

# Fleur Care and Support Ltd

# Morell Lodge

## Inspection report

Rosier Home  
22-24 Harold Road  
Clacton-on-sea  
CO15 6AJ

Tel: 01255427604

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17 December 2019  
18 December 2019  
09 January 2020

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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

Morell Lodge is residential care home providing personal care for up to 16 people aged 65 and over, including people living with dementia. The service is situated in a quiet residential area and is close to the seafront and amenities. The premises is on two floors with each person having their own individual bedroom and communal areas are available within the service. At the time of our inspection, 13 people were living at Morell Lodge.

People's experience of using this service and what we found

People, their relatives, professionals and staff, were all very positive about the improvements seen under the new provider. One relative said it has been, "Like Breath of fresh air, residents want for nothing." A staff member told us the provider had, "Made such a vast improvement in a year."

People told us they felt safe living at Morell Lodge. One person said, "I like it here." Staff received safeguarding training and understood their responsibility in keeping people safe. Risk assessments were in place to ensure people's health and welfare was not compromised, whilst promoting people to maintain their independence. Staff managed people's medicines safely and kept the home clean and hygienic. People said there were enough staff to respond to their needs. The provider did not use a dependency tool to help assist them in calculating their staffing levels. We have made a recommendation to drive improvement in this area.

People's needs were assessed prior to being offered a place at the service. Staff monitored people's health and welfare, liaising with external healthcare professionals to access support in a timely manner. People told us they enjoyed the food and had access to snacks and drinks to support their nutritional needs. Staff received training and support to effectively carry out their role. There was a programme of ongoing redecoration and refurbishment which enhanced and personalised the environment. We have made a recommendation about the use of colour pallets, to drive improvement in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Management and staff enjoyed their work, and were highly motivated, kind and compassionate. People and their relatives praised the caring, friendly staff and said they would not hesitate to recommend the service to others. Staff knew people well and understood their preferred routines, likes and dislikes and what was important to them. They supported people to maintain links with those that mattered to them, and ensured their visitors felt comfortable visiting.

Care plans showed people were being consulted over their care. Staff encouraged people to join in and try new activities to promote their wellbeing. People knew who to talk to if they had any concerns or complaints and felt confident that any would be dealt with.

There were systems in place to monitor the quality and safety of the service people received; using feedback to continually develop and improve the service. One staff member told us the registered manager has, "Only been doing it [managing] a little while but is doing a good job."

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

The last rating for this service was requires improvement (published 10 September 2018). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on our timescale since the service was registered with the CQC.

#### Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Morell Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector.

#### Service and service type

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

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

#### Notice of inspection

This inspection was carried out over three days; 17 December 2019 was unannounced, and 18 December 2019 and 9 January 2020 were announced.

#### What we did before the inspection

We reviewed information we had received about the service from the local authority and the provider's registration application. We also took into account the service's last inspection report, prior to changing provider. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection-

We looked around Morell Lodge to check it was clean and a safe place for people to live. We spoke with six people who were living in the service, two relatives and a health professional about their experience of the care provided. We observed the care and support and interactions between people who used the service and staff. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the nominated individual who is responsible for supervising the management of the service on behalf of the provider, the registered manager and five members of staff. This included the deputy manager, senior care and care staff.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including environmental risk assessments, fire and legionella reports, survey feedback and thank you text messages were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included training records.

# 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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Morell Lodge. One person said, "Not worried at all, all the staff here are as good as gold, they make me laugh." A relative told us, "I feel very confident," their family member was safe.
- Staff had received training and were able to provide examples of the types of abuse that could occur, and what action they would take to safeguard people from the risk of abuse. A staff member told us they would, "Report any concerns," to the registered manager, and were confident they would be dealt with.
- The registered manager was aware of their responsibilities of reporting any concerns, and of the importance of working with the local safeguarding team to ensure good outcomes for people.
- One person's behaviour was beginning to impact on the welfare of others, management were working with external agencies including safeguarding and dementia crisis team to resolve the issues.
- A notice board which was accessible to visitors, provided information on 'Understanding and report abuse and the right to live safely, free from abuse and neglect'. This explained what abuse was, and who to report it to if they had concerns.

Assessing risk, safety monitoring and management

- A health professional described staff as being, "Very health and safety conscious." People had risks to their safety assessed and managed. Care records included risk assessments, which guided staff how risks were reduced. This included risks associated with falls, behaviours and mobility.
- Legionella and fire risk assessments had been carried out by external consultants and recommendations acted on.
- Weekly audit checks of the environment supported the provider in identifying any potential safety/risk issues and take action to address them. This included, to reduce the risk of scolding, replacing faulty hot water safety regulators.
- We observed the risk of a person pulling a freestanding wardrobe onto them had not been assessed. As soon as we brought it to the registered manager's attention, they arranged for wardrobes to be fitted to the wall during the inspection. Also adding the checking of the new fitments to the environment safety check list, to ensure they remained fit for purpose.

Staffing and recruitment

- The provider followed safe recruitment practices. New staff underwent checks to ensure they were safe to work with vulnerable people.
- People, their relatives, and staff told us there were enough staff on duty to meet their needs. One person said, "Always a person [staff member] around," saying if they needed staff, "Just got to press it [call bell] and

they come." This was our observation; staff were available to people and responded to requests for assistance promptly.

- A staff member told us they had time to meet people's needs, including being able to take people out.
- The registered manager said they did not use a staffing / dependency tool to assist them in setting staffing levels. Instead they would increase staffing levels to meet individual people's needs. For example, where a new person living with dementia moved into the service, putting an additional staff member on duty to support them to settle in.

We recommended the provider uses a dependency tool to support them in; calculating their staffing levels, and in monitoring people's level of changing physical and mental health.

#### Using medicines safely

- People told us they were provided with their medicines when they needed them and were satisfied with how their medicines were managed.
- Staff who administered medicines were trained and had their competency checked by a member of the management team to ensure their practice was safe.
- The staff member administering medicines wore a 'do not disturb' tabard. They told us it was to reduce the risk of being interrupted and making mistakes.
- We observed part of the lunchtime medicines being given out. The staff member checked to see if people required any painkillers and acted on their reply.
- They focused on one person at a time, checking the records to see if they had the right medicines for the right person, before offering, "I have your tablets are you okay to take them?" and offering a drink to assist with swallowing. They then recorded the medicines had been administered.

#### Preventing and controlling infection

- People told us the home was kept clean, and regular checks were carried out to ensure the cleanliness was maintained. A visitor told us they always found the service to be, "Lovely and homely, never experienced any nasty smells."
- Staff proudly pointed out the award certificate they had received in November 2019 at the local authority and health professionals awards ceremony, after being 'commended' for their 'prevention and infection control'.
- One person told us the nominated individual (NI) carried out a weekly check to ensure their bedroom was kept clean. As the person was visually impaired, they said the NI always took time to give them verbal feedback of their findings, and what action they had taken to address any shortfalls.
- Staff received infection control and food hygiene training. They had access to personal protective equipment such as disposable gloves and aprons, and cleaning materials.

#### Learning lessons when things go wrong

- Staff recorded any incidents or accidents. The management team analysed these and discussed with staff during handovers and meetings.
- Where an incident or accident had occurred, the provider had procedures in place to investigate the cause, learn lessons and take action to prevent / reduce the risk of a recurrence.



# 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 good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager had made improvements to their pre-admission procedures to ensure they were person centred. Making sure they took into account the person, environment, mobility and behavioural needs and support. Also as a small home, their compatibility with others.
- The information they gave us, addressed our concern during the inspection, where we found one person's pre-assessment had not been thorough enough under the previous management.

Staff support: induction, training, skills and experience

- Staff received an induction into their area of work, and a range of training to meet people's needs and keep them updated in best practice. A professional told us, "I think they are doing an amazing job... Good culture." One staff member spoke about the improvements they had seen in the training offered. "A lot more training now."
- Staff new to care were also supported to complete the Care Certificate. The Care Certificate is a national approach to ensure staff received thorough training related to a career in care.
- Staff felt supported by the leadership and said they received one to one supervision meetings and yearly appraisals. This provided them with protected time where they discussed their work, received feedback and identified any training needs.
- Staff were encouraged to sign up for additional training, to develop their role and support career progression. One staff member told us they were completing the level 5 National Vocational Qualification (NVQ), where another told us they had just completed their level 3 NVQ in social care and were looking to enrol for their level 5.
- The management team reviewed their training to ensure it supported staff to deliver care, which enhanced people's care and promoted independence. This included supporting people living with dementia with their oral hygiene, including using specialist tooth brushes and techniques which promoted independence.

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

- People were supported to maintain a healthy, balanced diet and were offered regular snacks and encouraged to drink often.
- One person told us, "Food is very good, if you don't like what they have on offer, I say I have cheese on toast and they cook it... I think if you wanted anything they would get it for you." Another remarked, "Can drink when you want one, at any time... and the food is very, very good."
- Staff were knowledgeable about how people needed their food to be prepared and their individual likes and dislikes.

- People's care plans contained information about their nutritional needs and where applicable, specialist diet. Systems were in place to monitor people's weight and seeking advice, which was acted on, when they had any concerns.

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

- People were supported to maintain good health and had access to a range of health care professionals including community and specialist nurses, GP, chiropodist, NHS dentist and dieticians.
- Staff knew people well and could recognise when they were not well. Referrals to health care professionals were made in a timely manner and recommendations they made were followed by staff.
- One person told us, "Had to have the doctor come in, they [GP surgery] think you should go to them," however, when staff, "Explained what was wrong, [GP] was up here straight away." Relatives told us staff kept them updated on any changes in their family member's health.

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

- Since the new provider took over, people, their relatives, and staff told us they had been continually carrying out work, improving and adapting the environment to meet people's individual needs. New carpets were being fitted during the inspection.
- The provider was committed to improving the quality of the environment. They started by painting the communal areas including corridors and lounge. However, we noted some of the colour palette chosen did not always support the needs of people living with dementia and promoting independence.

We recommended the provider uses a reputable resource to support them in using colours, lighting and signage to meet the needs of people living with dementia. Enabling the provider to build on the work already undertaken.

- The registered manager spoke of the ongoing improvements, including new wet rooms, and flooring. They were aware the work would impact on their occupancy levels as they knocked through/ turned small bedrooms into extra facilities. However, they felt it was needed to be able to offer people a good, homely, living space and facilities, "Because it's their home."
- One person told us a new wet room was replacing the bedroom next door, which they would be able to access from their bedroom.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where a person had a condition to have their medication reviewed, this had been carried out.

- Information on the MCA was displayed in the service make visitors aware, as well as keeping staff

knowledge of the underlining principles refreshed.

- The registered manager was aware of their responsibility and had submitted DoLS applications when required.
- We heard staff asking people's consent before supporting them with care tasks. One person said they had consented to having a stairgate fitted to their open doorway, as it enabled them to sit in their bedroom with the door open; without worrying about people living with dementia being drawn to the open door and trying to go in. The person said, "Stairgate stops people coming in, much better since I had that put in."

# 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 and their relative's spoke positively about the kind, caring and compassionate staff who supported them. One person told us, "They are terrific," Another described staff as, "Very nice." Another told us staff were, "All lovely people...I love it in here."
- A professional describe the staff as being, "Caring people, sense of humour, always a smile when you come in."
- People clearly enjoyed each other's company, as we heard lots of conversation, chatter and laughter throughout the inspection.
- Staff told us they enjoyed their work and were very passionate about doing it well, by putting people at the heart of everything they did. One staff member told us, "Making sure they [people] come first, looked after, ensuring their happiness."
- Staff were aware of people's individual and diverse needs. They could describe how they supported people as individuals and understood the importance of respecting people's wishes and preferences. This supported what we had observed and read in people's care plans.

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

- Staff knew people, and where applicable their relatives, well and were able to explain how they supported people to make their own decisions. They understood each person's preferred routines, likes and dislikes and what mattered to them.
- Where people were living with dementia, their care plan provided staff with guidance on how the dementia impacted on their thought processes, and guidance on how staff could support them.
- Throughout the inspection we saw people making their own choices or being supported to by staff.
- A professional commented staff that were good advocates for the people living in the service, "Not being afraid," to speak up on behalf of the person when needed.
- Where people had a power of attorney, this was recorded in people's care plans. There was information displayed on external advocacy services if required.

Respecting and promoting people's privacy, dignity and independence

- In every aspect of their lives, staff encouraged and supported people to retain their independence and make choices.
- One person showed us the tea making facilities they had in their room, so they could retain their independence in making one when they wanted to.
- People's privacy and dignity was maintained. However, we noted not all bedrooms had a lock fitted, so a

person could have privacy if they wished.

- Discussion with the registered manager identified locks had been fitted to all bedroom doors, but the majority had been removed over concerns of fire safety. However, they could not confirm where this advice had come from. To clarify the situation, they would take advice from the local fire safety officer, and fit locks which could be accessed in an emergency but give people the opportunity to lock the door if they wished.

# 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

- People and, where applicable, their relatives told us they were happy with the care being provided.
- Care plans had information about people's specific needs, personal preferences, routines and how staff should support them in a way they preferred to ensure their wellbeing.
- Personalised information included how living with dementia had affected the person's ability to carry out day-to-day living tasks, and the level of support they would need.
- A staff member told us, "Contents of the care plans a lot better since [new provider] took over, a lot more in depth."
- The registered manager said how they were continually developing the care plans to ensure they were as person centred as possible. They spoke about how they were using the information they gained about people's lives to enhance their well-being. For example, when supporting people living with dementia, using information about people's previous jobs and interests to arrange activities, such as painting and decorating.

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 service identified people's information and communication needs by assessing and recording the level of support a person required on admission in their care plan.
- This included information if they wore a hearing aid, and / or required glasses.
- Information in the service was provided in different formats, including picture format and large font.
- The registered manager was aware of the accessible standard, and was able to relate to the people using the service. This enabled them to make any adjustments, such as where, "People can read the information, but not retain it," the importance of re visiting the topic verbally when needed, to assist in this area.

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

- Staff encouraged people to socialise and join in with activities that would support their interests and wellbeing. One staff member told us people, "Do a lot more now than they used to."
- People and their relatives spoke about the improvements they had seen under the new leadership, in the range of activities and trips out. One person told us, "Lots going on, been out to the theatre, going again Friday. Go to the leisure centre for stretch and singing, activities every afternoon...quiz in the lounge, play

skittles, how many you can knock down with the ball, I won yesterday...going to have a lovely Christmas."

- Staff and visitors who run activity sessions at the service were aware of people's differing levels of mental and sensory needs and adapted the activities accordingly. This supported people to equally participate.
- We joined eight people playing skittles which was followed by using 'sensory snowballs,' which started off as a catch and throw game but ended up more reflective of a snowball fight. People were laughing as they joined in and with the Christmas music in the background, the atmosphere was fun and relaxed.
- People who remained in bed due to their physical health, were supported by staff on an individual basis to prevent social isolation and boredom. This included hand massages, watching films, one-to-one conversations and use of sensory items.
- People had adopted budgerigars, which were housed in a large cage near the entrance, where we saw people stopping and taking an interest in them. One person told us they liked the sound of the budgerigars, "I think it's really nice when your visitors come," as it gave a homely atmosphere and triggered conversation.
- The use of social media and technology was used to support people in keeping contact with relatives, especially those living abroad. One relative told us how the registered manager kept them updated and sent photographs of their family member taking part in different activities, "Doing different things."

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

- People knew who to talk to if they had any concerns. One person told us, "If you're not satisfied just say to the [registered manager] and it's soon sorted out."
- The provider had a complaint procedure in place, which was displayed in the service.
- No formal complaints had been received. Staff were aware of the provider's complaints policy and confirmed they would report any concerns raised to the management.
- The registered manager confirmed their focus was to deal with any concerns as they arose, which prevented them escalating into formal complaints.

#### End of life care and support

- People were supported to consider their individual preferences for end of life care. People's care plans provided information on their preferred priorities of care. This included 'My care choices' booklet; a document that allowed people to record and share their choice for care, including their end of life care.
- People's care records included their choice of how they wanted to be cared for at the end of their lives, such as if they wanted to be resuscitated.
- The service was looking to enrol and achieve accreditation for the Gold Standards Framework: a nationally recognised set of standards designed to support staff in providing people with systematic, proactive, person-centred, co-ordinated end of life care.
- At the time of the inspection no-one was receiving end of life care.
- When supporting people's end of life care, a professional told us, "Everything we asked them to do they did," to ensure people's comfort and well-being.

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

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

- People, their relatives and staff spoke highly about the improvements they have seen in the environment and quality of care since the new provider took over. One person told us, "It's been lovely."
- One relative said they were, "Thrilled," having had seen a, "Vast improvement in the care," after a period, of being what they described as, "Stagnant, minds are getting stimulated again...[they] have turned it around 180 degrees." Another told us the new leadership, "Has everything done up, excellent...made a lot of improvements."
- Staff told us they were also happy with the changes in the new leadership. One staff member told us they had, "Seen a vast improvement," in the running of the service and witnessed the positive impact it had on people's wellbeing, "More interaction."
- Staff spoke about the ongoing improvements they had seen under the new management and including staff morale. One commented, "There has been so much improvement, residents seem a lot happier... Lost a few staff," who weren't happy with the changes but now felt they had, "Quite a good team." Another said, "Changes all for the better... Look forward to coming into work."
- One person told us the registered manager had a good visible presence in the service, "Really nice, know me now, which is good."
- A relative under the current leadership, said they would, "Happily recommend," the service to others, and had done. One staff member told us, "I would have my mother here," if they needed to move into care.

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

- The provider understood and acted on the duty of candour. Where incidents had occurred, the registered manager had openly shared the details with the relevant people.
- There was a learning culture in place to listen and continually develop the service.
- The registered manager had been working nights which supported them in gaining first hand, the routines of the service over the 24-hour period. They told us how they used the experience to identify any 'institutionalised' practices and address them.
- We saw the December 2019 staff meeting minutes reminded staff that the service's routines, 'must be run around the residents, there is 24-hour care and the residents must be given a choice as to when they get up.'

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



- When the new provider took over, they appointed a registered manager to run the service. However, after they left in July 2019, the sole director of the company, decided to take over as manager, and submitted their application to be registered with the CQC.
- The registered manager understood their role and responsibility in providing good quality care to people and the requirements of their registered manager role. One person described them as, "An excellent manager."
- Staff described the registered manager as being very approachable who promoted an open-door policy and was contactable out of hours. One staff member said they were, "Always on the end of the phone if you need them."
- There was a clear organisational structure. Staff were aware of each of the management teams delegated responsibilities and felt they worked in a supportive culture.
- The nominated individual supported the management team in carrying out a range of audits. Records showed any shortfalls found by the audits demonstrated action was taken to address them and mitigate the risk of it happening again, as part of driving continuous improvements.

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

- The registered manager positively encouraged feedback, acting on it to continuously improve the service and people's experiences.
- Forums used included six monthly provider surveys, 'open door policy', suggestion box, care reviews, staff supervision and meetings, which enabled relatives, professionals and staff to express their views and influence change.
- People felt comfortable to raise any issues or make suggestions in person. Which happened during the inspection, where one person mentioned to the registered manager they would love to go ten pin bowling in the evening. The registered manager acted on this feedback straight away, arranging for them to go with staff on a regular basis. They told us the benefit of owning and managing the service, was being able to make decisions and act on them straight away; especially where financing was required.

Working in partnership with others

- The registered manager told us how they had positive relationships with other professionals involved in people's care. This included using the hospital red bag scheme, a national initiative to provide better communication for people between care homes and hospitals.
- The service was part of PROSPER (a collaboration between care homes, the local authority and health professionals aiming to improve safety and reduce harm for vulnerable people). Data including falls was collected in an initiative to reduce falls and hydration was being promoted to ensure people received good quality care.
- The registered manager and staff were very pleased to have been short listed and received two PROSPER commendation awards; 'In recognition of the outstanding contribution to care in Essex' and 'Infection prevention control.'