

Parc Vro Residential Home

Parc Vro Residential Home

Inspection report

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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

Parc Vro provides accommodation with personal care for up to 15 people. There were 14 people using the service at the time of our inspection. The service is a detached two storey building with an enclosed garden.

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

People, relatives and health and social care professionals spoke positively about the new provider, the management team, and the changes made to the service. This had resulted in the standard of care for people improving, staff skill, knowledge and support increasing and relatives felt assured that their family members were being cared for safely. Some comments from people and relatives included, "We are so fortunate to have found somewhere where [person's name] is looked after so competently. It's so good. Staff are brilliant," "Communication is excellent" and "It's a lovely place to live."

The managers of Parc Vro spoke positively about the support they had received from the provider. The provider and management team ensured that any changes to the service were communicated to the staff team, people and relatives. A range of meetings, informal conversation, and a mobile app for relatives were provided so that information was shared promptly. All were pleased with the level of communication and felt their views had been listened to and considered. All spoke positively about how the service was managed.

People, relatives and staff were all positive about the new management team. A relative said "I find them very approachable."

People told us they were 'happy' living at Parc Vro and their care needs were met by caring and skilled staff. Comments included "They [staff] look after us well" and "Nothing is too much trouble."

People and relatives told us they felt there were sufficient staff to meet their family members care needs. Staff echoed this.

Relatives were complimentary about the care their family members received. Comments included, "They are absolutely brilliant with [person name]", "It's a real peace of mind for me", "We can't fault it" and "They really care, they have a lovely relationship with [person's name] they really know her personally, they know [their] ways."

People, and their relatives were involved in the development and review of their care plans. They were person centred and had detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs. Staff knew how to support people.

People were supported to engage in activities within and outside the service.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by the registered manager and her team.

Safeguarding processes were in place to help safeguard people from abuse. Medicines were safely managed.

The provider had invested in the environment and had a plan of works for future changes to be made at the service. Comments from people, relatives, staff and health and social care professionals were positive about the changes.

There were processes in place to prevent and control infection at the service, through additional cleaning and safe visiting precautions.

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 management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals.

The provider had implemented improved systems to assess and monitor the quality and safety of the care provided. The service had clear and effective governance systems in place.□

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Last rating and update

This service was registered with us on 22 April 2022, and this is the first inspection. The last rating for the service under the previous provider was rated good, published on 21 April 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe.

Details are in our safe findings below.

Good ●

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 ●

Parc Vro Residential Home

Detailed findings

Background to this 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Parc Vro is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information

providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

We spoke with 7 people who used the service about their experience of the care provided and 1 visiting relative. We spoke with 9 members of staff including the registered manager, care coordinator, care staff, domestic staff and cook. We also spoke with a visiting health and social care professional.

We reviewed a range of records. This included 3 people's care and medication records. We looked at 1 staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We spoke with 5 relatives by telephone and received an email from 2 staff members about their experiences of Parc Vro.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

- People told us they were happy with the care they received and believed it was a safe environment to live. Relatives echoed this view, comments included, "It's a real peace of mind for me."
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The registered manager and care coordinator were fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.
- The service supported people to manage some aspects of their finances. We checked the monies for some people in the service and this tallied with finance records.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- The managers reviewed all accidents or incidents and ensured that action was taken to minimise future risks for people and staff. For example, where people's health had deteriorated, they had been referred to clinicians for diagnosis and guidance.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Staff had undertaken training so that they were aware of what action to take in an emergency.

Staffing and recruitment

- People and their relatives told us they felt there were enough staff on duty to meet people's needs.
- The service did not use agency staff. Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.

- Rotas confirmed that sufficient staff were on duty at all times to meet people's current needs. Staff told us there were sufficient staff on duty.
- During the inspection we saw staff promptly responded to requests for assistance and recognised when people needed support.
- The services recruitment practices were safe and all necessary pre-employment checks had been completed to ensure prospective staff were suitable for employment in the care sector.

Using medicines safely

- Medicines were managed safely to ensure people received them in accordance with their health needs and the prescriber's instructions. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.
- There were suitable arrangements for ordering, receiving, storing and disposal of medicines.
- When medicines were prescribed to be given 'when required', person-centred protocols had been written to guide staff when it would be appropriate to give these medicines.
- External creams and lotions to maintain people's skin integrity were applied during personal care. This was reported on in care plans and then followed up on the medicines record.
- Medicines audits were completed on a regular basis. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- Relatives confirmed the service was supporting visits from families and friends.

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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

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

- People's needs were assessed prior to their admission to the service so that they could confirm they were able to meet individual needs safely and effectively. A relative told us, "They did an assessment and wanted to know so much information so they can care for my [family member] and get to know [family member]. I visited several times before [family member] came here. It's a family home, with lots of laughter. I've watched them [staff] and can see they do care, really care."
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting needs and people's preferences and routines.
- The need assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.

Staff support, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary about the staff support and their skills. Comments included "Staff are brilliant" and "They know [person's name] they have a way with [person] to bring them round somehow they have the right way with [person]."
- Staff new to the care sector were supported to complete induction training in accordance with current good practice. New staff shadowed experienced staff until they felt confident, and their competence was assessed before they started to provide support independently. Staff told us they felt very supported during their induction.
- Regular supervision sessions were arranged when staff were able to discuss any training needs as well as raising issues around working practices. Staff told us they were well supported by management.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- People were complimentary about the food and drinks available. Comments included, "The food is good - It's tasty."
- The cook had reviewed the menus with people, so that the meals were adapted due to the weather getting warmer.
- The cook was aware of people's individual dietary needs and their preferences and catered for them. For example, a person had been admitted to the service and liked curries. The cook planned one of the meals that week would be a curry to make the person feel welcomed.

- The majority of people chose to have their main meal in the dining area. This was a social occasion, with conversation and laughter from people and staff. Some people chose to have their meals in their bedrooms. Staff ensured those people received their meals, snacks and drinks throughout the day.
- Some people had specific guidelines in place to support them in this area. Staff were able to describe the support people needed and understood why this was important.
- Peoples weight was regularly checked to ensure that their health needs were monitored.

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

- People were supported to attend health appointments, including their GP, dental examinations and vision checks.
- People told us that staff contacted relevant health professionals if they felt unwell. People said they also received emotional support from staff who would sit and talk with them about how they were feeling.
- Relatives and health and social care professionals felt that staff along with the registered manager were quick to identify any health issues and act appropriately
- People's health conditions were well managed. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.
- A 'hospital passport' provided key information about people's communication and health needs, in the event they needed a stay in hospital.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.

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

- People were involved in the décor of "their home". People's bedrooms were personalised to reflect their individual preferences.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a pleasant garden which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The home had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.
- The provider continued to invest in the building and make improvements to its facilities. The provider gained people's views on how to improve the facilities and responded to this. For example, following discussion with people a spa bath had been installed.
- The provider had an environmental action plan to continue with improvements to the service, for example a new kitchen was planned for January 2024.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's human rights were upheld by staff who supported them to have control over their own lives. We observed people making real choices in the structure of their day and the activities they took part in.
- People were supported to make decisions about their care. Staff were clear about the need to seek consent before providing care and staff had a good understanding about each person's ability to consent and what to do if they could no longer give consent.
- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- The management team had identified that further staff training in the area of mental capacity would be beneficial, so that staff had a better understanding in this area. This training had been booked.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions made on people's behalf would be in a person's best interest.

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.

This is the first inspection of this newly registered service. We have rated this key question good.

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 told us that staff cared for them with compassion and respect. People commented, "They [staff] look after us well" and "Nothing is too much trouble."
- Relatives commented "We are so fortunate to have found somewhere where [person's name] is looked after so competently. It's so good. Staff are brilliant."
- Health and social care professionals also provided positive views on the caring approach by staff to people they supported.
- Throughout the inspection there was an exceptionally caring, relaxed, happy atmosphere. Everyone enjoyed each other's company and interactions showed how people and staff valued each other. Without exception the interactions between people and staff at all levels were kind and compassionate.
- The way staff spoke about people they supported showed they genuinely cared for them. They talked about people's wellbeing and were focused on providing the right support to improve people's lives. For example, a person was cared for in their room, the registered manager had brought a flower box transfer to place on their window so that when the curtains were opened the person could have a nicer image from their window.
- Staff respected people's individuality and supported them in a non-discriminatory way. Staff had received training in equality and diversity and knew how to support each person in a way that took account of their abilities and lifestyle choices.

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

- People were relaxed and comfortable with staff and had no hesitation in asking for help from them.
- People were involved in decisions about what to do throughout the day. People told us they could get up when they wanted, and choose if they wanted to participate in planned activities.
- People were provided with information that enabled them to make decisions about their lives. Staff understood the importance of empowering people to make even the smallest of decisions independently.
- Staff listened to people's and relative's views and ensured these were respected. Resident and relative's meetings occurred to provide an opportunity for all to share their views on the service provided at Parc Vro.

Respecting and promoting people's privacy, dignity and independence

- People and relatives felt that staff promoted their independence. A relative told us how staff supported their family member and their mobility had improved.

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when people were becoming distressed or feeling anxious. They consistently followed guidance in place to help people feel calm and reassured.
- Everything about how the service operated, and the way staff provided care and support was focused on the individual person and involving them in their care. Where any daily routines had been developed, these were in place to meet people's needs and wishes, rather than to benefit staff.
- The values of the service were based on enabling people to live as fulfilling live as possible and achieve the best possible outcomes.
- People's right to privacy and confidentiality was respected. Confidential information was kept securely.

Is the service responsive?

Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care

- People's care plans included information about their needs, routines, and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were person centred and had detailed information about people's backgrounds, history, social, physical, and mental health needs. Care plans provided information for staff on how to meet people's identified needs, including the support people needed to maintain their physical health and well-being, nutrition, and personal hygiene.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People and their relatives were involved in the development and reviews of care plans.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers. The service recorded daily logs to summarise the persons day. This supported staff to have current and updated information about the persons' needs and how they spent their time.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded, and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.
- All staff had recently attended a 'accessibility' training course. The registered manager said this would help them review how information would be presented in a meaningful way to people.

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

- An activity's coordinator planned activities for people to participate in if they wished. We saw staff providing several activities which people enjoyed participating in during the inspection. These included playing games, socialising with other people, listening to music and receiving visitors.
- People were complimentary about the number of activities on offer and how much they enjoyed them.
- People were supported to access activities within and outside the service. For example, the local church

was now visiting and providing services to those who wished to attend, a choir visited the service, along with the local primary- junior school. A local theatre was present during the inspection planning future shows with the service. The local museum provided a memory box each month for people to experience, last month the theme was vintage clothing which produced many memories and conversation for people.

- Staff were keen to be involved in the activities as they could see the enjoyment people experienced. The staff team were all busy preparing for a talent show. They had purchased 'golden buzzers' for people to use so that they could participate in the show too and make the show more fun for all.
- The registered manager had produced photo albums of events that had taken place at the service, for example when they went to 'Party in the Park' and 'around the world' themed evenings.
- Staff supported people to maintain relationships with their family and friends. Relatives told us they were welcomed to the home and had access to the home's relative mobile app, so that they could see on a day to day bases what people had been up to.

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or staff if they were unhappy. They told us they were confident that any concerns they had would be listened to and acted upon.
- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- Staff told us they would be able to speak to the registered manager if they had any concerns.

End of life care and support

- The service had provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- Care plans identified people's preferences at the end of their life. Relatives confirmed they were involved with this, and it was carried out sensitively by the staff team.
- Care plans contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed and agreed with the person's legal representative and GP.
- The registered manager coordinated palliative care with other professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.
- Staff had attended training with the local hospice so staff were kept up to date with best practice.

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.

This is the first inspection of this newly registered service. We have rated this key question 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

- Parc Vro was registered with the Commission in April 2022 with this current provider. An experienced registered manager was in post and received support from the provider and care coordinator.
- The provider had a defined organisational management structure. This provided clear lines of responsibility and accountability across the staff team. There was regular oversight and input from senior management.
- The registered manager had comprehensive oversight of the service and understood the needs of the people they supported.
- People, relatives, and staff were all positive about the new management team. Comments from relatives included "I find them very approachable."
- Staff were very motivated by and proud of the service. They told us they felt valued and were well supported. Comments included, "Residents are at the heart of all decisions made at Parc Vro."
- There were robust quality assurance and auditing systems in place designed to drive improvements in the service's performance. Where any issues were identified, appropriate action was taken to ensure they were addressed, and the service's performance improved.

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

- There was a positive culture within the staff team and all staff told us they felt supported by the management team and the changes made. Comments included, "I feel the management team listen to any of my suggestions or concerns."
- Health and social care professionals were equally complimentary about the change in the culture of the home.
- People and relatives were also complimentary about the management of the service and the changes that have been implemented. One commented; "They go above and beyond; I cannot find any faults."
- The registered manager had built an open and trusting relationship with all stakeholders.
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs, and this helped to ensure people received care and support that promoted their well-being.

- People's care plans and risk assessments had been reviewed. Records demonstrated a person-centred approach to the care and support provided for people.

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 understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member. A relative said, "They are quick to phone if there are any concerns about [person name] and they make sure [person] has the support she needs."
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations

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

- People and relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. Resident and relative meetings were also held to provide an opportunity for people to share their views. Questionnaires had recently been sent to people, relatives and visitors for their feedback. All feedback seen was extremely positive.
- The provider had, with people's permission, set up a mobile app group for family and people using the service. Family members were positive in how information was shared promptly, as well as another opportunity to share their views.
- People and relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held and provided opportunities for staff and managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.
- Staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.

Continuous learning and improving care; Working in partnership with others

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.
- The service worked effectively and in partnership with health and social care professionals. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

- The staff and manager were open and transparent throughout our inspection demonstrating a commitment to provide person-centred and high-quality care. The manager acted on feedback given throughout the inspection.