

Four Seasons (Bamford) Limited

Wansbeck Care Home

Inspection report

Church Avenue
West Sleekburn
Choppington
Northumberland
NE62 5XE

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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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 28 November 2017 and was unannounced. This meant staff and the provider did not know that we would be visiting.

Wansbeck Care Home is a 'care home'. People in care homes receive accommodation and 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. Wansbeck Care Home accommodates up to 40 people across four separate units, each of which have separate adapted facilities. Three of the units specialise in providing care to people living with dementia. At the time of this inspection 39 people were in receipt of care from the service.

At the last inspection in August 2015 we found the provider was meeting the fundamental standards of relevant regulations. At that time we rated Wansbeck Care Home as 'Good' overall and 'Good' in four domains. We rated the service as 'Outstanding' in one domain, namely 'Caring'.

The registered manager had been in post since April 2017 and was registered in September 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

At this inspection we found staff remained exceptionally caring and dedicated to ensuring people experienced high quality care. We saw that staff treated people very much as individuals and ensured people continued to follow their preferred routines. We heard how the activity coordinator had worked hard to create a sense of community within the home and developed links with local organisations. Relatives told us that visiting the service was just like popping in to visit people in their own home. People told us that staff made everyone feel welcome and at ease.

We found staff were passionate about providing a vibrant service that gave all equitable choices and experiences. The registered manager and staff were absolutely committed to delivering a service that focused on delivering a personalised service. The team worked collaboratively with people and their relatives to ensure the care provided met each person's needs. However, we discussed with the manager how the assessments could be enhanced, as the provider only supplied pre-assessment templates and therefore there were no documents for staff to use to assess the current position.

We found the registered manager's leadership style had led to people and staff feeling that they were integral partners in the operation and enhancement of the service. Staff supported people to make decisions for themselves and spoke with people about their wishes and preferences. The registered manager, staff and activity coordinator regularly sought peoples' views and acted upon their comments.

Each year the activity coordinator organised a relatives meeting in a local restaurant so people could enjoy a meal, network and gain support from others in the same position and in a relaxed atmosphere discuss what improvements could be made to the service. It was evident that people's voice was heard. Following feedback from people, decisions were made about trips that were scheduled and activities were organised. People were encouraged to discuss events or activities they had always wanted to do and the staff organised these, for example, one person had always wanted to go to a factory that made teddy bears. They told us it had been a 'dream come true' when staff surprised them with a trip to a local factory.

Staff received supervision on a monthly basis and they received annual appraisals. Staff were respected within the organisation and were provided with comprehensive training including specialist training. We found there was a culture within the organisation of striving for excellence and assisting all to reach their maximum potential. Staff were supported to constantly develop their roles and all the staff discussed the wide range of specialist training they had been able to complete and the registered manager always looked for new courses they could attend.

Recruitment checks were carried out. People and relatives told us there were sufficient staff deployed to meet people's needs. We noted the provider's tool did not recognise the layout of the service so did not ensure staff were able to readily cover peak times. The registered manager undertook to review arrangements for the deployment of staff throughout the day.

People's care needs were risk assessed with risk management plans in place and support for staff when they needed it. The registered manager was aware of risks within the service and was undertaking an analysis of risks. The service had emergency plans in place and took action when they became aware someone was at risk. The registered manager and staff critically reviewed all incidents to determine if lessons could be learnt. We found staff had an understanding of safeguarding and how to raise concerns.

People were supported to maintain a healthy diet and to access external professionals to monitor and promote their health. Staff safely managed medications. A large proportion of the staff had worked at the service for many years, which provided consistency for people using the service.

Staff knew the people they were supporting well. Care plans were personalised and had been regularly reviewed, to ensure they reflected people's current needs and preferences. However, the provider does not have a separate assessment process so staff had to go through the whole care file to find out detailed information about individual's physical and mental health conditions and any changes to their health.

People were supported to be as independent as possible and could access advocacy services if needed. Procedures were in place to investigate and respond to complaints.

People, relatives and staff described the registered manager as being an effective leader who ensured the service consistently delivered a good service. Staff told us they could contribute their ideas about how to make improvements at the service and they were listened to. The registered manager and provider carried out a number of quality assurance checks to monitor and improve standards at the service.

The registered manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Outstanding.	Outstanding ☆
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Wansbeck Care Home

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.

An adult social care inspector completed this unannounced inspection on the 28 November 2017.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

We contacted external healthcare professionals and the placing authority commissioners to gain their views of the service provided at the service.

During the inspection we spoke with nine people who used the service, three relatives and a person's enabler. An enabler is a person who is paid to support people to access the local community and complete activities they enjoy. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us.

We spoke with the registered manager, the deputy manager, two senior carers, five care staff, an activity coordinator, the cook, a domestic staff member and a maintenance person. We looked at six care plans and medication administration records (MARs). We also looked at four staff files, which included recruitment records and the records related to the overall management of the service.

Is the service safe?

Our findings

People and relatives we spoke with told us they felt the service was safe.

One person told us, "This is very much like my home and I feel perfectly at ease." Another person said, "The staff really go out of their way to make sure I'm ok."

One relative told us, "The staff are wonderful at making sure people get just the right care." Another relative said, "From the moment [person's name] moved in to the home it was like a great weight had been lifted from my shoulders. I knew they were safe and being looked after well."

People who used the service and relatives told us the service had sufficient staff deployed to meet people's needs. For the 39 people who used the service there were two senior care staff and five staff on duty during the day, and overnight there were two senior care staff and two care staff. The registered manager worked during the week and the deputy manager was on a rotating shift so often covered weekends. In addition to these staff, two domestic staff, a laundry staff member plus a cook and assistant cook worked seven days a week.

The provider used a tool that forecasted how many staff may be needed but this often reflected numbers of staff lower than those currently deployed. The registered manager in agreement with their regional manager had staffed the service within the upper limit of the staff budget. Thus they always ensured the fifth care staff member was on duty during the day. The registered manager also used the accident and incident analysis to determine if the deployment of staff was effective. They told us that recently there had been an increase of falls on a morning so they had altered the rota to ensure more cover was provided at these times and they found this had reduced the number of falls people experienced.

We noted the provider's tool did not recognise the layout of the service so operated a model that would suggest all the people were together within the building. The service is distinctly operating over four separate units, so on the provider's calculation there would be one staff member in each unit with a senior covering two units. We saw that within each unit people needed assistance with every aspect of the care and some people needed two staff members to support them. Therefore the figures the tool indicated were necessary, would be insufficient to meet the needs of the people who used the service. We found that even with the current staffing levels, at peak times such as meal times, more consideration needed to be given to the deployment of staff within the service. The registered manager confirmed they would review staffing levels at peak times such as lunchtime to ensure that staff were deployed more effectively.

Safeguarding and whistleblowing procedures were in place to protect people from the types of abuse that can occur in care settings. Staff told us they would report any concerns, including those in relation to actions that might be found to be discriminatory to the registered manager. We found the registered manager thoroughly investigated any safeguarding concerns and where appropriate, this would be in partnership with the local authority safeguarding team.

Risks to people using the service were assessed and plans put in place to reduce the chances of them occurring. For example, plans were in place to manage risk of falls, choking and when people went out in the local community. Risk assessments were regularly reviewed to ensure they reflected any current risks and that the measures in place were not overly risk adverse or restrictive. Accidents and incidents were monitored for any trends and critically reviewed to learn lessons and identify where improvements could be made.

Personal emergency evacuation plans (PEEPs) were used to inform staff about the support people needed to leave the building in an emergency such as a fire. Staff also appropriately used personal protection equipment (PPE) such as gloves and aprons during their daily duties to help prevent the spread of infection.

The home was clean and appropriate infection control measures were in place. Regular checks of the premises and equipment were also carried out to ensure they were safe to use and required maintenance certificates were in place. The registered manager checked that staff were using equipment such as hoists appropriately and when gaps in practice were identified they took immediate action. Staff completed records, fire drills and maintenance of equipment appropriately.

The registered provider's recruitment processes minimised the risk of unsuitable staff being employed. These included seeking references and Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and adults. This helps employers make safer recruiting decisions and also to minimise the risk of unsuitable people from working with vulnerable children and adults.

Medicines were safely administered and securely stored, and stocks were monitored to ensure people had access to their medicines when they needed them. We looked through the medication administration records (MAR's) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available about the protocols staff needed to follow when administering 'as required' medicine but at times they needed to include more detail around what would suggest these were needed. We spoke with staff about this and they immediately added the further detail. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle and administer medicines.

Is the service effective?

Our findings

People and relatives told us they were happy with the service and we found staff to be very knowledgeable. A relative said, "The staff are so knowledgeable and I could not do without them." Another relative said, "The staff really get [person's name]. They understand all the things that make them happy and it is a pleasure to visit as [person's name] is dressed smartly, as they always did and I find them chatting away to people. They are content."

Staff were extremely knowledgeable about the care and support people received. We saw that staff promptly responded to any indications that people were experiencing problems or their care needs had changed. Staff discussed the action they took as a team when people's needs changed to make sure they updated the care plans and continued to meet people's needs.

We discussed with the registered manager how the care records could be enhanced. The provider only supplied pre-admission templates and therefore following people moving to the service there was no other documents for staff to use to assess the current position. This lack of a comprehensive assessment had led staff to using care plans as the assessment tool and meant that numerous care plans were generated. The use of care plans in this manner meant the person's priority needs were lost and staff would find it difficult to readily identify when care records were updated. The regional manager and registered manager accepted this was a gap. They told us the provider was in the process of reviewing the care documentation in the service and was considering how to improve the assessment of people's needs.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff clearly understood the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment. When people had been assessed as being unable to make complex decisions, discussions had taken place with the person's family, external professionals and senior members of staff to make 'best interests' decisions. Best interest decisions were clearly recorded and covered, for example, decisions related to finance and administering

medicines.

At the time of the inspection, we found that where appropriate, DoLS authorisations had been sought. Staff we spoke with had a good understanding of DoLS authorisations and why they were needed. The registered manager kept a record of when the DoLS authorisations were due to expire and ensured a new DoLS application was submitted. The staff were aware of the person's right to contest the DoLS authorisation and apply to the Court of Protection for a review of this order.

All the staff we spoke with, and records confirmed, staff were supported in accessing a variety of training and learning opportunities. Staff were able to list a variety of training that they had received over the last year such as moving and handling, infection control and safeguarding, amongst others. Staff told us they felt able to approach the registered manager if they felt they had additional training needs and were confident that could access to more courses. A staff member told us, "The manager is very good at finding courses we can go on and we only have to ask and they will sort it out.

Additional training was also provided in areas such as working with people who are living with dementia and end of life care. Training was regularly refreshed to ensure it reflected current best practice. Staff who administered medication had completed recognised safe handling of medication training and underwent regular competency assessments. Staff were very enthusiastic about the courses they had recently completed and told us about the Dementia Care Framework training they received. The Dementia Care Framework is a model of care the provider developed with experts in the field and aims to support staff to understand how to effectively work with people who are living with dementia. One of the staff team told us about a video called 'TOAST' they had recently watched, which brought to life for them the reality of living with a dementia. A senior care staff member told us "I have recently completed a train the trainer course for 'REACT to Red', which is a course that supports staff to identify if people are at risk of developing pressure damage and then take preventative action. It was extremely useful and has certainly improved our practices."

Staff were supported with regular supervisions and appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Appraisals are usually carried out annually and are a review of staff's performance over the previous year. Staff said they found these meetings useful and records confirmed they were encouraged to raise any support needs or issues they had.

People told us the meals were good, they were given a choice and alternatives were provided if they did not like what was planned. People could eat in the dining rooms or their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. People were offered choices in the meal and staff knew people's personal likes and dislikes. Each unit had the meal served at the same time and this did leave staff a little pushed for time on each unit. We saw that on two units there was only one staff member available to serve the meal and on both units people did need assistance. Also in order to ensure everyone's needs were met, this meant some staff did not get their own lunch break until after 3pm. We discussed this with the manager who confirmed they would review the deployment of staff over the meal times.

We saw that MUST tools, which are used to monitor whether people's weights are within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to their GPs and dietitians. Care records showed other professionals such as GPs, falls prevention staff, and community nurses were contacted for advice and support where necessary. Relatives told us about the professionals involved in their family member's care and relatives said they were kept informed about appointments. One relative said, "Oh they are good and always call me to let me know if [person's name] is

not feeling well or if they have been visited by the doctor and such like."

The environment was designed to support people's privacy and dignity. The provider had developed the Dementia Care Framework and this model of care informed how they designed the units (or houses as they are called). Each unit comprised of ten bedrooms and communal areas. We observed that this design encouraged people to engage in general conversation with each other, relax and find meaningful occupation throughout the day.

Is the service caring?

Our findings

At the last inspection we had found that the service was delivering care that was outstanding. At this visit we found that the staff had sustained this level of practice and continued to develop the manner in which they expressed their care and devotion to the people who used the service.

Without exception relatives and people who used the service were extremely complimentary about the caring nature of the staff.

A relative commented, "I am so delighted with the care the staff provide. They are just so kind and considerate and treat [person's name] like a family member. You could not get a better team." Another relative said, "The staff are really attentive and look at the little things, such as, if you notice they closed the curtains as they spotted the light was reflecting off the televisions. When we were looking for a home there were no others that the staff paid attention to these small but crucial details. One home we went to the light was glaring off the television so much that no one could see it but not one staff member thought to close the curtains. That would never occur here."

People commented, "Doesn't matter if they are girls or boys they are all lovely", "The staff are really so nice, you could not get better than them", and "You had better give them the best rating, as the staff are all fantastic."

We checked a national review website for care homes and saw 40 people and relatives had posted comments about Wansbeck Care Home. We noted that 39 of the 40 reviewers had rated the caring question as excellent. All of the comments were extremely positive. We read one review which stated, "Thoughtful, reassuring and caring staff who have always got a smile on their faces 24/7", "The staff are all extremely friendly and helpful. They are very caring and attentive to my sister's needs looking after her sensitively and appropriately", "[Person's name] has settled really well and on visiting him I am so happy that he is being cared for so well and I find the staff extremely caring and very friendly", and "I continue to rejoice that [person's name] resides here. She has the best care we could ever wish for and she is extremely happy here."

In April 2017 following consistently positive reviews the service gained the Top 20 Care Home Award from this review website. Staff told us that earlier in the year the 'This Morning' television crew had visited the service following people who used the service nominating them for a 'Care Idol' award. This award had been enthusiastically celebrated by staff, who danced and sang with people. This (with people's permission) had been shared on YouTube and we were told it 'went viral'. Staff told us their joyous celebration had attracted the attention of the 'This Morning' producers and led to Holly Willoughby visiting to congratulate them on providing such a thoughtful and caring service.

We found that the activity coordinator and staff went out of their way to ensure each person was made to feel special. People were encouraged to let staff know about experiences they wanted to have and unfulfilled wishes. Staff then endeavoured to facilitate these and even came in on their days off to take people out. For instance, one person wanted to relive their youth and go to the coast, another person

wanted to visit a factory where teddy bears were made. Both, with staff support, achieved these dreams and told us very enthusiastically about their experiences. One person said, "I never thought that I could get a new lease of life when I came into a care home. But the staff truly want to make this the best experience and really cared so much they even organised the trip out. It was truly splendid and made me feel that they really cared."

We observed that visitors were made to feel at home and staff were at hand to offer drinks. The staff clearly knew the relatives well and ensured people had quiet spaces to chat as well being around to provide support. The registered manager and staff showed genuine concern for people's wellbeing and had recently worked with the activity coordinator to introduce 'Treasure Boxes', which contained memories for people's lives. Staff thoughtfully used these to support people to think about the past and all the positive experiences they had. Staff were appropriately affectionate with people and offered reassuring touches when individuals were distressed or needed comfort. Staff worked in a variety of ways to ensure people received care and support that suited their needs, was dignified and respected their cultural expectations.

Staff were passionate about their work and actively listened to what people had to say. They understood people's communication methods and readily assisted people to express their views and join in conversations. We joined very lively and multi-layer conversations with people, which was engaging and generated a lot of laughter. We found that the staff had embraced the diversity of people's interests and views. A member of care staff said, "We are here, in people's homes and it is our job to make sure they receive support that is compassionate and demonstrates we care."

Staff told us how they worked in a way that protected people's privacy and dignity. Staff told us about the importance of encouraging people to be independent and also the need to make sure people's privacy was maintained. For example, they had supported one person to continue to practice their religious beliefs and another to regularly join the local tea dance.

We found great emphasis was placed on the service's visions and values, which aimed to promote people's rights to make choices, receive compassionate care and live a dignified and fulfilled life. This was reflected in every aspect of the care and support that people received. Staff were committed to delivering a high quality service for people and had created an environment that people thrived in. A staff member said, "We only want to make sure people get the best out of life." The staff team were totally committed to delivering a personalised service, which was completely tailored to the needs of each person. Without exception relatives and people who used the service told us that staff had achieved this goal.

The registered manager and staff knew how to assist people to access advocacy services, if this was needed. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. We heard how the manager and staff had actively ensured people were enabled to voice their views and express their desires about how their care should be delivered.

Staff took time to help people feel valued and important. The activities coordinator discussed the importance of being able to connect with people on an individual level and had developed 'Treasure boxes', which contained memories from people's lives such as photographs, certificates and letters. They had encouraged staff and relatives to fill these 'Treasure boxes' and we found this gave people a great deal of pleasure. One person discussed how on the back of discussions with the activity coordinator, their relative had found some love letters their husband had sent when they were first courting. They said, "It is so wonderful to have these letters. It really brings back some wonderful memories about him and our life together."

Is the service responsive?

Our findings

People and relatives told us that staff were in tune with individual's needs and understood them so well that they were able to spot what people wanted from the smallest of signals. One person said, "We have the best staff you could want. We can do anything we want to do here and [activity coordinator's name] is always putting on the most interesting activities. We also regularly go out. I go each week to the local tea dance." A relative said, "The staff are all so knowledgeable about [person's name] and even know the smallest of detail about their likes, such as they love mustard on their food. So they always make sure that [person's name] has this at hand."

We found that the staff made sure the service worked to meet the individual needs of each person. Staff had worked diligently to ensure each individual's care records contained all the relevant information and were reviewed regularly. A senior care staff member told us that they routinely checked the care plans and made sure they were accurate. People and their relatives told us staff at the service provided personalised care and made choices around all aspects of their care and treatment. We observed that people were consistently asked for their views and given choices about all aspects of their care and treatment.

At the time of our inspection no one was receiving end of life care. We found that staff understood the actions they needed to take if this was the case. One senior care staff member told us how they were currently being supported by the registered manager to access specialist end of life care training. They had requested this as they wanted to become more skilled in this area and particularly around communicating well with the person and their relatives. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished.

A relative we spoke with praised the care provided at the service and said, "We have no complaints at all, this is a fantastic home and we are so lucky that they are here." Another relative commented, "It is always so lively here, with people doing activities and thoroughly enjoying their day."

We found people were engaged in meaningful occupation and the activity coordinator had tailored the programme of activities to stimulate each person and entertain individuals. We found the activities coordinator was dedicated to providing a wide range of stimulating activities across the service. The activity coordinator told us they planned the activities a month ahead and offered a wide range from craft work to events such as going to dances at Blyth. Each week people were engaged in a variety of activities. They had recently recreated Blackpool lights at the home by setting up a beach in the car park with a mock tower and lights. People told us this had been a real treat and took them back to a time when they went on trips there.

We found that staff would often come in on a voluntary basis to support the activity coordinator to take people out on trips or to engage in activities in the service. There was a strong sense of community within the home and externally. The activity coordinator had put measures in place to link the service into the local community and this had led to local school children visiting, joining a care home community tea dance and the local church. One relative told us, "[Name of the activity coordinator] never complains, they just get with it and do some fantastic things. I mean would you believe it they managed to bring Blackpool here – it was

wonderful and like the real thing."

We found a range of information was displayed within the service, which was in accessible formats and covered events that were occurring, how to make a complaint, access an advocate and health conditions.

Procedures were in place to investigate and respond to complaints. We found that the registered manager understood how to investigate complaints and take action to rectify concerns. However, since they had taken over the running the service no one had complained and this had been a consistent feature for several years. People and their relatives told us they knew how to complain but commented, "There is nothing to complain about", "I only have to mention a tiny little niggle and it is sorted straight away so have never needed to complain", and "They do everything right."

Is the service well-led?

Our findings

People and staff spoke positively about the service. A relative said, "This service is wonderful and has been a life saver. The standard of care is exceptional and lets me have peace of mind, as I know [person's name] will be absolutely fine."

Since April 2017 a new manager was in post and they became the registered manager in September 2017. We found the registered manager and staff ensured all aspects of care were delivered safely. They were constantly looking at improvements that could be made.

People, relatives and staff were extremely complimentary about the management of the service. One staff member said, "[Manager's name] knows exactly how to run a good home and always make sure they get the best out of us."

We found the registered manager had carried out a number of quality assurance checks to monitor and improve standards at the service. This included audits of medicines, infection control, and care records. The audits provided evidence to demonstrate what action had been taken if a gap in practice was identified and when it was addressed. For example, the accident analysis identified some peak periods when falls occurred, which the registered manager addressed by increasing staffing levels at these times. The information also prompted them to look externally to see if there were more resources around that staff could use. This led to the registered manager contacting the falls team and becoming a part of the local NHS research scheme into falls prevention. As a part of the implementation of the pilot, staff were given access to additional training, which they told us was very beneficial. The registered manager continued to monitor the falls and reported that the scheme and training was being found to have a positive impact and people were having fewer falls.

People who used the service, relatives and staff told us they had regular meetings with the registered manager. They all felt able to discuss the operation of the service and make suggestions about how they could improve the service. Staff felt the registered manager was supportive and approachable. A staff member said, "The registered manager really listens to us and takes our ideas up, for instance they let me introduce the 'REACT to red project'. It was great that I could just suggest it and was able to bring it in. The manager even put me on a 'train the trainer' course for the project so I could clearly tell all the staff about it. It has really worked and we know such more as a team about how to prevent pressure damage." Feedback was also sought from people through surveys and we saw that action plans were developed in response to the suggestions made, which were then completed.

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.