Paydens (Nursing Homes) Limited

Grange House

Inspection report

21 Grange Road
Eastbourne
East Sussex
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Tel: 01323430770

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Grange House is a residential care home providing personal care to 16 older people, many of whom were living with dementia or other mental health disorders. The service can support up to 17 people. Grange House is a converted property situated in a residential area of Eastbourne. The home accommodates people in one adapted building over two floors.

People's experience of using this service and what we found
People were supported by staff that demonstrated a compassionate and caring approach to their work. People and their relatives told us that they liked living at Grange House and that they felt safe living there. One person said, "It's nice. It's a pleasant atmosphere and homely."

The needs of people living with dementia were well supported. Their family members told us that they felt relieved and comforted that they were care for by skilled and caring staff. One relative said, "She still has moments of clarity. They have managed her so well. They told me not to worry. They managed the confusion, I felt so reassured."

Risks to people's physical and mental wellbeing had been assessed and staff ensured that these risks were reduced as much as possible. People were supported by enough skilled and trained staff to meet their needs. People's independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

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

People were supported by a management team that looked to ensure they received good person-centred care. The quality of care people received was audited and monitored by staff using effective quality assurance systems.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good. (2 August 2017)

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

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Grange House

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken by one inspector

Service and service type
Grange House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, two health care assistants, activities coordinator and chef. Many people were unable to unable to provide us with their views. We 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 reviewed a range of records. This included eight people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and quality assurance documents were reviewed.

After the inspection
We spoke with three relatives about their experience of the care provided. We contacted two professionals who visit the service.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe living at the service. One person said, "The staff are there for you if you need help. And that's important." One relative said, "I am constantly reassured she's well looked after her. There's always somebody around and this reassures mum. I feel mum is in a safe place."
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff had a clear understanding of the different types of abuse, how to recognise these especially with some people living with dementia, and what to do should they witness any poor practice. One staff member said, "I understand that safeguarding needs to be confidential. I would look for physical marks like bruises. I look for change in moods and how they communicate stuff and whether things are out of character."
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The registered manager had made appropriate notifications to the CQC and the local authority to report incidents of concern. The registered manager demonstrated a good knowledge of their safeguarding responsibilities and maintained current knowledge of safeguarding policies through contact with the local authority.

Assessing risk, safety monitoring and management

- Risks to people were identified, and comprehensive assessments were in place. Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred. For example, one person had been identified as being at risk when using their wheelchair as they had a tendency to slide off the chair quickly. Actions were in place to mitigate this such as staff ensuring that footplates were applied and to support the person to position themselves correctly when seated.
- Many people were at risk of falls. Mobility risk assessments and falls care plans were clear on people's level of mobility, what equipment they needed and how many staff were required to support them. One relative told us that they felt risks were managed well. They said, "He's only had one fall when he had a urinary tract infection (UTI) and he's been there 3 years now."
- Some people had access to equipment to mitigate the risks to their skin integrity. For example, one person used pressure relieving devices such as an air flow cushion and mattress.
- Environmental risks had been assessed. The equipment used to support people had been monitored, checked and serviced regularly.
- Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an evacuation.

Staffing and recruitment

- There were enough staff to ensure people remained safe and that their needs were met. People and their

relatives told us there were enough staff. One person said, "They are always there for me. I just need to press the bell, and someone will be there. It gives me piece of mind." One relative said, "Yes there are enough. There seems to be a central core of staff, so there's a familiarity there."

● We observed staff supporting people when they requested assistance. Staff seemed unhurried and were able to stop and support people in between carrying out their normal tasks. Staff rotas were consistent and showed that enough staff were on duty, day and night, to ensure people were safe.

● The registered manager told us that they were trialling a dependency tool to support them to determine the necessary staffing levels. The registered manager said that the tool had not led to change in staff ratios but allowed them a greater understanding of staffing and people's needs.

● Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Using medicines safely

● People needed support with their medicines and staff ensured that they administered these safely. Staff had received training in the administration of medicines and had regular competency checks to ensure their practices were safe.

● People and their relatives told us they felt confident in staff to support them with their medicines. One relative said, "They make sure she takes her medication. They always make sure she uses the cream the GP prescribed."

● We observed people receiving their medicines. The staff member ensured that good infection control procedures were adhered to throughout, such as wearing gloves. When people required reassurances, the staff member told people what their medicines were for.

● Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these.

Preventing and controlling infection

● The home was clean, tidy and smelt fresh. Staff maintained a regular cleaning schedule to ensure that all areas of the home were cleaned thoroughly. One person said, "The home is always nice and clean."

● We observed staff using personal protective equipment (PPE) when carrying out personal care, supporting people with food and administering medicines. Staff received training in infection control and food hygiene. There were hand sanitizers throughout the service and we observed staff using these to ensure any cross contamination was reduced.

● Infection control audits were carried out by the registered manager to ensure that the cleaning systems and staff practices were effective. One audit had identified an odour within the clinical room and actions were recorded on how staff managed this.

Learning lessons when things go wrong

● Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. Records showed that staff had sought professional support when people needed it following an incident. For example, staff informed the district nurse when one person had a skin tear following a fall.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the training and skills to meet the needs of people living at the home. One person said, "Care staff are very good. They do their job. Their efficient and they're well trained."
- Training had been provided that met the needs of people. Staff completed courses in areas such as safeguarding, medicines, moving and handling challenging behaviour, dementia and diabetes. One staff member said, "Training is lovely. It's all very planned and set out. It's very in depth. We have the handling belts which I've not used before and this helped me to understand how to use them."
- We observed staff implementing the training they had received correctly. For example, staff supported a person, using specialist moving equipment, to stand up from their chair. Staff used the equipment correctly while providing verbal reassurances and encouragement to the person.
- Staff told us that the registered manager encouraged them to improve and learn. One staff member said, "They always ask if we need more training. I enjoyed the first aid training. They've changed how you do that, so it was good to see the proper way of doing things."
- Staff told us they felt well supported in their roles and were provided with regular supervision sessions.

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

- The provider carried out assessments regarding people's physical, mental health and social needs prior to them moving into the service. The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had consulted national guidance and implemented the Malnutrition Universal Screening Tool (MUST). MUST is a five-step screening tool to identify adults, who are malnourished, at risk of malnutrition (under-nutrition), or obese. The MUST tool enables provides to monitor people's risk of malnutrition.
- Waterlow assessments had been completed to assess people's skin integrity, while staff had followed guidance and instruction from Speech and Language Therapists (SaLT) to ensure that peoples' needs were delivered inline with professional standards.

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

- People received enough food and drink and told us they liked the food that staff prepared for them. People were given choices of what they wished to eat and were provided alternatives if they requested this. One person said, "The food is lovely. There's a choice of two dishes each day. If you don't want those they'll cook you an omelette or something."

● We observed the lunchtime meal in the dining room. Tables were attractively laid with tablecloths, napkins, cutlery and condiments. People enjoyed different dishes and staff helped those who required support to eat.
● When some people had difficulty eating independently, staff assisted them patiently. Some people chose to eat in the communal area close to the lounge and there were staff available to support them.
● People's specific dietary needs were known and met effectively by staff. For example, three people received their food at a different consistency so that they could swallow it easier. The registered manager had made appropriate referrals to the Speech and Language Therapists (SaLT) to seek guidance on how to support people to eat safely.
● Peoples dietary requirements were captured on admission to the home and information was passed to kitchen staff. We saw records where dietary changes had been passed to kitchen staff. For example, one person's emerging allergic reaction to one food and changes in consistency.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that appropriate and timely referrals were made to the fall team, bladder and bowel specialists and speech and language therapists.
● People were supported by staff to access healthcare appointments, while staff were effective in responding to changing health needs. One relative said, "Yes they are very good. He's had sepsis twice and they've caught it very quickly which is good.". Another relative said, "They contacted the doctors and I feel reassured by that. I depend on their on their expertise. They always let me know."
● People's oral health care was assessed, and they could see a dentist, if this was needed. Oral health care plans captured what each person could do independently and what support they needed from staff.

Adapting service, design, decoration to meet people's needs
● People's needs were met by the design and decoration of the home. People were able to access all areas of the home. There were communal and private areas for people to socialise and have private time with relatives and friends. One relative said, "The home is very well maintained. I've never noticed anything that needs work and if there is, they are onto it."
● People's mobility needs were met by the design of the home. Corridors were wide for people to move safely. Hand rails were fitted to support people to mobilise if needed. People who required support to move had equipment in place to help them do so. There were adapted bathrooms and toilets.
●People living with dementia were supported to orientate themselves through the adaption of the home. There were large print signs with pictorial guides around the home that directed people to their bedrooms, communal areas and bathrooms. One relative said, "She was often getting lost at her last home. It's good that it's a smaller home, this helps with her dementia and anxieties."

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.

● Staff had received training in MCA and demonstrated a good understanding of their responsibilities.

● The registered manager had made appropriate DoLS applications authorisations and had a process to check authorisations remained valid and to monitor when authorisations needed to be reapplied for. There were no conditions attached to DoLS that had been authorised.

● The registered manager told us that they were in the process of updating existing mental capacity assessments to ensure that they reflected people's capacity to make specific decisions. The registered manager had ensured that relatives and health professionals had been consulted, where applicable, in making decisions in peoples' best interests.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were consistently positive about the caring attitude of staff. One person said, "The carers are very compassionate." Another person said, "The staff are there for you if you need help. And that's important."
- People's diverse religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, spiritual and cultural care plans recorded people's chosen faiths and how they practised them.
- Staff knew and respected people they cared for. We observed staff spending time with people talking to them and laughing. One relative said, "They've got to know mum. She is very outgoing and bubbly. She's lost none of that. They encourage and support that. She loves being with other people."
- Many people were living with some form of dementia and staff demonstrated a compassionate approach and understanding when supporting them. We observed one person with dementia being gently supported through the communal corridors. The staff member was providing constant reassurance while the person remained happy and talkative. One relative told us about their loved one, "They have managed her so well. They told me not to worry. They managed the confusion and I felt so reassured. Mum has always said to me they are very kind."

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

- People and their family members told us they could express their views and be involved in their care. We observed people being offered choices in what they wanted to eat and drink and what activities they wanted to be involved in. One relative said, "Mum will say they always do what I want. My observations are is that they are always asking her about what she wants." Another relative said, "I noticed that mum always makes the choices. She knows how she wants things done."
- The home gave staff time and support they needed to support people in a compassionate and personal way. The registered manager ensured that enough staff were scheduled so that they could spend time with people and listening to them.
- Some people had been supported by an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them. The person was supported regularly by the IMCA who supported them to make decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People's independence was encouraged and supported by staff as much as possible. For example, one

person had difficulty eating due to impairment in their hands, so staff provided them with a plate guard, so they could eat independently.

● People were encouraged by staff to do as much as possible to maintain their independence. One person said, "I do more for myself than others. I like to be as independent as I can be. The staff know this and encourage this." One relative said, "They encourage him to feed himself and to feed himself. They do their share. They do encourage him."

● Staff ensured that people's dignity was maintained. For example, some people wore clothing protectors when they ate to prevent their clothes getting dirty. When people did get clothes dirty at lunch staff supported them straight afterwards to clean up or change clothing items. We observed staff closing people's doors when providing care to maintain their privacy and dignity as well as knocking on their doors before entering.

● The registered manager carried out dignity audits for different activities to monitor staff practices. The audits assessed staff's approach and communication with people, as well as how people were presented.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

● People's care plans fully reflected their physical, mental, emotional and social needs. Care plans were person centred and had been developed so that staff could support people in a person-centred way,

● People told us they received a responsive service from staff who knew them, their needs and their preferences well. One person said, "They know what kind of care I need. When I have a bath, they know exactly what they need to do." One relative said, "Right from the word go they understood mums needs and they were at the centre of it."

● Care plans for delivering personal care took into account people's personal history. For example, one person had ear surgery as a child so staff ensured that the person wore ear plugs when showering.

● Many people had diagnosis of some form of dementia or identified as having short term memory loss, while some were supported with mental health needs such as bi polar disorder. Where formal diagnosis had been identified, mental health and wellbeing care plans guided staff on how to support that individual. For example, one person had difficulty recalling people or places in the present time, so staff ensured that they introduced themselves prior to any interaction. We observed this being done for some individuals.

● Technology was used to support people receive responsive care. For example, staff used secure mobile devices to record the care they gave and to access people's care records and assessments. Personalised schedules of people's daily care allowed staff to record what they had completed quickly, reducing the impact of administrative tasks and allowing them to spend more time with people. Staff told us of the benefits and impact of the system. One staff member said, "It's so much better as you have got more time with the residents instead of writing care notes down. It saves you so much time. It's very straight forward. If you need check something, you can just refer back to a certain day and the information is there. You can look at care plans and they are up to date."

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.

● Each person's communication needs were assessed and used in care planning. Information and guidance were clear for staff in supporting them to communicate effectively with people with forms of sensory loss and for those living with dementia. For example, staff were guided to use visual aids and gestures when supporting a person with significant hearing loss. Another guided staff on providing clear and precise instructions to a person living with dementia.

At the time of the inspection, there was no one that required information presented in a different format.

The registered manager said that should people require it, they would be able to accommodate these needs.

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

● People were supported to follow interests and participate in a range of activities that included arts and crafts, reminiscence music, karaoke, movement to music and quizzes.

● Each person had a social and recreation care plan that reflected their own interests and preferences about how they wished to engage. For example, one person with mental health stated that they benefitted from ongoing projects which they could return to as and when they felt like it. Staff encouraged person to take control of activity. The staff member said, "We have a board in the lounge and (the person's) stuff is on there. (The person) does her pictures but will tell me the next day about carrying on with it." One relative said, "They have a weekly programme. I certainly see mum getting involved in those. They do something every day and mum is always involved."

● People's recreational plans considered their other needs. For example, one person's care plan linked with their communication care plan and hearing loss. The person was assessed at being at risk of social isolation and the plan guided staff to ensure the person had lip read what they say to her and to ensure that activities were inclusive for them.

● Some people were at risk of social isolation. Throughout the inspection we viewed the majority of people at the service voluntarily spending their time with others in the communal lounge. Staff ensured that people who chose to spend time in their room were supported to follow activities as much as they wished or spent time with them in their rooms. One person said, "They pop in every couple of hours to check if I need anything. They don't intrude on you and know that I like to be on my own." One relative said, "She particularly likes the reading of the newspaper. I've always noticed she'll say she wants to go into the lounge. She enjoys chatting with the staff and people. I was always worried shed settle, but she has."

Improving care quality in response to complaints or concerns

● People and their relatives knew how to make a complaint. They told us they would feel comfortable doing so and confident that any issues would be resolved to their satisfaction. One person said, "Yes I wouldn't keep quiet. I haven't raised many issues. I feel confident that it would be dealt with."

● Relatives told us that the management of the home was very responsive to any issues they had raised. One relative said, "Yes they are dealt with very quickly. I've not had to complain about anything. I would feel able to say something. I would go to (the registered manager)

● There had been only one recorded complaint, and this had been investigated thoroughly and an appropriate response given.

End of life care and support

● There was no one receiving end of life care at the time of the inspection.

● People's end of life wishes had been captured. These included any advanced directives on medical interventions, any spiritual wishes and preferences on funeral arrangements.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager worked to ensure that people received person centred care that achieved good outcomes for people. This ethos was demonstrated in our observations of staff practices, people's comments and in care planning. One professional told us, "I have always found the manager presents with a genuine commitment to providing good quality care for clients who reside at the service."
- The registered manager understood the importance of promoting an open and inclusive culture at the service. People, their relatives and staff told us that the registered manager was approachable and open. One family member said, "She is very approachable, open and polite. Always willing to talk. I can always get hold of her. When (their family member) comes out of hospital, I always ask what needs have changed and they always let me know."
- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.

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

- The registered manager undertook a range of quality assurance audits to ensure a good level of quality was maintained. We saw audit activity which included safeguarding falls, dignity and medicines. The results of which were analysed to determine trends and introduce preventative measures.
- Staff were clear about how to undertake their roles and the responsibilities that go with it. They told us about providing person centred care, ensuring that people's diverse needs were met and supporting people to be as independent as possible. One staff member said, "I like how everyone really cares about their job. Everyone cares about the residents. We do the best we can."
- People and their relatives told us of the positive impact and support provided by the registered manager. One relative said, "She manages her staff well. They all know what they are doing. She knows exactly what's going on. Some staff have been promoted. It's nice to see that she promotes them from within. She is professional. She manages the care of the place and still feel mum's needs are paramount and they are met."

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

characteristics

● The registered manager ensured that there was an emphasis on team work and communication sharing. Staff shared information about people's changing needs at handover meetings and coordinated support through alerts on their electronic recording devices.

● Relatives meetings had previously completed but the registered manager stated that they involved family members through telephone calls and emails. The registered manager completed monthly newsletters for people and relatives to keep up to date with developments in the home.

● People were involved in their support as much as possible. One person said, "I can ask for my care plan at any time. I looked into it before and it was all up to date." We observed staff consistently asking people about their support and their views. The registered manager told us that they completed one to one sessions with people to gather their opinions and wishes.

● Satisfaction surveys had been completed and the results had been analysed. One relative said, "I have done a couple of feedback sheets. I've attended reviews of the care."

Continuous learning and improving care

● The registered manager was proactive in seeking ways of improving care and continuous learning. For example, they had started to trial a dependency tool, used at the provider's other services to improve and reinforce their scheduling.

● Staff were encouraged to undertake further training and qualifications in health and social care such as accredited health and social care diplomas and the care certificate.

● The registered manager was receptive to guidance from other agencies in driving improvement. Following a quality assurance visit from the local authority, the registered manager had introduced observations of staff competency in moving and handling people.

Working in partnership with others

● The service worked in partnership with local organisations and services such as the local authority to share information and best practice for the delivery of care.

Staff worked closely with a number of specialist agencies to ensure that people's needs were met. These included district nurses, the falls team, the clinical commissioning group and speech and language therapists.