

Halton Borough Council

Madeline McKenna Court

Inspection report

7 Caxton Close
Widnes
Cheshire
WA8 4DY

Tel: 01514245272

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12 February 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service:

Madeline McKenna Court is a residential home which was providing personal care for 21 people aged 65 and over at the time of the inspection.

People's experience of using this service:

People told us they felt safe and staff were kind and caring. Safeguarding adults' procedures were in place and staff understood how to safeguard people from abuse. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures were in place to ensure prospective staff were suitable to work in the home. People received their medicines when they needed them from staff who had been trained and had their competency checked. Risk assessments were carried out to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. Arrangements were in place for new staff to receive induction training. There was ongoing training for all staff. Staff were supported with regular supervisions and annual appraisals to ensure they could deliver care effectively. People were supported to eat a nutritionally balanced diet and to maintain their health.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and warm interactions between staff and people. People living in the home had been consulted about their care needs and had been involved in the care planning process.

People told us the provision of activities was limited. The registered manager was aware this was an area of development and had taken steps to address this issue.

People were aware of how they could raise a complaint or concern if they needed to and had access to a complaints procedure.

The registered manager provided leadership and took into account the views of people, their relatives, staff and visiting professional staff about the quality of care provided. The registered manager used the feedback to make improvements to the service and had established robust quality assurance systems.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow-up:

We will continue to monitor the service to ensure that people receive safe and high quality care. Further inspections will be planned for future dates.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our Well Led findings below.

Madeline McKenna Court

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was carried out by an adult social care inspector and an expert by experience on the first day and an adult social care inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their area of expertise was in the care of older people.

Service and service type:

Madeline McKenna Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 23 people in a purpose-built building.

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.

Inspection site visit activity started on 11 February 2019 and ended on 12 February 2019.

What we did:

Before the inspection, the registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We also reviewed other information that we held about the service such as notifications. These are events that happen in the service

that the provider is required to tell us about.

During the inspection, we spoke with seven people living in the home, six relatives, three members of staff, the cook and the registered manager. We also met the principal manager who was representing the provider. We looked at the care records of three people who used the service, undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as staff files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People spoken with told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "It's a lovely home. I can't find any faults with it."
- The provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. We found there was an appropriate safeguarding policy and procedure in place and staff had received training.
- The staff spoken with said they would report any incidents of actual or suspected harm and were confident the registered manager would act on their concerns. Staff were also aware they could take concerns to organisations outside the service if they felt they were not being dealt with.
- Relatives spoken with had no concerns about the safety of their family members. One relative told us, "I feel she is safe here. It is a beautiful modern home with a clean environment and a lovely atmosphere and the staff are brilliant."

Assessing risk, safety monitoring and management

- Risk assessments were carried out to identify any risks to people using the service. Examples of risk assessments relating to personal care included moving and handling, hydration and nutrition, tissue viability and falls.
- Where a risk had been identified management strategies had been drawn up to provide staff with guidance on how to manage the risks in a safe and consistent manner.
- Environmental risk assessments had been undertaken by the registered manager in areas such as fire safety, the use of equipment, the security of the building and the management of hazardous substances.
- Emergency plans were in place including information on the support people would need in the event of a fire.
- There were arrangements in place to carry out safety checks on electrical and gas installations as well as equipment in use at the home. With the exception of the gas safety certificate, all other certificates were within date. The gas safety check was carried out on the second day of the inspection and we sent a copy of the certificate. Following our visit, the registered manager sent us a matrix of all safety checks, so she could track and prompt all future checks.
- The provider had achieved a level five rating at the last Food Standards Agency check.

Staffing and recruitment

- During the inspection, we saw staff responded promptly to people's needs.
- People told us there were usually enough staff available to help them when they needed assistance. For instance, one person told us, "If I ring for anything they get there almost immediately" and another person commented, "If I ring the bell for anything they are bang on it."

- The home had a rota which indicated which staff were on duty during the day and night. We saw this was updated and changed in response to staff absence. Staff spoken with confirmed they had time to spend with people living in the home. We observed staff chatting with people on both days of the inspection.
- We noted the registered manager continually reviewed the level of staff using a dependency assessment tool which considered all aspects of people's needs.
- The provider had a suite of policies and procedures covering the recruitment and selection of new staff. However, there had been no staff employed in the home since the provider took ownership of the home. This meant we were not able to check any recruitment records.

Using medicines safely

- People were protected by safe systems for the receipt, storage, administration, recording and disposal of medicines.
- People received their medicines as prescribed. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any errors.
- There were written protocols to guide staff on the administration of medicines prescribed 'as and when required'.
- We found suitable arrangements were in place for the storage, recording, administering and disposing of controlled drugs. A random check of stocks corresponded accurately to the controlled drugs register.
- Staff designated to administer medicines had completed a safe handling of medicines course and undertook competency tests to ensure they were proficient at this task.

Preventing and controlling infection

- We saw the home had a high standard of cleanliness in all areas seen.
- Staff hand washing facilities, such as liquid soap, paper towels and pedal operated waste bins had been provided to ensure staff could wash their hands before and after delivering care to help prevent the spread of infection.
- Staff were provided with appropriate protective clothing, such as gloves and aprons. We saw staff had access to an infection prevention and control policy and procedure and noted an infection control audit was carried out in the home at regular intervals.
- An external infection prevention and control audit was carried out in June 2018. The home scored 96%. The assessor commended the home on being "meticulously clean."

Learning lessons when things go wrong

- Records were kept in relation to any accidents or incidents that had occurred at the service, including falls. The registered manager informed us she checked and investigated all accident and incident records to make sure any action was effective and to see if any changes could be made to prevent incidents happening again.
- The registered manager and senior staff made referrals as appropriate, to community health and social care services.
- An analysis was carried out of all falls to identify any patterns or trends.
- Information about any lessons learnt was disseminated to staff during handover meetings and staff meetings to minimise the risk of reoccurrence.

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

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 care needs were assessed before moving into the service, to ensure that effective care could be planned and delivered.
- We looked at a completed assessment and noted it covered all aspects of the person's needs. People were supported and encouraged to visit the home prior to admission. This ensured people were able to sample life in the home before making the decision to move in.
- People's diverse needs were detailed in their care plans and met in practice, this included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Staff support: induction, training, skills and experience

- People spoken with felt the staff were competent and knowledgeable. For instance, one person said, "I think the staff are very good. They know exactly how to help me" and a relative commented, "The staff are very competent. I have observed them frequently helping [family member], especially with the hoist."
- Staff training records confirmed there was a rolling programme of relevant training to ensure staff were able to undertake their role and fulfil their responsibilities.
- The registered manager monitored the staff training by means of a matrix and ensured all staff completed their training in a timely manner.
- Staff spoken with told us they were provided with regular one to one supervision and they were well supported by the registered manager and the senior staff. Supervision provided staff with the opportunity to discuss their responsibilities and to develop their role. Staff spoken with told us they found the supervision process helpful to them in their work.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included the care certificate. The care certificate aims to equip health and social care workers with the knowledge and skills which they need to provide safe, compassionate care.

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

- People were supported to maintain a healthy diet. We saw that a range of fresh produce was used to cook a variety of meals for people, who could choose what they wanted daily. One person said, "The food is good and if I don't like anything I just tell them and they do something else for me."
- People's preferences and dietary requirements were recorded in their care plans and observed by staff. The kitchen staff had detailed information about people's likes and dislikes and any allergies.
- We observed the meal time arrangements on the first day of inspection and noted people had a positive experience. Staff interacted with people throughout the meal and we saw them supporting people sensitively. The overall atmosphere was cheerful and good humoured.
- People's weight and nutritional intake was monitored in line with their assessed level of risk and referrals

had been made to healthcare professionals, as needed. Risk assessments had been carried out to assess and identify people at risk of malnutrition and dehydration.

Staff working with other agencies to provide consistent, effective, timely care

- The management team and staff worked closely with community organisations.
- The registered manager ensured joined up working with other agencies and professionals to ensure people received effective care. We spoke with a community professional during the inspection, who told us, "The staff are knowledgeable about people's needs and the home always has a relaxed atmosphere. They respond well to any requests. I've never heard a bad word from families."
- The home participated in the 'red bag' scheme. This was followed whenever a person was transferred to hospital. The care home staff placed essential information in a red bag, which was taken with the person to hospital. This helped to provide a better care experience for people living in residential services by improving communication between care homes and hospitals.

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

- We looked around the home and found it was appropriate for the care and support provided. Mobility aids and hoists were in place, which met the assessed needs of people with mobility problems. Doorways into communal areas, bedrooms, toilet and bathing facilities were sufficiently wide to allow wheelchair access.
- The home was built on one level and there were several sitting areas around the service.
- People had free access to a large enclosed garden.
- People were able to personalise their bedrooms with their own furniture, decorations, pictures and ornaments. People told us their bedrooms were comfortable and warm. A relative also said, "They let us personalise [family member's] furniture in her room to make her feel comfortable and more at home". All bedrooms were single occupancy and had an ensuite facility to promote people's dignity and independence.

Supporting people to live healthier lives, access healthcare services and support

- People received appropriate support to ensure their healthcare needs were met. One person explained, "I have an ongoing condition, so they are always watching me and I make sure I have appointments at the hospital."
- People's physical and mental healthcare needs were fully documented within the care planning process. This helped staff to recognise any signs of deteriorating health.
- Records showed that people had access to health professionals when required. For example, district nurses and chiropodists visited the service regularly to support people with ongoing treatments. A local GP also visited the home on a weekly basis to discuss and treat any healthcare conditions.
- We noted visiting healthcare professionals had provided positive feedback about the service in the annual satisfaction survey. For instance, a professional had written, "Staff are caring and helpful and look after the residents in a kind and caring way. Residents are treated with dignity, privacy and respect."
- The staff we spoke with had a good knowledge of people's health needs and told us they had developed strong supportive links with all healthcare services.
- All people had an oral hygiene plan and the registered manager ensured all people had regular access to a dentist.

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 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. The application 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 found staff had received training and understood the relevant requirements of the MCA. Staff spoken with said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action. We observed that staff spoke with people and gained their consent before providing support or assistance.
- Mental capacity assessments had been carried out where it had been assessed a person lacked the capacity to independently make important decisions about their care.
- Where people could not make their own decisions, the best interest decision making process was used and appropriate documentation completed.
- The registered manager understood when an application for a DoLS should be made and how to submit one. At the time of the inspection, three applications had been authorised and two were pending approval.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- All people spoken with expressed satisfaction with the care provided and made complimentary comments about the staff team. For instance, one person told us, "They treat me properly and I can have a laugh and a joke with them. I've nothing but praise for the way they look after me" and another person said, "They are very kind and patient with me and ask me what I want, I cannot fault them."
- We saw that staff interacted well with people in a warm and friendly manner and observed that people were comfortable in the presence of the staff who were supporting them. We observed that staff gave their full attention when people spoke to them and noted that people were listened to properly.
- Relatives spoken with also gave us positive feedback about the service. One relative commented, "I'm very happy with the care [family member] receives. They are always very approachable and happy to help. I have no concerns at all." They also confirmed there were no restrictions placed on visiting and they were made welcome in the home. We observed many relatives visiting during our inspection and noted they were offered refreshments.
- Staff spoken with understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's individual needs, backgrounds and personalities. They also demonstrated a good knowledge and understanding of people's life histories, health conditions and the people and things that were important to them.
- There was a 'keyworker' system in place, this linked people using the service to a named staff member who had responsibilities for overseeing aspects of their care and support.

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

- People were supported to discuss their views and be involved in all aspects of their care. One person told us, "I was fully involved in my care plan, which is kept in the office. They know exactly what I like and need and they are always asking if everything is okay."
- We saw that people had signed a form to indicate their agreement with their care plan and their consent for the care provided.
- We observed people being asked for their opinions on various matters and they were routinely involved in day to day decisions, for instance where they wished to sit and what they wanted to eat.
- People were encouraged to express their views as part of daily conversations, residents' and relatives' meetings and satisfaction surveys. The residents' meetings helped keep people informed of proposed events and gave people the opportunity to be consulted and make shared decisions. We saw records of the meetings during the inspection and noted a variety of topics had been discussed.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and people could spend time alone in their rooms if they

wished.

- All people were provided with a single room which was fitted with an appropriate lock. We observed staff knocking on doors and waiting to enter during the inspection. This approach was reflected in people's comments, for instance, one person said, "They always knock on the door and shout out my name before they come in the room."
- There were policies and procedures for staff about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy, dignity and confidentiality in a care setting.
- The staff had completed a dignity audit tool. This allowed them to reflect on their personal approaches to providing people with dignified care. The registered manager discussed the outcome of the audit as part of staff development and supervision.
- Staff supported people in a manner that encouraged them to maintain and build their independence skills. The registered manager stressed the importance of maintaining people's level of independence and explained one person had asked for more independence when staff were supporting them with personal care tasks. This resulted in the person carrying out more tasks for themselves.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person centred care which met their needs. One person told us, "I can't knock the staff at all they really look after me and I think they are absolutely first class. Friendly, helpful and they will do anything for me" and a relative said, "The core staff have been here a long time which is good, because they get to know the people very well."
- Each person's individual file contained information around their care and support needs to guide staff. The information included; care plans and risk assessments for all aspects of their daily living needs including health, social and emotional well-being. Information was also available about their life history and memories of their life and childhood. This enabled staff to understand each person's personality and history, and ensure that people were treated as individuals.
- Clear and detailed monitoring records were in place and these were adhered to by staff. The records also held details about people's likes and dislikes, social contacts and health and other professionals involved in their care.
- There were arrangements in place to review people's care documentation at regular intervals.
- Care staff understood the importance of promoting equality and diversity and respecting individual differences. This included arrangements that could be made if people wished to meet their spiritual needs by religious observance. The registered manager recognised the importance of appropriately supporting people on an individual basis.
- We saw that people participated in activities during the inspection. However, people told us, the activities were limited. For instance, one person said, "There's not much to do. We've had some exercises this afternoon which was okay, but we won't do anything for weeks now and the days are very long just watching TV and sitting here" and another person commented, "I would like a variety of things like music and plays and things we could join in with. It doesn't have to be Hollywood just something to do."
- The registered manager recognised activities were an area for development and had approached the provider to request an activity organiser. She had also applied for a grant to buy an interactive table and was considering ways people could be provided with more activities and individual time.
- The registered manager used technology to enhance the delivery of effective care and support. We noted where people were at risk of falls they were supported by the use of sensor equipment and all staff carried handsets linked to the home's call system. This enabled staff to speak with people over an intercom system.

Improving care quality in response to complaints or concerns

- People had access to a complaints procedure and were confident any concerns would be listened to and acted upon. For instance, one person told us, "I have no complaints at all. I am very happy here and if I did I would just speak to the staff or go to speak to [registered manager]."
- We saw the complaints procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with. There were arrangements in place for investigating and resolving

complaints.

- The registered manager informed us, she had received no complaints about the service.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- The registered manager told us information could be provided in different formats to meet people's communication needs.

End of life care and support

- People were supported to have comfortable, dignified and pain free end of life care.
- People and their relatives were given the opportunity to complete care plans in line with their wishes and preferences. Wherever appropriate, people's care records contained information about their preferences about how they wanted their care to be provided. This included information about their DNACPR (Do Not Attempt Cardio-Pulmonary Resuscitation) status.
- Staff involved the relevant professionals when required and obtained appropriate medicines and equipment to ensure people remained pain free.
- The registered manager used a purple butterfly symbol on people's bedroom doors near the end of their life as an indicator for visitors and contractors to be mindful of the need for a peaceful environment. There was an explanatory poster displayed in the hallway explaining the use of the symbol.
- The registered manager and a senior member of staff had completed the six steps to success in end of life care training and she updated a care register every three months in order to recognise any deterioration in people's health and well being. This meant healthcare professionals could be involved at an early stage in people's end of life care.

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.

The service was consistently managed and well led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager and staff had a clear vision and were committed to delivering person centred care that respected people's diversity, personal and cultural needs. People knew who the registered manager was and saw her regularly. One person said, "The manager is very helpful and I feel I can talk to her. I think she does a first-class job and runs the place very well. I think it's probably the best home in Widnes".
- All staff spoken with felt well supported in their roles. One staff member said, "The manager always has an open door and you can talk to her anytime. I think she's supportive and approachable."
- Where necessary, the registered manager worked alongside staff carrying out care duties. This meant she had a good understanding of people's individual needs and the pressures placed on staff. The registered manager told us she was particularly proud of the staff team and their commitment to strong teamwork.
- The registered manager understood the requirements of the duty of candour and described an incident which involved a person's documentation. As soon as an error was identified the registered manager was open and honest with all people involved and apologised for the mistake. Appropriate measures were put in place to minimise the risk of reoccurrence.
- The registered manager was continually looking at ways she could review, develop and learn. She explained how she was planning to further develop the provision of activities in the home and look at more creative ways on involving people in the service.
- Compliments received by the service highlighted the quality of the care provided in the home. We saw numerous cards during the inspection thanking the registered manager and staff for the care provided for their family members. We noted one relative had written, "Madeline McKenna Court is a great place and that is down to the dedication of the staff."

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

- The registered manager had established effective systems to monitor the quality of the service. Comprehensive audits were undertaken by the registered manager, and the systems in place to monitor the standards and quality of the service were being managed effectively. Action plans were drawn up to address any shortfalls. The plans were reviewed to ensure appropriate action had been taken and the necessary improvements had been made.
- We saw that all aspects of the service were checked, including health and safety, staff training and supervision, medicines and the environment. We saw that when shortfalls were discovered, improvements were actioned.
- The culture of the service was caring and focused on ensuring people received person-centred care that

met their needs in a timely way. It was clear staff knew people well and put these values into practice.

- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.
- The registered manager was aware of the need to notify CQC or other agencies of any untoward incidents or events within the service. We saw that any incidents that had occurred had been managed correctly in close consultation with other agencies whenever this was necessary.
- An external quality assurance audit had been conducted in March 2018 and representatives of the provider visited the home. We asked to see reports of the representatives' visits and was sent an audit conducted in August 2018. Whilst the registered manager demonstrated that all actions from the audit had been completed, there were no further documented checks by the provider. This is important to ensure there is good provider oversight of the service. As the registered manager had developed robust systems, there was no discernible impact of this situation on the people living in the home.

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

- The registered manager positively encouraged feedback from people and acted on it to continuously improve the service.
- People, relatives and visiting professional staff were invited to complete an annual satisfaction questionnaire. The last survey was conducted in December 2018. We looked at the collated results and noted all people indicated they were satisfied with the service. Several people had also made positive comments about the home, for instance one person had written, "The staff are amazing and lovely. I'm glad I came to live here" and visiting healthcare professional had written, "Fantastic team at Madeline McKenna. Always go out of their way for the residents."
- The registered manager and staff team were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the service.

Continuous learning and improving care

- Staff meetings were utilised to ensure that continuous learning and improvements took place. Staff told us that they were comfortable in raising any issues or concerns within the meetings, and that the registered manager was open to feedback.
- People told us they felt their voices were heard, and that the staff and registered manager acted promptly and learnt from the feedback they gave. For instance, one person said, "I can speak to them if I want anything and they will do their best to help."
- Information from the quality checks and feedback from daily conversations, care plan reviews and accidents and incidents was used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The registered manager told us the service had close links and good working relationships with a variety of professionals to enable effective coordinated care for people. This included healthcare professionals such as the speech and language therapy team, the district nurses and the local pharmacist who conducted audits on the service medicines storage and administration systems for quality assurance.
- Local school children visited the home every three months for shared activities and all neighbours within the close were invited to parties and celebrations in the home.