

WCS Care Group Limited

# Woodside Care Village

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Woodside Care Village is a care home providing accommodation with personal care for up to 72 people. It is a new, purpose-built home in which care is provided across three floors. People live as family units in 'households' of no more than seven people. Two of the households are specifically for younger deaf people. At the time of our inspection visit there were 62 people living at the home.

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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

There were enough staff to provide effective and safe care and staff understood their role in safeguarding people. Risks to people's health and wellbeing had been identified, assessed and managed well and there was a positive approach to risk management. The provider's checks ensured medicines management and infection control followed best practice.

People's needs were assessed before they moved to the home to ensure staff had the appropriate skills to meet those needs. Staff received regular training to keep their knowledge and skills up to date. People's healthcare needs were monitored, and they were referred to external healthcare professionals to ensure they remained well. People were encouraged to eat a healthy and balanced diet and their appetites and weight were monitored.

Staff were friendly and celebrated people's individual personalities. 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.

Staff understood their role in providing person centred care and had information that supported them to be responsive to people's individual likes, dislikes and personal routines. There was detailed information about people's individual communication needs and how staff could support them to ensure their voices were heard and their views shared.

There were two registered managers in post with specific responsibilities within the home. Both were enthusiastic and committed to providing high standards of care and supporting people to live their lives as they wished to.

The provider had systems and processes for reviewing the quality of the care provided and any issues

identified were pulled into a 'home improvement plan'. The provider worked with other organisations and healthcare professionals to improve outcomes for people.

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 and update

The last rating for this service was good (published 22 March 2016). The service was temporarily closed after that inspection for a complete rebuild and re-opened in 2019.

#### Why we inspected

We undertook this inspection due to the significant changes within the service and the length of time since our last inspection visit.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Woodside Care Village

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by four inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Woodside Care Village is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Woodside Care Village is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post. One registered manager was specifically responsible for the service provided to younger deaf people at Woodside Care Village.

#### Notice of inspection

The first day of our inspection was unannounced. We informed the registered managers we would return for a second day to complete our inspection visit.

Inspection activity started on 19 October 2022 and ended on 26 October 2022. We visited the location's service on 19 and 24 October 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We asked the local authority and Healthwatch for any information they had which would aid our inspection. Local authorities, together with other agencies may have responsibility for funding people who use the service and monitoring its quality. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

The provider had been asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

#### During the inspection

We spoke with 13 people who used the service and 16 relatives about their experience of the care provided. We carried out observations on all 12 households within Woodside Care Village to assess people's experiences of living there.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with four people to tell us their experience.

We spoke with 22 staff including the two registered managers, the deputy manager, two care co-ordinators, 15 care staff, the music therapist and the provider's service manager.

We reviewed a range of records. This included six people's care records and medication records. A variety of documents relating to the management of the service, including policies, training records, maintenance records, recruitment files and quality assurance documents were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they were confident Woodside was a safe place to live. One person told us they felt safe because, "The staff are so good and that helps you to feel safe."
- Staff understood their safeguarding responsibilities. One staff member told us, "Safeguarding is about a multitude of things with the protection of our residents at the heart. It is not just in the home but when out in the community, keeping people safe in every sense of the word. I have never had any worries or concerns about how people are treated here."
- The registered managers understood their responsibility to report any concerns to the local authority to ensure people's safety and welfare.

Assessing risk, safety monitoring and management

- Risks had been identified, assessed and managed well. For example, one person had epilepsy and their records contained detailed guidance for staff on how to support this person safely. Another person had risks related to their mobility and records gave clear instructions to mitigate the risk of falls.
- Some younger people living at Woodside Care Village had a sensory impairment and were part of the deaf community. Some of these people had other complex conditions which required careful care planning to minimise the likelihood of distress. These people had a detailed 'Positive Behaviour Support' care plan which focussed on understanding the person and how to respond proactively to the person's needs to increase their quality of life.
- Staff told us the registered managers took a positive approach to risk management and supported people as far as possible to do the things they chose. For example, one person had been given further education and awareness training so they could understand the risks around the choices they made.
- The provider used a range of technology to ensure people's safety. For example, acoustic monitoring which was switched on at night to trigger an alarm for unusual noise. Relatives told us how this ensured people's safety with one relative commenting, "[Name] is definitely safe, there are alarms on her chair and bed as she had a number of falls. She also has a [monitor] in her room, for safety reasons, it is not on all the time. They are there straightaway."
- There was a system of checks and audits to ensure equipment and the environment was kept in good order to maintain people's safety.

Using medicines safely

- People received their medicines as prescribed. Medicines were ordered, administered and disposed of safely.
- Some people needed medicines on an 'as required' (PRN) basis. There were guidelines for staff to follow to

determine when these medicines should be considered. Where these medicines were prescribed to relieve a person's distress, records consistently detailed PRN medicine as a last resort and focussed on proactive strategies such as offering a change of environment or activity to support a person first.

- Where people were on medicines that could have significant side effects, these were detailed in their care records, so staff were aware of them.
- The registered managers ensured people's medicines were regularly reviewed with prescribers. Medicines were adapted where needed to meet people's needs. One of the registered managers described the 'balancing act' of making sure people remained on a therapeutic dose of medicines but with a strong focus on medicines being reduced where possible to ensure people's behaviour was not controlled by excessive and inappropriate use of medicines.

### Staffing and recruitment

- There were enough staff to provide safe care. Whilst staffing numbers had been supported by agency staff, a successful recruitment drive meant agency use was gradually reducing as newly recruited staff started working at the home.
- People and relatives generally felt there were enough staff to meet people's needs, but their feedback and our observations indicated staff numbers on individual households dropped during the handover between shifts. The registered manager said they would review the handover process to ensure staffing levels were maintained.
- Staff told us they were very busy and sometimes struggled to respond immediately to requests for assistance, but said there were enough staff to keep people safe.
- Recruitment and selection processes were in place to make sure staff were safe and suitable to work with people living at Woodside Care Village.

### Preventing and controlling infection

- We were somewhat assured that the provider was using PPE effectively and safely. We saw a couple of occasions when staff lowered their masks to communicate with people. We shared this with a registered manager who told us they would review this with staff.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- There were no restrictions around visiting. A relative commented, "You can visit anytime, and you are welcomed. I visit at all different times."

### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed by the registered managers to ensure action was taken to prevent reoccurrence.
- The provider had a system in place to ensure they had an overview of any accidents, incidents, near misses, concerns and complaints received. Trends and patterns were identified to ensure people were kept



safe.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People's needs were assessed, and care was delivered in line with standards and best practice guidance. The provider used a variety of recognised risk assessment tools to identify potential risks to people's health and safety.
- People's care plans were regularly reviewed to ensure they continued to reflect people's needs and choices.

Staff support: induction, training, skills and experience

- We received mixed feedback from staff as to whether they had regular opportunities to discuss their workload and development with senior staff. Some staff told us they did with one staff member commenting, "We have plenty of supervisions. I feel like I can talk to my supervisor and I find it useful." However, other staff told us they were not offered the same opportunities. The registered manager recognised this was an area for improvement and was addressing it at the time of our inspection visit.
- People and relatives told us permanent staff were well-trained and knowledgeable. One relative told us, "Medication, chiropody, day to day care, everyone is different with different levels of dementia, and they meet everyone's needs."
- The registered managers ensured new staff received induction training and worked with experienced staff for as much time as they needed before being included on the rota. One staff member told us, "Due to the complexities in communication and my limited knowledge of British Sign Language, they let me shadow until I felt comfortable and people felt comfortable with me. It was a joint decision."
- Training was in line with The Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People were supported to eat a healthy and balanced diet and given a choice of what they would like to eat.
- The provider used a mixture of freshly cooked meals and frozen ready prepared meals. Overall, relatives were happy with the standard of food and commented: "[Name] is eating well; it's very good food, she gets plenty to drink" and, "[Name] has a fantastic appetite and he enjoys all the food at the home. They have napkins and place mats, it's like fine dining. It is nutritious and hot."
- Meals were seen as an important part of people's social experience and they were encouraged to eat together on their households. However, some staff did not consistently follow the provider's policies for ensuring a good mealtime experience. For example, on one household, vegetables were put on people's plates without them being asked if they wanted them and we did not see people being offered a choice of

drinks. The registered manager assured us they would remind staff of their expectations and values.

- Staff recorded electronically what people drank to ensure they remained healthy. This meant staff could check throughout the day and at the handover between shifts whether people needed to be encouraged to drink more.
- Staff monitored people's appetites and weight and obtained advice from people's GPs and dieticians if they were at risk of poor nutrition.

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

- People's healthcare was monitored and where a need was identified, they were referred to the relevant healthcare professional. One relative told us, "They were worried about [Name's] mobility and so they got a physio in and got her using her frame more."
- Weekly multi-disciplinary team meetings were held with the GP, nurse and pharmacist to ensure people's medical needs continued to be effectively met.
- People were supported to attend routine health appointments to maintain their wellbeing such as dentist, chiropodist and optician.
- If a person was admitted to hospital, the electronic care records included the facility to download an extract or 'hospital pack' with the most important information about the person's needs and abilities. This ensured essential information was shared with the hospital.
- The registered managers were following the best practice guidance set out in the CQC "Smiling Matters" document of June 2019. Oral health care assessments detailed what support people required to maintain their oral health.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where people lacked capacity, full assessments had been completed. Where people had been assessed as lacking capacity to make a specific decision, decisions had been made in people's best interests.
- Where restrictions were in place and people were being deprived of their liberty, the appropriate legal authority had been sought.
- Staff supported people to make their own decisions and sought consent before providing care and support. We saw, and records showed people were involved in the planning and delivery of their care.

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

- People benefitted from living in small households of no more than six or seven people. People had their own en-suite bedrooms and communal lounge and kitchen area.

- On the ground floor there was a café, shop and a cinema which people could access independently or with the support of staff if needed. A welcoming garden area encouraged people to spend time outside in the fresh area.

# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 relatives spoke positively about the caring atmosphere within the service. Comments included: "Staff are fantastic, very attentive, they are so caring" and, "When they get [Name] to stand up they are all very caring and there is a consistent approach from all the staff."
- Staff were friendly, and people were seen to be comfortable in the presence of the staff who were supporting them. For example, one person playfully tapped a staff member's hand and giggled as they interacted. A relative commented, "[Name] is very tactile and staff hug her. It's lovely seeing them being loving to her. Staff are very friendly."
- Permanent staff celebrated people's individual personalities and knew what was important to people. For one person, their soft toys were a huge comfort to them. We saw staff understood how important this was for the person as they treated the soft toys in a respectful manner.
- Important milestones were celebrated. During our inspection we saw plans underway to celebrate a person's special birthday. One relative commented, "For her birthday they did banners, there was music playing, cakes, presents, she didn't miss out on her 90th birthday."
- Staff spoke with kindness about people and explained how people were treated as equal partners in the delivery of their care. One staff member who worked on the households for deaf people told us, "I have to say, we are like a family here and we all support each other. It is a two-way partnership with the staff and residents. The residents teach us a lot with the signing, and we all have a laugh and a joke when we get signs wrong."
- One relative explained how staff knowing what was important to their family member, gave them a sense of being valued. They explained, "They (staff) have made an effort of saying 'what necklace do you want to put on', it is only a little thing, but it is important."

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

- People were encouraged to express their views and be involved in decisions about their care. We regularly saw staff communicating with people using a variety of methods such as British Sign Language, Makaton and pictures to enable people to make independent choices.
- Some people had expressed preferences about which members of staff supported them with personal care. One relative told us, "[Name] does not have a problem with male carers, but she will not let them give her personal care; they have respected that, and it has never happened."

Respecting and promoting people's privacy, dignity and independence

- Records supported people's independence by describing what people could do for themselves and when

they needed guidance or full support from staff.

- People were encouraged to take an active role within the home to maintain their independence. This included meal preparation and maintaining their home. One relative told us, "The ethos of the home is absolutely amazing. People are not deprived of their independence."
- Staff had respected people's dignity by ensuring they were well supported with their personal care. One relative told us, "[Name] always looks really nice and well shaved." Another relative said, "He doesn't always get shaved at the weekends, but he is always clean and tidy."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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

- Care plans contained information that supported staff to be responsive to people's individual likes, dislikes and personal routines. They provided a picture of the person and recorded the help and support they needed. Plans were regularly reviewed to enable staff to support people in the way they wanted.
- Staff understood their role in providing person centred care. One staff member told us, "I see my role as to spend time with residents and support them to do the things they want. It's about the lives they want to live."
- Staff were responsive to people's emotional wellbeing. One person became tearful as they missed their family member and initiated a hug with a staff member who used signs to reassure the person. A relative told us, "If [Name] is upset they go and sit with her, there is always somebody there to do that."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication and sensory needs were recorded in their care plan so staff understood what support people needed to help them communicate effectively.
- Some people living at the service were deaf and used British Sign Language to communicate. The registered manager had employed some deaf staff who used BSL as their preferred method of communication. This had a positive impact on people's well-being as they could relate to their staff members and it ensured people felt understood. Interpreters were also available to support deaf staff to fulfil all aspects of their role well.
- People with complex communication needs had 'communication passports' which contained information about their preferred method of communication and adaptations had been made to aid their communication. For example, one person had devised their own signs to communicate their needs. Photographs of the person using these signs had been included in their communication passport for all staff to refer to. Another person used a pictorial keyring to communicate their 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

- The provider employed a therapist to support and encourage people to express themselves and reminisce through music. Photographs and feedback indicated how much this was enjoyed by people.

- The younger people living at Woodside Care Village had regular opportunities to pursue social interests and be active members of their community. One person had expressed a wish to be involved in maintaining the home. Staff arranged for them to work alongside the maintenance person where they completed tasks such as gardening, cleaning windows and repairs. Purchasing this person their own uniform gave them a sense of pride, belonging and purpose.
- However, we received mixed feedback from the relatives of those people with dementia as to whether there were enough opportunities to engage them and keep them occupied. Some relatives were very positive about the range of activities with one relative telling us, "There is lots to do, knitting, singing, music, and she does some cooking." Other relatives felt the offer of activities was an area for improvement. The registered manager told us this was an area they were focussing on to ensure every person at Woodside had a 'day well lived' in accordance with the provider's values.
- People were supported to maintain important relationships. At the time of our inspection, two people had gone to stay overnight with family members, whilst others spent time with their family members in the home or local community.
- A faith service was held once a month for people to pursue their religious beliefs.

#### End of life care and support

- Where people wanted to share their wishes and preferences for how they wanted to be cared for at the end of their life, this was recorded in their care plans.
- People's religious and cultural beliefs were respected to ensure they lived their final days as they wished to.

#### Complaints

- The provider had robust approach to complaint management with both formal and informal complaints being recorded, investigated and responded to.
- Relatives felt able to share any concerns, confident they would be responded to. Comments included: "I've not so much complained as grumbled and action has been taken", "Any complaints, I raise it and they respond" and, "I have never complained, they know me and I know them, any problems, they sort it out. I just go and tell them in the office."



# 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 our last inspection we rated this key question good. The rating for this key question has remained 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 and relatives were positive about the standards of care provided at Woodside Care Village. Comments included: "It has a lovely atmosphere. I like to spend time there. It's warm, welcoming, always clean and tidy" and, "I would say it is a very dementia friendly home, and the way they have it organised into groups is very good."
- The registered managers were enthusiastic and committed to providing people with the best care and promoting a culture where people could continue to live their life as they wished to. One of the registered managers explained that as the difficulties generated by staffing pressures and the Covid-19 pandemic eased, they could now focus on ensuring every interaction had a positive impact on the quality of people's lives.
- Relatives spoke positively about both registered managers and their visibility and communication. One relative told us, "[Registered manager] is lovely and always in contact with me." Another relative commented: "The manager is very nice, very accessible, she says 'come and have a chat', she pops in and speaks to all the residents. She is very capable and has been very supportive."
- Whilst some staff were not always clear about who their direct line manager was, they felt supported by the senior management within the home.
- Two of the households at Woodside Care Village had been opened to younger deaf people who had their own staff team. A relative of one of those people told us how the service had welcomed them and added, "The other staff are wanting to sign which is really good because it is bringing deafness into the world and making people really aware of us."
- The managers on-site during our visit, welcomed the inspection and our feedback.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered managers carried out audits and checks on the quality of the service provided. These included medication and infection control audits and reviews of risk assessments and care plans.
- The provider had systems and processes for reviewing the quality of the care provided. These were reviewed on a monthly basis to ensure any identified actions had been taken. Where issues were identified, they were pulled through into the 'home improvement plan' which was regularly monitored to ensure identified actions were being addressed.
- The management team were committed to improving the care people received and had invested in technology to improve outcomes for people. For example, acoustic monitoring and circadian lighting to

improve people's wellbeing and natural sleep cycles.

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

- Each year people, their relatives and staff were invited to complete a questionnaire about the home. The questionnaire provided an opportunity for people to comment on their experience of living in, visiting or working at the home. The results were analysed and helped to inform an action plan.
- Relatives told us meetings were beginning to take place again after the Covid-19 restrictions and commented favourably on them. One relative told us, "The relatives meeting went very well; it was a good open environment where you could say what you wanted to say. They took onboard our comments and informed us of what's happening in the home."
- Whilst staff attended meetings and had group supervisions, some staff told us opportunities to meet with managers and discuss their training and development within individual meetings had not been happening as regularly as they should. Communication and individual conversations with staff was a recognised area for improvement by the provider.

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 managers understood their responsibility to comply with the CQC requirements and was aware of the importance of notifying us of certain events that had occurred in the service.
- Relatives told us they were kept informed of any falls or incidents within the home and felt able to raise any concerns with the management team.

Working in partnership with others

- The provider was involved in a local initiative which involved regularly monitoring people's oxygen levels, pulse rate and blood pressure to identify signs of ill-health early to reduce demands on GP and hospital services.
- The provider sought advice and guidance from other organisations to improve outcomes for people.