understood their roles and responsibilities, were motivated, and had confidence in their management team. Moreover, they were supportive of each other to ensure people received excellent care. The management team placed a great importance on ensuring everybody was treated as an individual and giving them person-centred care. They also ensured the staff team felt valued. They had worked hard and established a strong and visible person-centred culture. The service was building links with the local community being actively seeking opportunities which would benefit people. They encouraged and sustained contacts with other resources and support groups.

The staff and management teams showed a genuine and in-depth understanding and compassion for people they supported. They had a number of schemes and initiatives in place driving improvement and continuously encouraging innovation to benefit people in the service. The staff team always tried to enable people to express their own views ensuring people received the care they needed and wanted. People were encouraged to be as independent as possible. The management and staff team monitored people's health and wellbeing and took appropriate action when required to address concerns. The service had dedicated champions for different areas of speciality such as infection control, hydration and diet and falls to effectively support people's health and wellbeing. They were constantly researching for creative and innovative ways to ensure people lived their lives to the full. The whole staff team were very responsive to the needs of the people and enabled them to improve and enjoy their life.

People were able to engage in a range of meaningful activities and maintain regular links with the community. This helped them avoid becoming isolated. People really enjoyed getting involved in activities and outings because it made them feel busy and useful. People could also spend time with their visitors or occupying themselves if they wished to. Their choices were respected by attentive and understanding staff. We observed staff were positive, respectful and considerate of people and their relatives. People and relatives confirmed staff always respected their privacy and dignity. People benefitted from living at a service that had a very open and welcoming culture.

The management team spoke with passion about the care and support they provided to people and their

families. They worked hard to ensure this was also shared by the staff team. There was a great atmosphere in the service filled with lots of enthusiasm, laughter and friendliness. The management team encouraged staff to go the 'extra mile' when supporting people. Staff were motivated to provide care with kindness and consideration.

People felt safe while supported by the staff. Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

The management and staff team recognised, reviewed and explored better ways of working when things went wrong. The management team had planned and booked training when necessary to ensure all staff had the appropriate knowledge to support people. Staff had ongoing support via regular supervisions and daily communications. They felt supported by the registered manager and senior staff, which supported good team work.

The registered manager ensured there were enough qualified, skilled and knowledgeable staff to meet people's needs at all times. Staff were knowledgeable and focused on following best practice at the service making sure people received high quality care and support. The service had an appropriate recruitment procedure to follow before new staff were employed to work with people. They checked to ensure staff were of good character and suitable for their role.

The service assessed risks to people's personal safety, as well as those to staff and visitors, and actions were taken to minimise those risks. There were safe medicines administration systems in place and people received their medicines when required. There were contingency plans in place to respond to emergencies.

Care plans were kept under review and updated as necessary. People's rights to make their own decisions, where possible, respected. 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.

The management team had quality assurance systems in place to monitor the running of the service and the quality of the service being delivered. They were able to identify issues and any improvements necessary, and took actions promptly to address them.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Dell

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection. The inspection took place on 21 and 22 June 2018 and the first day was unannounced. The inspection team consisted of an inspector and an expert by an 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.

We reviewed the information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection we looked at the PIR and all the information we had collected about the service including notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law. We also contacted nine community professionals for feedback. We received feedback from three professionals.

During the inspection we spoke with seven people who used the service and three visiting relatives. We spoke with the provider, the registered manager, six members of care staff and the cook. We looked at five people's care plans and associated records. We reviewed four recruitment records, staff training records, the compliments/complaints log and accident/incident records. We also checked medicines administration, storage and handling. We reviewed a number of other documents relating to the management of the service. For example, manager's audits and the quality assurance records.

Is the service safe?

Our findings

At our last inspection of 22 February 2016, the key question Safe was rated as Good. At this inspection of 21 and 22 June 2018, we found the same level of protection from harm and risks. The rating continues to be Good.

People told us that they continued to feel safe living at the service. One person told us about the condition they lived with and the symptoms they displayed. When speaking about how their symptoms were managed the person said, "The staff really know how to look after me." When asked if they felt safe living in the service another person said, "Yes definitely, the staff are very good."

Staff undertook safeguarding awareness training to understand their responsibilities in keeping people safe. They had a good understanding of when to report concerns, accidents and/or incidents to the registered manager or other senior staff. The provider had a whistleblowing policy to ensure staff knew how to raise concerns and staff confirmed they were aware of it. The management team understood their responsibilities in regard to safeguarding people who use the service and reporting concerns to external professionals and other organisations.

People were protected from risks associated with their health and the care they received. The staff team assessed the risks to people's personal safety and put plans in place to minimise those risks. All care records viewed had detailed and relevant risk assessments and risk management plans in place which were updated monthly. Risk assessments included a Personal Emergency Evacuation Plan (PEEP) with details of the support a person would require if an emergency required the premises to be evacuated. Care and support records had other risk assessments such as bedrails, moving and handling, falls, medicines, and continence. People's records were regularly reviewed to meet their current care and support needs, and promote independence where possible. All care records were accessed through a computerised system that allowed only designated staff to have access. The system ensured confidential information was securely stored.

The staff team assessed personal and environmental risks for the safety of people, staff and visitors and took action to minimise those risks. They carried out safety checks of the premises and equipment regularly. During our inspection we saw that maintenance was being carried out to the main stairs and that suitable restrictions had been put in place to ensure people's safety. The service completed other maintenance and health and safety such as a fire risk assessment, water safety and legionella risk assessment review.

People told us that staff had time to meet their care and support needs. One person said, "The staff always have time to help." Another person said, "Yes, the girls are wonderful. Yes, they give me enough time." The provider determined the number of staff required according to the needs of the people using the service. The registered manager said bank or permanent staff would pick up shifts to cover absences. Care staff confirmed they had time to support people and helped each other to cover absences. The management team felt the staff worked well together as a team which had a positive impact on people's care and support. During our inspection we observed staff sitting and speaking with people in a relaxed manner.

Appropriate arrangements were in place to ensure that the right staff were employed at the service. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining a full employment history, gaining written references, ensuring that the applicant provided proof of their identity, undertaking a criminal record check with the Disclosure and Barring Service (DBS) and conducting pre-employment interviews.

Medicines were safely managed. One person told us, "Yes, the staff sort out my tablets. I'm very happy." Another person said, "That's all okay." Care staff had undergone regular training with their competencies checked. Storage was secure and stock balances were well managed.

Medicines that needed additional storage measures were found to be safe and accounted for. Records were comprehensive and well kept. We discussed medicines procedures in the service with the senior responsible and they told us they were confident that people received their medicines safely.

People and relatives told us that they felt that the service was clean and hygienic. One person said, "Oh yes, lovely and clean, you can see can't you? The staff are always washing their hands." Another person said, "Yes, they're [staff] are always cleaning. They wear aprons quite a lot." Care staff had received the training they required and knew what they should be doing and who to inform if there was a notifiable outbreak of any description. There were systems in place to reduce the risks of cross infection.

There were systems in place to ensure lessons were learnt where shortfalls were identified and to reduce further risk. This had included further training and support to staff where errors, for example with medicines had been identified. The management team followed this up with competency checks to ensure best practice. One person and their relative gave an example of changes made following an incident they had experienced and expressed their satisfaction with the measures put in place.

Is the service effective?

Our findings

At our last inspection of 22 February 2016, the key question Effective was rated as Good. At this inspection of 21 and 22 June 2018 we found that the service had improved to Outstanding. This was because the management team had introduced creative systems to provide people with an extremely effective service which improved their wellbeing.

People's physical, mental health and social needs were assessed holistically, and care was planned and delivered accordingly. Assessments were undertaken before people came to live at the service, so the service could be sure it was able to provide the care people needed. The registered manager told us that some people were encouraged to visit the service before moving in. Some people visited for a few hours whilst others may have a trial stay. This helped people to decide if they wanted to live in the service. Protected characteristics under the Equality Act, such as religion and sexual orientation were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process. Assessments and care plans were reviewed regularly with the involvement of people and their relatives. A person living in the service said, "Oh yes, I talked with them when I came in here. My [relative] was involved in everything too." The service aimed to have people's care plans in place four days prior to admission which allowed staff to read the information before the person was admitted. This meant that the staff were knowledgeable about the person and how their needs were met from the outset of them moving into the service. The registered manager told us about one person who felt that staff were so knowledgeable about them, their past and family members that they must have known them before they were admitted.

We received positive feedback from healthcare professionals about the support provided to people with complex needs. The feedback was particularly complimentary around the how the service had worked with people's families to ensure the care provided reflected the person's wishes. The professional went on to say that not only had this benefitted the person but had provided reassurance for the family and ensured that family relationships were maintained and strengthened.

Care was delivered by staff with the skills and knowledge to provide extremely effective support. Comments from people and relatives included: "The staff look after us and they know what they're doing," and, "The staff are good and trained well." Staff confirmed they were able to access the training they needed. They were enthusiastic about the training they had been provided with and how it equipped them to meet people's needs. One member of staff told us, "They have a good team of trainers." Another staff member described how they had been supported with their particular training needs. The training included training associated with people's specific and diverse needs such as pressure area care, managing behaviours that challenge, falls prevention, nutrition and hydration and diabetes awareness. Staff also told us that if they were interested in developing their knowledge in a particular area the service supported them with this. Staff new to care to completed the Care Certificate, which represents a nationally recognised set of standards that workers in health and social care are expected to adhere to. Key training, such as moving and handling, safeguarding and fire safety, was refreshed annually. Training and development needs were considered during regular supervision from senior staff and annual appraisals.

A proactive support and appraisal system had been established to assist care staff with their continual professional development. Supervision sessions were planned in advance giving staff time to prepare and the session itself had a structure. This ensured that the supervisions supported staff's continual development. Records and discussions with care staff showed that they received regular supervision, competency observations and yearly appraisal meetings. These provided care staff with the opportunity to discuss their work, receive feedback on their practice and identify any further training needs they had to provide people with effective care.

The service had staff who acted as champions in the service for areas of care such as infection control, dignity, hydration and diet and falls. The individual member of staff was supported to develop their knowledge in their particular area. For example, the infection control champion received support and training from the local infection control nurse and the dignity champion liaised with the local authority dignity support team. Each champion had an area in the staff room to display information about their area. Staff told us this was useful as this made new information readily available, which meant that they could provide people with effective care. Champions in the service we spoke with were enthusiastic about their role, how it had improved the care provided and people's wellbeing. The registered manager told us that since the introduction of the falls champions they had seen improvements in a number of areas. This included a reduction in the number of falls in the service and improved staff observance of infection control procedures. This demonstrated that the wellbeing of people using the service had improved as a result of the increased knowledge of the staff.

People told us that they enjoyed their meals. One person said, "The food is very good and there are often snacks, I could have had a scone with my coffee earlier." Another person said, "Yes, I like the food it's very good. They [staff] come around in the morning with a sheet and tell you the meal choices. Also, we have a trolley that comes around with drinks." Another person told us how their individual preferences were met saying, "I don't eat meat or eggs and the staff know and don't give me any. I get a lot of fish which I like. The staff bring a trolley round with drinks and snacks which is good."

To encourage people to eat healthy food and drink the appropriate amounts the service had introduced a 'fruit fairy' and a 'drink's fairy'. A person living in the service, supported by a member of the activities team would put on a pair of wings and take drinks or fruit around to people. The registered manager told us that not only did this encourage people to eat and drink but also resulted in much fun and banter. They told us that some people who did not always get involved in activities joined in with this innovative and fun activity.

People's weights were monitored and appropriate action taken if people were identified as being at risk of malnutrition, such as pursuing referrals to a dietitian. Similarly, if people were observed to have difficulty swallowing, a swallowing assessment was sought with a speech and language therapist. People at risk of choking or aspiration were provided with thickened fluids and mashed or pureed foods in accordance with their safe swallowing plan.

People had access to healthcare services and were supported to manage their health. The registered manager told us that they had a good relationship with the local GP. They had monthly meetings where the needs of people were discussed and best practice. They said that if a person was moving into the service from the local area and were registered with the local GP they would liaise with them regarding the person's care needs. The GP visited the service regularly and people were aware of this. One person said, "I can see the GP if needed, they come on a Tuesday and Friday." We received positive feedback from a local social work specialist about how the service worked with them to provide effective care and support.

The service computer based care planning system had a function which produced a care plan summary with

people's up to date needs if this was required in an emergency, for example a hospital admission. This meant that if people needed to move between services, there was a system in place to support this effectively.

People had been involved in decisions about the redecoration and furnishing of the service. One person said, "The home is very nice and the improvements have made a difference." A relative, when asked about the environment said, "Very good, the home has improved so much."

We saw that, since our last inspection, the service had carried out structural alterations to the lounge area. The registered manager told us that people had been involved in choosing the colour scheme and furnishings for this area. They had arranged for the person supplying the furniture to bring a selection of chairs into the service for people to try. They told us that people had enjoyed trying the different chairs and providing their feedback. People who were not able to verbally communicate their opinion of the chairs had joined in trying different chairs and their actions observed to see which chairs they preferred. This had resulted in a variety of different types and heights of chairs being ordered which meant that everybody had a chair which they felt comfortable in and which met their individual needs with regard to support and height.

People had also been involved in the decoration of their bed rooms. A relative said, "I brought some pictures and photos in and the maintenance [staff] put them up for me in exactly the places [relative] wanted them." We saw that one person had their room decorated with a butterfly scene and another had had their room decorated in gold and red. They chose gold and red as they wanted to be, "Treated like a royal."

The communal areas in the service had been decorated and refurbished in a creative way which considered people's specific needs. The service had tactile murals in the corridors. People living with dementia often like to touch different textures and different decorations, which stimulated their senses. This also helped people orientate themselves in the service. The registered manager told us that, through activities, people were discussing movies from when they were children. It was found that most people liked the Jungle Book story. As a result a wall with the characters of the Jungle Book was created. As well as being brightly coloured and tactile, the mural also incorporated smell to increase sensory awareness. There was also an area set up as a bus stop in one of the corridors. We spoke with one person contentedly waiting at the bus stop. They told us they were having a picnic whilst waiting for the bus.

The service was decorated throughout to support people to orientate themselves and find their way around. Blue handrails supported a person with a visual impairment to move freely around the service. Coloured door frames supported people to identify toilets easily.

Some people living in the service had their own garden areas outside their bed room windows. One person's relative told us how their family member had really enjoyed gardening before they moved into The Dell. They told us that this garden area and using the hose that the service had provided to water the garden had helped their relative settle into the service, given them a purpose to their day and increased their sense of wellbeing.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 and relatives agreed staff respected people's wishes. A relative told us, "I have a power of attorney and discuss everything about [relative]." Another relative said, "It's all very flexible here [relative] can do pretty much what they want."

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The service was meeting the requirements of DoLS. The management reviewed and assessed people with the local authorities to determine whether people were deprived of their liberty and submitted applications accordingly.

Is the service caring?

Our findings

At our last inspection of 22 February 2016, the key question Caring was rated as Good. At this inspection of 21 and 22 June 2018, we found that the continued meet the characteristic of Good.

People were treated with kindness and compassion in their day-to-day care. People and their relatives told us they were happy with the care they received and felt it was good. One person said, "I get on well with all the staff, well with everyone really. The staff are wonderful, caring and kind." A relative said, "We get on with them [staff] very well. Most staff here go the extra mile."

Staff interacted with people in a positive way for example, coming to speak with them at their eye level. People responded with a smile. People's bedrooms were personalised and decorated to their taste with family pictures and items important to the person.

People and those important to them were encouraged and involved in making sure people received the care and support they wanted. People's views were sought through care reviews, resident's meetings, daily support and annual surveys. The staff team checked people throughout the day and encouraged them to raise any issues or concerns. The service sought feedback from people who used the service at the resident's meetings about any aspects of the running of the service. The dates for these meetings were displayed in the service. However, the registered manager had noticed that attendance at the meetings was decreasing. They told us how they were now holding themed nights to which relatives were invited. They were hopeful that by inviting people into the service in this way they would encourage more involvement. One relative told us, "I haven't been to the meeting because they're in the day time when I'm at work. I plan to come to the one in August. Apparently, there were strawberries at the last one."

Staff understood it was important to communicate with people so they were able to understand and express their wishes. For example, looking at the person while speaking, not rushing, observing body language, using signs or writing it down. They also gave us examples of how they adapted their communication to meet people's individual needs. Staff felt they were making a difference to people's life in the way they provided such a caring and kind service. They felt proud of their work and understood their role was important to the people they supported. This helped to ensure people felt respected at all times.

The service actively encouraged staff to take time to sit and speak with people using an initiative called 'Tools Down.' Staff were encouraged to take the opportunity to take 10 minutes away for their normal job to spend time speaking with people. We observed, during our inspection, staff taking the time to sit and speak with people. This supported people to feel involved and respected.

People told us that they were treated with respect and staff maintained their privacy and dignity when providing care and support. One person said, "I get on well with them [staff]. They're good people, respectful." Staff told us how they maintained people's privacy whilst providing personal care by closing doors and curtains, where appropriate.

People's records included information about their personal circumstances and how they wished to be supported. Staff understood involving and supporting people to stay independent as much as possible was an important aspect of their lives. One person told us, "The staff encourage you to be as independent as possible. They encourage you to keep going." We observed two members of staff supporting a person to walk a short distance. One member of staff held the person's hands, smiled, gave reassurance and encouragement to the person and the other member of staff followed closely behind with their wheelchair.

Is the service responsive?

Our findings

At our last inspection of 22 February 2016, the key question Responsive was rated as Good. At this inspection of 21 and 22 June 2018, we found that the service continued meet the characteristic of Good.

The care records that we viewed were recorded on a computer system. They were sufficiently detailed to instruct staff as to the care and support a person required and contained person-centred information. 'Person centred' means care which is based around the needs of the person and not the organisation. Care records contained information about any specific conditions a person may live with, for example diabetes and dementia. The information in care plans regarding dementia was particularly detailed explaining the manifestations of the dementia the person had.

People were getting the care and support which was right for them and specific to their assessed needs. For example, people who were at risk of developing pressure ulcers had an appropriate repositioning regime in place which had been completed accurately. Where people had been identified as at risk of weight loss appropriate action had been taking such as fortifying food and regular weight checks. People were referred to dieticians and the Speech And Language Therapy (SALT) team when needed.

The service employed two enthusiastic activities co-ordinators. Activities were planned for the whole of the year and these were displayed in the service. They told us that displaying the activities so far in advance gave people a chance to plan and for relatives to become involved if they wished. The activities co-ordinator told us that activities were chosen with the involvement of people living in the service. The service had recently organised a visit to a transport museum and staff had dressed in war time clothing. This had brought back many memories for people who had been pilots or worked making ammunition. Activities varied from trips out to local attractions, visits to the service by entertainers and animals and preparations for the service garden fete. The activities co-ordinators told us that having two members of staff was beneficial as one could organise communal activities such as bingo whilst the other would visit people who preferred to stay in their bed room and provide more personal activities. For example, one person who did not want to leave their room enjoyed crosswords about horses and they supported them with those.

The service had also recognised the need of people living with dementia to carry on as normal a daily life as possible. For example, the registered manager had noticed that a number of people became distressed when they could not pay for things. They had organised a 'Bank' in the service which used Monopoly type money. They told us that having this money and being able to pay for things had reduced anxiety for a number of people.

During our inspection the service took delivery of a number of tablet computers. The registered manager explained how they were planning to use them not only to support people with games and quizzes but also to use video messaging to enable people to maintain contact with their family. The service had also ordered cinema experience equipment which would be permanently located in the lounge. This would enable the service to show films / videos of interest to people living in the service.

People told us that they knew how to make a complaint and would feel confident doing so. One person said, "I would talk to the staff. They always just get things sorted out." A relative said, "I would deal with the office. Being clear though, I have no complaints." Another relative gave us details of a concern they had raised and the actions that had been taken to resolve this. They finished by telling us, "I was very impressed with how swiftly the change was dealt with."

At the time of our inspection the service did not have anybody receiving end of life care. Staff had attended end of life training and further training at the local hospice was planned. We saw compliments sent to the service by relatives of people who had received end of life care at the service. We also saw a booklet compiled by the service to support relatives when their family member was receiving this type of care.

Is the service well-led?

Our findings

At our last inspection of 22 February 2016, the key question Well-led was rated as Good. At this inspection of 21 and 22 June 2018, we found that the service continued meet to meet the characteristic of Good.

Staff spoke positively about communication and how the registered manager worked well with them and encouraged an open culture. Staff felt able to raise concerns and believed they would be listened to. One member of staff said, "I can go to [registered manager] if I have any problems. They have supported me with training." Another said, "If a suggestion is put forward two weeks later it's done."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff also told us they felt supported and valued by the management of the service and other members of the staff team. One member of staff said, "We are a very good team. We all pull together and everybody is compassionate." The registered manager told us about initiatives put in place by the management team to ensure staff felt valued. One of these was an employee of the month award which was decided by the staff team. Feedback from staff about this initiative was positive saying how it made them feel valued in their role.

People's equality, diversity and human rights were respected. The service's vision and values centred around the people they supported. The organisation's statement of purpose documented a philosophy of putting people at the heart of the service and providing care in a holistic manner to people who were treated as individuals. Our inspection found that the organisation's philosophy was embedded at The Dell.

The service worked with other health and social care professionals in line with people's specific needs. This also enabled the staff to keep up to date with best practice, current guidance and legislation. 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, GP and community nurse. Medical reviews took place to ensure people's current and changing needs were being met.

The service also worked with the wider community to ensure the service was integrated into the local community. The service activities co-ordinator was working with the school a local primary school to develop working relationships. People had visited the school and school pupils had visited the service. There were plans in place for the work to be integrated into the curriculum. The service also supported the local secondary school with placements for work experience and students from the local college visited to provide beauty therapy treatments.

There was evidence that learning from incidents and accidents and investigations took place and appropriate changes were implemented. For example, changes to a person's care plan and risk assessment

to reflect changes following an incident. Actions had been taken in line with the service's policies and procedures. Where incidents had taken place, involvement of other health and social care professionals was requested to review people's plans of care and treatment.

Audits were completed by the registered manager on a regular basis. For example, the checks reviewed people's care plans and risk assessments, incidents and accidents and health and safety. This enabled any trends to be spotted to ensure the service was meeting the requirements and needs of people being supported. Where actions were needed, these had been followed up. For example, maintenance jobs completed. The provider also commissioned regular independent audits. Any shortfalls identified by these audits were addressed promptly.

The registered manager had notified CQC appropriately of incidents in the service. We use this information to monitor the service and ensure they respond appropriately to keep people safe. The provider had displayed the rating of their previous inspection in the home, which is a legal requirement as part of their registration.