

Wellburn Care Homes Limited

# Riverhead Hall Residential 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?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on the 9 and 10 August 2018. The first day of the inspection was unannounced.

The last inspection took place on 29 June and 5 July 2017 and the service was rated requires improvement. The service was in breach of Regulation 17 Good Governance. Concerns related to inconsistencies within care plans, a lack of regular reviews, poor record keeping and quality assurance systems which were not effective in identifying and rectifying issues.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe, Responsive and Well-led to at least good.

At this inspection improvements had been made and the service was no longer in breach of Regulation 17 Good Governance.

Riverhead Hall Residential Care Home 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.

Riverhead Hall Care Home accommodates up to 45 older people in one adapted building. At the time of our inspection there were 33 people living at the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was further room for improvement of records being kept about the care being delivered to people. Some records contained gaps. We were confident this was a record keeping issue and not about the delivery of care.

The registered manager had failed to notify the commission about approved Deprivation of Liberty Safeguards being in place. This is being addressed outside of the inspection.

Quality assurance systems were in place and had been effective in identifying required improvements. However, the actions identified were not always rectified which meant the systems needed to be more rigorous to embed service improvement.

Care plans provided care staff with important information about people's preferences and the support they required. People and their relatives had been involved in the planning and review of their care. Reviews were taking place on a regular basis.

Although we received differing views about staffing levels we found there were sufficient staff available to meet people's needs. Staff had been recruited safely.

Staff understood how to safeguard people from avoidable harm. Accidents and incidents were analysed and action taken to reduce occurrence. Risk assessments and measures to mitigate risk were in place.

People were provided with a good standard of care. Care staff were knowledgeable about people's needs they understood people's preferences and respected these.

Staff had the skills required to deliver effective care. New care staff had an induction before they started work and ongoing training was available for staff. Some staff supervision and appraisals were overdue but the registered manager had a plan to rectify this.

People had access to a range of activities to promote their emotional wellbeing. Overall people were satisfied with the food provided. People's nutritional needs were met.

The service sought appropriate advice and support from health and social care professionals to ensure people's care needs were met.

People described kind and compassionate staff. We observed positive interactions between staff and people. Families were welcome to visit whenever they wished and relatives gave us positive feedback about the service.

People knew how to make complaints and when they did so these were appropriately investigated and responded to. Feedback from people about the service was sought on a regular basis in a variety of forms.

Staff described feeling well supported. Regular team meetings took place.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe and well looked after by care staff. Risks were assessed and plans were in place to reduce the risk of harm to individuals.

Medicines were safely managed. Staff understood how to safeguard people from avoidable harm.

Staff were recruited safely and there were sufficient staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff received the support they required to deliver effective care. Some training and supervision was overdue but the registered manager had a plan to rectify this.

The service was working in line with the principles of the Mental Capacity Act (2005). Staff routinely sought consent from people.

Staff referred people to the relevant health and social care professionals as needed and followed the advice they provided

### Is the service caring?

Good ●

The service was caring.

People had positive relationships with care staff who knew them well. Relatives told us they felt supported.

Care staff respected people's privacy and provided care with dignity and compassion.

### Is the service responsive?

Good ●

The service was responsive.

People had access to a range of social activities which included

group activities, outings and one to one time.

Care planning records were improving and provided staff with the guidance they required to deliver good care.

People were provided with good end of life care.

People knew how to raise concerns and these were appropriately responded to.

### **Is the service well-led?**

The service was not consistently well-led.

Whilst care planning records and documentation was improving there was some further work to do to.

Quality assurance systems had improved however they needed to be more rigorous in implementing improvements.

Feedback from people living at the service was sought. Staff meetings took place on a regular basis.

The registered manager had failed to notify the commission about three authorised Deprivation of Liberty Safeguards.

**Requires Improvement** ●

# Riverhead Hall Residential Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 9 and 10 August 2018. The first day of inspection was unannounced. The registered manager was aware we were returning on the second day.

Day one of the inspection was carried out by two inspectors. On the second day of inspection this was completed by one inspector.

Before this inspection we reviewed information we held about the home, such as information we had received from the local authority and notifications we had received from the provider. Notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We used information the provider sent to us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority commissioning and contracts team prior to the inspection and sought their feedback. We used this information to help us plan the inspection.

During the inspection we spoke with the registered manager, managing director, activities co-ordinator and five care workers. We spoke with 11 who lived at the service, four relatives and a visiting health professional.

We reviewed records, which included the care records for four people who lived at the service, the recruitment and induction records for four members of staff and other records relating to the management of the service, such as quality assurance, staff training, health and safety and medication.

## Is the service safe?

### Our findings

Everyone we spoke with told us they felt safe living at the service. Comments included, "I love it here", "If you fall they keep a close eye on you" and "I'm safe and well looked after." A relative said, "Yes, Mum is safe, without a doubt. We have peace of mind."

Before our inspection we received two separate whistle blowing concerns in respect of staffing levels and medicines management. CQC were told there were insufficient staff to meet people's needs, the home was not cleaned to a high standard and that care staff did not ensure people received their medicines safely. We contacted the regional manager who investigated these concerns. When we visited the home was clean; staffing levels were sufficient and people received appropriate support with their medicines.

Sufficient staff were available to meet people's needs. Staff were not rushed when providing support and we heard call bells being responded to in a timely manner. Staff confirmed there were enough staff. Care staff told us sometimes they were rushed due to staff sickness but said the registered manager would help if needed. The registered manager told us the service's current staffing levels were above the minimum levels determined by the staff dependency tool. They advised they had a minimum of six care staff during the day plus a team leader who led the shift. Overnight there were three care staff and a team leader. We reviewed the rotas for the last four weeks and saw these staffing levels were met and on many occasions, there were more staff on duty than the required number.

Care staff were supported by ancillary staff which included; two members of the housekeeping team who worked 9 am until 6 pm seven days a week and a dining room assistant. This meant care staff could focus on supporting people with the care they required at mealtimes. An activity co-ordinator worked from 8 am until 5.30 pm five days a week. The management team and ancillary staff were trained to deliver care if required.

We received some mixed feedback from people about staffing levels. Comments included, "The staff are there when you need them. There is always someone around who can help" and "The care staff are great, they are always around if I need anything." Others said, "The staff are busy. They are nearly always short staffed. But they do very well" and "Sometimes I have to wait a while for them [staff] when I ring my buzzer [to request help]." One person told us they had to wait 50 minutes to use the toilet on the morning of the inspection. We spoke with the registered manager who agreed to investigate this.

Staff had been recruited safely. People had completed application forms; two references had been sought and a Disclosure and Barring Service (DBS) check carried out. DBS checks help employers make safer recruitment decisions and are designed to minimise the risk of unsuitable people working in health or social care settings.

Medicines were safely managed. We observed a senior care worker assisting people with their medicines. They were patient with people and waited until they had swallowed their medicines. There were safe systems in place for order, storing and disposing of medicines. Some people were supported to manage their own medicines which showed people's independence was respected and encouraged.

We noted some gaps on the medicine administration record (MARs). People's medicines were administered from pre-filled pharmacy dosette boxes. The medicines appeared to have been given however, the records had not been accurately completed. The team leader recognised one of the gaps when they had been on shift. They told us they had administered the medicines but had forgotten to record this on the MAR. We discussed this with the registered manager who agreed to investigate this.

When errors occurred with medicines the registered manager appropriately investigated and reported these. We saw evidence that one staff member had been retrained following a medicines error and the registered manager had completed a competency check. This demonstrated an open approach to investigating and learning from incidents.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the types of abuse and how to report concerns. Staff had received safeguarding training. They told us they would always share any concerns with the registered manager or a senior member of staff and they were confident their concerns would be taken seriously and action would be taken to keep people safe.

Since the last inspection the service had made a number of safeguarding alerts. We could see the registered manager had been open and transparent regarding any potential abuse and had worked with the local authority to ensure investigations were completed and lessons learned.

Risks to people were identified and measures were put in place to manage these. Risk assessments were detailed and provided clear guidance about the support people needed to reduce the risk of avoidable harm. They were in place in relation to falls, choking, bed rails, weight loss and skin integrity.

Accidents and incidents were recorded and reviewed by the registered manager and the provider at during their monthly visit. The registered manager explained they would ensure all necessary steps had been taken to try and prevent further incidents. For example, when a person fell they reviewed their medicines, foot wear and mobility aids to try and prevent any further incidents. We saw one person who had experienced a number of falls had been seen by a health professional from the community falls team.

The environment was clean and homely. Staff used personal protective equipment to prevent the potential spread of infection. Some of the environment was tired. The registered manager explained there was a programme of refurbishment underway. This had already started during our inspection; new flooring had been laid in the corridors the day before we arrived. The registered manager explained the next area of work was new flooring, chairs and decorating in the communal areas of the service. People who used the service had been consulted with regarding these improvements.



## Is the service effective?

### Our findings

People told us staff knew what support they needed and provided effective care. One person said, "The care staff are skilled. They communicate well. I'm always consulted and I'm confident the care staff know the support I need."

Care and support was planned and monitored to ensure consistent care in line with current guidance and legislation. People's needs were assessed and reviewed. Reference was made to external services and organisations where necessary. People's quality of life and care outcomes were adequately met because staff effectively applied their learning to provide the outcomes people wanted.

All of the staff we spoke with told us they were well supported and had access to a range of training which enabled them to deliver a good standard of care. However, staff were not receiving supervision in line with the providers policy and some staff appraisals were overdue. We discussed this with the registered manager. They had a plan in place to ensure all supervision was up to date by the middle of September. The registered manager explained that being without a deputy manager had impacted on this. A deputy manager had been recruited and was due to start within the next two weeks.

Despite formal supervision not taking place staff described feeling well supported. They said they received good support and direction from team leaders who were responsible for leading the shift. In addition to this the registered manager carried out some care shifts which meant they could observe and assess the practice of their staff team. One member of staff said, "[Name of registered manager] is very good. They know what's going on and aren't afraid to address issues. When I first started they told me to speed up a bit and I have done."

New staff were provided with a thorough induction programme which included essential training and shadowing of more experienced care staff. During their induction period staff were supernumerary to the rota which meant they had the time to get to know people and understand their support needs. A new member of care staff told us, "I have been shadowing [name of care staff] they have explained everything to me and told me all about people's individual needs and what they like. I have had time to chat with people. I'm enjoying it so far."

The provider had an in-house trainer and staff were positive about the training they received and explained the majority this was classroom based. Staff told us they had access to a range of courses and could attend more specific training based on individuals care needs.

We reviewed the training matrix and found some staff training was overdue. Senior staff had attended in depth first aid training and we saw evidence that a first aider was on duty on all shifts. However, the rest of the staff team should have attended an annual basic first aid training course. A number of staff were overdue this training. We discussed this with the registered manager who assured us there was a plan in place to have all training up to date by the end of September.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. We saw DoLS had been appropriately sought and some had been approved. There was a record within people's care plans about whether there were any specific conditions associated with the DoLS. This meant clear guidance was provided for staff.

The registered manager and staff team understood the principles of the MCA. We saw records which showed that staff completed assessments of people's capacity in line with the legislation. Where people lacked the capacity to be involved in specific decision making we saw that their representatives were involved in the decision-making process. We observed staff consistently offer choices to people and seek their consent. One person told us, "I have a lot of choice. I choose when to get up and when to go to bed. If I want a bath I have one."

People received support with their healthcare needs. We saw from care records that people had access to a range of services and professionals, such as GPs, community nurses, opticians and dentists. There was detailed information about any health conditions people had, including any associated risks or implications staff should be aware of. People and their relatives confirmed they felt confident that staff would respond to any health concerns. The visiting health professional we spoke with provided positive feedback about the service and felt their advice was followed.

People's nutritional needs were assessed and their weight was monitored. Where concerns had been identified about people losing weight the service had sought appropriate advice from relevant healthcare professionals. This was recorded within their care plan. The service had a 'smoothie programme' which was introduced as a way of ensuring people received a high calorie intake through a drink. We observed people being assisted to drink smoothies throughout our inspection. Some people required assistance to eat their meals and we observed staff were skilled at providing this support and encouraging people to eat. People used adapted cutlery and crockery to enable them to eat independently.

The food was supplied via an independent contractor. The registered manager said this ensured a consistent standard of food for people. People were provided with choices of meals and snacks. We received mixed feedback about the standard of food. One person said, "The food is good, it comes in frozen. Sometimes the vegetables are undercooked but that is about the food preparation not the quality." Another said, "The food is hit and miss" and "Some meals are not so good and the vegetables are very disappointing." A member of staff said, "The food had got better. I prefer it to a chef as you get the same standard and for people who need a soft diet there is a lot of variety." We saw the food had been discussed at the 'resident's forum' and feedback was being given to the provider.

The registered manager explained they were working towards making the environment more dementia friendly. Communal areas were being refurbished and consideration had been given to the needs of people living with dementia. Areas had been set up in communal areas of the home so that people could interact with items which were familiar and encouraged people to reminisce.

## Is the service caring?

### Our findings

People told us the staff were kind and caring. All of the feedback we received from people about care staff and the support they received was positive. Comments included, "They [care staff] are very caring. I have to say they are excellent," "It's excellent. We get a lot of attention. It's outstanding really" and "The staff are lovely, light hearted and friendly. They treat us with respect and we all get on well. I am very satisfied."

There was a relaxed atmosphere at the service and people knew each other well. Over lunch people chatted about what they had done that morning and their plans for the rest of the day. One person told us, "It's quite nice here. I have met some nice people and we get on well."

We saw staff addressed people by their preferred names and knocked on people's bedroom doors before entering. This protected people's privacy. Staff closed people's bedroom and bathroom doors when they provided personal care which maintained people's dignity. The service had 'Do not Disturb' signs which were available to hang on bedroom doors to protect their privacy. People's confidentiality was respected and care records were stored securely.

People looked well cared for, they were well dressed and individual preferences were respected. For example, people were supported to choose what they wanted to wear. People told us their choices were respected. One person said, "You can please yourself here. Spend time in your bedroom, the garden and in the lounge." A member of staff said, "People have choice and we make sure we respect this."

All of the staff we spoke with said they would be happy for their relatives to live at the service, if they required this type of care and support. One member of staff said, "When I am looking after someone I think to myself, would this be good enough for my Mum." Another said, "I would be more than happy for my relative to live here. It's brilliant. I love it."

A visiting health care professional told us, "The home has a lovely feel. All of the staff are glad to help, they understand people's needs and know them well. People are referred to us appropriately and the staff team follow our advice. When I visit there is always a member of staff around to take me to see the patient I am visiting."

Visitors were welcomed at the service at any time and one relative told us about how staff had considered their needs too, when their relative had moved in to the care home. They said, "The [care] staff have been very supportive and helped me to adjust."

People told us they would recommend the service to their friends. A recent residents survey showed 100 per cent of respondents said they would recommend the service to their family and friends.

Staff completed equality and diversity training and information about people's diversity needs was recorded in care files, such as people's religious needs which were respected. Information on advocacy was available should people require this support.

The registered manager and staff team were in the process of allocating the roles of care champions. For example, dementia care and end of life care. The registered manager explained staff would then complete distance learning specifically in relation to their role.

## Is the service responsive?

### Our findings

At the last inspection we found the service was in breach of Regulation 17 Good Governance. Concerns related to the quality and consistency of recording in care plans, a lack of care reviews and some risk assessments and care plans were missing. This meant that instructions for care staff were not always clear and meant people could be at risk of receiving support which was not in line with their needs. The provider sent us an action plan detailing how these issues would be rectified.

Overall, we saw a significant improvement in care planning records. Care plans were person centred and contained detail which was individual to each person. They provided staff with the guidance required to deliver safe care. For example, one person living with dementia became distressed when being assisted with care. There were clear instructions for staff about how the person expressed their distress and what staff should do to support them.

The registered manager told us one of their biggest challenges had been to improve care planning records. They explained people and their families had been fully involved in rewriting these. People and their relatives confirmed they were involved in the planning and review of their care.

People's needs were assessed before they moved into the service. This meant the provider assured themselves they understood people's support requirements and were confident they could meet people's needs. One relative said, "[Name of registered manager] came out to hospital to assess Mum. I was very impressed. We were involved in helping them find out about Mum's likes and dislikes. The staff were really kind and provided emotional support when she first moved in, for all of us." One person said, "I have been fully involved in developing and reviewing my care plan with staff."

We saw evidence of regular care reviews which took place each month. The registered manager explained they had a new electronic care planning system. This highlighted to the registered manager when reviews were due and overdue. This meant they could then ensure the relevant team leader completed this.

The service employed a full-time activities co-ordinator who arranged group activities and one to one time for people that either chose not to join in with group activities or were unable to. People told us they had access to a good range of activities. One person said, "There is always a lot going on if you want to join in. We have some good singers come in. Some people go out to meet friends and I go to a coffee morning once a week. We have a minibus and [name of activities co-ordinator] takes people out. Sometimes we go to The Spa in Bridlington."

The activities co-ordinator explained they spent time getting to know people when they moved in and arranged activities for groups based on people's individual preferences. Some people were supported to attend a local church and then go for a Sunday dinner afterwards, meeting up with friends. This supported people to maintain links with their local community and to reduce social isolation.

People and their relatives told us they knew how to raise any concerns or complaints. One person said, "I'm

sure I would be listened to if I had a problem." A relative told us any concerns they had were dealt with quickly and resolved. There was a complaints policy available for people. During the last 12 months the service had received two formal complaints' and we saw evidence which showed these had been investigated and appropriately responded to. The service had received a number of compliments.

A 'Resident's Forum' took place every three months and was organised by someone who lived at the service who was also the 'Resident Champion.' They told us this forum was mainly attended by relatives, but they spent time chatting with people before the meeting to gather their views and to see whether people had any issues they wanted to be raised. This gave people the opportunity to share their experience with a peer.

The Accessible Information Standard applies to people who have information or communication needs relating to a disability, impairment, or sensory loss, which providers must meet. We saw that people's communication needs were recorded as part of the services care planning process which indicated people's ability to communicate and any support they needed. This approach helped to ensure people's communication needs were met.

Staff ensured that people and their families were asked about and listened to regarding people's decisions for care at the end of their life. Information was recorded in people's care plans, to the extent that it stated people's religion and whether they preferred burial or cremation. People were supported to have a dignified and comfortable death. The service sought appropriate advice from supporting health care professionals and specialist medicines were made available at short notice, if necessary.

# Is the service well-led?

## Our findings

At the last inspection we found the service was in breach of Regulation 17 Good Governance. The concerns related to inconsistent care planning and a failure to provide regular reviews of care. Poor record keeping and a lack of robust quality assurance systems which had failed to identify areas for improvement. The provider sent us an action plan detailing how these issues would be rectified.

There had been improvements in care planning and we saw evidence of regular care reviews. Quality assurance systems had been developed and were largely effective. We concluded the service was now meeting Regulation 17 Good Governance.

A range of audits were carried out at the service which identified areas for improvement along with good practice. However, we identified some continued issues regarding the accuracy of record keeping. Whilst the provider audit had identified this, the issue remained during our visit. This meant that the systems in place for making identified improvements needed to be more rigorous.

We saw there were some gaps in the recording of care and support on charts. For example, one person required two hourly positional changes. The positional records showed several gaps of longer than two hours. We spoke with this person, who was able to give us their view, and they explained the repositioning always took place and they felt well supported. They said, "They [care staff] come and turn me every two hours, the district nurses are pleased about this. I love it here and want to stay." This meant we could be assured that care was being delivered as needed and the issue was about the accuracy of the completion of records.

We reviewed the records for one person whose food and fluid intake was being recorded. The registered manager told us this was not required based on clinical need and was a communication tool between care staff and the person's family. We observed care staff regularly taking drinks and smoothies to this person who was nursed in bed. Staff knew the person well and encouraged them to eat and drink as much as possible. A new member of staff was shadowing the care worker supporting the person and they explained the person drank more in a morning so they encouraged more fluids then. Despite this, records of the person's fluid intake indicated they were not receiving a sufficient amount. We discussed this with the registered manager and they agreed to review the accuracy of the completion of these charts.

One person had very recently moved into the service and care staff were using preadmission assessment documents as their plan of care. This was not sufficient as it did not provide staff with enough detail about how known risks should be managed. Staff we spoke with understood the person's needs. We highlighted this concern to the registered manager and the care plan and required risk assessments were in place before we concluded the inspection.

The registered manager had failed to notify the commission of three authorised deprivation of liberty safeguards which had been approved by the local authority. All other notifications, which are required by law, were appropriately sent. We discussed this with the registered manager who explained they did not realise this was something which required a notification. The provider had not failed to identify this. We will

address this outside of the inspection.

However, we also saw improvements to the quality assurance systems since our last inspection. For example, the area operations manager completed a monthly provider audit. These reflected the key lines of enquiry considered during the CQC inspection. These had been largely effective in picking up areas where improvement was required. For example, they had identified a medicines error. This was then investigated and appropriate actions were taken to learn from the incident.

Robust audits of care plans took place on a regular basis and had identified areas for improvement. We reviewed the care plans which had been audited and could see that actions highlighted had been addressed. We discussed with the registered manager the fact that the audit was not signed off when completed. This meant it was unclear from a review of the audit as to whether the required actions had taken place. They agreed to discuss this with the provider.

The registered manager recorded a 'managers weekly walkaround' which looked at a variety of areas including; staff interaction with people, observations related to cleanliness and the appearance of the service. The registered manager told us they spent a lot of their time in the service with staff and people which they felt provided them with oversight of what was happening in the service. Care staff we spoke with confirmed the registered manager was, "hands on."

The registered manager was supported by team leaders who were responsible for running the shift and undertook quality checks of the care being provided. For example, they completed a daily walkaround and had a checklist of areas to review. The housekeeping team completed monthly audits and had identified areas of the service which looked tired. We saw there was a refurbishment plan in place to address this and work was underway. They undertook an infection control and mattress audit each month.

We concluded the systems in place for assessing the quality of service delivered to people were improving but required more time to be fully embedded.

The registered manager had worked at the service for 24 years and had been in the role of registered manager for around 12 months. They described themselves as 'hands on' explaining they covered care shifts when required. They told us this helped them to keep an eye on people's needs, to ensure the staff team felt supported and were delivering competent care. They said, "Staff can come to me with anything and have confidence in me. Staff morale is good. The team is really good and we all pull together."

The registered manager was without a deputy manager at the time of our inspection but they had recruited to this post and the person was due to start soon. The registered manager told us this would be an invaluable support to them in the running of the service.

Regular staff meetings took place which meant the staff team had the opportunity to hear about any changes and developments. These meetings also gave the staff team the chance to raise any questions or concerns they had.

Feedback from people living at the service was sought on a regular basis. A recent residents survey recorded 100 per cent of people would recommend the service to their family and friends. This was confirmed by all the people we spoke with during our visit. One person had written, "Every resident is treated as an individual and with love and friendship." The survey results were analysed and there was an action plan which showed how issues raised would be addressed. This demonstrated a commitment to ongoing development and improvement at the service.



The service worked in partnership with other organisations, including healthcare partners and local schools and churches. For instance, during our inspection a group of teenagers involved in the 'national citizenship programme' were building a sensory garden for people living at the service. The group had raised one thousand pounds to help fund this. This helped enrich the opportunities available to people and ensure people had access to services and community links.

The provider had displayed the current rating for the service on their website and within the service, which is required by law. We asked for a variety of records and documents during our inspection. We found these were well kept, easily accessible and stored securely. Policies and procedures were up to date and provided staff with good practice guidance. Staff understood their roles and responsibilities. One member of staff said, "I love working here. We work hard to make sure the residents are well looked after. It's their home."