

Making Space

Swallow Lodge

Inspection report

Fen Lane
North Hykeham
Lincoln
Lincolnshire
LN6 8UZ

Tel: 01522300430

Date of inspection visit:
23 November 2022

Date of publication:
13 March 2023

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Swallow Lodge is a respite care home providing personal care to up to 8 people. The service provides support to people of all ages who have physical disability, sensory impairment or who are living with a learning disability, autism or dementia. At the time of our inspection there were 3 people using the service, however this varied daily. The care home is a purpose-built single-story building.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support:

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 supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

People's individual communication needs were recorded. Staff received training in how to meet people's communication needs. People could communicate with staff and understood information given to them because staff supported them consistently and understood their individual communication needs.

People could take part in activities and pursue interests that were tailored to them. The service gave people

opportunities to try new activities that enhanced and enriched their lives.

Right Culture:

Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them, including advocates, were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 11 June 2022) and there were breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 10 June 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Swallow Lodge on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was well-led.

Details are in our well-led findings below.

Swallow Lodge

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 team consisted of 1 inspector.

Service and service type

Swallow Lodge 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. Swallow Lodge 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 was not a registered manager in post. A new manager had been in post for three months and had submitted an application to register. Following the inspection we have registered them.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with the manager and 2 members of staff. Following the inspection, we telephoned 4 relatives to gather their views on the service provided. Not everyone who lived at the home was able to share their views with us. As a result of this, we spent time observing interactions between people and the staff supporting them.

We looked at the care plans for 3 people who used the service. We also looked at multiple medication administration records and other records relating to the management of the service.

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 inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to assess and manage the risks related to restrictive practices, medicines management, staffing levels and behaviour management. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

Assessing risk, safety monitoring and management

- At our last inspection we identified risks to people were not properly assessed when people needed an emergency placement. At this inspection we found significant improvements. A full assessment of needs was completed before anyone moved into the home and the manager was confident in refusing placements where staff did not have the skills to meet individual needs.
- People lived safely and free from unwarranted restrictions because the staff assessed, monitored and managed safety well. For example, people's signs of distress were recorded in their care plans so staff could recognise when people became unsettled and take action before a situation escalated.
- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. For example, one person's care plan noted that staff needed to link arms when walking around the local area, but should be encouraged to walk freely when in safe places, such as the local park.
- Staff managed the safety of the living environment and equipment in it well through checks and action to minimise risk. For example, places where there was laundry or cleaning products were kept locked.
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. People's care plans recorded how people communicated their distress and how they should be supported. For example, one person became overexcited and staff were able to calm them down and redirect them to an activity.

Staffing and recruitment

- At our last inspection we identified staff deployment did not support people's needs and there was a reliance on agency staff. At this inspection we found significant improvements. The provider had recruited more staff and was at the stage they could stop using agency staff in the future. In addition, structured deployment of staff ensured people's identified one to one hours were respected.
- The home had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. There was minimal use of agency staff, this was monitored by the manager and they used the same agency staff to promote consistency.
- The numbers and skills of staff matched the needs of people at the home. The manager would review who

was going to be at the home and then match the staffing number to people's identified needs. This ensured people received the level of support needed to keep them safe.

- The manager had systems in place to ensure staff were safe to work at the home. For example, they reviewed pre-employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- At our last inspection we identified medicines were not safely managed. At this inspection we found significant improvements to demonstrate proper and safe use of medicines. People received their medicines as prescribed with support from staff who were assessed as competent.
- Medicines were safely stored and administered. A relative explained how they had to go through the medicines with a member of staff each time they left and picked up their loved one from the home. They told us this was reassuring as it ensured there was enough medicine for the person's stay at the home and that it was all returned home at the end of their stay.
- Where people had medicines prescribed to be taken as required, there was clear information available for staff to support the consistent administration of these. Where people were unable to ask for their as required medicines verbally, their care plans contained descriptions of their non-verbal communication to support staff to recognise when they were required.
- Where people might become distressed, care plans contained advice for staff on how to support people to stay calm. This meant the use of medicines to manage distress was minimised.

Learning lessons when things go wrong

- At our last inspection we identified there was no evidence learning from incidents was identified and shared with staff. At this inspection we found significant improvements. Staff knew about incidents in the home and changes that had been put in place to stop similar incidents.
- Staff raised concerns and recorded incidents and near misses and this helped keep people safe.
- The home managed incidents affecting people's safety well. The manager investigated incidents and shared lessons learned.

Systems and processes to safeguard people from the risk of abuse

- At our last inspection we identified that people were left unsupervised for long periods of time and staff did not recognise when people needed safeguarding. At this inspection we found significant improvements. The manager had systems in place to allocate tasks to staff this ensured staff knew when it was their time to support people's needs. Staff were proactive in raising concerns and safeguarding concerns had been fully documented.
- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to do so.
- The provider ensured staff had the skills needed to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Relatives of people using the service were confident their loved ones were safe at the home. A relative told us, "I have no concerns over safety."

Preventing and controlling infection

- 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 home to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the home.

- We were assured that the provider was using PPE effectively and safely.
- 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

The manager supported people to have visitors. There were no restrictions on when visitors could come to the home.

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 inadequate. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure staff had the skills and support to meet people's needs and assess and mitigate known risks to people. This was a breach of regulation 18(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

Staff support: induction, training, skills and experience

- At our last inspection we identified staff did not have the training and support needed to provide safe care to people. At this inspection we found significant improvements. All staff had received appropriate training, including training in positive behavioural support, learning disabilities and autism and communication skills.
- Staff received training in how to provide safe care to people. Records showed 99% of mandatory training, such as safeguarding and infection control had been completed. When staff started at the home they received an induction which included training in all key subjects.
- The manager checked staff's knowledge to ensure they had understood and retained the training they completed. In addition, the manager completed observations to ensure staff worked in line with their training.
- All staff had completed training in learning disabilities and autism. In addition, they had completed training for positive behavioural support so that they could support people when they became upset.
- Staff received support in the form of continual supervision, appraisal and recognition of good practice.

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

- At our last inspection we identified people's needs were not consistently identified. Staff had also raised this as a concern. At this inspection we found significant improvements. Systems were in place to review people's care plans on a regular basis. Care plans were up to date and reflected people's needs.
- The manager reviewed the needs of people who were looking to use the home to ensure they had the staff with the skills needed to support each person safely.
- Staff completed a comprehensive assessment of each person's physical and mental health needs the first time they used the home. They reviewed people's needs with their family each time they used the home to ensure they kept up to date with any changes.
- Support plans set out current needs, promoted strategies to enhance independence, and demonstrated evidence of planning and consideration of the longer-term aspirations of each person.

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

At our last inspection the provider had failed to ensure that systems were in place to ensure people were not unlawfully deprived of their liberty. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

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.

- At our last inspection we identified people were deprived of their liberty without the necessary authorisations and people's capacity had not been assessed about making certain decisions. At this inspection we found significant improvements. Applications for DoLS had been submitted for people and mental capacity assessments were in place to support decision making.
- Staff empowered people to make their own decisions about their care and support. For example, people's preferences about being supported by male or female staff were included in DoLS.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- For people assessed as lacking mental capacity for certain decisions, staff clearly recorded assessments and any best interest decisions.

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

- People received support to eat and drink enough to maintain a balanced diet. People with complex needs received support to eat and drink in a way that met their personal preferences. For example, one person's care plan noted they needed plenty of snacks as they used a lot of energy. People were able to request snacks when they were hungry.
- The menus were reviewed on a weekly basis to ensure they included the likes and dislikes of the people staying at the home each week. People were able to eat and drink in line with their cultural preferences and beliefs.
- Staff supported people to be involved in preparing and cooking their own meals when it was safe for the person to do so. Where people were unsafe to be in the kitchen this was recorded in their care plans.
- People could have a drink or snack at any time, and they were given guidance from staff about healthy eating.

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

- People were referred to health care professionals to support their well-being and help them to live healthy lives.
- Staff worked together with other agencies to benefit people. They supported each other to make sure people had no gaps in their care. For example, when people were at the home as they had needed an emergency placement, staff worked with social and health care professionals to support the person move on to a suitable permanent home.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People were able to move around easily because doorways and corridors were wide enough to support use of mobility aids and bedrooms were numbered to help people find their room.

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 inadequate. At this inspection the rating has changed to 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

At our last inspection people were consistently treated with a lack of respect and dignity while they received care and treatment at the service. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At our last inspection we identified people's privacy and dignity were not always respected and staff attitude to the people they supported was not caring or compassionate. At this inspection we found significant improvements. Action had been taken to ensure people could be private in their bedrooms. Staff understood that people should be treated with respect and the manager continually monitored the culture in the home and lead by example.
- People received kind and compassionate care from staff who used positive, respectful language which people understood and responded well to. Staff members showed warmth and respect when interacting with people.
- Relatives said that their family member was happy when visiting the home. A relative told us their loved one, "Liked the staff." Another relative said, "[Name] is quite happy to go and they come home happy."
- Staff were patient and used appropriate styles of interaction with people. They were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities.
- The manager ensured people knew the staff who cared for them. They told us, "If staff are working at night, I ensure they complete some days so that they get to know people's needs and people get to know them." In addition, the manager monitored the needs of people visiting the service so there was always enough staff to provide kind compassionate care.
- Relatives told us staff kept them up to date on people while they stayed at the home, even over a short period. A relative told us, "Staff will send an email or ring [to keep me up to date]."

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

- People felt listened to and valued by staff.
- Staff were knowledgeable about people's likes and dislikes and this helped staff support people to make individual choices about their care.
- People were given time to listen, process information and respond to staff and other professionals.

- Staff supported people to express their views using their preferred method of communication. In addition, the manager was increasing the visual communication methods around the home. For example, they were increasing the use of picture exchange communication systems (PECS) communication. PECS are pictures people can use to communicate and indicate choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people's dignity. For example, one member of staff told us, when supporting with personal care they would take in a lot of towels to ensure the person could remain well covered.
- Where bedrooms had windows into the hallway these had been covered so that people were able to be private in their own bedroom. Staff tried to keep people in the same bedroom each time they visited so they knew the way to their bedroom, and people stayed in that room for the duration of their stay.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics e.g., due to cultural or religious preferences.

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 inadequate. At this inspection the rating has changed to 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

At our last inspection the provider had failed to ensure care and treatment was personalised to meet people's individual needs. This was a breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- At our last inspection we identified people did not receive personalised care as care plans were missing or did not accurately describe people's needs. There were not enough staff to meet people's needs. At this inspection we found significant improvements. Staffing levels were now based on people's assessed needs, meaning staff had the time needed to care for people safely. Care plans had been reviewed and systems were in place to ensure this was a continual process.
- Care plans reflected people's needs. Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time.
- Relatives told us they had been engaged in developing care plans. One relative told us how their family member's care plans had been completed before they used the home for the first time. This meant staff had access to information about the person's needs immediately.
- The home met the needs of people, including those with needs related to protected characteristics. For example, staff offered choices tailored to individual people using a communication method appropriate to the person.

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.

- At our last inspection we identified people's communication needs were not recorded in their care plans. At this inspection we found significant improvements. People's communication needs were fully recorded and staff were receiving training in various communication tools.
- The manager understood people's different communication needs. They were taking action to improve communication between staff and people at the home. For example, they were using a pictorial format to

display information in communal areas. They had arranged for staff to access Makaton training to improve their communication with people. Makaton is a communication tool, it uses speech, signs and symbols.

- People's communication methods were recorded in their care plan. For example, one person had limited verbal communication skills but would lead staff to what they wanted. This ensured staff were aware of the different way people chose to communicate.

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

- At our last inspection we identified there were no social activities in place for people. At this inspection we found significant improvements. There was an ongoing programme of social and cultural activities.

- People were supported to participate in their chosen social and leisure interests on a regular basis. There was a wide range of activities offered to people. Relatives told us how their loved ones had undertaken activities such as arts and crafts and baking. Some of the art was on display in the home.

- People took part in activities which celebrated seasonal events such as halloween and bonfire night. In addition, cultural and national events were also included such as celebrating well know charity events like children in need and Christmas.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. Information was available to people in different formats to make it easy for people to access. Relatives told us they were confident to raise concerns. One relative said, "Any concerns and I would speak with [senior care worker]." However, all the relatives we spoke with were happy with the care provided and no one raised any concerns.

- The manager treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service.

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 inadequate. At this inspection the rating has changed to requires improvement. The service was now consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. However, time was needed to ensure the positive changes since the last inspection were maintained.

At our last inspection the provider had failed to ensure systems in place were effective in assessing and monitoring the quality of the service provided. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At our last inspection we identified the governance processes in the home were ineffective and there was a closed culture in the home. At this inspection we found significant improvements. The manager had put audits in place which had been effective in identifying concerns and areas for improvement. They had changed the culture of the home to one which openly discussed incidents and accidents people who used the service their relatives and staff.
- The manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish.
- The manager was visible in the home, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Managers worked directly with people and led by example. A relative told us how the quality of care and continuity of the care had improved since this manager had been in post.
- Staff felt able to raise concerns with the manager without fear of what might happen as a result. One member of staff told us, "Things have been better since [manager] has been here. They have good ideas and are getting things in place. We are getting a good staff team together. Things are working well, and it's encouraged staff to improve. The atmosphere is better and staff help each other. Paperwork is getting sorted and we are needing less agency staff."

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 manager and provider apologised to people, and those important to them, when things went wrong. There had been one duty of candour incident and the manager had met with family to discuss the incident. This meant the family had fully understood what had happened and the outcome.

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

- The new manager had been in post for three months. They had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the care they managed. The manager had implemented a set of audits to monitor the quality of care provided. The audits were effective in identifying areas for improvement and the manager took action to ensure improvements happened. However, more time was needed to ensure the audits and improvements were sustained and embedded.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. Staff told us that the senior carer role had more structure and they all had lead areas. For example, they were assigned leads in infection control, completing rotas and medicines management. This meant they were clear what was expected of them.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the home.

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

- The provider was in the process of gathering feedback from people and those important to them and used the feedback to develop the home. The manager planned to use the feedback to identify ways to improve the home.
- Relatives told us they were able to give feedback to the manager at any time. Relatives were happy with the care provided and had no concerns.
- Staff told us they felt listened to. They had regular team meetings where they were encouraged to share their thoughts on the care provided and any ideas they had for improvement.

Continuous learning and improving care; Working in partnership with others

- The provider was using technology to improve the care provided. They were in the process of moving to an electronic care system. This would enable easier access of care records and of recording care for staff.
- The provider kept up to date with national policy to inform improvements to the home. For example, they had ensured staff received training in Learning disabilities and autism in line with national guidance.
- The manager told us they were also looking at how the regulation of health and social care is planning to change to see if any changes in their governance processes were needed.
- Staff engaged in local and national quality improvement activities. For example, a member of staff attended the local infection control forum to ensure the home stayed up to date with changes in best practice.