

The Adelaide Lodge Care Home Limited Liability Partnership

Adelaide Lodge Care Home

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

Adelaide Lodge is registered to provide accommodation for 48 people who require personal care. Some people using the service are living with dementia and other mental and physical health issues. At the time of the inspection there were 40 people living at the service. Two people were in hospital.

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

People felt safe at the service and relatives and professional expressed their confidence in the staff team. Staff knew how to safeguard people from abuse or neglect and how to minimise identified risks to people's health and wellbeing. People's medicines were safely managed.

Regular health and safety checks were carried out of the premises and equipment to make sure they were safe. The premises were clean and well maintained. Staff followed good practice when providing personal care and when preparing and handling food which reduced the risk of infection.

The registered manager ensured there were sufficient numbers of staff were on duty to meet people's needs. Care and support was provided by a stable staff team, who knew people well. Safe recruitment practices were followed, and staff were suitably trained and supported to enable them to understand and meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People and their families had been fully involved in planning and reviewing the care and support provided.

People were positive about the food provided. They received a varied and balanced diet in line with their personal choices. People benefitted from the good working relationships established with health and social care professionals.

People received personalised care which reflected their needs and preferences. Staff were kind and caring. They supported people in a discreet and dignified way which maintained people's privacy.

Meaningful activities and events were provided for people to take part in and they were supported to maintain relationships with the people that mattered to them. Visitors said they always received a warm welcome. People felt safe to raise any concerns or complaints with the registered manager. People and their relatives had no concerns about the care and support provided by staff.

The provider and registered manager monitored the quality and safety of the service and identified areas which could be improved. Quality assurance processes were well-established within the service and the registered manager and staff team promoted a positive and open culture.

Rating at last inspection

The last rating for this service was Good (published 25 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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

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 was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Adelaide Lodge Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by two inspectors and an Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector carried out the second day of the inspection.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with 11 people who used the service and three relatives about their experience of the care provided. We spoke with 15 members of staff including the registered manager, deputy manager, nominated individual, care staff and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two visiting health professionals.

We reviewed a range of records. This included five people's care records and medication records. We looked at three staff files in relation to recruitment and staff supervision. Also a variety of records relating to the management of the service, including quality audits and satisfaction surveys.

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.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated requires improvement. At this inspection this key question had improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- At the last inspection we found the recruitment process for agency staff was not robust. We made a recommendation that the provider ensure all the necessary recruitment information was obtained from recruitment agencies before prospective staff start working at the service. We found this had been done.
- Staff recruitment systems and records showed all pre-employment checks were completed to help protect people from those who may not be suitable to work with them.
- All staff worked a probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.
- There were enough staff on duty to meet people's needs in a timely way. The registered manager used a dependency tool to help determine staffing levels. People said staff responded quickly when they used their call bells. Comments included, "If I press the bell they are soon here" and "There is always staff around. No concerns." One person said staff were busy and were sometimes rushed. During the inspection staff were at hand to respond quickly to people's needs and requests.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. One person said, "I am safe, yes. They make sure of that"; another said, "Everything is safe here. Nothing here that doesn't make me feel safe." People explained staff checked on them regularly and they were able to summon assistance with their call bells.
- Relatives and professionals described a safe service. One relative said, "(Person's name) is absolutely safe here. I am very grateful she is here..." Another explained they left their loved one knowing they were safe, they added, "It is a relief that (person) is here."
- Staff had received safeguarding training to help them recognise signs of possible abuse and to understand their responsibility to report any concerns. Staff confidently explained the process they would follow to ensure any concerns were reported to the registered manager.
- The registered manager worked with the local safeguarding team when necessary to ensure any concerns were fully investigated. There were no on-going safeguarding concerns at the time of the inspection.

Assessing risk, safety monitoring and management

- Systems were in place to identify and manage risks within the service. Risk assessments were used to assess, monitor and minimise risks associated with people's health and their care and support.
- Clear guidance was provided to staff. For example, where one person was at risk of choking due to swallowing difficulties, recommendations made by the speech and language therapist had been included in the care records. Pressure relieving equipment was used where a person was at risk of developing pressure damage to their skin.

- Staff were knowledgeable about the risks associated with people's needs. They could describe actions needed to promote people's safety and ensure their needs were met.
- Environmental and maintenance checks were carried out and recorded regularly to ensure any concerns were identified and rectified. For example, regular checks on window restrictors, hot water and fire safety systems were carried out. All equipment, such as hoists were subject to periodic inspection and servicing to ensure they were safe and fit for purpose.
- Plans were in place to guide staff about the action to take in an emergency. Each person had a personal emergency evacuation plan (PEEP) with information about their mobility and support needs.

Using medicines safely

- Medicines were safely managed. Staff administering medicines had received training and had their competency assessed. Staff administering medicines wore a red tabard to advise people not to disturb them. This reduced the risk of a potential medicine error.
- Medicines were stored safely and there was not an excess of stock. There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
- Regular audits were carried out by the deputy manager and where issues were identified action was taken. For example, where the medicine room temperature had fallen below the recommended guidance, the air conditioning unit had been adjusted and staff reminded of the process.
- The pharmacist supplying medicines to the home undertook six monthly reviews. The last in April 2019 had not identified any significant concerns.

Preventing and controlling infection

- Appropriate arrangements were in place to manage the risk of infection. People lived in a clean and hygienic environment. A relative commented, "The place is always nice and clean." There was sufficient domestic staff to ensure the home was kept clean and generally free from malodour. Two bedrooms did have an unpleasant odour at the beginning of the inspection. Domestic staff ensured this had reduced significantly by the end of the inspection.
- Staff received training in relation to infection control and they used personal protective equipment such as disposable gloves and aprons when providing personal care to people. Regular checks on cleanliness were carried out by the registered manager or deputy managers.

Learning lessons when things go wrong

- Incidents and accidents were reported, recorded and investigated and appropriate action was taken to keep people safe. For example, following a fall, the environment and equipment were reviewed; specimens were taken to check if people had an underlying condition. Referrals were made to the GP where the falls team interventions might be useful.
- Any learning identified through investigations was shared with staff and used to prevent similar incidents occurring in future.
- The provider used incident and accident audits during manager's meetings to identify possible trends which may require them to adjust the support people received.

Is the service effective?

Our findings

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

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

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

- Before people moved to Adelaide Lodge, an assessment of their needs was carried out by the registered manager (or deputy managers) to determine if the service was suitable for them. A relative described how the registered manager met with them at home and "asked all the right questions..." The relative said this gave them confidence the service was right for their loved one. They added, "We find the care is very good."
- Assessments were thorough and included consideration of any disabilities, health conditions or allergies. The assessment also took into account individual preferences, such as their religious or cultural needs and any hobbies or interests.
- Staff followed best practice guidance, to promote good outcomes for people. For example, they used nationally recognised tools to assess the risk of malnutrition and the risk of skin breakdown. Action was taken to address any concerns.
- Care plans were clearly written and contained information to ensure staff knew how each person wanted to be supported.

Staff support: induction, training, skills and experience

- Staff were trained and supported to help them to meet people's needs effectively. People, their relatives and professionals expressed confidence in staff skills and competencies. Comments included, "Girls (staff) here are very skilled... they are helping people all the time" and "The staff are very good, very observant."
- Staff completed a range of training to meet people's needs, which was refreshed and updated regularly. The provider employed a qualified training co-ordinator who designed and delivered much of the comprehensive training programme, which was scheduled throughout the year.
- New staff completed induction training to ensure they worked safely and effectively with people. This included a period of shadowing more experienced members of staff. Staff who were new to care were supported to complete training that followed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life.
- Staff received regular supervision with their line manager to discuss their work and any concerns they had. Staff also received a yearly appraisal to review their performance. Staff spoke positively about the training and support they received. Comments included, "Management are very good here for training. If we wanted specific training, they will arrange it."

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

- People continued to be supported to maintain a balanced diet which met their needs and preferences. Each person had a nutritional assessment to identify their dietary needs and preferences. People's dietary needs, preferences and allergies were recorded and known to the chefs and staff.

- People said they enjoyed the meals provided at the service. They confirmed they were always given a choice of alternatives to the main meal of the day. Comments included, "Very good. Good selection"; "Oh, it's lovely..." and "The food is good. I requested a curry and they did that for me. It was good"
- Mealtimes were pleasurable and calm. Staff were on hand to assist people where needed.
- Snacks and drinks were served throughout the day. Fruit juices and a wide range of fresh fruits were offered to people, as well as fortified milk shakes, tea, coffee and home-made cakes.

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

- The service worked well with health care professionals to provide timely care to people to ensure their health was maintained. These included GPs, community nurses, podiatrist, speech and language therapists and occupational therapist.
- Two visiting health professionals described the good working relationship that had been developed. One said, "They are quick to call us if there are any problems. They are always responsive to our requests and get equipment we recommend immediately"; another said, "From a medical perspective here we have no concerns. They (staff) are cautious and will ring us when they need to."
- People's oral health was considered as part of the assessment process, with guidance in place for staff to ensure good oral health was maintained.
- Where people were at risk of losing weight, regular checks were maintained and action taken. For example, recording food and fluid intake and seeking the support of their GP. One person was considerably underweight on admission, but records showed their weight was increasing to a healthy level.

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

- Continued improvements had been made to provide an environment which was stimulating for people living with dementia. There were several areas of interest within the communal spaces, such as lights. Bedroom doors had been painted in bright strong colours to help people recognise their rooms.
- Although some areas of the building had signage, there was a lack of clear signage to fully assist people with their independence. The registered manager said they would continue to work to ensure the environment was supportive for people living with dementia.
- Adaptations had been made to the premises to meet people's needs. For example, corridors were fitted with handrails, which provided additional support for people. A passenger lift was available to access upper floor bedrooms.
- There was an ongoing maintenance programme in place to ensure the building remained safe and suitable to support people's needs.

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- Where people lacked the capacity to make particular decisions, they were supported to have choice and control over their lives and were supported by staff in the least restrictive way possible. We saw staff involving people in decisions about their care and support and how they wanted to spend their day.
- Where decisions needed to be made in people's best interests, relevant people were involved, and appropriate records had been completed. A relative explained how the service had worked with the family to ensure their loved one's best interest was protected in relation to their preferred end of life care.
- The registered manager understood when people were potentially being deprived of their liberty. Where necessary applications had been made to the relevant authority to ensure nobody was being unlawfully deprived of their liberty.

Is the service caring?

Our findings

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

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

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

- People and their relatives were positive about the caring attitude of the staff team. Staff were described as kind, friendly and caring. Other comments included, "They are pleasant and helpful"; "They are too kind sometimes" and "They are all kind and friendly." Relatives comments included, "I go home and don't fret. I feel comfortable that (person) is here and being looked after" and "Their patience is admirable...staff are so tender."
- Staff treated people with respect and as individuals, recognising their protected characteristics such as age, race, disability, gender and sexual orientation. People were supported to practice their religion and attend places of worship. One relative explained how important this was to their loved one.
- When engaging with people, staff bent down to ensure good eye contact. They were tactile and reassuring if people were distressed. Staff responded to people's requests in a timely way and showed patience and understanding when some people repeated questions several times.
- Staff were attentive. The activities person took time to ensure they heard quieter people's opinions; staff were patient and kind, ensuring the involvement of all people taking part in the quiz.

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

- People were involved in the decisions made about their care and were supported by relatives where necessary. Staff supported people who had communication difficulties with kindness and dignity, ensuring they had the time to express themselves.
- People, along with family members, were encouraged to share their views about the care people received with regular reviews and meetings.
- The registered manager had an 'open door' policy and we saw several people, relatives and staff visit the office to speak with them. People described the registered manager as "kind, friendly and approachable."

Respecting and promoting people's privacy, dignity and independence

- Care and support was provided in a way that respected people's privacy and dignity. People confirmed staff were mindful of their privacy and dignity and always ensured personal care was provided in private. One person said, "Staff don't make me feel embarrassed (when helping with personal care)." Another said staff "definitely" respected their privacy and treated them with dignity. They added, "It's a two-way thing."
- Staff supported people to be as independent as possible. We observed staff reminding people to use walking frames and sticks throughout the day, to promote their independence and safety.
- People had access to professionals to promote their independence, for example occupational therapists and physiotherapists.

- Several people were busy decorating the Christmas tree in the dining, choosing where to hang the baubles and decorations.

Is the service responsive?

Our findings

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

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

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

- People continued to receive personalised care from staff that knew them well. Care plans were personalised and discussed with people and their relatives when appropriate. Information about people's individual care and support needs was recorded along with guidance for staff to follow to meet these.
- People were aware of their care plans and told us, "One of the ladies from the office comes once a month and we go over everything". Another said, "We have monthly reviews of care." This meant people had regular opportunities to discuss their care and support.
- As the service used a computer-generated care plan, relatives said they could look at their loved one's care plan, which reassured them. One relative explained they also liked to look at the social media page for the services. They added, "We saw (person) up dancing! It was so nice to see. We didn't know he was doing this. He gets up to all sorts of things!"
- Staff worked together well to deliver timely and effective care to people. They received handovers between each shift, which helped inform staff of any changes in people's needs.
- We observed staff were very aware of and engaged with people's emotional and psychological wellbeing. However, the computerised system did not give staff the opportunity to record people's emotional and psychological wellbeing. The registered manager was aware of this and said they would look into it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these. For example, care records identified if a person had a sensory loss and what staff should do to improve communication.
- When needed, information was made available to people in a variety of formats. The menu board displayed in the communal areas was pictorial and easy for people to see and understand.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop relationships with those close to them. Visitors were given a warm welcome. When family members or friends arrived, they were offered a tray of refreshments by the staff. One relative said how impressed they had been by the welcome from staff. They added, "Although (person) is only here for a short time, all the staff know my name. They have taken an interest in us. Staff are

very enthusiastic."

- People had opportunities to take part in activities which they enjoyed, and which met their abilities and interests. They told us they enjoyed the programme of activities provided. Comments included, "There is always something going on"; and "I go down for music and bingo and the children from the school. Staff encourage me. I've been to West Bay on a trip and a pub lunch."
- The service employed a creative and enthusiastic part time activity co-ordinator, who was supported by two other part time staff to deliver daily activities. They knew people well and ensured activities reflected people's preferences and interests.
- People had access to a range of activities, including, art and craft sessions, baking; visits from pet therapy groups; reminiscence and pampering sessions, quizzes and bingo. In addition, there were regular visits from entertainers and church representatives. A local school visited twice a month to sing and do other activities with people. Regular trips to local places of interest were also provided. The local church provided a regular service to people.
- The weekly activity programme was advertised around the building and people were also given copies to keep in their room, so they knew what was happening. People were free to choose what they took part in. Some people said they preferred not to join in with group activities. In these cases, activities staff visited them in their room to ensure they did not become socially isolated.

Improving care quality in response to complaints or concerns

- Arrangements were in place to listen to and respond to any concerns or complaints. No complaints had been received by the service in the past 12 months. The Care Quality Commission received one complaint since the last inspection, which was investigated and responded to by the registered manager.
- No complaints or concerns were shared with us during the inspection, but people and their relatives said they would have no hesitation in speaking with a deputy manager or registered manager should they need to.
- The service had received several thank you cards and letters, expressing appreciation of the care and support provided. Comments included, "I truly appreciate all the care and support you have given (person). It has been of enormous comfort to us that she was in such good hands" and "A huge and heartfelt thank you for all that you did....it really did make her life so much better."

End of life care and support

- The service provided end of life care and support to people if this was needed. No one was receiving end of life care at the time of the inspection. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- A visiting health professional said the staff team were skilled and compassionate when providing end of life care. They added, "I would recommend this home. It passes the Mum's test for me."
- Relatives' feedback included, "Thank you for all the respect, care and friendship showed to (person). You added quality to the last months of her life."

Is the service well-led?

Our findings

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

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

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

- People experienced a good standard of care and support, which resulted in good outcomes for them. People were happy with the level of support they received and praised the staff team. Comments included, "All very happy here. We help each other"; "Everything is done for me. I am safe..." and "I have no worries here." Relatives told us, "Staff are caring and accommodating. They know (person) and his ways well. We have no concerns" and "I am 100% happy with the care (person) is getting. The staff are excellent with (person)."

- Health professionals expressed confidence in the staff team and confirmed referrals to them were appropriate and timely. A health professional commented, "Always happy in here; there's a nice atmosphere. We have no concerns at all."

- People and their relatives were involved in decisions about the care and support delivered. Regular care reviews enabled people to discuss their care and express their opinion.

- The registered manager and staff interacted with people in a positive manner and were focused on doing their best for the people they supported. One staff member said, "We feel like a family here." This was echoed by others.

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

- The registered manager and deputy managers were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded. The Care Quality Commission had been notified of events where necessary.

- Relatives described good communication with the service and confirmed they were informed of any incidents or accidents. One said, "We get a phone call if there are any concerns and then every four weeks to discuss their care plan, so we are involved and can make suggestion."

- The registered manager regularly monitored and reviewed any accidents and incidents to identify any patterns that needed to be addressed or lessons to be learned.

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

- The registered manager was experienced, and staff were clear about their roles and responsibilities. We found the service was well-organised, with clear lines of responsibility and accountability.

- A range of audits and checks were carried out to monitor the quality and safety of the service. Timely action was taken if any shortfalls were identified.
- Care files and most confidential information about people was stored securely and only accessible by authorised staff when needed. However, electronic devices used by staff to review and record care delivered, contained some information which was accessible by others. We discussed this with the registered manager, who took immediate action to address the issue and ensure people's confidential information was kept safely.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People who used the service and their relatives were asked for their views about the care and support provided. Regular care reviews were held with people and their relatives, where appropriate. This enabled people to discuss their care needs and any changes they may require.
- Annual satisfaction surveys were also used. The results from the last survey October 2019 were very positive, with people rating most aspects of the services as either excellent or very good. Comments from relatives included, "Very well run and lovely staff"; "We have nothing but praise for all the team looking after (person)...we know how hard you all work" and "I am so grateful to all the staff..."
- Regular 'residents' and family meetings were held to discuss issues such as activities and menus. Where people had made suggestions, these had been acted on. For example, the inclusion of curry on the menu and various trips to local places.
- The provider's representative visited the service regularly and meetings were held for senior staff to review the quality and safety of the service.
- Staff worked effectively in partnership with health and social care professionals to achieve good outcomes for people. Any recommendations or advice from healthcare professionals was used to deliver the care and support to people. This helped to ensure care and support was up to date with current practice. Two health professionals described an open culture at the service, with the registered manager and staff willing to learn and improve.