

The Brandon Trust

Wraxall Road Nursing Home

Inspection report

2-4 Wraxall Road
Cadbury Heath
Gloucestershire
BS30 8DN

Tel: 01179600430
Website: www.brandontrust.org

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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

Wraxall Road is a residential care home providing personal and nursing care for 14 people. People who live at the home have learning and physical disabilities. There were 13 people accommodated at the time of the inspection.

The home met many of the characteristics that underpin the Registering the Right Support and other best practice guidance. However, it was registered prior to this guidance being implemented and is a larger home than meets current best practice.

The size of the service having a negative impact on people was mitigated by the building design. The home was divided into two houses. There were deliberately no identifying signs outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

The values set out in the Registering the Right Support include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen. These values were very much part of life at Wraxall Road.

People living at Wraxall Road had complex needs and some were unable to communicate verbally. Staff continued to provide people with daily choices on what they wanted to eat, wear and choice in respect of activities. Staff knew people extremely well and were responsive to changes in body language, gestures and their nonverbal communication. Staff were very caring and provided people with care tailored to their needs promoting their rights to an ordinary life.

People were receiving care that was responsive and effective and tailored to their needs. Care plans were in place that described how each person would like to be supported. Improvements had been made and now all information was accessible to staff in one central folder. This enabled them to get a full picture of how people would like to be supported. The registered manager had reviewed how staff recorded information to make it more streamlined and avoid duplication.

People had access to other health and social professionals. Safe systems were in place to ensure that people received their medicines as prescribed.

People were supported to take part in social activities in Wraxall Road and the community. Annual holidays were arranged for those people that wanted to go away.

People received safe care. Staff understood safeguarding procedures. Risk assessments were in place to reduce and manage risks within people's lives. Staff recruitment procedures ensured that appropriate pre-

employment checks were carried out.

Staff were trained to support people effectively. Good communication was in place in the form of daily handovers, team meetings and one to one supervision.

The service was well led. There were suitable quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided.

Rating at last inspection

Good (report published December 2016)

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.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.

Wraxall Road Nursing Home

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

One inspector carried out this inspection. A member of CQC support services supported on the first day. The inspection was completed on the 18 and 20 June 2019.

Service and service type

Wraxall Road 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 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 inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with a person who used the service and three relatives about their experience of the care

provided. We spoke with four members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We looked at training data and quality assurance records. We also spoke with a further relative on the telephone to gain their views and experience of the service.

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

- Concerns and allegations were acted on to make sure people were protected from harm.
- There was a safeguarding and whistleblowing policy in place which set out the types of abuse, how to raise concerns and when to refer to the local authority.
- The registered manager had followed the multi-agency safeguarding procedures to report any safeguarding incidents and had worked with external agencies to investigate.
- Staff had received safeguarding training and understood how to keep people safe from abuse or harm. Safeguarding was a regular topic discussed at staff meetings.
- Staff knew how each person expressed if they were distressed or unhappy about something. They closely monitored changes in people's behaviour. This was important as most of the people were unable to verbally communicate if they were unhappy.

Assessing risk, safety monitoring and management

- People continued to receive a safe service because risks to their health and safety were well managed. Care records included risk assessments about keeping people safe whilst encouraging them to be independent.
- Staff understood the risks to people and knew the actions to take to keep people safe.
- Emergency plans were also in place to ensure people received the support they needed in the event of a fire or other incidents. There was a grab bag by the main door containing information to ensure continuity of care for people in the event of an emergency.
- Moving and handling equipment was checked regularly by the staff to ensure it was safe and fit for purpose. This was in addition to external contractors that serviced the equipment.
- People had an individual profile on how they were supported with moving and handling, detailing the equipment and the staff support they needed to keep them safe.

Recruitment

- The provider had a system in place to make sure they only employed staff once they were satisfied of their suitability to work with people. The registered manager told us all recruitment information was held at the Trust's head office and arranged for a selection of staff files to be delivered to the service.
- Disclosure and Barring Service (DBS) checks had been carried out to check whether staff were suitable to work with people in care homes. The records included confirmation that gaps in employment history had been checked.

- The registered manager was actively recruiting to ten vacant support worker posts. Four staff were either planning to start or had started working at Wraxall Road. The registered manager said the reason for the staff vacancies was that three staff had recently left and one person had been commissioned to have more one to one hours.

Staffing

- Since the last inspection, staffing had been increased. There were now seven care staff working throughout the day and evening in both Allen House and School House. A member of staff was supporting one person throughout the day and evening on a one to one basis.
- There was a nurse on duty at all times. At night there were two waking night staff and a nurse providing the sleep in cover. The nurse was contactable in the event of an emergency.
- Staff told us staffing levels were safe and sufficient to meet people's needs. They told us a small core group of bank and agency staff were used to ensure continuity. Staff told us this was improving with the ongoing recruitment of new staff.
- The atmosphere in the home was relaxed and staff were spending time with people either in the home or out doing social activities.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medication records confirmed they received their medicines as required.
- Where people received medicines 'as and when required', there were guidelines in place for staff to follow. This gave them information about the reason the medicine was required, when it could be given, and the potential side effects.
- Staff completed training in medicines administration and their competency and knowledge was checked every year.
- The registered manager checked medicines records regularly to ensure medicines were given to people safely and in line with the GP's instructions.

Preventing and controlling infection

- Infection control was managed well. Staff had received infection control training and followed safe practices; washing hands and using gloves and aprons appropriately.
- The home was clutter free and clean. Cleaning schedules were in place to guide the care staff and the domestic staff on what was expected of them.
- There was an infection control lead for the service who completed regular checks on the environment and the staff practice.
- The registered manager was in consultation with the landlord to replace the kitchen. This was because some areas of the worktops were chipped. This meant they could not be cleaned effectively.

Learning lessons when things go wrong

- A written log of accidents and incidents was recorded. The registered manager oversaw the monitoring of this information, completing internal investigations and implementing actions to reduce the risk of reoccurrence where applicable.
- A member of staff was responsible for reviewing these records to monitor for patterns and trends. For example, a person who was at risk of falls had been referred to the falls clinic and physiotherapy. Resulting in a new chair being purchased for this person and their risk assessment being updated. Staff were aware of the risks for this person.

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 the effectiveness of people's care, treatment and support was achieved with good outcomes.

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

- People had their needs assessed before they moved to the home. Information had been sought from the person, their relatives and other professionals involved in their care.
- Information from the assessment had informed the plan of care. Care plans were detailed enabling staff to provide consistent support to people.
- People's equality and diversity needs were identified within their care plans. Staff received training in equality and diversity to be able to meet people's individual and diverse needs. There was a person centred approach to the delivery of care.
- The registered manager and the nurses were knowledgeable about supporting people with complex needs. They were aware of the legislation that underpins what they needed to do to support people and provide a quality service.

Staff support: induction, training, skills and experience

- People were supported by staff who received ongoing training.
- New staff had an induction programme, which ensured they received training in areas relevant to their roles. They were supernumerary for a period of two to three weeks depending on experience. This enabled them to work alongside experienced staff and get to know the people living at Wraxall Road. New staff told us they had ongoing support during their induction.
- Staff confirmed they received the training they needed to support people effectively including the clinical skills they needed to support people. Team meetings included an element of training and sharing of knowledge.
- Specialist training was in place to ensure staff could support people effectively. This included epilepsy training and supporting people to eat and drink safely.
- A member of staff told us training was always kept under review. New training had recently been added which included children's safeguarding and trips and falls. This was now mandatory for all staff.
- Staff received regular supervision and an annual appraisal. Staff told us they felt well supported in their roles and about the recent improvements to the induction process to ensure new starters were better supported.

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

- People were provided with meals and drinks they enjoyed and supported to make healthy eating choices. Records were completed of food and fluid intake. This was important as the people were unable to express

what they had consumed throughout the day.

- People were given choices of meals and drinks. We saw the staff encouraged people to eat and drink enough to maintain good health.

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

- People who lived in the home had complex needs. The registered manager and staff had ensured people received support, as they needed, from specialist services. This included speech and language therapy team, dietitians, physiotherapists and podiatrists. The advice given by health care professionals had been included in people's care plans and followed by staff.
- Feedback from health and social care professionals confirmed that referrals were made promptly, and their advice was followed.

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

- Staff spoke positively about the relationship with the GP practice. They had a named GP who visited the service weekly. This enabled the GP to get to know people and provided continuity.
- Annual health checks were completed, and each person had a health action plan.
- People's weight was closely monitored. Staff were aware that if they were concerned they could liaise with the person's GP, dietitians or speech and language therapist.
- Where people were at risk of choking staff had liaised with the appropriate professionals to ensure food and drinks were at the correct consistency. New staff, bank and agency had pocket size laminated cards with information about people's dietary needs.
- Staff worked with other health professionals to support people. This included the community learning disability team.
- People had a grab bag in the case of an emergency admission to hospital this contained all they needed to make their stay comfortable. Staff told us they usually stayed with people until they were comfortable on the ward and visits were organised throughout their stay. This was to provide emotional support and continuity of care.

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.

- The registered manager had made appropriate applications to the local authority for DoLS and had a 'tracker' system to monitor their progress and when an authorisation was due for renewal.
- Staff understood the importance of seeking consent and involving people in day to day decisions. They had received training in the Mental Capacity Act.
- Where people lacked the capacity to make certain decisions, assessments had been undertaken and best

interests decisions made on people's behalf. Relatives and health and social care professionals had been consulted and involved in the process.

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

- Wraxall Road was purpose built to accommodate people with physical disabilities. The service was split into two areas, Allen House and School House. There were separate entrances to each property with a connecting corridor in the centre where the laundry and main office was situated. Each house had access to a kitchen, bathrooms and a lounge.
- Each person had their own bedroom. These had been personalised to suit the known preferences of the person.
- Bathrooms were specially equipped to support people with a physical disability.
- There was a redecoration programme in place with many areas having been decorated since our last inspection. Some of the areas had changed purpose since the last inspection, a small quiet space had been developed for staff and people. One of the lounges had been divided to provide a sensory area for people. Toilets that were not being used had been changed to storage areas, which was useful to store equipment and continence aids. This had helped in making the home feel less cluttered.

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 means 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 were caring, compassionate and kind in their approach to people. People looked comfortable in the presence of staff. One person said, Wraxall Road is now their home and they were happy here.
- People received really good care from staff. This was shown when three people over the last six months had been really poorly and potentially at end stages of life. All three people had made a full recovery due to the dedication and high standards of care. These three people were now going out with staff and doing the things they enjoyed. One person was seen using the accessible wheelchair swing in the garden with staff and their family.
- A relative commended the service on how the staff had supported one of the three people recently in hospital and on their return. They said, "Because of the dedication of staff X is still with us". They told us the staff were excellent in their support with many staff visiting on their days off.
- Staff were extremely knowledgeable about the people they supported. They described how they recognised signs of pain, upset or when they were happy from people's body language and facial expressions. They also told us about the things people liked to do. This was important as people were unable to verbally tell us or the staff about their experiences. The staff were passionate about providing care that was tailored to the person. There was not a one size fits all, which was clearly evidenced when talking with staff.
- Relatives spoke highly about the service and how staff supported people. Sometimes on their days off. We heard about trips to Weston Super Mare to meet up with their extended family, birthday parties that had been organised and support to attend football matches.
- A relative highly praised the service telling us it was wonderful. They said their son was really well cared for and happy". They told us staff go the extra mile. They said it was a happy home and staff made it jolly and fun which had a really positive impact on the people living in Wraxall Road.
- People were supported with their dreams and aspirations. One person had been on a cruise. Photographs had been taken to capture this person's experience. Staff were really passionate about people having opportunities to experience life outside Wraxall Road.
- People were supported to go on holidays. A relative commended the staff for supporting a person to go on a family holiday. It was evident there were special memories made and enabled the person to spend time with their extended family with support from a member of staff. The team had also applied to a charitable fund to support another person to go on an annual holiday. Without this they would not have been able to have a holiday.

- Relatives confirmed photographs had been shared with them of their loved one's experiences. A relative said, "I know they had enjoyed themselves as they were smiling in all the photos taken during their recent holiday to North Devon".
- People were not discriminated against because of their physical disability. Everyone living at Wraxall Road needed one to one support when out in the community because they needed assistance with mobility. They were provided with opportunities that other people could freely enjoy such as music festivals and going to other venues in the City of Bristol and surrounding areas.

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

- Staff gave people time to respond, listened to them and provided sensitive support to ensure their needs were met. Staff adapted their communication methods to suit each individual. For example, a person would raise their arm to indicate what they wanted. Staff were patient and waited for the person's response.
- People had access to advocacy services. An advocate is someone that can help people speak up, so their needs are heard and support with important decisions.
- People had communication passports to enable staff to understand people in relation to their non-verbal communication. This ensured there was a consistent approach and enabled staff to build positive relationships with people.
- Each person had a coordinator (a nurse) and a key worker who spent time with them on an individual basis. This time enabled them to plan activities, organise trips and spend time with them. They also completed a monthly review of care and support that had taken place and set goals for the forthcoming month. It was evident the key workers actively supported people in speaking out on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Dignity and privacy were upheld for people to ensure that their rights were respected. Staff spoke about people fondly and respectfully throughout the inspection. They were careful about confidentiality and ensured that information that was personal was not discussed in communal areas of the home.
- Staff closed bedroom doors when supporting people with personal care. Staff were heard asking permission to assist people, offering reassurance and clearly explaining to them what they were doing.
- Staff promoted and helped people to maintain their independence. For example, providing adapted crockery and cutlery, so they could eat independently with little or no staff support.
- People were supported to maintain and develop relationships with those close to them and staff recognised the importance of family and personal relationships. Relatives confirmed they were made to feel welcome and part of life at Wraxall Road.

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 requires improvement. At this inspection this key question has now improved to 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

- Improvements had been made to how information was kept about people. Each person had one file rather than four containing all the information they needed to support people. This enabled information to be accessible. Information had been streamlined to avoid duplication and reduce time staff spent recording.
- People's care plans contained comprehensive information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions. These had been updated as people's needs had changed and kept under review.
- People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs.
- Staff said there had been improvements in supporting people to go out in the community. They said the majority of people were going out at least twice a week. This was because more staff could drive the mini bus and the ongoing recruitment to the team.
- External providers of entertainment visited the home regularly such as musicians, animal therapy, and expressive arts.
- Trips to places of interest were regularly organised. People were supported to go to the theatre to see shows, and music venues and festivals. From talking with staff, it was evident that people's physical disability did not stop them from taking part in a range of activities.

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 was aware of the accessible communication standards and told us of ways in which the service was meeting the standards.
- Each person had information on how they communicated within their care plan. This included how staff should support people to make decisions. Care plans and some policies were in an accessible format. Written in plain English, including pictures and photographs. There was a notice board that included pictures of the staff that were on duty.

- Important information was shared across organisations to ensure people's needs were known and understood by others. For example, 'Hospital Passports', were used to record and share information with hospital staff, about a person's health and social care needs in their ongoing care.

Improving care quality in response to complaints or concerns

- There was a policy and procedure on display in an easy to read format, which explained to people how to make a complaint.
- Staff recorded any complaints so that improvements could be made. The registered manager spoke of using complaints as a way of reflecting on issues raised and improving care. The service received one complaint in the last 12 months and this was dealt with swiftly liaising with other health and social care professionals and the family.
- Relatives were aware of how to raise concerns. Comments included, "Would have no hesitation in speaking with staff or the manager if I was unhappy with the care", and "No complaints at all in the 18 years. Cannot fault the service and would highly recommend 100%".

End of life care and support

- End of life wishes in the event of a person's death such as whether they wanted to stay at home, the funeral arrangements, any specific requests such as music and flowers was recorded. Relatives and staff who knew people well had been involved in these discussions.
- Staff confirmed they would seek advice from other professionals including district nurses, palliative care specialists and the person's GP to ensure appropriate equipment was in place. This included any pain relief to ensure the person was comfortable and pain free.
- The service received positive comments from a person who completed an independent Learning Disabilities Death Review (LeDeR). This was completed to check that everything possible was done for the person at the end of their life to see if any lessons could be learned.
- The service had experienced three deaths in the last 18 months. Photographs were displayed of the people in their memory. People had been supported to attend the funerals and celebrate their life. Staff had supported and visited people in hospital prior to the death often in their own time.

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 and how service understands and acts on the duty of candour.

- The provider's aims and objectives for the service demonstrated there was a culture of putting people first, respecting their diverse needs and creating opportunities for new experiences. We saw that this happened in practice. For example, one person had been supported to go on their first holiday for many years with family supported by a member of staff.
- The registered manager was proud of the staff team and worked hard to get the best from them, developing their confidence and skills to empower them. This was seen in the way they supported staff and valued their contributions to supporting people.
- Staff spoke positively about the registered manager. It was evident they were supported in their roles with good lines of communication. The registered manager actively supported people working alongside the staff team.
- Staff told us about a recent team away day, which had been really positive in respect of the development of the team. Comments included, "It enabled us to get to know each other better" and "Very useful in bringing us all together as there are a lot of new staff". Staff said they had honest and open communication about how the service was running.

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 registered manager was clear about her responsibilities for reporting to the CQC and the regulatory requirements of her role.
- Complaints, accidents, incidents and risks were clearly identified, and action taken to keep people safe. These were routinely reviewed to look for any themes.
- Relatives confirmed they were kept informed about any changes or concerns about the service and their loved ones. They were also involved in care reviews and decisions that were made in a person's best interest.

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

- Since the last inspection, there had been a change of manager. The registered manager was previously the deputy manager for the service. They clearly knew people well, their relatives and the team. They were

extremely passionate about providing care that was person centred. A relative said, "X (name of manager) is amazing. She gets things done and what she said she will do she does". They said they had not always experienced this in the past.

- A representative of the provider visited monthly to review the service and support the registered manager. The registered manager compiled monthly reports to enable the provider to monitor the service in respect of service delivery, staffing and concerns. The registered manager said they were well supported in their role.

- Staff told us they had delegated responsibilities and lead roles. This was important to ensure staff felt valued and part of the team.

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

- There was evidence to show equality and diversity, privacy, dignity and freedom of choice had been embedded into the culture of the home. These values were clearly shared by the team and were reflected in people's support plans and in the standards of care and support that people received.

- The views of people, their relatives and staff were sought through an annual survey. Surveys were used to evaluate the whole organisation. The registered manager said this was being reviewed to enable each service to gain feedback.

- People were able to maintain contact with family and friends. There was an open visiting arrangement. A quarterly newsletter had been implemented to let friends and family know what was happening in Wraxall Road.

Continuous learning and improving care

- Effective systems were in place to monitor the quality of the service and the care provided. A range of audits were completed by the registered manager and provider. There were service development plans to address areas for improvement for the service.

- The registered manager was looking to continually improve the service. They were part of a learning disability nurse forum. This gave them access to advice and up to date information relating to people's support needs. They also attended meetings with other managers working for Brandon Trust.

- Team meetings and daily handovers were used to communicate updates keeping staff informed about any changes to people's care and within the organisation.

- Continuous learning and development opportunities was very much part of the service. Training was ongoing. Staff had opportunities to complete recognised care and management qualifications.

- Observational supervisions of staff were completed on a quarterly basis. These were used to observe staff practice ensuring they were offering choice in all aspects of peoples' care and that people were treated with respect. Any learning was shared with the member of staff to improve their practice.

Working in partnership with others

- The home had a close relationship with the local university and supported student nurses to have placements at the home. Student feedback was positive, about the service. The nurses acted as mentors during the student's placement.

- The registered manager and the team were aware of the need to work closely with other agencies to ensure positive outcomes for people. This included working with health and social care professionals. Feedback from professionals was positive about the joint up working that was in place.