

# Hilltop House Limited

# Hilltop House

## Inspection report

30 Hilltop Road  
Twyford  
Reading  
Berkshire  
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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

Hilltop House is a care home registered to provide care for up to eight people living with mental health needs. Some of whom are older adults. The home is a large building situated within a row of houses on a residential housing estate on the outskirts of Twyford in Berkshire. At the time of inspection seven people were living in the home.

### People's experience of using this service

People consistently told us they felt safe living in the home. Staff had completed required training and understood their responsibilities to safeguard people from discrimination, harm and abuse. Staff had identified risks to people and effectively implemented measures to ensure these were reduced and managed safely. People were supported by enough staff who knew them well and how to meet their changing needs. The provider completed thorough selection procedures to ensure staff were of suitable character to support people with mental health needs. People received their prescribed medicines safely, from staff who had completed the required training and had their competency to do so regularly assessed. People lived in a home which was clean, hygienic and well maintained.

People's needs were met by staff who had the necessary skills and knowledge to carry out their duties effectively. The registered manager operated a system of training, supervision, appraisal and competency assessments, which enabled staff to provide good quality care. Staff promoted people's health by supporting people to access health care services when required and by encouraging people to eat a healthy diet.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff involved people and their relatives where appropriate, in decisions about their care, so that their human and legal rights were upheld. Staff consistently treated people with kindness and compassion. People were supported to express their views and wishes about their needs, which were respected by staff. People's privacy and dignity were promoted by staff during the delivery of their care.

People experienced person-centred care which placed them at the heart of the service. Staff felt valued and respected by the registered manager and staff who had created a true sense of family within the service. Staff were passionate about people living in the home and continuously strove to achieve positive outcomes for them. People were supported to follow their interests and take part in activities that were socially and culturally relevant to them. People and their relatives knew how to complain and were confident the registered manager and staff would listen and take appropriate action if they raised concerns. People's mental health needs had been sensitively considered when exploring their end of life wishes.

The registered manager effectively operated quality assurance and governance systems to drive continuous improvement in the service. Staff worked well in collaboration with key organisations to ensure the safe and effective delivery of people's care.

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

#### Rating at last inspection

The last rating for this service was good (report published 20 June 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

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.

# Hilltop House

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Hilltop House 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

We reviewed information we had received about the service since the last inspection, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority and professionals who work with the service. We reviewed the provider's website. 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 used all of this information to plan our inspection.

### During the inspection

We spoke with seven people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff, including the registered manager and area manager who were providing support to the manager, and six care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with two community professionals, who were supporting people using the service.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures were reviewed. We observed medicines being administered and the support people received in communal areas, including the preparation and consumption of meals.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at personnel and quality assurance records that were forwarded.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported to stay safe at Hilltop House. People were protected from avoidable harm and discrimination by staff who had completed safeguarding training and knew how to recognise and report abuse. People told us they felt safe and trusted the staff who supported them.
- The registered manager had established and effectively operated systems, processes and procedures to protect people from the risk of abuse and poor care. The provider followed their processes if concerns were raised about people's safety. For example, staff cooperated with other agencies such as the local authority to investigate concerns.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. Staff effectively identified and assessed risks to people, which they managed safely. For example, people had management plans to protect them from the risks of choking, malnutrition and those associated with their mental health diagnoses.
- Staff knew people's individual risks and how to support them safely to reduce these risks. This helped to keep people safe, whilst promoting their independence, undertaking activities that they enjoyed. Risks to people associated with their behaviours were managed safely. Restrictions were minimised to ensure people felt safe but also experienced the most freedom possible, regardless of any disability or other needs.
- Staff completed regular safety checks to manage risks relating to the premises. There were arrangements in place to address any foreseeable emergency, such as fire, flooding or contagious illness. All relevant safety information such as the evacuation plan and fire safety plans were readily accessible. Each person had a personal emergency evacuation plan.

Staffing and recruitment

- The provider had completed relevant pre-employment checks to ensure staff were suitable and had the necessary skills and character to work with people living with mental health needs. These checks included prospective staff's conduct in previous care roles and their right to work in the UK.
- There were enough staff, with the right mix of skills, to support people safely, in accordance with their support plans. Staff consistently told us their workload was manageable and organised to enable them to spend quality time with people.
- People, relatives and professionals told us people experienced good continuity and consistency of care from regular staff who knew them well. The provider effectively recruited and retained staff, who were able to develop meaningful relationships and nurture trust in people.

Using medicines safely

- People received their medicines from staff who had completed the provider's mandatory training. This training was also supplemented by additional training from the dispensing pharmacist used by people living in the home. The registered manager completed annual competency checks to make sure staff training had been effective and was implemented in practice.
- The provider completed regular audits to check staff administered medicines in line with the provider's policies and procedures. These clearly identified any issues or actions to be taken. Staff were aware of the action to take if a mistake was found, to ensure any potential harm to a person and any future recurrence was minimised.
- Where people had 'as required' medicines (PRN), for example for pain or for anxiety, there were clear protocols for their use. This included signs and indications for use, maximum doses, when to seek professional support and advice and on how to record their use. The registered manager consistently checked that the reason for administration of PRN medicines was valid and recorded.

#### Preventing and controlling infection

- People, relatives and community professionals consistently told us the home was kept very clean. Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection, in accordance with the provider's policies and procedures. Cleaning schedules demonstrated that daily, weekly and monthly tasks had been completed. Staff consistently wore personal protective equipment, such as aprons or gloves to prevent cross contamination. We saw that colour coded cleaning products and equipment were used to assure infection control.
- Staff supported people to recognise and manage risks within the home relating to infection and hygiene and promoted people's awareness in doing so. For example, staff promoted people's independence by encouraging them to follow good food hygiene practice.
- Staff had completed food hygiene training and we observed staff followed correct procedures whenever food was prepared or stored. The service had achieved a good rating during their last inspection by the Food Standards Agency. This meant that food was prepared safely, and the kitchen was kept appropriately clean to prevent the risk of cross contamination and infection.

#### Learning lessons when things go wrong

- The registered manager had developed an open culture, where staff felt empowered and confident to report incidents. Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.
- All accidents and incidents were recorded and reviewed daily by the registered manager, who took prompt action to implement any lessons learned. For example, a full review of a person's risk assessment, involving relevant dietetic professionals, took place in relation to a choking incident. This meant the provider had taken necessary action to reduce the risk of further incidents and accidents.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 assessments and care plans considered relevant standards and guidance. Staff understood and delivered care in line with standards from NICE (National Institute for Health and Care Excellence), other professional bodies or organisations and advice from specialist healthcare professionals.
- The service achieved good outcomes for people by delivering care based on effective assessments and care plans. Care and support plans were comprehensive, considered all aspects of people's lives, clearly detailing their needs, individual preferences and choices, how they wished to be supported and expected outcomes.
- People and relatives praised the skill and expertise of staff, particularly their understanding about how to support people living with mental health diagnoses and individual complex needs.

Staff support: induction, training, skills and experience

- Staff had been supported to develop and maintain the required knowledge, skills and experience to support people effectively and safely. Induction for new staff was based on the Care Certificate which sets out an agreed set of 15 standards for workers in the social care sector.
- Staff received appropriate support from the registered manager which enabled them to fulfil their roles and responsibilities. Staff confirmed that they had received formal bi-monthly supervisions, although these had not always been recorded. At the time of inspection, the registered manager was in the process of updating these records.
- Staff consistently told us the management team encouraged discussions between staff, which made them feel involved and engaged in the development and improvement of the service.

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

- People were supported to have enough to eat and drink to remain healthy. Staff knew about people's specific diets and personal preferences.
- Care plans detailed information about the individual support people needed to eat and drink safely. Where people were at risk of choking, support from speech and language therapists had been incorporated into care plans.
- We observed staff support people to eat and drink in accordance with their nutritional plans. Staff involved people in choices about what they ate and offered a selection of their preferred food and drinks. People consistently praised the quality of the homecooked food provided. One person said, "The food here is better than any restaurant and [named staff] cakes are better than Mary Berry's."

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

- Staff worked well together to ensure that people received consistent, well-coordinated, person-centred care and support. The service worked well with other agencies to achieve good outcomes for people, who were supported to access healthcare services and support when required. The registered manager and staff effectively shared information and communicated with other agencies to ensure people experienced well organised, joined up care.
- Health care professionals consistently told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records were accurately maintained of any advice offered with follow ups were documented.

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

- People were involved in decisions about the premises and environment and their individual preferences, and support needs were reflected in how the premises had been adapted and decorated.
- Decoration was homely, comfortable and was well maintained. The service had an on-going refurbishment plan. For example, a new boiler and wet room had recently been installed.
- There were suitable shared areas in the home and enclosed garden which people could use to spend time together with visitors or to take part in activities.

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

- People had annual health checks with their GP surgery. Staff also supported them to access health screening based on their gender, age and health conditions such as diabetes. Where there were concerns noted about someone's health, staff raised these with the registered manager who promptly referred these to the relevant health professionals. Staff clearly understood the importance of peoples' oral health and the potential effect on their general health, wellbeing and dignity.
- People had access to healthcare services when required to support their mental health needs. Staff worked effectively with the community mental health team, to achieve effective outcomes for people and to promote their mental well-being.
- People's care and support considered their day to day health and wellbeing needs. People were enabled to join in group activities designed to support their wellbeing, such as gentle exercise and singing sessions. Staff supported people to exercise in accordance with recommendations from physiotherapists and occupational therapists.

#### 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. 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.

- Staff understood the legal requirements and good practice guidance if people lacked capacity. Staff training included considerations of mental capacity and deprivation of liberty. At the time of our inspection, everybody living at Hilltop House was doing so with their consent, which meant nobody was subject to a DoLS authority..
- People's legal rights were upheld by staff working within the principles of the MCA. Staff understood the need to obtain consent. Staff sought people's consent in accordance with their communication support plans to determine if they consented to, or refused the support offered.
- Staff encouraged people to make their own decisions and ensured those important to the individual were

involved in this decision making, where appropriate.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff consistently treated people with kindness and respect, whilst promoting their happiness and well-being. Staff consistently spoke with pride and fondness about people they supported and their achievements. Professionals described a family atmosphere within the home and consistently reported they experienced a warm welcome from staff, who were open and friendly. People were relaxed and comfortable around staff. Without exception, people told us they liked all the staff who supported them. One person told us, "I am so happy here because all the staff are so lovely and now I feel that I have found a home where I don't have to worry."
- People had as much choice and control as possible in their lives. This included choices in relation to their preferred staff. People were involved in the recruitment process of new staff and were able to choose the staff members they wished to be their keyworkers. A keyworker is a member of staff who works closely with a person, their families and professionals, to develop their trust and confidence so they can get to know the person and their needs well. One person told us, "It was a really hard choice because I love them [staff] all but in the end I chose [two named staff] because we get on so well and they are quiet and gentle like me."
- Staff had completed equality and diversity training and knew how to care for people's emotional and spiritual wellbeing, in line with their wishes. Staff ensured people were protected from discrimination, and their diverse and cultural needs were respected. Care plans included information about people's cultural requirements and spiritual beliefs. People told us they experienced good continuity and consistency of care from regular staff, with whom they shared a special bond.

Ensuring people are well treated and supported; respecting equality and diversity

- People were actively involved in their care and support decisions. Care plans and risk assessments were reviewed regularly, which ensured they were accurate and reflected people's current needs and preferences. Staff knew people's interests and preferences and supported them to access community activities of their choice, which enriched the quality of their lives. Staff were skilled at supporting people to express their views and make choices around their care, which were explored as part of people's daily routines.
- The registered manager consulted people about individual decisions about the service, which affected their care and support. These included major changes, for example the building of a conservatory to smaller changes such as daily menus. The registered manager arranged bi-monthly 'residents meetings' where people could raise any concerns and discuss issues that were important to them. These were minuted to allow people to reflect and refer to previous meeting minutes at their leisure.
- Staff knew people's communication abilities well and how they expressed their views. Staff understood each person's individual ways of communicating. During our inspection, we observed people consistently

making choices about how they wanted to spend their time. Staff consistently encouraged people to manage their own behaviour and follow their individual support plans. For example, people were enabled to understand and prepare for forthcoming events and activities, which reduced their anxieties and reassured them.

#### Respecting and promoting people's privacy, dignity and independence

- There were arrangements in place to make sure people's independence was respected and promoted. People's care plans were focused on helping people to be as independent as possible. Respect for people's privacy and dignity was reflected in people's day to day care and support. People told us staff knew how to respect their privacy and dignity during support with personal care.
- Staff clearly understood people's social needs. People were supported to maintain and develop relationships with those close to them, their social networks and links to the wider community.
- People's confidentiality was maintained. Records were kept securely. Any confidential conversations with people or staff were completed discreetly and in a private area of the home.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported. Support plans clearly reflected things that were important to people, as well as their support needs and clearly demonstrated an effective multi-disciplinary approach. For example, staff engagement with community mental health and occupational therapy teams.
- People received personalised care which met their needs and enabled them to live as full and independent a life as possible. For example, staff were working with an occupational therapist to support a person with a severe visual impairment to access the community independently by catching a local bus on their own.

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.

- Staff provided care in accordance with the AIS. People's communication needs had been assessed and people had a communication support plan which detailed what support they required to communicate effectively.
- Staff were knowledgeable about how different people expressed themselves and during our inspection we observed that staff took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

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

- Staff planned and promoted high-quality, person-centred care to deliver good outcomes for people. This encompassed the physical, mental, emotional and social aspects of a person's life and provided opportunities for people to enhance their social lives and addressed their health needs.
- Staff supported people to take part in activities according to their wishes and abilities. For example, staff supported people to access local facilities and activity centres, which increased their sense of independence. On the day of the inspection some people went to visit a local activity centre where they volunteered, whilst others went for a walk. The service also supported people to take part in activities that were relevant to their interests and personal history. For example, one person liked to visit the theatre, whilst another liked to watch football. People consistently told us they enjoyed the activities they were

supported to take part in, both in the community and within the home. One person told us, "There's always lots to do and they [staff] are always encouraging everyone to take part." Where people chose not to participate in planned activities the staff ensured they received individual one to one sessions and engaged in other stimulating activity of their choice. For example, one person enjoyed talking about football and their favourite team.

- Staff encouraged social contact and supported people to engage in cultural activities, which helped protect them from the risk of social isolation and loneliness. For example, one person was supported to meet family and friends when they visited their church.

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

- People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.
- There were effective systems to deal with complaints. The provider had a complaints policy which detailed how and to whom a complaint could be made. People and relatives were aware of the provider's complaints process and knew how to use it. Relatives were confident that if they raised concerns these would be addressed, and appropriate action taken as a result.
- The registered manager told us no formal complaints had been made since the last inspection, which records confirmed. People and relatives told us that when they had raised concerns, these had been resolved by the registered manager and staff. For example, one person told us when they had a problem with their television, it was fixed immediately.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of our inspection.
- People had been given the opportunity to discuss their wishes in relation to end of life care and their preferences, wishes and advanced decisions had been recorded. People's wishes were reviewed regularly.
- People's mental health needs had been sensitively considered as part of the end of life care planning process to provide people with reassurance and reduce any worries they may have.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- The provider had established effective management systems to promote person-centred care. The registered manager and staff consistently placed people at the heart of the service and clearly demonstrated the caring values and ethos of the provider. People, relatives and professionals described the registered manager to be conscientious and committed to the people living in their home, who led by example and provided a good role model for staff. Staff consistently told us they were inspired and motivated by the registered manager to provide the best care possible to people. The registered manager had developed a strong team spirit amongst the staff who were supportive and appreciative of one another. The collective responsibility of the registered manager and staff ensured people experienced high quality care which achieved their desired outcomes.
- The registered manager had cultivated an open and inclusive culture, where people and staff felt valued. Staff praised the registered manager for supporting them compassionately and sensitively when they were experiencing personal difficulties. For example, rearranging duties so staff members could provide appropriate support to their family members. The registered manager and some staff members had worked at the home for over ten years, which highlighted the stability and culture within the service.
- People experienced high quality personalised care from a stable staff team who were committed to ensuring they received care which was individual to them. Staff recognised the importance of knowing people well and could share comprehensive details about the people they supported.

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

- The provider had a policy that clearly identified the actions staff should take in situations where the duty of candour would apply.
- There had been no serious incidents at the home since the last inspection. However, the registered manager and staff were aware of their responsibilities under the duty of candour. The service was managed in an open, transparent way with honest communication with people and their families. When relatives raised concerns the registered manager and provider listened to the concerns, apologised where necessary and took swift action to address the concern.
- The registered manager had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.

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



## regulatory requirements

- The registered manager had established and operated an effective governance system within the service. The registered manager was supported by the nominated individual by means of weekly meetings and visits to the home. This ensured there was continuity of management and that standards were maintained. There was a good understanding of quality performance throughout the organisation. There was a system of internal quality audits by staff. The registered manager reviewed those audits where other staff were responsible and kept an overview of the quality of service provided.
- There was a clearly defined management structure within the service. The registered manager and staff understood their individual roles and responsibilities, and the importance of working together to achieve the best outcomes for people. The registered manager was often rostered to work alongside staff. This allowed them to carry out informal competency observations to monitor quality and individual staff practice. This ensured people experienced a consistent level of support. Staff communicated effectively with each other in relation to people's changing needs and moods, to ensure they always received appropriate care and support. The registered manager completed quality assurance checks to ensure all relevant information was shared accurately during handovers and that necessary action was taken by staff to meet people's changing needs.
- The registered manager was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner, which meant that the CQC could check that appropriate action had been taken.

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

- The registered was highly visible within the service, readily approachable. and spent meaningful time with people, relatives and staff. People and relatives told us their views were listened to, and were acted upon. Staff were enthusiastic about their role in supporting people and spoke positively about the home, the registered manager and the provider. The registered manager recognised good work by individuals in supervisions and team meetings. Staff consistently told us that the provider encouraged them to share their ideas to improve the quality of care people received.
- The registered manager and staff encouraged people who used the service and others to engage with and be involved with the service. There were regular staff and residents' meetings. Minutes of meetings showed action had been taken to address any issues raised. There was widespread involvement with the wider community. The provider used community contacts to enhance people's wellbeing in the home, and to enable people to take part in events outside the home. These included church services, performances and productions by local organisations and groups.
- The registered manager and staff worked in collaboration with external agencies to help ensure people received high quality care. Professionals consistently told us they were impressed by the person-centred approach of the registered manager and had confidence in the staff's willingness and ability to follow their guidance to meet people's needs.

## Continuous learning and improving care

- The registered manager effectively operated systems and processes to improve the service. For example, there was an improvement plan which identified future actions to enhance the environment of the home. Staff recorded accidents and incidents, which were reviewed daily by the registered manager to identify other areas for improvement. This ensured the registered manager fulfilled their responsibility and accountability to identify trends and took required action to keep people and staff safe.
- The registered manager effectively assessed and monitored action plans, to ensure identified improvements to people's care were implemented.
- Staff received constructive feedback from the registered manager, which motivated them to improve,

enabled them to develop and understand what action they need to take.

#### Working in partnership with others

- The registered manager had developed good links with local community resources that reflected the needs and preferences of the people who used the service. The provider worked effectively in partnership with other agencies. For example, the service worked closely with the community mental health team and there was good two-way communication with other professionals to make sure people received care and support that met their needs.
- We saw evidence of effective, collaborative working with a broad cross section of health and social care professionals throughout the inspection, which consistently achieved good outcomes for people.