Parkcare Homes (No.2) Limited

Glebe House

Inspection report

7 South Dale
Caistor
Market Rasen
Lincolnshire
LN7 6LS

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Date of inspection visit:
12 April 2016

Date of publication:
20 May 2016

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

Glebe House is situated in the market town of Caistor in Lincolnshire. The home is registered to provide care and support for up to 24 adults living with mental health and communication difficulties.

We inspected the home on 12 April 2016. There were 22 people living in the home when we carried out our inspection.

At the time of our inspection the home had an established registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff ensured people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care which respected their rights.

Staff were recruited through the provider using a range of checks to ensure they were suitable to work with vulnerable people. Staff had received training and support to deliver a good quality of care to people. An active training programme was in place to support staff to maintain and further develop their skills.

The registered manager was well known to everyone who used the service and provided staff with strong, values-led leadership. Staff worked together in a friendly and supportive way. They were proud to work at the home and felt supported to by the registered manager and provider.

There were enough staff on duty to give each person the individual support they needed. Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been helped to avoid the risk of accidents and medicines were managed safely.

People were supported by staff to be able to access a range of external social and health and care professionals when they required any additional specialist support.

People were fully involved in planning their care and had been consulted about their individual preferences, interests and hobbies. Staff encouraged people to retain an active presence in their local community and to maintain personal interests and hobbies. Staff supported people to carry out meaningful activities on a flexible and planned basis in order to further develop their interests and hobbies.

People could freely express their views, opinions and any concerns. The provider, registered manager and

staff listened to what people had to say and took action to resolve issues or concerns when they were raised with them. Clear systems were also in place for handling and resolving any formal complaints. The provider and registered manager reviewed and reflected on concerns or any untoward incidents and took any additional actions needed to keep developing and improving practices for the future.

People, their families and visiting health and social care professionals were invited to comment on the quality of the services provided. The provider was committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided continually reflected people's needs and preferences.

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.

There were enough staff on duty. The procedures for recruiting staff were safe and ensured only suitable staff were employed to work in the home.

Staff were aware of their responsibilities to keep people safe and knew how to access the procedures in place in order to report any concerns identified.

People had been helped to avoid the risk of accidents and the arrangements in place to help support people to take their medicines were managed safely.

Is the service effective?

Good

The service was effective.

People had access to good healthcare support and their nutritional needs were met.

Staff were trained and supported to provide care for people in a way which consistently met their needs and preferences.

Staff understood the systems in place to ensure people could make their own decisions, and how to provide care in a person's best interests when they could not do this.

Is the service caring?

Good

The service was caring.

Staff were caring, kind and compassionate.

Staff respected people's right to privacy and promoted their dignity.

Confidential information was kept private.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their changing needs.

People were actively involved in the preparation and review of their personal care plan.

Staff were encouraged to maintain their personal interests and hobbies and were supported to retain an active presence in their local community.

People knew how to raise concerns or complaints and were confident that the provider would respond promptly and effectively to any issues they had.

Is the service well-led?

Good

The service was well-led.

The registered manager had a visible presence and provided good leadership. Staff were committed to meeting each person's individual care and support needs.

The provider sought people's opinions on the quality of the service and encouraged people to raise any concerns or suggestions directly with the registered manager or other senior staff.

A range of auditing and monitoring systems were in place which ensured the care provided reflected people's needs and preferences.

Glebe House

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 was 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.

We visited Glebe House on 12 April 2016. The inspection was unannounced. The inspection team consisted of two inspectors.

Before we carried out our inspection visit we looked at the information we held about the home such as feedback we had received from relatives of people who had lived at or stayed the home and notifications, which are events that happened in the home that the provider is required to tell us about. We also looked at information that had been sent to us by other agencies such as service commissioners and the local authority safeguarding team.

The registered provider also completed a Provider Information Return (PIR) and submitted this to us in advance of our inspection. 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. The provider returned the PIR to us and we took the information it contained into account when we made our judgements in this report.

During our inspection we looked at four people's care records and spent time observing how staff provided care for people to help us better understand their experiences of the care they received.

As part of our inspection we spoke with seven people who lived at the home. We also spoke with the registered manager, the deputy manager, seven members of the care staff team, a staff member who supported people to undertake activities and the cook.

We looked at the records related to two staff recruitment files, staff training records, supervision and appraisal arrangements and staff duty rotas. We also looked at information regarding the arrangements for monitoring and maintaining the overall quality of the service provided within the home.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "We get a lot of information about keeping safe and staff talk to us about it, it's our choice if we listen or not." another person commented, "I feel very safe here, the staff keep us safe."

Staff we spoke with told us they knew about any risks associated with each person's needs and that they worked together as a staff team to ensure any risk identified was minimised and steps taken to respond in order to keep people safe when this was needed. These steps included discussions between staff and the people involved in any incidents. People told us this helped them to feel safe and well supported. One person said, We talk through how I am feeling and this reduces my levels of stress and the risk of me feeling unsafe. Another person told us they could raise any concerns about their own safety direct and was supported by staff to do this. They told us, "Yes we're safe, staff are always there in the background ready to help but they don't get in the way of you doing stuff" and "I'd tell the registered manager if wasn't safe, or ring the police."

Staff we spoke with told us they had received training about keeping people safe from harm and demonstrated a clear understanding of what abuse was and how to identify it. They described the procedure in place to report any concerns they identified and one staff member described how a recent safeguarding situation had been reported to the registered manager who acted on the information quickly to keep the person safe. The staff member spoke about the local authority safeguarding team and the police as agencies the registered manager would report the concerns to and that they understood their role in reporting any actions taken to the Care Quality Commission (CQC).

Care records contained clear information about how people were supported to manage identified risks safely and how staff worked with people to reduce risk. The information included guidance for staff on the risk triggers for each person so they could notice and respond quickly to any signs people may be becoming unwell. Advanced decision plans had been completed for people in order to record the actions they would like to be taken on their behalf if they became unwell. Risks people were helped to manage included managing their medicines, personal finances and self-harm. During our inspection one person became distressed and needed the immediate support of staff to keep them safe. Staff and the registered manager acted swiftly and calmly to support the person and to liaise with health and social care professionals while they did this. These actions enabled the person to access the additional help they needed to help them to be safe.

One person we spoke with told us how, "Staff are really good; we talk about risks because they're helping me to be more independent." The person said they were aware they wouldn't recognise their own deterioration and that they knew the risks associated with things like refusing their medicines. With this in mind the person told us they had agreed that staff should act in their best interests if this happened. The plans in place for the person referred to mental capacity, advanced decisions and making decisions for the person in their best interest. Staff were clear about the risk management plans and regular reviews were completed at least monthly to check if any changes need to be made to way support was given.

Staff told us they were clear about the arrangements to support people in the event of a fire. Alarm tests and drills were undertaken regularly at the home. To support these processes personal emergency evacuation plans had been prepared for people which detailed the help people would require in the event of needing to be evacuated from the building in the event of any emergency. We saw this information was easy to access for the registered manager and staff who were able to describe the help each person needed and how this would be given.

To support the emergency evacuation process the provider also had a business continuity plan in place in order to make sure people would be safe and could be temporarily relocated if, for example, they could not live in the home due any unforeseen emergency.

The provider had safe systems in place to support the recruitment of new staff. People said and staff confirmed people were involved in staff recruitment when they wanted to be, showing them round and joining in with interviews. The registered manager told us this helped in ensuring people would be happy with any new staff coming into their home. Staff we spoke with confirmed that a range of checks had been carried out before they were offered employment at the home. We saw that checks were carried out about potential staff member's identity and work history. Previous employment references had also been obtained. Disclosure and Barring Service (DBS) checks had been carried out to ensure staff would be suitable to work directly with the people who lived at the home.

People said there were enough staff on duty to support them with whatever they needed. Our observations confirmed staff were available to speak with and help people with anything they wanted. Staff did not rush when they worked with people and any support and time involved in helping people was centred on the person. Staffing levels were kept under regular review by the registered manager using information about any increase in care needs identified through care reviews and using feedback from staff about any changes in need. The registered manager told us this information helped them consistently identify the amount of staffing required to meet that need.

Staff knew about people's medicines. We saw they ensured that people understood the medicines they took. People's care records gave staff clear instruction about how to consistently offer medicines people only needed to take occasionally, for example, pain control. When people requested such medicines staff discussed their symptoms with them to ensure the right type of medicine was offered and it was being used as prescribed by the person doctor.

Arrangements for the receipt, storage and disposal of medicines were in line with good practice and national guidance. This included medicines which required special storage and recording arrangements. People told us they received their medicines when they needed them and in the ways they preferred. One person described how they were being supported to take control of their own medicines and the assessment process that was in place to help them. Records confirmed what they told us. They said, "I'm doing alright with it, the staff give me a lot of support and encouragement." We saw other people were able to manage their own medicines and appropriate safeguards had been put in place, such as locked cupboards in their bedrooms, to support them.

Good

Is the service effective?

Our findings

People we spoke with told us they felt staff knew them well and respected their views. One person said, "Staff always ask for my permission before they do anything, if I don't want it they don't do it."

Staff we spoke with, including new staff demonstrated their understanding of people's needs and how they liked their care to be provided. They were able to give examples of individual preferences people had for receiving personal care and for support with social interactions. Care plans included information to show people had been consulted about the arrangements for their care. We saw examples of staff seeking consent. For example staff asked one person for permission to clean their room before going into their room. Another staff member asked a person if they could make an appointment for them at the doctors.

Staff we spoke with were knowledgeable about how they met people's specific needs. They had a clear understanding of people's mental health needs and the impact this may have upon people's lives. We observed staff demonstrated proactive behavioural support techniques. For example they used talking therapy and when there were signs people were getting distressed staff noticed and acted quickly and calmly using gentle distraction with people's preferred activities.

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. The registered manager and staff demonstrated their understanding of how to support people who lacked capacity to make decisions for themselves. They knew about the processes for making decisions in people's best interest and how they should also support people to make their own decisions.

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). Staff told us and records confirmed they had received training about these legal safeguards. Staff we spoke with demonstrated their understanding of DoLS guidelines and the registered manager knew how to make an application for DoLS authorisations where necessary. On the day of our inspection the registered manager confirmed one person who lived at the home had an active DoLS authorisation in place.

New members of staff received an induction and staff we spoke with said induction and training and development opportunities had helped them be more confident in their ability to meet people's individual needs. The registered manager told us that all new staff recruited were supported to undertake the new national Care Certificate. The Care Certificate sets out common induction standards for social care staff. Two staff members talked about being in the middle of doing their Care Certificate. Records we looked at confirmed this. Staff told us their induction also included a period of shadowing more experienced members of staff before they had been deployed as a full member of the team.

The registered manager showed us records to confirm they had planned a training programme which was based on the needs of the people who lived at the home and the learning needs of staff. Staff we spoke with told us that their on-going training ensured the skills and knowledge they needed were kept up to date and they were able to develop new skills where required. One staff member told us, "There's always training to do, it helps you do your job better when you're trained properly." The registered manager and records we reviewed also showed that many of the staff held or were working toward nationally recognised qualifications related to their roles.

Staff told us they felt supported by the registered manager and senior team members. A staff member commented that, "We get good support from seniors and the manager, not just in supervision but all the time." Staff told us and records showed arrangements were in place to provide staff with regular supervision sessions. We also saw that appraisals had been scheduled by the registered manager for all staff so that they could review any learning and development needs and identify and plan their future training together.

People's likes, dislikes, dietary preferences and requirements were recorded when they moved into the home. Care plans and assessments were in place for people's dietary needs. People told us they were involved in planning menus and menus were displayed on a board in the dining room for everyone to see. People said there was always plenty of food and drinks available and they could change their minds if they didn't want what was on the menu.

We spoke with the cook who demonstrated a good understanding of people's individual nutritional needs and preferences. Menus were planned in advance and there were records which showed menus were changed regularly in line with people's preferences. Alternative food choices were also provided on request. The cook told us the information about peoples likes and dislikes was reviewed and updated as people's preferences and needs changed. We spent time with four people at lunchtime and saw they chose what they wanted to eat. They all said they enjoyed the food and one of the people told us they sometimes had take away meals which they enjoyed. We saw other people were supported in another part of the home to be more independent with planning their own menus and cooking their meals. Records showed healthy eating was discussed as part of the support given to promote people making their own meals. One person told us about this saying, "They tell me what's healthy and try to help me buy the right food but sometimes I want junk food so I get it."

In addition to the main meal times we also observed hot and cold drinks were also offered by staff at regular intervals throughout the day in order to reduce the risk of people becoming dehydrated.

People told us they received all of the healthcare they needed and had been involved in planning for their healthcare needs. They told they had access to information about subjects such as breast screening so they could make decisions for themselves about the any health checks they wanted to ask for. People also told us staff helped them to recognise when they needed to engage with healthcare services and helped them to make appointments where necessary. In addition to the care provided by staff care records showed that people's healthcare needs were monitored and supported through the involvement of a range of visiting professionals. These included; community mental health nurses, consultant psychiatrists, local doctors and opticians. Health action plans were in place to support people with any help they needed at specific time, for example to give guidance to staff about what they should do when helping people when they needed to go to hospital at short notice.

Good

Is the service caring?

Our findings

People told us they felt the staff were very caring. One person said, "It's lovely here, I love the staff, they make me laugh." another person commented, "I know they care about me." Through our observations and discussion with the registered manager and staff team it was clear that staff knew people well. We saw staff used people's first names when speaking with them. People responded to any discussion with staff by also using staff first names.

People told us they got clear information from the home's service user guide to enable them to understand what was provided at the home and the registered manager said this information was shared with anyone who was thinking of moving to live at the home.

People said their rooms were their own private space and that staff respected any decisions they made to spend time either in their room or communal areas of the home. People told us and we observed that keyworkers were assigned to each person and people told us they could regularly meet with them to discuss their care plans and needs. This meant staff and people knew each other well. People said the registered manager and other staff regularly asked them how they were feeling about their own support. They also said staff always asked if they could perform a care task before they undertook it and were polite when they spoke with them. We observed staff knocking on doors to people's rooms and not going in until people said it was okay to do so. We also saw staff going into private areas to speak with people when this was needed in order to respect people's privacy and dignity. One staff member gently reminded one person about their appearance and suggested a change of clothes discreetly in respect of their dignity.

People and staff told us that staff often chose to visit the home on their day off to take people out and do things they wanted to do. We observed staff and people respecting each other throughout our inspection.

Staff had a clear understanding of their role within the team structure and we saw the registered manager had worked to develop a culture based on behavioural incident avoidance rather than reacting when a situation occurred. For example, we saw a member of staff identify someone was becoming anxious. The signs were subtle but the staff member knew the person well enough, spoke to them calmly and with warmth. They demonstrated they understood how the person felt and they kept good eye contact whilst they spoke with each other. Through the staff members approach the person's body language visibly relaxed and the person said thank you to the staff member.

Care records had details about people's cultural, religious and lifestyle preferences. The registered manager and people and staff we spoke with also confirmed that although they celebrated the main annual Christian festivals, wherever needed any other religious events people wished to celebrate would also be supported and respected.

The registered manager told us they had taken a decision to assign the role of 'dignity champion' to a care staff team member. This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. After we completed our

inspection the registered manager told us that a staff member at the home had taken on the role of dignity champion and that issues related to dignity would be discussed as part of the teams learning and at future team meetings.

We saw the care records also had a privacy and dignity policy in them which showed that it had been discussed and developed with people. People told us they knew it was in their files and they could refer to it whenever they wanted to.

The registered manager and staff we spoke with told us about the importance of respecting personal information that people had shared with them in confidence. The provider had a policy and guidance in place for staff to follow regarding retaining information and disposing of confidential records and information. The registered manager and staff confirmed staff had access to this and understood how it should be applied. We saw peoples' care records were stored securely so only the registered manager and staff could access them. These arrangements helped ensure people could be assured that their personal information remained confidential.

We saw a range of information around the home about lay advocacy service people could access and people said they knew about the services. One person said they'd had good support from staff to get an advocate when they wanted one. Lay advocacy services are independent of the service and the local authority and can support people to make and communicate their wishes.

Good

Is the service responsive?

Our findings

People told us they had been fully involved in an assessment of their needs before they had moved into the home. One person told us, "I think the fact that the staff try to find out what we want is very important. It's the only way to give care if you know the person who needs it well."

Staff we spoke with described how assessments were carried out before people moved to the home. This included supporting people with familiarisation visits, which people told us had been undertaken at their own pace. A staff member described the process in terms of it being all about the person saying, "We look together at where the person is now and where they say they want to be. We then work at the person's own pace to ensure the goals they have set themselves are achieved. One person said, "Having a steady look first helped me to get a full idea about where I might want to live and what I wanted to do and it was good."

These assessments had been used to create individual care plans for people. A care plan is a document which details people's assessed social and health care needs and informs staff how they should meet those needs. Records showed people had been fully involved in agreeing their plan and wherever possible people had signed to say they agreed with it. Care plans had been personalised for each individual and gave clear details about each person's specific needs and how care was being given. The information included plans for transition into the service and, where appropriate back into the community when people felt ready to do this. The care plans were regularly reviewed and updated together with people. There was also clear information to show good liaison with other professionals and people told us this framework of support helped them to feel more confident.

The registered manager showed us records which confirmed one person had been supported to move out into the community into the area they had chosen to live and had been living independently with additional transitional support from the home. We saw the feedback sent to the home from a social care professional who had supported the person was very positive. The registered manager told us this was, "Another journey we were proud to be part of."

During our inspection one person showed us around the home. Together with a staff member they told us about an area of the home which was used to promote people's independence. They showed us how they planned their own meals and made the food they wanted at the time they chose to have it. The person told us, "I've got my own support plans, they're helping me to be able to live on my own eventually so the plans say what help I need for that. Staff always stick to the plan but sometimes I don't."

Care records contained detailed information about people's interests and hobbies. The records included some key sections which demonstrated how care was personalised to the individual. For example records had been used to ask, 'what would you like staff to know about you?', 'what is important to me (likes and dislikes)' and 'what do good and bad days look like.'

Personal development and support profiles had also been completed which showed people had set out their aims and goals for each need they had identified. These were cross referenced with care plans and risk

assessments. The registered manager told us and we observed this approach had ensured there was a culture based on people not being restricted to routines.

The registered manager told us that all of the staff team worked closely together to support people in doing what they wanted to do and maintaining their hobbies and interests. In addition two staff members provided activities We spoke with one of two staff members who provided this support. They and people we spoke with said activities were kept very flexible so they could be provided when people wanted to do them, including in the evening. The staff member showed us how staff recorded the activities each person had chosen to undertake and if they had enjoyed them. When we spoke with one person about the activities they undertook who told us, "We all have care plans, they do what's in them, I know 'cos I told them what I want" and "there's a lot of things going on here, we went go kart racing the other day" Another person told us, "We go on trips out, I really enjoy those." Another person told us and records showed they had chosen to go fishing. The person said, "I go every Wednesday and I love it."

People said they had good access to a range of opportunities to keep physically active and that they enjoyed taking part in communal games and events in the community, including going to keep fit classes, the cinema and trips out in the homes mini bus. One staff member told us how a person was specifically supported to undertake shopping trips as part of a rehabilitation programme they were undertaking.

Photographs were available showing a recent trip to Beverley in Yorkshire, which people told us they really enjoyed. We observed an arts and craft session taking place during the afternoon of our inspection. People also took part in a bowling game. There was lots of laughter and positive interactions between staff and people told us they really enjoyed the activity. We also saw shopping trips had been undertaken and were being planned and there was a pool table available in the home which people said they liked to use.

Some people attended a local centre where they undertook individual activities and other people attended college to develop their life skills and learn new skills, for example relation to the use of computers.

We saw some people had chosen to smoke and had a covered area that they used outside in the main garden area of the home. On the day of our inspection we saw people were using the area and that it started to rain. The people using the area continued to use it but we could see they were getting wet and it was cold. We spoke with the registered manager who immediately followed up our discussion by contacting the provider's main office to discuss options for the inclusion of covers and a safe heater. Following our inspection visit we received confirmation the work to improve the experience of people who liked to use this area had been obtained with the work due for full completion during May 2016.

People we spoke with said they knew about the complaints process. One person told us, "I know how to complain if I need to but I usually talk to staff about any problems and they sort things out" Another person told us, "I haven't got any complaints I'd tell the staff if I did." Copies of the complaints policy and information people needed to read if they wanted to raise a concern were displayed around the home. Records of 'Your Voice' meetings showed that people could raise issues openly and that these were listened to and addressed.

During our inspection we observed the registered manager discussing the complaints process during telephone call with a complainant. The registered manager offered options and dates to meet with the person. They also gave explanations of the investigation process. The registered manager demonstrated good communication skills) as well as a thorough understanding of the complaints processes.

Good

Is the service well-led?

Our findings

Glebe House is situated in the market town of Caistor in Lincolnshire. The home is registered to provide care and support for up to 24 adults living with mental health and communication difficulties.

We inspected the home on 12 April 2016. There were 22 people living in the home when we carried out our inspection.

At the time of our inspection the home had an established registered manager. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

Staff ensured people's rights were respected by helping them to make decisions for themselves. The Care Quality Commission is required by law to monitor how registered persons apply the Deprivation of Liberty Safeguards under the Mental Capacity Act 2005 and to report on what we find. These safeguards protect people when they are not able to make decisions for themselves and it is necessary to deprive them of their liberty in order to keep them safe. In relation to this, the registered manager had taken the necessary steps to ensure that people only received lawful care which respected their rights.

Staff were recruited through the provider using a range of checks to ensure they were suitable to work with people who lived at the home. Staff had received training and support to deliver a good quality of care to people. An active training programme was in place to support staff to maintain and further develop their skills.

The registered manager was well known to everyone who used the service and provided staff with strong, values-led leadership. Staff worked together in a friendly and supportive way. They were proud to work at the home and felt supported to by the registered manager and provider.

There were enough staff on duty to give each person the individual support they needed. Staff knew how to respond to any concerns that might arise so that people were kept safe from harm. People had been helped to avoid the risk of accidents and medicines were managed safely.

People were supported by staff to be able to access a range of external social and health care professionals when they required any additional specialist support.

People were fully involved in planning their care and had been consulted about their individual preferences and wishes. Staff encouraged people to retain an active presence in their local community and staff supported people to carry out meaningful activities on a flexible and planned basis. This helped people to further develop their interests and hobbies.

People could freely express their views, opinions and any concerns. The provider, registered manager and

staff listened to what people had to say and took action to resolve issues or concerns when they were raised with them. Clear systems were also in place for handling and resolving any formal complaints. The provider and registered manager reviewed and reflected on concerns or any untoward incidents and took any additional actions needed to keep developing and improving practices for the future.

People, their families and visiting health and social care professionals were invited to comment on the quality of the services provided. The provider was committed to the continuous improvement of the service and maintained a range of auditing and monitoring systems to ensure the care provided continually reflected people's needs and preferences.