

Voyage 1 Limited

24 St Marks Road

## Inspection report

24 St Marks Road  
Chaddesden  
Derby  
Derbyshire  
DE21 6AH

Tel: 01332294066

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09 March 2018

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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

We carried out this unannounced inspection on 9 March 2018. At our last inspection, on 3 November 2015 the service was rated Good. At this inspection we found the service had retained its rating of Good.

24 St Marks Road 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.

24 St Marks Road provides accommodation and personal care for up to eight adults. People living at the home have a range of needs including learning and physical disabilities, autism, acquired brain injuries, and associated complex healthcare needs. It is situated in Chaddesden close to Derby city centre. The home has eight ground floor bedrooms, all with ensuite facilities and ceiling hoists. The home has a sensory room, hydro bath, shower room with a shower trolley, a large lounge, a kitchen, and a dining room. The home also has a secluded garden. All areas of the home and garden are wheelchair-accessible. At the time of our inspection seven people were using the service.

The home had been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism living at the home could live as ordinary a life as any citizen.

The home has a registered manager. This 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.

The home provided high-quality person-centred care and people and relatives were directly involved in how it was run. The registered manager was passionate about the home and committed to the well-being of the people living there, relatives, and staff.

Staff were caring and had built open and honest relationships with people and their relatives. They were knowledgeable about how best to communicate with people and to advocate for them and ensure their views were heard. People were involved in every aspect of their care and support. Staff knew people's personal histories and cultural backgrounds and shared their interests with them.

Relatives told us their family members were safe at the home because it was well-staffed and the staff were caring and observant. All staff were aware of their safeguarding responsibilities and knew how to protect people's well-being. Staff were safely recruited and people living at the home met potential staff and one person assisted with interviews.

The staff were highly-motivated and proud to work at the home. Morale was high and teamwork much in evidence. Relatives spoke of the family atmosphere at the home and the genuine interest staff took in the people they supported.

Good systems were in place to ensure medicines were stored and administered safely by trained staff. The premises were risk assessed to identify hazards and steps taken to minimise risks to people. All areas were warm and clean and staff knew how to protect people from infection.

Meals were prepared in accordance with people's known preferences and to enable healthy choices. People had regular healthcare appointments and reviews and staff worked with healthcare professionals to improve people's quality of life.

The home was spacious and uncluttered. People's bedrooms were personalised and decorated according to their wishes and needs.

The registered manager and staff followed the MCA (Mental Capacity Act 2005) and supported people to make decisions for themselves. 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

People received personalised care. Care records contained large attractive photos of people doing the activities they enjoyed. People took part in activities at the home and in the wider community. Each person had an accessible personalised pictorial activity plan and took part in a mixture of group and one-to-one activities.

The provider had established a system of audits focused on people's quality of life as the desired outcome. The provider's complaints procedure was displayed in the home and relatives were aware of this. The registered manager and staff continually worked to learn, innovate, and improve the home.

## 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..

# 24 St Marks Road

## 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 inspection took place on 9 March 2018 and was unannounced.

The inspection team consisted of an 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. Our expert by experience's area of expertise was in the care and support of people with learning disabilities.

Before the inspection we reviewed the information we held about the service. This included a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information provided by the local authority to obtain their views of the service.

We also reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. Due to communication difficulties the people using the service were unable to share their views verbally with us, so we spent time with six of them and observed them being supported in communal areas and at lunch time. We also spoke with two relatives, the registered manager, deputy manager, two senior support workers and two support workers.

We looked at records relating to all aspects of the service including care, staffing and quality assurance. We viewed two people's care records in depth as well as sections of other people's care records. We looked at two staff recruitment files, staff rotas, and other records relating to training, supervision of staff, and the management of the service. We also looked at the results of the most recent quality assurance questionnaire completed by one person using the service, relatives, staff, and visiting professionals.

# Is the service safe?

## Our findings

Relatives told us they had no concerns about the safety of their family members at the home. One relative said, "The fact that the staff are very caring and observant keeps them safe." Another relative told us, "The property is as secure as it can be and there are always enough staff to keep people safe."

All staff were aware of their safeguarding responsibilities and knew how to keep people safe. This meant that people were protected as far as possible from abuse. The provider's accessible whistleblowing policies and 'See something, Say something' procedures enabled people, relatives and staff to disclose any concerns they might have about people's well-being.

The premises were risk assessed to identify hazards and steps taken to minimise risks to people. All areas were warm and clean. Staff understood people's mobility needs and risk of falls, and walked with them and supported them when they were unsteady on their feet. We saw staff were aware of the needs of a person using a wheelchair who they reminded to keep their arms to their sides when going through doorways.

When there were particular risks to people, such as those relating to skin care, epilepsy, and choking, personalised risk assessments were in place. This meant staff had clear guidance to follow to ensure people remained safe.

Relatives and staff told us staffing levels were appropriate to meet people's needs. One relative said, "Yes, pretty consistent [number of staff] all the time." All the people living at the home had between 14 and 25 hours a week of one-to-one time with staff to ensure they could pursue their own interests and lifestyles.

The registered manager told us that staffing levels were flexible depending on people's needs. For example, when the home was providing end of life care extra staff were put on duty so the person had someone to support and care for them at all times.

Records showed staff were safely recruited in line with the provider's staff recruitment policy. People living at the home met potential staff and one person assisted with interviews. The registered manager said, "[Person] makes their views known. After one interview they continually shook their head to show they didn't think the candidate was suitable. For this and other reasons we didn't employ this person."

There were good systems in place to ensure medicines were stored and administered safely by trained staff. We saw staff giving one person their medicines and observed this was done at the correct time as the person needed a specific gap between having their medicines and their lunch.

Relatives told us people had their prescribed pain relief when they needed it. They told us staff understood how people expressed pain either verbally or thorough body language. One relative told us how staff used closed questions and observed a person's expression to find out when they needed pain relief.

Any medication errors were promptly addressed and reported to the local authority as required by them. For

example, due to a medication error, a person had missed a dose of their medicines. Following this the registered manager devised a system where one staff member administers the medicines and a second staff member checks the stock and records to ensure the medicine has been given as prescribed. This is an example of lessons being learnt and improvements made when things go wrong.

Staff had training to ensure they knew how to protect people from the risk of infection. The registered manager gave us an example of how they had dealt with a recent infection control issue in a professional and sensitive manner and created a care plan to prevent future risk.

Health and safety policies and procedures were in place and regular health and safety checks are carried out. Any changes to people's needs were shared at staff handover meeting and via a communication file. This meant staff had up to date information on how to keep people safe. Issues with the environment were dealt with promptly. For example, on the day of our inspection a hoist was found to be faulty. Staff immediately borrowed another hoist from another home and arranged for the provider's property support team to mend the faulty hoist the same day.

## Is the service effective?

### Our findings

People were assessed before they came to the home to ensure it was suitable for them. Assessment documentation showed all aspects of a person's needs were considered including the characteristics identified under the Equality Act and other equality needs. This meant people's needs and choices were assessed in line with current legislation, standards and evidence-based guidance to help ensure they received effective care and support.

Staff had the training they needed to support people effectively. Records showed staff had completed 100% of their essential training. This is the training the provider requires them to do so they have the right skills and knowledge for their roles. In addition staff had completed specialist training courses so they could meet the needs of particular individuals living at the home. These included courses on epilepsy, percutaneous endoscopic gastrostomy (PEG) feeds, and the administration of emergency medicines for seizures.

Staff were encouraged to increase and develop their skills and knowledge. The registered manager used team meetings and one-to-one meetings to support staff to identify areas where they would like to gain more experience. If staff felt they needed extra training this was provided. For example, records showed that one staff member had asked for more fire drill experience and this was immediately arranged for them.

Lunch was served during our inspection and people were seen to enjoy their meals. Staff encouraged people to eat in the dining room where they could socialise. However one person preferred to eat in the lounge and staff respected their decision. Menus were flexible and if people did not want the day's choices they were offered alternatives.

Records showed that food was prepared in accordance with people's 'known preferences and to enable healthy choices'. Each person had a nutritional care plan written in conjunction with dieticians and speech and language therapists. Staff ensured people's dietary needs were met by following clear instructions on how their meals should be chosen, prepared and served, for example 'in bite sized pieces' or 'mashed with a fork'.

Relatives told us their family members had regular healthcare appointments and reviews. They said they were informed of any changes in their family member's health. One relative said, "If the staff thought something was wrong with [person] they would contact us to check it out."

Staff worked closely with a range of health and social care professionals including learning disability specialists. At the time of our inspection they had just referred a person to a physiotherapist as they wanted advice on how to improve the comfort and safety of their mobility equipment. This was an example of staff working with others to improve people's quality of life.

The home was spacious and uncluttered. People had their own large bedrooms and ensembles designed to support their privacy and dignity. People's bedrooms were personalised and decorated according to their wishes and needs. One relative said the home provided a 'perfect environment' for people. We saw people



were comfortable and able to access communal areas independently or with staff support.

The registered manager and staff were following the MCA (Mental Capacity Act 2005) by supporting people to make decisions for themselves. They consulted with people who lived in the service, explained information to them, and sought their consent. For example, we saw a member of staff explaining to a person why it was important for them to wear protective headwear and assisting them to put this on. If people needed support to make significant decisions staff consulted with their relatives and other health and social care professionals.

People can only be deprived of their liberty in order to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records showed that the registered persons had made the necessary applications for DoLS authorisations so that people at the home received lawful care. All care plans began with 'how to support the person in this area using the least restrictive approach' and staff were knowledgeable about how people communicated their consent.

## Is the service caring?

### Our findings

Staff were caring and had built open and honest relationships with people and their relatives. One relative told us they had 'absolute confidence in the staff' to treat their family member with kindness, respect and compassion. Another relative said the staff had been 'a true family' to their family member and themselves.

In their contribution to the home's 2017 annual service reviews one relative said the home gave them 'peace of mind' because 'the people who care and support [person] on a daily basis are professional, friendly and often got the extra mile'. Another relative praised 'the friendly caring nature that comes across from all staff' and wrote that 24 St Marks Road was 'a home from home'.

Staff viewed the people they supported as family. The core staff team was established and some staff members had worked at the home for a number of years. The registered manager told us how one staff member had proudly said to her, "Do you realise I have actually grown up with [person]." She said the staff member and person had come to the home at about the same time as young adults and had grown and matured together.

A relative said that over the years staff had become increasingly knowledgeable about how best to communicate with their family member and they taught these skills to new staff joining the team. This meant the whole staff team could support their family member effectively.

Staff knew people's preferences. We asked one staff member what the person they keyworked (had primary responsibility for) enjoyed doing and they immediately reeled off a long list of likes, including the person's favourite items and activities, which showed how well they knew the person.

People were able to decide, within reason, which staff keyworked or worked closely with them. The registered manager said this could depend on gender, age, shared interests and cultural and other factors. However it was understood that sometimes people just didn't hit it off with the staff allocated to them, no matter how carefully they were matched, in which case changes were made. The registered manager also said care was also taken to support people not to become too dependent on one staff member, as this would compromise their independence. To reduce the risk of this happening people had a main keyworker and a back-up keyworker and also spent time with every member of the staff team.

People were involved in every aspect of their care and support. For example, records showed how people were encouraged to personalise their bedrooms. One person's record explained how they were supported to choose pictures, bedding, furniture, the colour scheme, which personal items to display, and how the room was to be organised. A staff member noted, '[Person] helped and chose where to have their furniture, etc. [Person] really enjoyed this and felt like they were fully involved.'

Staff knew people's personal histories and cultural backgrounds and shared some of their interests with them. For example, one staff member had learnt all the songs from a well-known musical so they could sing them to a person who loved watching this musical on their television. The registered manager said the staff

were always thinking of the people they supported, even when they weren't at work. She told us, "They might be out shopping for themselves in their own time but if they see something a person here might like they'll buy it for them. They love to make the people here happy."

Dignity was being further promoted at the home with the introduction of 'life boxes'. Each person had a decorated box and they and their keyworkers was responsible for keeping it current. Contents were chosen by the person, supported by staff, to reflect their personalities and interests. They included, for example, theatre tickets, leaflets for activities, items from fancy dress outfits, and menus from meals out. This enabled newer staff who were still getting to know people to have relevant and personalised conversations with them using the 'life box' as a prop.

Staff knew when people were distressed and needed extra support. One relative said, "Staff understand [person] and have worked closely with speech and language therapy." Staff told us they knew the people they supported well and could usually tell from their demeanour and behaviour if they were unhappy. They also knew how provide flexible support to meet people's needs. For example, one person had become upset during a holiday and staff worked out with the person that it was the length of the holiday that was the problem. So they were planning shorter holidays for the person to see if they preferred this.

Another person liked to spend time alone in their bedroom but wanted to be able to call staff themselves when they needed support, rather than having to be regularly checked. To enable this to happen, staff provided them with an adapted call bell device which they were able to use to summon assistance. This was an example of a person creating their own 'privacy policy' which staff upheld and respected.

Relatives commented on how well staff communicated with the people they supported. One relative told us that when their family member was in hospital, "One of the staff was sitting with them 24 hours a day to make sure they were cared for properly." They said their family member communicated using body language and the staff understood this and were able to advocate for the person with health care professionals. Another relative told us how staff communicated effectively with their family member using 'closed questions'. These were examples of staff having the knowledge they needed to understand people's needs and wishes.

Staff involved people and relatives in exploring care and support options. Records showed that people's capacity was given full consideration and they had 'decision making' care plans which set out their ability to make 'daily' and 'significant' decisions. Best interests decisions were made where necessary involving relatives and social workers. A relative told us their family member 'plays as big a part as they possibly can' in decision making. Advocacy information was available at the home and staff could put people in touch with one if they or their families wanted this.

We saw staff supporting people to make decisions throughout our inspection. For example one person indicated they would like a drink. Staff bought orange and blackcurrant squash bottles out of the kitchen for them to choose from. The person declined these and used body language to indicate they wanted a cup of tea instead. This was provided for them.

Relatives said that the staff team worked well together and were good at communicating with them and passing messages on. One relative said, "Communication between staff and managers and ourselves is very good. The present team is the best there has been. They are absolutely amazing, it's not just a job to them." Another relative told us, "Any care changes, they would always let us know."

There were equality, diversity and human rights policies and procedures in place and staff had training in

these areas so they understood how to provide a care and support that was free from discrimination or prejudice. In February 2018 the home was awarded a dignity in care award having demonstrated to the local authority that treating people with dignity was at the forefront of the care and support they provided. This was further evidence of the staff team's commitment to respecting and promoting people's privacy, dignity and independence.

## Is the service responsive?

### Our findings

Relatives told us people received personalised care. One relative said, '[My family member] is always clean and tidy. Staff always tell [person] what they are doing and have infinite patience when giving [person] meals and drinks.'

Each person has a one page profile in their care records. The registered manager told us this enables staff 'to capture the true spirit of the individual and know what is important to them'. It was used to remind staff to focus on people as individuals and respect their values and aspirations.

Care records contained large attractive photos of people doing the activities they enjoyed. Care plans were detailed and included clear instructions to staff on how to provide personalised care. For example, one person's night time care plan set out their preferences in detail which included cup of tea with milk and no sugar before bed, one pillow, light off, radio on, small items to hold.

People's cultural needs were identified in their care plans. For example, if people wanted staff of a particular gender to meet their personal support needs the home provided this. Staff liaised with people and their families to ensure that any needs relating to their religion or family traditions were met.

Relatives told us people took part in activities at the home and in the wider community. One relative said their family member took part in 'art and craft classes, swimming, theatre, pub, and weekend holidays'. Another relative said, "Currently (person) is regularly taken into Derby, they love shopping and wherever there are people. They also attend anything happening locally."

Each person had an accessible personalised pictorial activity plan and took part in a mixture of group and one-to-one activities. Examples of activities included pampering sessions, baking, story time in the home's sensory room, in-house discos, parachute, shopping and lunch out. During our inspection some people went out shopping and to cafes with staff and others took part in a lively craft session. Their laughter and engagement showed they enjoyed this.

The provider's complaints procedure was displayed in the home and relatives were aware of this. There had been no formal complaints since our last inspection. However there had been a number of written compliments which we looked at. Staff said that if people appeared unhappy or dissatisfied they would advocate so their concerns could be addressed could be made. The registered manager said she had an open and friendly relationship with relatives and they always told her if they felt any improvements were necessary.

If a person needed end of life care the home provided this. Every effort was made to keep the person at the home, if this was what they and their relatives wanted. Staff advocated for people to ensure they got the health care they needed and records showed they went to great lengths to ensure the person in question got the best and most appropriate care and support.

People on end of life care always had staff and/or relatives with them. Other people living at the home were given additional support to help them understand what was happening and, along with staff, attended funerals. At our inspection we found that a person who had died was remembered and talked about at the home and memories of them treasured. A relative of a person who had died told us their end of life care had been 'thoughtfully managed by the anticipatory care provided and often prompted by the present manager and deputy manager'.

## Is the service well-led?

### Our findings

Relatives told us the home provided high-quality person-centred care. One relative wrote to us after our inspection to say that their family member moving to 24 St Marks Rd was 'the best thing that has ever happened to them'. They commended the home's 'resident-focused care and family atmosphere' and wrote, 'The home is happy, bright and friendly. Carers all have great standards of care and communication focusing on the needs of each individual. Nothing is too much trouble for them and there are plenty of activities for all.'

People were directly involved in how the service was run. For example, one person took a particular interest in our inspection and wanted to take part. Staff encouraged this and said this person was knowledgeable about the home and their views about it, and the views of all the people living there, were important and perceptive. The person showed us round the premises, assisted by staff, and sat in on some of the discussions we had with the registered manager. They answered our questions using body language and shared their positive experiences of the home with us.

Relatives told us the registered manager and staff ensured the service delivered consistent high-quality care. One relative said, "[The registered manager] is on the ball and up to date with current thinking. She fights their [people's] corner. I can't speak highly enough of the team and management." Another relative said, "By her [the registered manager's] method of leadership and good communication with staff [she has] created a strong team ethic. Things have settled down, compared to a few years ago, the team is pretty stable. Occasional agency staff are old hands who come back."

In discussion the registered manager demonstrated her passion for the home and commitment to the people living there, relatives and staff. She was knowledgeable about every aspect of the home and everyone who lived and worked there. Records showed she regularly worked night and day shifts so she could see how the service was running. During our inspection she prioritised people's needs and offered support to staff, for example by advising a member of staff how to assist a person to help themselves. We saw that the people using the service sought her out and were frequently in her office where they were welcomed and included in what was happening.

The staff we spoke with were highly-motivated and proud to work for the service. The staff team was multicultural and represented various equality groups. The registered manager told us that one staff member, who had experience of learning and physical disability services, had a unique understanding of people's needs and a particular empathy with them. This enabled them to advise other staff on how to provide the best care for the people they supported.

The provider had established a system of audits focused on the people's quality of life as the desired outcome. The registered manager, or one of her peers, carried out quarterly audits based on ensuring the home was safe, effective, caring, responsive, well-led. The home's operations manager checked these audits and carried out their own to gain an overview of the service that was shared with the provider.

The registered manager also completed weekly service reports which detailed the daily happenings in the home, for example, visitors, incidents, starters, leavers, incidents and accidents. This information was monitored by the provider's quality team who could pick up on trends where necessary. This created a 'service score risk' which meant the provider could provide additional support and resources where necessary to manager and staff.

As part of the home's annual service review held in July 2017 relatives and staff were invited to complete questionnaires in order to share their views about the service. Responses were received from one person using the service, two relatives, twelve support staff, and two visiting professionals. Their responses were overwhelmingly positive and praised all aspects of the service in particular the registered manager and staff. One relative wrote, "[The home] provides a safe, secure and caring environment. [Our family member] is clearly very happy residing there."

Staff members' comments were also positive and emphasised the family atmosphere at the home. One staff member wrote that everyone at 24 St Marks Road was 'one big happy family' where everyone 'worked in harmony with one another'. Another staff member wrote, 'I feel honoured to support the lovely people there – my extended family.'

Since we last inspected the service had also received eight written compliments, four from visiting professionals, and four from relatives. One visiting professional commented, 'The service was wonderful, has a lovely feel to it'. Another visiting professional said the service had a 'good reputation' and said the care and support at the service was amongst the best they had seen.

Relatives' compliments included: 'thoughtful and considerate staff'; 'care and affection and a high level of support [provided]; and 'The service does well with complex needs.' One relative said they were 'moved' by the quality of care given to their family member which they said was 'wonderful'.

Team work was much in evidence at the inspection. For example, the registered manager said that during heavy snow the previous week a senior carer turned up for their day shift at the home carrying their duvet and pillow. The registered manager told us, "They were worried that other staff might not be able to get in the next morning so they decided to camp out in the lounge overnight. This was so they'd be there in the morning to support people in case any of the day staff couldn't make it into work."

Relatives also commented favourably on the team work at the service. One relative wrote, "There is a tangible feeling of team spirit which transcends from the management who, like all the staff, are very approachable.'

Staff told us morale at the home was high. One staff member said, "Morale is excellent, the best it's ever been, and it's because [registered manager] is our leader." The registered manager told us that team morale 'was of paramount importance' and was addressed each month through a team building exercise. In addition, good practice was observed each month and a recognition award given to a staff member who had performed particularly well. The home also has an observational supervision process in place which enabled staff to constructively document the practices of colleagues to promote teamwork.

Records showed the provider and registered manager ensured staff had regular opportunities to share their views on the service. The registered manager told us, "We are a team and all the staff have got opinions, suggestions and solutions. They know the people we support very well so their views are crucial if we are planning any changes to the service. The same applies to relatives."



Staff told us were well-supported by the provider and registered manager and consideration given to their well-being, workload, and training and development. One staff member said, "From the manager through to support workers the care and support is excellent. You can feel the love on entering. If I knew of anyone who fell into our criteria I would highly recommend 24 St Marks Road."

Relatives told us they thought the staff continually worked to improve the service. One relative said, "What needs to be improved is improved. I struggle to think of any way they can improve further."

When we inspected managers and staff were working to a quality development plan put in place following their internal July 2017 annual service review. The improvement plan identified what improvements were needed and how these were going to be implemented. Records showed the improvements identified had been made or were in the process of being put in place. For example, dignity champion sessions had been included in team meeting agendas. The improvement plan also identified 'what's not working' so managers could address this. For example, staff had said their morale dropped when they had to cover shifts at another service owned by the provider. Records showed this concern had been addressed with a recruitment drive at the other service meaning staff were less likely to have to work away for 24 St Marks Road. This showed that people's and staff members' views of the service were listened to and acted on.

Since our last inspection further improvements and developments had been made at the home. A new key worker system had been introduced. Each person had a key worker and a 'back up' key worker to advocate for them and oversee their care and support. Staff attended key workers meetings where people's progress was discussed and staff completed a monthly checklist to ensure that each person's needs had been met as necessary.

Relatives told us staff worked in close partnership with other agencies to improve care outcomes. For example, one relative wrote, 'Requests for modified equipment/reassessments are made in a timely manner to ensure [person's] comfort.'

The registered manager told us people had access to external professionals and the staff team supported them when meetings and assessments took place. This was to ensure that any communication barriers did not prevent people's views being heard.

The manager had notified CQC about significant events. We use such information to monitor the service and ensure they respond appropriately to keep people safe. The rating from the last inspection was prominently displayed on the provider's website and in the reception area.