

Wilford View Ltd

# Wilford View Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

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

### About the service

Wilford View Care Home is a new, purpose built residential care home providing accommodation and personal care for up to 83 people, including people living with dementia over three floors. At the time of the inspection 45 people were living at the service.

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

Medicines best practice guidance had not been consistently followed. This included dates not recorded when medicines were opened, and medicines stock levels did not tally with medication administration records. The provider's internal audits and checks had identified shortfalls with medicines management and were addressing this.

Risk management in relation to two people's needs found some inconsistencies, but overall guidance for staff was detailed and up to date.

Staffing levels were based on people's dependency needs. Staff deployment required further review to ensure people's safety.

Safe staff recruitment checks were completed before staff commenced. Staff received ongoing training and opportunities to review and discuss their training and development needs.

Incident analysis showed action had been taken to manage known risks and lessons were learnt to reduce incidents from reoccurring. Infection prevention and control practice followed best practice guidance. Staff were aware of their responsibilities to protect people from abuse and avoidable harm. Staff had received safeguarding training.

People were supported to achieve positive outcomes. Their individual needs were assessed and planned for. Recognised assessment tools were used to monitor people's health and well-being.

Health care needs were monitored and timely referrals were made to healthcare professionals when required and recommendations made were implemented. Processes were in place for information to be shared with external healthcare professionals in the ongoing care of a person. Staff were knowledgeable about people's health care needs and support.

People's nutritional needs and preferences were discussed with them. They received a well balanced diet offering frequent choices of food and drinks throughout the day.

The environment provided a pleasant spacious and light living experience, with a safe and comfortable garden space with a greenhouse and pet rabbit.

Where people lacked mental capacity to consent to their care, best interest decisions had been completed with the person's relative and or representative. Where people were deprived of their liberty care plans provided staff with guidance of support required.

Feedback from people and relatives about the approach of staff was good. Observations of staff practice during the inspection reflected that of comments received. Staff were kind, caring and compassionate. Independence was promoted and privacy and dignity respected.

A complaint policy and procedure were available and this was provided in easy read to support people's access to information. Complaints received had been investigated and responded to as per the provider's policy and procedure. Action had been taken to make improvements where required.

When people were approaching the end of their life, their wishes about care and support needs were discussed with them and or their relative. This enabled staff to provide dignified and person centred care.

The provider had robust systems and processes in place to assess, monitor and mitigate risks. Daily, weekly and monthly audits and checks were completed, and these were found to be up to date and detailed.

The provider and registered manager were meeting their registration regulatory responsibilities. The provider and registered manager had good oversight of the service and an action plan was in place to further drive forward improvements.

People, relative and staff were overall positive about the leadership of the service. Opportunities for people to share their experience of the service was provided. Effective internal communication systems were in place for staff to exchange information about people's care and support needs and the safe running of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 18 November 2019 and this is the first inspection.

#### Why we inspected

We were concerned about the number of falls people had experienced. As a result, we undertook a comprehensive inspection. We found action had been taken to manage and mitigate risks.

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 coronavirus and other infection outbreaks effectively.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was not consistently safe.

Details are in our Safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** 

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** 

### Is the service well-led?

The service was well-led.

Details are in our Well-led findings below.

**Good** 

# Wilford View Care Home

## Detailed findings

### Background to this inspection

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

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

Two inspectors and an assistant inspector completed a site visit. An Expert by Experience made telephone calls to relatives off site to seek their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service from a variety of sources including notifications received from the registered manager (events which happened in the service that the provider is required to tell us about). We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection-

We observed staff engagement with people and spoke to three people who used the service. We spoke with the registered manager, deputy home manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with two care co-ordinators, the maintenance person, the trainer, the cook, the head housekeeper and five care staff. We spoke with two visiting healthcare professionals. This included a privately registered physiotherapist and an occupational therapist from the community dementia integrated team.

We reviewed a range of records. This included nine people's care records either in full or specific parts and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and checks of the environment, premises and equipment, accidents and incident analysis.

After the inspection

Following the inspection site visit, the Expert by Experience contacted relatives by telephone and spoke with eight people.

We continued to seek clarification from the provider to validate evidence found. This included but was not limited to the provider's current action plan, training data, policies and procedures, meeting records and the staff rota.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines best practice guidance was not consistently followed. This had already been identified by internal audits and checks and ongoing improvements were being made by the registered manager.
- We looked at a stock check of four people's tablets and found the amount available did not correctly match the stock balance recorded. The medicine administration records confirmed people had received their prescribed medicines. An explanation for this was not given. We asked the registered manager to follow this up.
- Medicines were not dated when opened. It is best practice guidance for medicines to be dated when opened to ensure they do not exceed their use by date impacting their effectiveness.
- Medicines prescribed to be administered as required, lacked detailed guidance of when staff should administer. This put people at greater risk of not receiving this medicine effectively.
- Staff responsible for administering medicines received ongoing training and observations of their practice. Medicines were ordered, returned, and stored in accordance to best practice guidance. The provider had a medicines policy and procedure to support staff.

### Assessing risk, safety monitoring and management

- Information in relation people's individual risks was not consistently clear or followed.
- It was not clear if a person was pre-diabetic or had type two diabetes because the information in their care plan and risk assessment was contradictory. This was confusing for staff and put the person at increased risk.
- A person living with dementia was known to have altercations with others, their care plan and risk assessment stated staff should know where this person is at all times. We observed this person in the lounge with other people with no staff present. This increased the risk of safety for this person and others.
- Personal emergency evacuation plans were completed for people. Staff had guidance of people's support needs should they require to leave the building urgently.
- Regular health and safety checks were completed on the environment, equipment and including fire and legionella risks.

### Staffing and recruitment

- Staffing levels were based on people's assessed dependency needs. Whilst we concluded staffing levels met people's individual needs, we identified staff deployment required reviewing. This was particularly in relation to the presence of staff in communal areas to monitor people's safety.
- A person told us there were sufficient staff. They said, "if I want staff all I have to do is to press a button and

they come. I don't have to wait long." Relatives told us they had no current concerns about staffing levels. Comments included, "Although I haven't been in and able to see what is going on as I did before the lockdown, I'm not unduly concerned about staffing levels."

- Staff raised no concerns about staffing levels and told us staff absenteeism was covered by staff or agency staff were used to cover shortfalls. The staff rota confirmed this.
- Safe staff recruitment checks were completed before staff commenced to ensure they were suitable to care for people.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were aware of their role and responsibility to protect people from avoidable risk and harm. Staff had received safeguarding training and had a policy and procedure to inform their practice. The registered manager reported safeguarding concerns to external agencies correctly, completed internal investigations and took staff disciplinary action when required.

- People had access to information that advised them how to report any safeguarding concerns. People told us they felt safe living at Wilford View Care Home. A person said, "Yes, I feel safe, I have what I need, and the staff check regularly on me as I mostly like to stay in my room."

- Relatives told us how they were informed if their loved one had been involved in an incident such as a fall. They described the registered manager as being open and transparent and any learning from incidents was completed. Comments included, "The manager has put everything they can into place to mitigate falls etc and they have allocated us a main carer that we can refer to, although they are all very good."

- A monthly analysis of incidents was completed that enabled the registered manager to consider if any lessons could be learnt to reduce reoccurrence. Whilst there had been high levels of falls, the registered manager had taken advanced precautions to reduce this risk. They had also been reactive in taking further action and had made referrals to external healthcare professional for support and advice such as the community falls team.

#### Preventing and controlling infection

- Relatives were confident their loved ones were well cared for during the current COVID-19 pandemic. A relative said, "We went on Sunday and had to take a test and wear gloves, aprons and masks. All the staff were wearing all the gear too. They are really following the rules."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual care needs were discussed and assessed with them and or their relative or representative, prior to them moving to Wilford View Care Home. This was used to develop person centred care plans that provided staff with guidance of people's needs, preferences and routines.
- Nationally recognised tools were used to assess risk and manage care. For example, a nationally recognised tool was effectively used to assess the risk of pressure ulcers, pain management and dependency needs.
- People and their relatives told us they were involved and consulted about the care provided.

Staff support: induction, training, skills and experience

- People received effective care from staff who had received an induction and ongoing training and support. The staff training plan showed staff had received training in areas required to meet people's needs including oral healthcare, diabetes, dementia and catheter care.
- People and their relatives told us they considered staff to be competent and knowledgeable about individual care needs, routines and preferences. Comments included, "[Staff name] has been outstanding, their knowledge of dementia and how to care for people is amazing, they are training other staff."
- Staff were positive about their induction, ongoing training and support. Staff were observed to engage positively with people and had clearly developed a good relationship and knew people well. Staff were also observed to use best practice guidance when providing care such as assisting people with their mobility needs, confirming staff training and best practice was understood and followed.

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

- People's hydration and nutritional needs had been assessed and planned for, including preferences and needs related to cultural wishes and risks such as choking. This information and guidance had been shared with care and catering staff.
- People received daily choices of meals and drinks. People and relatives confirmed choices were offered and described the quality of food as good. A person said, "I really like it here, the food is great." Comments from relatives included, "There appears to be a good choice of food and they do things like theme meals and even have cheese and wine parties."
- We observed people to have a positive mealtime experience. People were offered a choice of meals and drinks. Independence was promoted and where support was required, staff were attentive and supportive. The atmosphere was calm and organised.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Systems were in place to ensure information was shared across services when people moved between them. This helped ensure people received continuity of care.
- People's health care needs were monitored and referrals to healthcare professionals were made in a timely manner for assessment and guidance when required.
- People and relatives told us they were satisfied health needs were monitored and action was taken when changes occurred. Comments included, "Staff will let us know when the district nurse has been in. They are very good at making sure they see the doctor or nurse when needed."
- People's care records confirmed advice had been sought from external health professionals, such as speech and language, occupational and physiotherapy services. In addition, people were supported to access hospital outpatient appointments and health services such as opticians and dental care.

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

- Wilford View Care Home is a new purpose-built care home designed to high standards, furnishings, decoration and space have been well planned and provide a spacious, modern and comfortable living experience.
- People had a choice of lounges, dining areas and outdoor space to spend their time and receive visitors. People had a choice of a wet room or disabled access bath. Corridors are wide and spacious and communal areas overlook a pleasant garden with easy access to a patio area and seating. A cinema room, hair salon with nail bar and a welcoming large, bright reception area with seating provided additional comfort and choices for people.

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

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

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

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

- People's rights under the MCA were respected. When people's ability to consent was in doubt assessments had been conducted and decisions had been made in their best interests. People's relatives and or representative, had been involved in best interest decisions.
- Consideration had been given to less restrictive options to ensure people's rights were respected.
- DoLS had been applied for as required. Where conditions were in place care plans had been developed to inform staff of what support people required.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People received care and support that respected their diverse needs, routines and preferences. One person said, "I really like it here. It is great. I would recommend it to anyone."
- Relatives were complimentary about the care and support provided by staff. One relative said, "Every member of staff has been very friendly, welcoming, and caring. We are very satisfied with the home."
- The care team was observed to be compassionate when speaking to people. They took time listening to people and attending to their needs.
- Staff knew and respected the people they were caring for and supporting, including their preferences and personal histories. Care plans showed where people had any specific needs relating to equality and diversity. This included exploring if people followed a religion and if they had any specific needs associated with their culture.

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

- People and relatives were involved in their care planning. One relative told us, "The care plan is comprehensive, and we had a meeting a couple of weeks ago, so I am happy their needs are being covered."
- We saw staff explained things as much as possible and offered people choices encouraging them to make their own decisions. For example, people were supported where they wished to spend their time, what meals and drinks they required and what activities they participated in.
- People had access to advocacy services when required. This is an independent service which is about enabling people to speak up and make their own, informed, independent choices about decisions that affect their lives.
- Staff told us they had the time to listen to people, answer their questions and involve people in decisions.

Respecting and promoting people's privacy, dignity and independence

- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. Records were stored safely maintaining the confidentiality of the information recorded.
- We observed people's mealtime and it was a dignified positive experience. People's independence was promoted during meals by providing an adequate level of support. We saw where people were prompted to eat their lunch by themselves, and where this was not successful staff assisted people to eat.
- People's independence was encouraged and prompted. One person told us, "I go to the allotment (in the garden) by myself when I can but staff is available to help if I need it."

- Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them. A staff member told us, "We always knock on the door before entering people's rooms and we ask before supporting them with personal care."
- Staff responded in a compassionate and appropriate way when people experience physical pain or emotional distress. For example, staff used a faux, robotic pet to improve a person's mood and calm agitation.
- Care plans clearly documented people's physical and emotional needs and staff knew people's individual needs well

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received individual and personalised care based on their individual assessed needs. People's care plans reflected their physical, mental, emotional and social needs, including the protected characteristics under the Equality Act 2010.
- People's personal history, individual preferences and interests were considered and understood by staff.
- People had as much choice and control as possible, for example we observed people engaging in choosing their preferred meals and activities.
- People, and where appropriate their relatives, had been involved in the regular development and review of care plans. One relative told us, "My [relation] was involved with an assessment recently. Me and my sister are extremely happy with the care [relative] is getting."

Meeting people's communication needs

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

- The registered manager and staff had developed and regularly used alternative ways to communicate with and interpret what people communicated. For example, some people were supported to use a communication board to express themselves. Another person preferred to lip read and or used a writing pad and pen to communicate with staff. It was clear from speaking with staff they knew people well and knew how each person communicated.
- The registered manager understood their responsibility to comply with the Accessible Information Standard and could access information regarding the service in different formats to meet people's diverse needs. Easy read information was available to people. For example, the complaints and a speak up policy was available in pictorial format.

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

- People were supported to engage in meaningful activities and maintain their hobbies and interests.
- The home employed staff responsible for coordinating planned and spontaneous events, including a range of group and one-to-one activities. A particular favourite was the International Day event which took place on a regular basis and people had the opportunity to taste food from around the world.
- People had access to outdoor activities, for example allotment gardening. One person told us, "I'm never bored. I like to watch snooker, sit and walk around the garden. I go to the allotment and do a bit of

gardening; we grow tomatoes and pepper. My pal (another person living at the service) goes there too."

- Staff gathered information about people's life history prior to moving into the home. Staff recorded what was important to people, which helped staff plan and provide individualised care and pastimes based on their preferences.
- During the time of pandemic, people were encouraged and supported to maintain relationships with people that matter to them and to avoid social isolation. People were supported to use technology such as Zoom calls to stay in touch with their loved ones.
- The home had made appropriate adaptations and supported with facilitating socially distanced visits for people who wished to see their families or friends. A relative told us, "We have a regular contact on the phone and been able to see [relative] through the window when we were allowed. I will say they [staff] have stuck rigidly to the rules. They even got me a visor so [relative] could see my face as she was getting distressed with the mask. They have been very thoughtful".

#### Improving care quality in response to complaints or concerns

- People and their relatives told us they would be confident to raise concerns with the registered manager or staff. One person told us, "I am perfectly happy with the place but if I had a problem, I know I could speak to any of the staff."
- The provider had a complaints policy available to people and their relatives. The complaint policy was also available in easy read format.
- All complaints received had been fully investigated in a timely manner and action taken where required to make improvements.

#### End of life care and support

- Some of the people being supported had end of life care needs. We found people's end of life care wishes had been discussed and planned with them.
- Relatives confirmed they had been involved in planning, managing and making decisions about their relative's end of life care. A relative told us, "We had the conversation about end of life care, and everything is sorted as we all wish."
- People were supported with managing their pain and other symptoms as they approached the end of their life and had access to support from specialist palliative care professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives were positive about the care and support provided. One relative said, "We would certainly recommend the service. We can't fault anything. The staff team are excellent." Another relative said, "I would certainly recommend it; the place is absolutely wonderful. It is really lovely inside, and they even have a greenhouse and nice garden, there's even a bit of a gardening club which is great for [relative]. The staff are always encouraging them to do things, they keep the residents interested. It is so important."
- The registered manager and provider had a shared vision for the service of providing high quality care and an open and transparent culture. Staff understood and upheld the provider's values and were positive about their role and responsibilities. One staff member said, "The manager is very passionate about providing the best care we can and developing a committed and robust staff team."
- Care and support was person centred and people were supported to achieve positive outcomes. The provider had invested in a variety of interesting and high-quality games and activities, including a large interactive electronic tablet for people. We saw staff supporting people to participate and engage with these.

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

- People told us they knew who the registered manager was and how they did a daily walk around and stopped and spoke with them. A relative said, "The manager is very nice and am sure would deal with any issues if we had them. I think they also care about me too and know if I was worried, I could go to them."
- People and relatives were involved and informed if things went wrong. Records confirmed the registered manager was open and transparent when incidents occurred. They completed timely and thorough investigations and communicated the outcome of these to people and or their relative or representative.
- The registered manager had developed effective internal communication systems. They attended the daily morning staff handover and also had a daily meeting with heads of department, in addition to regular staff meetings and supervision meetings. The registered manager took these opportunities to discuss any learning from incidents and reminded staff of what was expected of them in continually providing high standards of care.

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

- There was a clear staff structure of roles and responsibilities and staff were observed to be organised and

effectively communicated with each other, working well as a team. Staff had access to up to date policies and procedures to support their practice.

- A whistleblowing policy was in place and staff confirmed they would not hesitate to use this if required. Whistle blowers are employees who are protected by law to raise concerns about illegal, unethical activity; wrongdoing or misconduct within a service or organisation, either private or public.
- The provider had robust systems and processes that assessed, monitored and reviewed quality and safety. The provider had an action plan to further drive improvements to the service and both the provider and registered manager had good oversight of the service. The management team showed great commitment in continually striving to develop the service, they lead by example and supported the staff team to provide the best standard of care they could.
- The provider and registered manager met their registration regulatory requirement. This included submitting statutory notifications to inform us of incidents they are lawfully required to do.

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

- People and their families were involved in decisions about the home. People and relatives received opportunities to share their views about the service provided. The provider had developed a quality survey calendar where they consulted people about different aspects of the service. An annual survey report was then developed to share with people what the outcome and action of the information received was such as 'You said' 'We did'.
- Staff and external professionals also received opportunities to give feedback and this was analysed, and improvements made where required. Staff told us they felt valued and involved in the development of the service.
- There were regular staff meetings, these were used to share news and information with staff and to discuss areas of concern and improvements needed. The registered manager had considered the diverse needs of the staff team and staff spoke highly of their support and leadership approach.

Working in partnership with others

- The staff team worked in partnership with other professionals to ensure best practice. Feedback from two visiting healthcare professionals was positive about the communication, care and action of staff in making timely referrals and following recommendations made.
- People's care records confirmed how staff had worked with external professionals to support people to achieve positive outcomes.