

Residential Care Services Limited

Franklyn Lodge The Farm House

Inspection report

Hundred Elms Farm
Off Elms Lane
Sudbury
Middlesex
HA0 2NP

Tel: 02089048282
Website: www.franklynlodge.com

Date of inspection visit:
22 November 2019

Date of publication:
08 January 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Franklyn Lodge -The Farm House is a care home registered to provide accommodation and support with personal care for six people with learning disabilities and complex needs. At the time of this inspection, six people lived in the home.

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

People in the home had learning disabilities and could not always communicate with us and tell us what they thought about the home. We therefore spent time on the inspection observing the experience of people and their care. We also observed how staff interacted with people and the support they provided. We noted that people appeared at ease when in the presence of staff. Staff were patient and respectful when interacting and supporting with people and there was a relaxed atmosphere in the home.

People received person centred care which was responsive to their needs. Staff understood how to manage any risks to people and knew the processes to follow to manage any allegations of abuse. Care records provided detailed information about people's needs and preferences.

We checked the arrangements in place in respect of medicines. Care workers had received medicines management training and policies and procedures were in place. Medicines Administration Records (MARs) we looked at were completed with no unexplained gaps indicating people received medicines as prescribed.

Some people in the home required support with their finances. However, we noted there was no documented evidence that audits were carried out on people's finances. We have made a recommendation in respect of this.

Appropriate fire safety arrangements were in place.

Staff had the time to ensure they met people's needs safely, and in a way that suited them. People received care from a small team of staff who were well supported by the registered manager. Staff worked well together and told us they communicated well within the home.

On the day of the inspection, we noted that the living room was in the process of being renovated. After the inspection, the registered manager sent us evidence of the completed renovations. We however noted that the ground floor communal bathroom was still in need of renovation.

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 home supported this practice. People were involved in making decisions about their care and support. Staff supported people to express their views and they consulted them about all aspects of their care through regular key worker sessions and resident's

meetings.

The registered manager and staff were caring and provided people's care in a person-centred way. Staff were friendly, and treated people with respect. People's care plans were detailed and provided staff with comprehensive guidance on how to meet people's needs.

The majority of staff had completed appropriate training. Where training was outstanding, the registered manager assured us that this would be completed. Staff spoke positively about their experiences working at the home and said that they received support from management. Teamwork was effective in the home.

Staff supported people to have a healthy and nutritious diet that was in line with their individual dietary needs and preferences. People and relatives spoke positively about the meals provided in the home.

People and their relatives' involvement in decision-making about the care provided was encouraged by staff and management. People's care plans supported a person-centred approach. People had support to lead lifestyles of their choosing, access the local community and participate in recreational activities. An appropriate complaints procedure was in place. We noted that since the last inspection, the service had not received any complaints.

People benefitted from a service that had an open and inclusive culture. The home was managed effectively. Morale among staff was positive and they spoke enthusiastically about working at the home. Staff told us management were approachable and felt their own work was valued.

Management monitored the quality of the services and safety of the service to ensure it remained safe for people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Rating at last inspection

The last rating for this service was good (published 31 May 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Franklyn Lodge The Farm 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

Franklyn Lodge -The Farm House 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 (CQC). 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

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse.

During the inspection

All the people in the home had learning disabilities and could not always communicate with us and tell us what they thought about the service. We therefore spent time at the home observing the experience of the people and their care, how staff interacted with people and how they supported people during the day. We met four people who lived in the home and spoke with two of them about their experience of the care provided. We also spoke with members of staff, including the registered manager and three care workers.

We reviewed a range of records. This included three people's care records, medication records for all people in the home and incident and accidents records. We also reviewed a variety of records relating to the management of the service, including quality assurance audits and checks and records relating to the safety of the premises.

After the inspection

We continued to seek clarification from the provider to validate evidence found. Staff files were kept at the head office and therefore after the inspection, the provider sent us evidence of staff training. We also spoke with three relatives about their experience of care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection, this key question was rated Good. At this inspection, we found the provider had deteriorated to Requires Improvement.

This meant some aspects of the service were not always safe.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that supported them and comfortable in the home. When asked if they felt safe in the home, one person told us, "Yes I feel safe here" Another person said, "I am very comfortable here." One relative told us, "Yes [my relative] is safe. Very much so."
- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. They were confident the registered manager would take any concerns they raised seriously.
- Some people living in the home required assistance and support with their finances because they did not have the capacity to do this. We looked at a sample of people's financial records and found that transactions had been recorded appropriately. We found no discrepancies in the records we looked at. However, there was no documented evidence that the home carried out audits on people's finances. We queried this with the registered manager and he advised that checks were carried out but these were not documented.

We recommend that the provider seeks advice from a reputable source in relation to checking people's financial records and transactions.

Using medicines safely

- Systems and procedures were in place to ensure people received their medicines safely and as prescribed. Medicines were stored securely in the home.
- There were suitable arrangements for the recording, storage, administration and disposal of medicines. The temperature of the room where medicines were stored was monitored and was within the recommended range.
- There was a record confirming that unused medicines were disposed of and this was signed by staff. Each person's care records included a list of their prescribed medicines.
- We examined a sample of MARs for each person in the home and found that these were completed fully with no gaps. This indicated that medicines were administered as prescribed.
- The registered manager completed a medicine audit on a yearly basis. We noted that he had carried out an audit in November 2018 and looked at various aspects of medicines management such as how medicines were ordered, stored, disposed of, records and MARs. The registered manager then carried out an audit in October 2019 checking MARs. There was however no documented evidence that further checks had been carried out between November 2018 and October 2019 and therefore a lack of evidence that medicine audits were carried out regularly over a year. We raised this with the registered manager and he advised that he would ensure that the medicines audits were carried out more frequently.

Assessing risk, safety monitoring and management

- The home supported people with complex behaviours and assessed and monitored risks, in an enabling way, which considered people and staff.
- Risks to people were identified, assessed and recorded with guidance for staff on how to manage and minimise the risks. These were person specific and included details of potential risks, how to reduce risks and a plan of action for staff and the registered manager with information about how to support people to minimise risks.
- Staff had taken part in fire drills, so they knew how to respond in the event of a fire. Evacuation plans were in place for each person to ensure people received the support they needed in an emergency situation.
- Safety checks were carried out on the gas supply, fire alarm and electrical equipment. This helped to minimise risks to people if there was a safety issue related to electrics or fire.
- Water temperature was controlled in the home to ensure it did not exceed the recommended safe water temperatures. Hot water temperatures were checked and documented.

Staffing and recruitment

- There were sufficient staff to keep people safe and to meet their needs. The registered manager told us staffing levels were adjusted to meet people's needs. Staff told us there were enough staff and they worked well together as a team to meet people's individual needs. On the morning of the inspection we noted that the atmosphere in the home was calm and staff were observed not to be rushed or under pressure.
- The registered manager explained that the home used agency staff in order to ensure there were sufficient staffing numbers. He confirmed that there were two agency staff that worked at the home. He explained that these were the same staff to ensure that people in the home were familiar with staff and received consistency in their level of care. One relative told us, "[The manager] always tells me when a new member of staff starts working there. I like to know."
- There was a recruitment procedure in place, which ensured staff were checked before they began work. We checked pre-employment documents for three members of staff, such as references had been sought and criminal record and identification checks had been carried out. This ensured staff at the home were safe to care for people.

Preventing and controlling infection

- People were protected from the risk of infection. The majority of staff had completed infection control training. Staff were provided with personal protective equipment (PPE) to use. For example, disposable gloves and aprons.
- On the day of the inspection, the premises was clean and there were no unpleasant odours.

Learning lessons when things go wrong

- Accidents and incidents were recorded and included details of the action taken and the measures taken to prevent recurrence. We noted that there were no accidents or incident recorded since July 2018 and queried this with the registered manager. He confirmed that none had occurred since.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- When we arrived at the home we noted that the living room was being renovated and therefore there was limited furniture in the room. We also noted that the sofa was outside in the garden. We queried this with the registered manager and he explained that the sofa was going to be taken away and replaced with a new sofa. We also noted that the communal bathroom on the ground floor was run down and in need of refurbishment. We queried this with the registered manager and he confirmed that the bathroom was also in the process of being renovated. At the time of the inspection, we noted there was no risk assessment in place covering the renovation work in the home and details of the impact this would have on people. Following the inspection, the registered manager sent us this.
- We noted that parts of the home were cluttered with items. The registered manager explained that this was because of the ongoing work being carried out in the home. He explained that this would all be cleared once the renovation was complete. The registered manager advised that the work would be completed by 29 November 2019. After the inspection, the registered manager sent us photographic evidence of the completed renovations. We however noted that the ground floor bathroom was still in need of renovation.
- People's rooms contained personal possessions to reflect their individual personalities. Some people's rooms were in need of renovation. The registered manager explained that people's bedrooms would also be renovated in the near future.
- We observed that the kitchen in the home had recently been renovated.

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

- People received effective care and support from staff they were familiar with. Staff and management demonstrated knowledge of people's needs and preferences. One relative told us, "Care staff know what they are doing with [my relative's] care. I have a lot of involvement." Another relative said, "[Staff] have always been very helpful and excellent at managing [my relative]. They know his moods. They really can read him well. They understand him."
- The registered manager had assessed each person to ensure they could meet each person's needs. They used this information to develop each person's care plan.
- Support plans contained information about people's diverse needs and included their preferences in relation to culture, religion and diet.
- Staff used communication methods suitable to people's individual needs, including pictorial boards, to enable people to involve people in decision making.
- Care plans were kept under review and were amended when changes occurred or if new information came to light.

Staff support: induction, training, skills and experience

- Staff were trained to make sure they had the skills and knowledge to effectively support people. Training records showed that the majority of staff had completed training in areas which included moving and handling, safeguarding adults, medicines administration, health and safety and first aid. We noted that there were some instances where staff required refresher training. For example; the training matrix indicated that two staff had not completed food safety awareness and infection control training. We raised this with the registered manager and he confirmed that staff would complete refresher training where it was due.
- There was a training matrix in place to monitor staff training. This provided details of training completed and the date these were completed. However, we noted that the matrix was not up to date with all staff training. We raised this with the registered manager and he advised that he would ensure this was kept up to date.
- Newly employed staff were supported to understand their role through a period of induction. Staff had the knowledge needed to provide personalised care to people. Their progress was reviewed on a regular basis by the registered manager.
- People were supported by staff who had regular support, supervision sessions and yearly appraisals with the registered manager. This was confirmed by staff we spoke with.

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

- People told us they were satisfied with the arrangements for meals. One person told us, "The food is nice. There is a variety of food." Another person said, "The food is fine here."
- Relatives we spoke with told us that the home had supported people to eat healthy food. One relative told us, "[My relative] has slimmed down. They care for him well. He has a controlled diet. He is diabetic but with a healthy diet he has reduced this. He goes swimming twice a week. He keeps active. The service have been so proactive when it comes to him losing some weight. They have really worked with him to improve his diet" Another relative told us, "The food is fine. [My relative] previously put on a lot of weight but now with the support of the home, he has more structure and now meals are planned. They have worked with him."
- Care support plans contained comprehensive information about people's dietary needs. The registered manager told us, "We respect people's choice of foods. They may not want to eat what is on the menu, so we always ask people what they would like and then provide that."
- The registered manager and care workers were aware of people's individual preferences and patterns of eating and drinking. There was a four weekly menu planner in place and a separate vegetarian menu. We noted that the menus were also available in pictorial format to help people make their own choices when deciding what they wanted to eat.
- To ensure that people received sufficient nutrition, monthly weights of people were recorded in their care records. Staff told us referrals would be made to the GP where there was a concern that someone was losing weight.
- We saw that the kitchen was clean. On the day of the inspection we noted that there was no fresh fruit or vegetables available. We queried this with the registered manager and he explained that the home usually had fruit available for people but due to an oversight this was not available. On the afternoon of the inspection, one care worker brought fresh fruit for people and placed this in the kitchen so that people could freely have access to this when they wished.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People had access to healthcare professionals to meet their individual needs. It was evident from care records that health and social care professionals were involved in people's care and advice was acted on.
- People's care records included information about their medical history and the management of medical conditions including written protocols for staff to follow.

- Health Passports were in place in an easy read, pictorial format. These included detailed information about people's healthcare needs, medicines, allergies, preferences and areas they need support. This ensured people received appropriate support and minimal disruption to their care when admitted to hospital.

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 understood when an application to deprive someone of their liberty should be made and appropriate applications had been made. Standard authorisations were in place for people. Where these had expired, we noted that there was documented evidence that the registered manager had contacted the relevant authority and requested a review.
- Staff received training in the MCA and DoLS and staff we spoke with had an understanding of how it should be reflected in their day-to-day work and had a good working knowledge of DoLS.
- Care plans included information about people's levels of capacity to make decisions and provide consent to their care. Care plans included a communication section which provided details about people's communication needs and preferences.

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 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

- People were complimentary about the staff who cared for them. One person said, "Staff are good. Staff are kind and caring." Another person told us, "Care staff are ok. I like it here. It is lovely." Relatives we spoke with were positive about the care provided in the home. One relative told us, "Care staff are very caring and helpful. [My relative] is happy there." Another relative said, "The care is fantastic. I have peace of mind knowing that [my relative] is well looked after." □
- Staff treated people with kindness and compassion. We observed staff communicated with people in a friendly and respectful way. We observed that people appeared at ease when in the presence of staff.
- People's needs such as their faith and culture were included in their assessment of needs. We noted special diets, which reflected people's culture were provided.
- The registered manager explained that people in the home were of different faiths and staff ensured that they respected people's individual religious and cultural needs. For example, one person had religious pictures in their room and liked to eat food from their culture. This person was supported to get food from a local restaurant that met his needs. Another person was supported to go to an Adventist Church on Saturdays and another person was supported to attend a local Church of England.
- The home treated people equally and ensured their rights were protected. It was evident from discussions with people, relatives and staff that trusting relationships had been established.
- Private information was kept confidential. People's private and personal information was stored securely.

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

- People were involved and supported in making decisions about all aspects of their daily lives.
- People were offered choices such as what time they got up, where they wanted to spend time and what they would like to eat and drink.
- Staff used their knowledge of people's individual needs to promote effective communication with each person. During the inspection, we observed one person who was unable to verbally communicate used particular gestures to communicate with staff. We observed the registered manager and care workers were fully aware of what this meant and were able to respond and communicate with the person.

Respecting and promoting people's privacy, dignity and independence

- People and relatives, we spoke with told us staff were respectful and maintained people's privacy and dignity.
- Staff were discreet when talking with people about their needs and any personal care was carried out in

private.

- People looked clean and well groomed. Staff were attentive noticing when people's clothes needed changing and acted promptly.
- People were supported and encouraged by staff to do as much as they could for themselves.
- Staff we spoke with were able to confidently describe the needs of the people they supported.
- Staff understood people's social needs and supported them to maintain and develop their relationships with those close to them and maintain their social networks and access the community in line with people's needs and preferences.

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 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

- People received personalised care that was responsive to their individual needs. People's individualised care plans provided staff with guidance on their care and support needs, and what was important to the person.
- Care support plans included a DisDAT profile. This is a disability distress assessment tool which provides information about people's appearance, vocal signs, habits, mannerisms and posture when they are content and distressed. This helped staff understand people's communication and needs so that people received care and support that was responsive to their needs because staff had a good knowledge of the people.
- The registered manager and staff we spoke with were fully aware of people's likes and dislikes.
- Care support plans included details of people's oral care needs and details of how people like to be supported, their routine and the level of assistance they required.
- Staff reviewed people's care plans regularly and consulted people about them.

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.

- Information was presented to people in an accessible manner. Some parts of people's care plans were written in a user-friendly way using an easy-read style with pictures and graphics.
- When necessary, staff respectfully repeated explanations to people in a way they could understand. For example; when a person had not understood what had been said by a care worker, this care worker used other means to engage this person's interests using gestures and facial expressions.

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

- People received support to lead the lifestyle of their choice and avoid social isolation. This included help to access the local community, participate in activities and maintain valued relationships.
- People we spoke with told us they went out regularly. This was confirmed by relatives we spoke with. One relative told us, "They take [my relative] out. I saw him out with the care workers yesterday on the high street They look after him well. He is always out in the community." Another relative said, "[My relative] does go out and he prefers to go out in smaller groups rather than participate in activities with large groups. Staff

understand and respect this."

- Each person in the home had their own activities timetable which was based on their interests. Activities included bus and train rides, going to the day centre, swimming at a swimming club and shopping. On the day of the inspection, some people went to a day centre and others went out shopping. One person we spoke with told us they were going shopping to buy Christmas presents for their family.

Improving care quality in response to complaints or concerns

- Systems were in place to manage complaints. The complaints procedure was displayed in the home. Each person had a complaints policy in their room which was presented in an easy read format, so it was accessible to all people.
- Staff we spoke with told us that if there was a concern it would be investigated, and they were confident the registered manager would deal with these appropriately.
- Records showed the home had not received any complaints since the last inspection and this was confirmed by the registered manager.

End of life care and support

- At the time of the inspection, the home was not supporting anyone with end of life care. We noted that care support plans did not include information about preferences and choices regarding their end of life care. We discussed this with the registered manager and he explained that he would ensure they would explore this with people and document accordingly.

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 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 home was well run. The registered manager was committed to making improvements for people living in the home.
- The registered manager and staff were committed to providing person-centred service. This was reflected in the comments we received from people and relatives. One relative told us, "The care is excellent. As far as I am concerned it is an excellent home. The manager is very helpful." Another relative said, "[The registered manager] manages the home well, most definitely. He always asks me for suggestions and ideas. The manager is fantastic."
- The registered manager was knowledgeable about people's individual needs and the support each person required.
- Staff spoke positively about working at the home. They described a positive culture within the home. They felt able to speak openly with the registered manager and said he was approachable. One member of staff told us, "It is good working here. I get very good support." Another member of staff said, "I feel able to speak to [the registered manager]. He is accessible and approachable."
- Monthly staff meetings provided opportunities for staff to obtain information, provide feedback and to discuss best practice guidance. Staff spoke positively about communication in the home.

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

- Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. This is so that we can check that appropriate action has been taken. The registered manager understood the duty of candour requirement. He was aware of the importance of being transparent in relation to the running of the home and of taking responsibility when things go wrong.
- It is a legal requirement that a service's latest CQC inspection report rating is displayed at the home where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered manager had ensured that he had displayed the rating in the home.

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

- The registered manager understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Although none had

occurred, the registered manager was aware of what incidents were required to be notified to the CQC. We use this information to monitor the service and ensure they responded appropriately to keep people safe.

- There was a system in place to monitor standards and address shortfalls. The systems included regular checks of the premises, care plans, accidents, incidents and complaints. The aim of this was to ensure that short falls were identified, and action was taken to improve the service. However, we found that medication management and MARs were not regularly checked. We also found a lack of audits in respect of people's financial records. The registered manager assured us that they would implement necessary checks.

Continuous learning and improving care

- The registered manager was committed to making improvements. After the inspection, the registered manager provided us with evidence of the refurbishment work completed in the home and an appropriate risk assessment.
- Staff attended staff meetings where they had opportunities to discuss their views on the service provided. Staff meetings, which took place regularly, were used as a learning platform to enable staff to share knowledge and experiences and learn from each other.
- People had opportunities to feedback about the care provided. Resident's meetings were held every two months for them to discuss running of the home, including meals and activities. People also participated in key worker sessions every two months where they discussed their various areas of their care which included their general health, medication, behaviour, mood, personal care and activities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The registered manager told us that ensuring equality and diversity was respected in the home was an essential. The registered manager told us that the service did not discriminate because of differences in people's faith, culture, gender, sexuality or any other difference.
- There were different ways that the views of people, staff and professionals were sought and used in the monitoring and development of the service. We found evidence that a survey was carried out in 2017. However, we saw no evidence that any surveys had been carried out since. We raised this with the registered manager and he advised that they would carry out surveys in the near future. He also explained that regular key worker sessions and resident's meetings enabled people to express their opinions.
- Staff told us they were able to raise issues with the registered manager without hesitation. Staff confirmed they were asked for suggestions on how to improve the home and felt any suggestions they made were taken seriously.
- Where required, the home communicated with external parties which included local authorities and healthcare professionals and we saw documented evidence of this.