

The Dales Nursing Home Limited

The Dales Nursing Home

Inspection report

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Date of inspection visit:
15 October 2019
11 November 2019

Date of publication:
09 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

The Dales Nursing Home is a care home providing personal and nursing care to people aged 65 and over. At the time of inspection there were 31 people living at the Dales.

The Dales accommodates 31 people in an adapted building. It is a Victorian terraced property on three floors sited close to the city centre of Exeter. The service had a lift access to all floors. Some of the areas of the service are difficult to access due to the layout of the building. There are communal areas on the ground floor.

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

People felt safe living at the Dales. Two people said, "They are so good and kind" and "If I am upset they will comfort me." Staff had undertaken training on abuse and knew the correct actions to take if necessary.

People, relatives and professionals were happy with the care provided. Relatives spoke highly of the service and how they were made welcome at any time. One said, "I spend a lot of time here and staff will do anything for you."

People had an assessment of their needs carried out and a care plan in place. People were included in decisions about their care, particularly around their wishes at the end of their life. The registered manager was passionate about end of life care and professionals spoke highly of both the care, skill and leadership shown to people nearing the end of their lives. One professional said, "(Registered manager) appears to inspire her team of carers to be equally compassionate and caring."

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.

The service had not always recruited prospective staff in a safe way. This meant the service could not be sure staff were safe to work with people who may be vulnerable. A new recruitment procedure and checking system has now been put in place.

Staff had completed the required training to perform their roles effectively and felt supported and valued in their role. They received supervision regularly in relation to their care practice.

Staff treated people in a respectful, kind and dignified way. Positive relationships had developed and staff knew people's individual needs well. Staff were respectful of people's dignity.

People were supported to eat and drink enough to meet their needs. They received their medicines at the right time and in the correct way.

People had individual assessments of risk in place but other risks had not always been identified which might pose a risk to people living at the Dales. However, these were all resolved during the inspection.

People found the registered manager supportive and approachable. Staff were positive about the culture of the service.

The new provider visited the service regularly and took an active approach in leading the service. They were committed to improving the service and had made extensive refurbishments to the building. They valued staff and their commitment to the service.

Some audits of the service took place, but these did not cover all the areas required. Some essential records to keep the building and people safe were not completed. However, systems have now been put in place for all areas of the service.

The service worked with other agencies to promote people's health, safety and well-being.

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

Rating at last inspection

The last rating for this service was good (published 10 April 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvements.

The provider has taken action to mitigate the risks following the inspection which makes the impact on people low.

Please see the action we have told the provider to take at the end of this report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Dales Nursing Home on our website at www.cqc.org.uk.

Follow up

We will work alongside the provider and local authority to monitor progress. We will 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 not always well-led.

Details are in our well-Led findings below.

Good ●

The Dales 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

The inspection was carried out by two inspectors and one Expert by Experience on the first day. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector completed the inspection on the second day.

Service and service type

The Dales Nursing home 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.

This inspection was unannounced on the first day and announced on the second day.

What we did before the 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 eight people who used the service and six relatives or friends about their experience of the care provided. We spoke with the provider, registered manager, operations manager, administrator and 13 staff members. This included registered nurses, a nursing assistant, care staff, a chef, housekeeper and activities co-ordinator.

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 two people's care records and multiple medication records. We looked at three 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 received feedback from seven health and social care professionals and two members of staff we had not previously spoken with.

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 deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- A robust recruitment procedure was not always followed which meant people were at risk of not being safe.
- Whilst staff had a Disclosure and Barring Check (DBS) undertaken, other recruitment checks had not been consistently carried out. For example, where references had been received, it was difficult to see who and in what capacity they had been received from.
- Application forms had been completed but key information was not always recorded. This did not therefore identify any gaps in employment which needed to be explored.
- No interview notes had been made and therefore it was difficult to work out if the staff member was the right person to be appointed to the role. It was also unclear which staff member and on what date they had been interviewed.

Following the inspection, the provider sent updated recruitment procedures, checklists and audit systems. Completion of these would make the recruitment process fully robust in the future and ensure people were kept safe.

- There were enough staff on duty to meet people's needs fully. This was confirmed by people, staff and the staff rota.
- People told us when they need staff, they come quickly. One said, "They come surprisingly quickly" and another said, "If I press my bell they come very quickly."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- On the first day of inspection, some parts of the home were not completely safe. For example, a bedroom window and office window on the third floor did not have window restrictors. This meant vulnerable people who might not understand danger could fall from a height.
- People's designated outside smoking area contained unsafe furniture for them to sit on.
- Several people were nursed in bed on pressure mattresses. Charts in their bedrooms were 'ticked' to say the mattresses had been checked. However, it was not clear what staff were checking as the weight of the person or the setting the mattress was not documented. This meant people could be subject to a risk of skin damage due to incorrect settings. However, on the days of inspection, nobody had skin damage identified from these mattresses.

- External works had been completed at the front of the service. However, the back garden required work to ensure it was safe for people to use. A door to the back garden was unlocked which meant people go into the garden unobserved. This could put them at risk of trips and falls. A staff member explained there were plans to improve paths and handrails to enable people to use the garden safely. However, no accidents had been recorded due to this issue. Plans were in place to update the garden area in Spring 2020.

All the above risks identified were actioned immediately and resolved on our second day of inspection. Therefore any actual risk to people was low and minimised.

- Care records contained individual risk assessments for falls, nutrition monitoring and skin integrity.
- People had personal emergency evacuation procedures in place (PEEP) which detailed how staff needed to support individuals in the event of an emergency to leave the building safely.
- Maintenance staff did weekly inspections of the building, but these had not included checking window restrictors were in place. These inspections were reviewed and actions monitored by the provider and the registered manager. There was also a six-monthly audit which checked the safety and quality of the premises and equipment.
- The registered manager learnt from accidents and incidents. Action was taken to identify solutions and prevent them happening again.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at the service. Comments included, "They (staff) make sure I'm safe" and "I have not been here long, but I feel safe." A relative said, "(Family member) is very safe here and gets good care."
- Staff had undertaken safeguarding training, understood safeguarding issues and the action they needed to take if they had concerns.
- The provider had policies and procedures in place to guide staff and keep people safe. The registered manager was aware of their responsibilities and had made the appropriate referrals to the local authority safeguarding team and followed their guidance.

Using medicines safely

- Medicines were safely managed and people were supported to have their right medicines at the right time. Two people said, "I do get my medication on time" and "They (staff) give me them (medicines) on time."
- Medication Administration Records (MAR) were clear and completed appropriately.
- There was clear guidance when using 'as required' medicines with information to detail what they were required for.
- Medicines were regularly audited and those medicines which required extra security checked daily to ensure no mistakes had occurred.
- Registered nurses gave out medicines at the home and were trained to support this.
- Medicines in use were stored in a well organised and logical way. Surplus stock was kept in a central room. However, ambient temperatures of both the trollies and the stock room were not routinely monitored. This was immediately rectified and monitoring put in place.

Preventing and controlling infection

- The home was clean and free from malodours. One clinical waste bin in the bathroom was seen to be overflowing with contaminated waste. This was immediately emptied and cleaned.
- Staff wore protective clothing, such as gloves and aprons when carrying out personal care.
- Staff had undertaken training on the prevention and control of infection.

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.

Staff support: induction, training, skills and experience

- Staff completed the provider's induction programme when they first came to work at the service. This was comprehensive and could take from three to six months to complete.
- For those staff that required it, they undertook the Care Certificate (recognised as 'best practice' induction training. No staff members were currently undertaking this.
- There was an ongoing programme of training covering all aspects of health and safety for all staff which was up to date.
- Staff new to the service undertook a period of shadowing (working alongside an experienced member of staff) with a mentor who supported them in their role.
- Staff new to the service had a probation period of up to six months. This allowed both the service and themselves to decide if it was the right career for them to take. New staff had monthly performance reviews to begin with.
- The registered manager undertook supervisions and appraisals for all staff. These were done regularly and frequently to assess staff performance.
- The registered manager also accepted learners and students from other organisations. For example, university medical students. One staff member who was on an apprentice scheme spoke of "how enjoyable and rewarding" their job was.
- The registered manager had also sourced registered nurses from overseas and supported them to work at the service.
- Staff felt well trained to do their jobs and one said, "I feel I receive enough training which helps me to carry out my jobs efficiently and safely".
- Registered nurses kept up to date with their practice to ensure they were fit to practice. They were registered with the Nursing and Midwifery Council and revalidated their registration when necessary.
- The registered manager had recently introduced a new role to the service "nursing assistant" to support the registered nurses in their workload. This was a senior care worker carrying out an extended training in areas such as simple wound care and medicines.

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

- People received the right care and support because an assessment of people's needs was carried out before people came to live at the service. Care and support was regularly reviewed and updated when required.

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

- With the exception of one person, people were positive about the food they received. We discussed the person's issues with the registered manager and chef who had resolved the issue by our second visit.
- The dining room was a pleasant area for people to eat and chat. However, a corner of the dining room stored a bag full of recycled plastics which looked untidy. These were later removed.
- Menus were too small to be seen and people were unsure of what they had chosen to eat. We spoke with the registered manager. On our second visit, the menus had been redesigned, displayed and showed pictorial food so people could recognise the food they would be eating.
- People were able to eat their meals where they wished. Many people ate their meals in their bedrooms as they were nursed in bed which staff assisted them to eat. This meant people could recognise the food they would be served.
- Three people were assisted and encouraged to eat their food in the dining room by the activities co-ordinator. There was effective interaction and encouragement given to people.
- Care records included monitoring for weight and malnutrition screening tool (MUST) to identify those at risk of weight loss. Suitable referrals were made to the GP, dietician and Speech and Language Therapist team (SALT) when additional needs had been identified.
- Some people required their food to be pureed. Where this was served, it was presented in an attractive and appealing way, so people could experience the flavours of the different foods.
- A small number of people were unable to eat food via their mouths. They had liquid food and nutrients given by a tube directly into their stomach. These were given in a safe and effective way.
- People who required supplements to their food and drink were given the required measures.
- Drinks and snacks were offered to people throughout the day.

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

- There was good communication between staff to ensure they had the information they needed to support people's changing needs. Staff received handovers on each shift to update them.
- People's changing needs were monitored and responded to promptly. Staff supported people to see health care professionals when required. Professionals said referrals were made appropriately and promptly. Comments included, "They are also quite proactive and will call if they have concerns or if something changes" and "They respond quickly to any health issues and will call the GP in a timely manner. The nurses will proactively enlist the help of hospital services or specialist nurse care if they feel they need help with patient care.

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

- There is an ongoing refurbishment programme in place. Since the last inspection, there has been major changes to the building, with redecoration, new furnishings and fabrics, carpets and new equipment.
- The provider is committed to investing in the building to make it an improved home for people to live in. However, in view of the layout of the Victorian building some of the areas are not as accessible for people to move around as they could be. The provider was aware of this and took this into consideration when planning changes.
- There was limited signage for people to find their way around the building. The provider confirmed they would be putting suitable signs up following the recent decoration.
- People's bedrooms were personalised and reflected people's preferences, choices and colours.

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.

- Mental capacity assessments had been completed where people lacked capacity to make decisions for themselves.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives. Staff supported people in the least restrictive way possible. The service had policies and procedures to underpin this.
- Care plans reflected the principles of the MCA and DoLS. Appropriate DoLS applications had been made to the local authority where restrictions were in place. None of these had not yet been authorised.

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.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- From observations and discussions, people were treated with dignity and their privacy respected. Staff spoke and supported people in a patient, understanding and well-meaning way. Relatives told us when they visited, they found staff kind and caring on each occasion. One relative said, "They (people) get really good care and everyone seems quite happy here."
- People and staff had positive interactions and had developed trusting and friendly relationships with each other.
- People were comfortable and settled living at the Dales and spoke fondly of the staff. They spoke of staff being kind and compassionate to them. Comments included, "They are so good and kind" and "If I am upset they will comfort me."
- Professionals spoke highly of the care and support people received and two commented, "I have always been happy with the patient care provided" and "Care is personalised and of a good standard."
- Staff supported people in a discreet and gentle way when they required personal care. Whilst caring for people, staff understood the need to respect people's confidentiality and privacy. People told us staff always knocked on doors before entering their bedrooms and maintained their dignity whilst having personal care. One person said, "They make sure I have plenty of towels to protect my dignity and keep me warm."
- Professionals were very complimentary of the caring nature of the registered manager and how this was reflected within the staff team. The service supports several people with high dependency care needs. Comments included, "There are complex clients there as the manager is specialised in complex care" and "She (registered manager) appears to inspire her team of carers to be equally compassionate and caring".
- People were protected from discrimination. Staff understood the importance of equality when meeting individual needs. They respected people's personal religious and cultural needs. For example, they supported people with diverse religions and supported them to continue with their faith.
- People and relatives were welcomed and there were no time restrictions on visits. Relatives said they were always made welcome at the home and one said, "We can visit anytime of the day or night". One person said, "My family come and see me whenever they like ... they (staff) make them welcome and offer them a cup of tea."

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

- People felt able to raise concerns about their care or support if needed.

Care records were regularly reviewed by the registered manager and senior staff. Staff were able to discuss ongoing concerns and outcomes with senior staff at any time.

- People contributed to decisions about how they chose to lead their lives and how they liked to spend their day.

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.

End of life care and support

- There was good end of life care at the service. Procedures were in place for staff to identify people's wishes for the end of life care. This included any wishes or directives they had for receiving future treatment or being resuscitated. One relative spoke with us of the support their family member was receiving at the service and said it was "very good".
- The registered manager was passionate and skilled in providing end of life care and support. They worked closely with the health and social care professionals to support people to have a dignified, pain free and comfortable death.
- The Dales had a very good reputation with health and social care professionals in the local area. Professionals were very complimentary of how the service supports people at the end of their life and the complex care they received. Two professionals said, "(Registered manager) is exceptionally skilled and experienced and I would trust them with the most complex nursing needs" and "We tend to place our more complex clients there as (Registered manager) is specialised in complex care."
- Staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
- People received up to date palliative care, support and practice in line with national and regional guidelines.
- Staff cared for relatives, friends and family members. A relative said, "I spend a lot of time here and staff will do anything for you. One staff member even offered to go down the shop for me when their shift had finished in case I needed anything. They are always offering tea and coffee and I can stay here anytime I want."
- The provider and registered manager were in negotiation with the relevant professionals, authorities and commissioners to discuss and consider the building of a separate specialised unit to care solely for a small number of people at the end of their lives. The registered manager said this would allow the service to "enhance the care we give."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 had a good knowledge of people and their individual care and support needs. They knew people well and were able to describe their individual care.
- People's care plans were comprehensive and included information on what was important to the person, their likes and dislikes. The provider and registered manager were working together to improve the care

records and in the process of introducing electronic records to provide a more robust system of recording. A health care professional said, "Care is personalised and of a good standard."

- The service had recently employed an activities co-ordinator who was in the process of looking at the activities on offer and designing a programme to meet people's interests and hobbies on an individual or group basis.
 - The registered manager and activities co-ordinator were committed to developing the activity programme further and developing more involved links with the local community.
 - People were undertaking activities during our visits which included craft, a raffle and playing games. Items people had made were noted for sale at the Dales, such as bookmarks.
- Displays of bunting and butterflies at the service gave the lounge a cosy and personal feel.
- Outside activities and people from the local community visited at times, such as church representatives, entertainers and schoolchildren.
 - People were happy with the activities on offer and two commented, "I like the games and the music sessions and other activities" and "I join in the activities here in the lounge."
 - People told us they had choice in whether to undertake activities or not and people's decisions not to participate were respected. Two people commented, "I keep myself to myself I should go down to the lounge, but I don't as I am a loner" and "I don't join in activities ... I have my TV and books."
 - Staff supported people to celebrate dates which were important to them. For example, birthdays, Easter and Christmas.

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.

- People's communication needs were identified, recorded and highlighted in care plans and shared with staff and other professionals.
- Information was shared with people and other organisations where appropriate, such as hospital appointments.
- Staff understood people's communication needs and what they were trying to say. For example, by understanding how people responded to them with their eyes when they were unable to talk.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place to deal with any issues.
- People, staff and relatives said they would be happy to raise any concerns. None were received during the inspection.

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 outstanding. At this inspection this key question has now been rated as good.

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

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

- The quality assurance processes were not completely effective to cover all areas of the service where we identified deficits at inspection. However, following the inspection, the provider forwarded evidence of their commitment to improve this process by extending monitoring systems in place and using revised documentation. Therefore any risk to people was low and the impact on their care minimised.
- The provider and registered manager were committed and motivated to improving lives for people living at the Dales. Since they had taken over the service, they had made many improvements, particularly in the décor, fabric and furnishings of the home. They had a business and improvement plan in place for further developments.
- The provider had a vision for the service to deliver high quality nursing care and support to people, including at the end of people's lives.
- The provider visited the service each week and spent time talking to people and staff. They positively encouraged feedback and were keen to ensure people received good care. They described how kindness, safety and respect were paramount to them. They explained how this would be achieved through good teamwork where staff "contribute to improvement and ... were accountable to each other." They also described how they wanted to create an environment where "we can challenge each other".
- The registered manager was a very experienced registered nurse who had managed the service for many years. They worked with the provider to improve the quality and safety of the service. They had a very good reputation in the local area for looking after people with complex needs.
- People and relatives knew the registered manager who was visible in the service and knew each person's individual care and support needs.
- The registered manager was respected by staff who told us they were "firm but fair". One said, "I have got a lot of time for them and I can discuss anything with them. Another said, "They help and understand us ... if we raise things, they ask how we can resolve them and include us."

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

- The provider and registered manager encouraged an open and transparent ethos in the service. Staff were able to raise concerns through regular supervision and staff meetings as well as at other times. Staff meetings were regularly held where staff could discuss issues or concerns.

- The provider said they had developed a framework to ensure all staff would be appraised between December 2019 and March 2020. The provider was clear this would help "focus minds on what the vision and the home are about not just now but also for the future."

The provider identified staff had a "high level of responsibility" and wanted a "recognition of their skills". They also described how they saw developing a well-qualified workforce would benefit people and staff. As a result, they had introduced various incentive and loyalty awards to show staff how much they were appreciated. These included, loyalty bonuses after 3 years of service, an awards ceremony, 'carer of the month', money vouchers at Christmas and extra pay for bank holiday working. Staff appreciated these incentives and as a result, felt valued at work.

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

- The provider and the registered manager understood their responsibilities to be open and honest, when things go wrong.
- Records showed concerns had been identified, these were investigated and resolved. For example, a staff member had voiced concerns over practice at the service and had discussed this with the registered manager. This had resulted in a change of systems.

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

- Staff meetings were held to encourage good communication between the staff team. There were daily staff handovers between shifts to ensure staff were aware of any changes to people's needs.
- Staff were encouraged to make suggestions about how improvements could be made to the quality of care and support offered to people. They felt their views would be listened to and acted upon.
- People felt involved in the running of the service. For example, they had been consulted about improvements to the service, such as the furnishing used in the dining room.

Working in partnership with others

- The registered manager worked closely with the local hospital and palliative care services to support people being moved to the service. For example, where people required end of life support from a hospice or hospital. This meant people were able to be transferred to the service quickly and easily.
- The staff worked closely with other health and social care professionals in the local area. Professionals spoke highly of the registered manager and their ability to lead the home. Comments included, "... home appears well managed, with (registered manager) who appears to have very good knowledge on how to care for patients", "The home appears well run and (registered manager) is a 'hands on' manager and well respected" and "(registered manager) is very caring and knowledgeable."
- The service had developed other community links. For example, the local primary school, college, Age Concern and the local churches. The registered manager was motivated to increase community links and strengthen links with key organisations.