Black Country Housing Group Limited

Gower Gardens

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

This unannounced comprehensive inspection took place on the 26 and 27 November 2018. It was completed on 28 November 2018 following feedback to the management team.

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

Gower Gardens can accommodate up to 66 people. At the time of our inspection 56 people were using the service. Gower Gardens accommodates people across three floors, each of which has individual adapted facilities. The needs of people vary from people living with dementia, mental health or sensory impairment.

At our last inspection in June 2017 we rated the service 'Requires Improvement'. We judged the provider to be in breach of a regulation which required them to notify us of significant events. We also found improvements were needed in how the provider managed risks to people's care, medicine management and inconsistency in the caring approach of staff. Following the inspection, we asked the provider to complete an action plan to show us what they would do and when by to improve the key questions of safe, caring and well-led to at least 'Good'. The provider sent us their action plan and we reviewed this as part of this inspection .

This inspection took place to follow up on our previous findings. We checked that the provider was taking action to improve the quality of care and reduce risks to people. During this inspection we found improvements had been made and the provider was no longer in breach of regulations. Systems were in place and followed to ensure they informed us of accidents and incidents that are notifiable. We found the management of risks to people's safety, and people's medicines were more robust. The caring approach of staff had improved. The provider had addressed the shortfalls following our previous inspection.

There was an interim management team in place. The provider had recruited a new manager who was not yet in post and not therefore registered with us. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The interim management team had been in post since March 2018 following the previous manager leaving the service.

People felt safe and staff knew how to recognise and report abuse. Risks to people's safety were identified, monitored and managed. Staffing levels were kept under review to ensure there were sufficient staff to respond to people's needs. Recruitment checks had been carried out to ensure staff were suitable to work with vulnerable people. People received their medicines safely. People were protected from the risk of infection and the home environment was clean.

People were involved in identifying their needs which were met by staff who had training and regular support to develop the skills to meet people's needs. Staff understood how to support people with eating and drinking and any risks associated with this. People had support to maintain their health and to access healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported by staff who were caring and attentive and who respected their diversity. Staff had a good understanding of promoting and respecting people's privacy, dignity and independence. People were encouraged to express their views and make choices about their daily living. People's contact with relatives and friends was promoted and enhanced by the facilities available to them.

People were involved in the planning of their care and staff responded to people's preferences. People had opportunities to engage in activities and planned events that interested them. There were links with the local community so that people could benefit from social opportunities to benefit their well-being. People had access to equipment which enabled them to enjoy themselves. Access to IPADs, WIFI, and interactive equipment provided people with a means of stimulation and fun. People told us they felt confident to raise a complaint. People were confident their complaints would be addressed .

The interim management team had provided consistency for staff and had clearly worked hard at making a number of improvements within the service. They encouraged good communication and provided guidance to staff on maintaining standards. They had improved the systems to monitor the quality of the care provided. Staff felt supported and valued. The provider and their management team worked together with other organisations to ensure people's wellbeing.

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.

People were safe because staff understood how to recognise and report abuse. Risks to people's safety were identified and managed.

There were enough staff to meet people's and to respond to people's needs. Staff recruitment procedures remained safe.

People's medicines were managed safely and staff maintained a clean and hygienic environment for people.

Is the service effective?

Good

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People had access to healthcare services and were supported with their nutritional needs.

People benefitted from facilities which designed for their needs.

Staff sought people's consent and knew how to support people's rights and respect their choices.

Is the service caring?

Good

The service was caring.

People described staff as caring and kind and staff were attentive and respectful of people's needs.

People were involved in making decisions about their care and their privacy and dignity was protected.

Is the service responsive?

Good

People's care was planned with them to reflect their needs and preferences.

People were supported to follow their social interests and links with local community organisations were evident so that people's social and diverse needs could be met.

People's views were sought and there was an effective complaints system.

People's end of life care was planned to ensure they had the support they needed.

Is the service well-led?

Good

The service was well-led.

People and staff expressed confidence in the management of the service.

The provider had an effective system to monitor the quality of the service.

People's views were sought and their feedback was used to make improvements.

The provider sought to improve people's experiences and outcomes by developing their links with other organisations.

Gower Gardens

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 27 November 2018 and was unannounced. Feedback was conducted on 28 November on completion of the inspection. The team consisted of two inspectors and two experts 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.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account when planning our inspection.

We checked the information we held about the service and the provider including statutory notifications. This is information about important events which the provider is required to send us. We reviewed information about the service provided from the local authority commissioning team.

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 spoke with 20 people who used the service and seven relatives. We also spoke with three management team members, the head housekeeper, cook, two senior care staff, nine care staff and one visiting professional. We spent time observing care on each of the three units, observed medicines being administered and how people were supported with their meals. We looked at six people's care and medicine records to include daily monitoring records. We viewed two staff recruitment files, the registered provider's audits, complaints and accident records and the results of the provider's surveys.

Good

Is the service safe?

Our findings

At the last inspection in June 2017, we rated this key question as 'Requires Improvement.' This was because the registered provider had not ensured that the management of people's medicines was safe. The arrangements to assess and monitor people at risk of falling were not effective. At this latest inspection we found improvements in these areas had been made and this key question is now rated 'good'.

People told us they felt safe living at the home. One person told us, "Yes I feel safe here. There are staff who are here to help me and they are very good.' A relative said, "Absolutely. She's safer here than she was at home; there are plenty of people around her." Staff received training in safeguarding people from harm and abuse and understood how to escalate any concerns. We saw that the provider acted to inform appropriate external agencies and worked with them to keep people safe. In addition, the provider's recruitment process included completing pre-employment checks to make sure staff were suitable to work with people.

People told us they had the support they needed to protect them from harm. One person told us, "I fell in the past but I'm not frightened now because the staff always walk with me". A relative told us, "The staff know who might fall and I've seen them rush over and support people who forget and just get up". At this inspection we saw the registered provider had improved the preventative measures to manage the risk of people falling. Staff had attended falls prevention training and there had been some key improvements since our last inspection. For example, risk assessments contained more detailed guidance for staff about the level of support people needed and the equipment to be used. Post falls monitoring was in place and staff we spoke with were familiar with monitoring people to avoid successive falls. Staff we spoke with confidently described who was at risk of falling and how they supported them. There was a system in place to escalate all falls to the management team who reviewed and updated risk assessments to ensure any changes to people's support was captured. Staff we spoke with were familiar with the changes to their practice such as carrying out post falls monitoring. This helped to ensure people had immediate monitoring to avoid successive falls. Staff said they had good communication with the management team who advised them of additional factors that might increase the risk of a person falling such as having a water infection. Falls were analysed for patterns and we saw this information was used to inform staffing levels which had increased where the analysis showed people were at more risk .

Risks to people's safety such as choking, poor diet, and risks of developing pressure sores were monitored and people had consistent support to minimise risks to their health. Whilst we saw drinks were offered frequently and there was no evidence people were dehydrated, we noted monitoring records were not always completed where people were at risk of not drinking enough. We discussed the importance of maintaining accurate records for people at risk in this area with the management team. They took immediate action to re-enforce this practice with staff and introduce daily checks on records.

Safety checks were carried out to ensure the environment, equipment being used to support people, and supplies such as gas, electrics and water temperatures were maintained. Fire procedures and equipment were tested and practiced and staff were aware of emergency procedures such as managing and reporting accidents.

We saw the provider had improved how they managed people's medicines. We saw people had their medicine at the times they were prescribed or needed. One person told us, "I have my usual [medicines] at the right times and they always ask me if I need any pain killers". We saw staff administered medicines safely and completed medicine records appropriately. Our checks on medicine balances showed these were accurate and indicated people had their medicines as prescribed. Written guidance was in place for staff to guide them where people's medicines needed to be taken in a specific way. This ensured people had their medicines only at times it was needed. When medicines had been administered covertly, [disguised in food], we saw appropriate safeguards were followed such as ensuring capacity assessments and medical approvals were in place. Staff confirmed they had been trained and we saw their competencies had been checked. There was a thorough auditing and checking of medicine arrangements via daily checks by staff and the provider's own audits. This helped to ensure medicines were managed safely and any errors identified quickly.

Everyone we spoke with told us there was enough staff to support people. One person said, "Staff are always around, they knock on the door to check if I'm ok." A relative told us, "I visit regularly and there's always staff visible, they stay with people in the lounge; I Like that". Another relative told us, "I don't have any worries there seems to be enough staff, and at night, they are always checking mom". We saw staff were visible and attentive to people's needs. For example, we noted staff reacted immediately to a person's movements and attempts to stand up from their chair. They explained the person was at risk of falling. We saw staff were on hand to respond to people's requests such as having a drink or going to the toilet. Staff told us there had been an increase in staff levels and they felt these met people's needs. The interim manager told us they used a dependency tool to calculate staffing levels and we saw levels had increased as dependency had increased.

People described the home as 'immaculate' and we saw the environment was clean and odour free. The head of housekeeping had introduced a number of systems to control and prevent the spread of infection. We saw regular cleaning schedules were in place and staff had access to, and used hand gel and wore Personal Protective Equipment (PPE) when supporting people. Staff told us they had received training in infection control and food hygiene and we saw they understood how to reduce the risk of infection and contamination.

The provider monitored and reviewed accidents, incidents and safeguarding concerns to reduce the likelihood of events happening again. They had for example increased staffing at peak times on different units in response to an increase of falls.

Good

Is the service effective?

Our findings

At the last inspection in June 2017, we rated this key question as 'Good.' At this inspection the rating remains Good.

People's needs were assessed prior to moving into the home and as their needs changed. This helped to ensure an effective plan of support was developed with people. For some people this had included the use of assistive technology and equipment such as walking aids or sensor mats to ensure they had the right support.

People and relatives told us that staff had the skills to meet their needs effectively. One person told us, "They are very good and know what they are doing. A relative told us, "I do think they are trained, they are on the ball". Staff we spoke with told us they had regular training to support them in their role. One staff member said, "I've had a lot of training; dementia, manual handling, medicines, managing falls, I feel I understand people's needs". New staff confirmed their induction included training in key areas and the opportunity to shadow experienced staff. All the staff we spoke with told us they felt supported and had regular supervision in which to discuss their practice. Staff handovers at each shift were effective in sharing any concerns or updates affecting people's care.

We found the provider was continuing to work within the principles of the Mental Capacity Act 2005 (MCA). They had ensured authorisations to deprive people of their liberty were being met. The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw staff sought people's consent before delivering their care. Where people lacked capacity to make some decisions, best interest meetings were held, for example in relation to the use of covert medicines.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered provider had submitted DoLS applications to restrict people's liberty. We saw people were not restricted unnecessarily and moved freely around the home. Appropriate arrangements were in place where people had a Power of Attorney to make decisions on their behalf. Whilst staff understood the types of restrictions that might apply to people such as not leaving the building, some staff did not know which people had a DoLS in place and what it meant for people. The interim manager advised this would be addressed following our inspection.

People said the meals were nice and choices were always available. One person said, "I can't fault it; they have just about everything I like". Relatives told us, "There has been a vast improvement. [Name] has never been a good eater but does finish most of it. It's of a good standard", and "[Name] loves the food. There's plenty to eat and there's always a variety." We saw people's choices were explored daily with them and that staff understood people's specific dietary needs. One person had an individual crumble specifically made to

meet their dietary needs. Staff were attentive to people throughout their meal and encouraged them to eat and drink. For example, we saw a staff member supporting a person, they were gentle and patient. The staff member said, "She usually feeds herself but today she's tired and wanted help". We saw staff were attentive to all the people, smiling and helping wherever they could.

People had access to a range of health professionals and referrals were timely where people's health had changed. A relative told us, "They will call the doctor or district nurse if [Name] is poorly". Consultations with health professionals were documented and staff were aware of recommendations to support people with their health.

People were very happy about their living environment. A person told us, "It's lovely, it's clean and my room is nice and big". The premises were suited to people's needs with spacious corridors and communal areas which enabled people to move around freely. The home was bright, well decorated and comfortably furnished. Adapted bathing and toilet facilities, a lift and handrails supported people's needs. Signage and colour schemes around the home helped people to orientate themselves.□□□

Good

Is the service caring?

Our findings

At the last inspection in June 2017, we rated this key question as 'Requires Improvement.' This was because people had described some staff as not consistently caring. At this latest inspection we found improvements had been made and this key question is now rated 'good'.

People were comfortable and relaxed with the staff and we saw staff spoke to them kindly, held their hands, and gave them hugs. People said staff were caring. One person said, "I am very happy. Everyone is pleasant – the staff and those who do the meals. I can't fault anything. They are extremely kind". A relative said, "They are all good but some will spend more time with residents." Another relative told us, "It takes a special kind of person to do this work. They all do very well."

We heard lots of positive comments from people about the caring nature of staff and this was observed on each of the three units. We saw staff understood the importance of supporting people with dementia in communicating their needs and wishes. We saw staff were tactile, knew people well and how to support them emotionally. They made eye contact and listened to what people were saying. We saw staff were aware off and attentive to people who at times got confused or lost their way. For example, a person was standing in the doorway and the staff approached them and gently asked where they wanted to go and if they could go with them. We saw the staff member walked with them along the corridor and the person smiled and appeared to enjoy the contact. We saw that staff members understood the importance of certain possessions or items that comforted people such as a doll or interactive animals which some people responded to. These approaches helped to settle and reassure people.

Staff made people feel valued by developing positive relationships with them and paying attention to details that mattered. For example, we saw members of the management team greeted people and enquired how they were feeling. We noted they knew everyone's name and people knew theirs and responded with smiles and conversation. We heard staff wishing a person a happy birthday and later in the day a cake had been made and a banner put up to acknowledge this. A relative told us it was nice the staff remembered that his mum liked milky coffee and for her bed to be lowered so she can see out of her room.

People told us they felt confident to express their views and make decisions about their care. One person told us, "Staff will always talk with me about what I need, they listen as well". People told us their daily routine was decided by them; when they got up or went to bed, where they ate their meals and how they spent their time. A person told us, "Oh they always ask me and I make all my own decisions, there's no rules, they're quite good like that". Staff could describe how they supported people to make decisions such as choosing what they wore, and we saw people chose where they sat and what activity they joined in.

People were encouraged to maintain their independence. We saw for example they could help make drinks in the kitchenette, assist with tidying up and wiping tables. People told us staff respected their wishes to maintain their independence. One person told us, "I'm not great on my feet, but when I can I like to walk and not use the wheelchair, staff will respect that".

We saw relatives were made welcome and had access to the small kitchenette on each unit to make drinks for themselves and their family member. A relative said, "It's nice to be able to make a drink when we visit; feels more homely".

People's privacy and dignity was respected and promoted. People told us they could have private time with their visitors. A small café area enabled people to have tea with their visitors in a private setting away from the communal areas. We saw staff were discrete when offering people support with personal care and knocked doors and waited for a response before entering. A relative told us, "If they want to do anything personal, staff will whisk her away. They will whisper in her ear, rather than shout across the room, which is very considerate". We saw two staff attending to a person in the lounge, they put a screen around the person to ensure their privacy.

We saw staff ensured confidentiality; discussions about people's care were held in private and care records were stored securely when not in use. If people required independent assistance to express their wishes details of how to contact local advocacy services were available.

Good

Is the service responsive?

Our findings

At the last inspection in June 2017, we rated this key question as 'Good.' At this inspection the rating remains Good.

People had their needs assessed before coming to live at the home. We saw they were involved in this process and consulted about their wishes, routines and preferences as well as their needs. The management team conducted assessment visits to people to ensure they understood and could meet their needs. We saw care plans were personalised to the individual. For example, care plans were written in the first person and we saw a person had specified they would prefer a low bed, [to ease getting in and out]. They wanted their bedroom kept free from clutter, and needed two staff to support them. We spoke with the person who confirmed their care was delivered in this way.

People said care was responsive to their individual needs. One person told us, "The staff know my routine and they are very good". Another person told us, "I sometimes feel very low; I'm still settling in but the staff are very good to me". We observed staff engaged with the person throughout the day and were knowledgeable about the person's needs. A staff member told us, "We talk to [name], reassure, we don't rush them, give them time to settle and feel more at ease". We saw the person's care plan contained good detail about their character and medical condition to guide staff in their approach.

We saw staff were responsive to people throughout the day. For example, they supported a person to engage in doll therapy; the person got comfort from taking care of the doll and staff praised them for their achievements. For some people who have dementia, this can be a satisfying experience and one in which they can express their caring skills. Staff were attentive and responded to people's requests for help, and recognised the importance of giving people time and attention. We saw for example they spent time with people and engaged with them when opportunities arose.

People told us staff knew followed their routine such as when they got up or went to bed and what they wanted to do. Staff told us they were kept informed of people's plans via handover in which they discussed any changes so that people continued to receive the care they needed. For example, if people were poorly or needed more assistance. Care plans were updated with changes and reviewed on a regular basis.

We saw there were a range of activities for people to enjoy such as music, board games, art and crafts and exercise. A dedicated activities worker arranged events to support people with interesting things to do. The provider had engaged a person to visit weekly and provide people with access to IPADs on which they could enjoy dementia friendly electronic games. One person told us this was their, 'favourite thing '.

People had access to new equipment and technologies which helped them to do things more easily. For example, IT equipment such as WIFI and Alexis enabled people to use technology to hear music, play games on the IPAD or skype their family or friends. The purchase of the new 'coffee making' machine would further enhance people's independence in accessing drinks when they wanted.

Positive links had been developed with the community which were inclusive of people's needs. These included a visiting toddler and babies group who visited weekly to spend time with people living in the home. We saw photographic evidence of people happily engaging with the children and the mums. We saw testimonials from people reflected the positive impact this had on them. For example, people talked about how it helped them reflect on their own parenting days, remembering the types of games and toys their children had or they had. One person who had no children of their own expressed how these sessions were, "The highlight of their week". Overall the sessions were said to improve people's well-being and combat their loneliness, especially where they had no regular visitors of their own .

The management team told us how they worked with other agencies to help them to respond to people's social and cultural diversity. For example, they had developed links with the lesbian, gay, bisexual and transgender (LGBT) local network. Staff had attended an LGBT conference and social events such as a coffee morning open to the local community. They had attended a workshop looking at the needs of LGBT people with dementia. This was facilitated by the Altziemers society and included providing staff with on-line tips and information leaflets. The head of care told us whilst these links were focused on staff, their vision was to improve outcomes for LGBT people.

People told us they were confident to speak to staff if they were unhappy about anything. One person told us, "They are very nice and I feel I could speak to them". We saw that where complaints had been made the provider had investigated these and acted. For example, we saw they had met with the family, provided an apology and changed their practice. This showed the provider took account of duty of candour regulations; the need to be open and transparent with people when things go wrong. The provider told us in their PIR that they wanted to monitor complaints for patterns and or lessons learned. We saw they were doing this to improve people's experiences. People had access to the complaints procedure which was displayed for easy access. We also saw a suggestion box and a ' Tell us how we are doing' leaflet for people, relatives and visitors to put forward any suggestions.

People had been supported with end of life care. Where people's symptoms had identified they were near end of life we saw that appropriate contact was made with the GP and district nurses to gain advice and guidance. Senior staff told us people's pain control would be arranged. Staff said when people were near end of life they attended to them on a regular basis to provide care and comfort. There were systems in place to identify people's preferences and wishes to ensure they received the support they needed and wanted.

Good

Is the service well-led?

Our findings

At the last inspection in June 2017, we rated this key question as 'requires improvement' and identified a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Notification of other incidents. This was because the provider did not always notify us of accidents and incidents as required by law. At this inspection, we found action had been taken and there was no longer a breach of this regulation.

People told us they were happy living at Gower Gardens and had noticed improvements. One person told us, "I think things are better; staffing wise there is enough, and everyone is so nice". Another person said, "Things get done, it seems more organised". Relatives told us, "(Interim manager) is very approachable". Another relative said, "I am very pleased with everything. The test for me would be, 'would I come and live here?' Yes, I would. The staff are caring and courteous whenever I visit".

People and their relatives were provided with opportunities of sharing their views about the quality of the service they received. We saw that there had been an improvement on how people rated the service. For example, the results of the most recent surveys showed people were happy with the staffing levels and caring approach of staff. We saw evidence that surveys had been analysed and actions taken were clear. For example, the provider had increased staff and people felt staff were more attentive because of having more time. Staff were provided with uniforms of different colours to aid people's understanding of their role. A newsletter provided people with information that concerned them, such as new staff starter and planned events for Christmas.

The service did not have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run. The provider brought in an interim management team who had been managing the service since March 2018 when the last registered manager left. The team consisted off three registered nurses who provided manager and deputy manager cover while the provider recruited a new management team. A new manager was recruited and due to start. The provider had proactively built in a handover period in which the existing management team could support the new manager to ensure consistency and continuity.

Although an interim management structure was in place, we found there were clear roles and responsibilities and the management team worked well together. The structure also included the provider's head of care providing regular visits to the service to oversee the practice and support the management team with new developments.

Staff told us managers were supportive, approachable and provided good direction to them. They said they were involved in the way the service was run. One staff member said, "We are kept informed of changes by handovers and meetings, it is much better organised so we know what we are doing". Another staff member told us, "I feel I could approach managers and the head of care anytime". Staff told us they were encouraged

to share their views and opinions via meetings such as the providers care conference in which they discussed standards and what needed to improve. They provided an example of staffing levels being increased in line with people's dependency. A staff member told us, "This is working well, I feel they [managers] work hard to improve things for the people to who live here, they listen to us and value what we say". Staff said they had been informed about Whistle-blowing procedures and understood how to escalate any concerns about people's care. However, they told us they were confident the provider would act on any concerns.

Staff told us they were happy working at the service. The provider recognised staff achievements; we saw three staff had recently been nominated for the provider's care award in recognition of their commitment and accomplishments. They were voted by their peers and people's family. This initiative showed staff they were valued for their efforts in providing good care.

The provider had systems in place for managers and staff to meet regularly. They had developed some initiatives to support the well-being of staff such as a staff sports day and staff massage programme. Managers told us the provider was supportive in ventures to improve the service.

The provider told us in their PIR that they have an established quality assurance system in place and that findings were shared with the board managers. We saw examples of reports that reflected there was an accurate overview of the service. We saw audits were comprehensive and covered all aspects of the service. There was a clear system for these to be escalated to higher management and reviewed for any actions needed. Audits identified improvements as well as issues that needed to be rectified. For example, staffing levels and allocation of staff at peak times had reduced the frequency of people falling. Audits had led to improvements within the service. For example, coffee tasting sessions had just been completed which people enjoyed and had led to the provider purchasing a coffee making machine for the cafeteria. The provider had invested in technology such as Alexis to enable people to access music as they wished.

The provider understood their responsibilities and the requirements of their registration. Since our last inspection they had put in place systems to ensure they informed us of accidents and incidents that are notifiable. For example, we saw records of their own checks on accident and incidents which included information about whether these needed to be sent to us. We found that learning from the breach had been put into their practice and they had submitted statutory notifications to us so that we were able to monitor the service people received.

The provider worked in partnership with other organisations to achieve better outcomes for people. This included their work with the local LGBT network and the altziemers society. We saw they had also sourced training and good practice advice from mental health organisations. They were looking to introduce specific activities and stimulation to improve the care experience of those people with a mental health diagnosis.