Surrey and Borders Partnership NHS Foundation Trust

Larkfield

Inspection report

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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

This inspection took place on 13 June 2018 and was unannounced. Larkfield is a residential care home that provides accommodation and nursing care for up to seven people with learning disabilities. At the time of our inspection seven people were living and receiving support at the home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of this service in January 2016 the service was rated Good. At this inspection we found the service remained Good overall, although improvement was required to ensure records relating to the administration of people's medicines was accurately recorded, and that people consistently received their medicines as prescribed.

Risks to people had been assessed and staff were aware of the action to take to manage identified risks safely. There were sufficient staff deployed at the service to safely meet people's needs. The provider followed safe recruitment practices when employing new staff. Staff were aware of the need to report any accidents and incidents which occurred, and the registered manager reviewed accident and incident records to identify any trends and reduce the likelihood of recurrence.

People were protected from the risk of abuse because staff were aware of the different types of abuse and the action to take if they suspected abuse had occurred. Staff worked in ways which reduced the risk of the spread of infection. People's needs were assessed, and their care and support was planned in line with nationally recognised guidance. Staff received an induction when they started work for the provider, and received support in their roles through regular training, supervision and an annual appraisal of their performance.

Staff were aware to seek people's consent when offering them support. 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 service supported this practice. Staff supported people to maintain a balanced diet, and to access a range of healthcare services when required to ensure they maintained good health. The provider sought to ensure that people received effective joined up care when moving between different

services.

Staff treated people with care and consideration. They involved people in decisions about their day to day care and treatment. People were treated with dignity and staff respected their privacy. People received care and support which reflected their individual needs and preferences. They were able to take part in a range of meaningful activities which met their need for social stimulation, and staff supported them to maintain the relationships that were important to them. The registered manager told us the service was committed to ensuring people received good quality care at the end of their lives and people had end-of-life care plans in place which had been developed in their best interests where appropriate.

The provider had a complaints policy and procedure in place which was available in formats appropriate for people's needs. Relatives confirmed they knew how to complain but told us they had not needed to do so. The provider had systems in place for monitoring the quality and safety of the service, and staff acted to address any issues identified during monitoring.

The views of people, relatives and other stakeholders were sought through meetings and surveys, and the outcome of the most recent survey was positive, indicating a high level of satisfaction with the service provision. Relatives and staff spoke positively about the management of the service and the registered manager. The provider ensured the rating of the service was displayed and the registered manager ensured the notifications regarding important events had been submitted to CQC where required. Staff told us they worked well as a team. The registered manager shared information about the running of the service with staff through regular staff meetings. The provider worked openly with other agencies, including local authorities and the local clinical commissioning group, to ensure people received good quality care and support.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Medicines were securely stored but improvement was required because accurate records relating to the administration of people's medicines had not always been maintained and people had not always received their medicines as prescribed.

Risks to people had been assessed and staff followed risk management guidance when supporting people to keep them safe.

There were sufficient staff deployed at the service to safely meet people's needs. The provider followed safe recruitment practices.

People were protected from the risk of abuse because staff were aware of the action to take if they suspected abuse had occurred.

Staff worked to support people in ways that reduced the risk of infection.

The registered manager reviewed the details of any accidents and incidents which occurred in order to reduce the likelihood of repeat occurrence.

Is the service effective?

Good

The service was effective.

Staff were supported in their roles through regular training, supervision and an annual appraisal of their performance.

People's needs were assessed, and care planned and provided in line with nationally recognised guidance.

People were supported to maintain a balanced diet.

Staff sought consent from people when offering them support and demonstrated a good understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supported people to access a range of healthcare services when required in order to maintain good health.

People received joined up care when moving between services.

Is the service caring?

Good

The service was caring.

Staff treated people with kindness and consideration.

People were involved in decisions about their care and treatment.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good

The service was responsive.

People received care and support which reflected their individual needs and preferences.

People were supported to take part in a range of activities which were meaningful to them.

The provider had a complaints policy and procedure in place which gave guidance to people on what they could expect if they raised concerns.

People were supported to maintain the relationships that were important them.

People's end-of-life needs had been considered and planned.

Is the service well-led?

Good

The service was well-led.

The service had a registered manager in post who had a good understanding of their responsibilities under the Health and Social Care Act 2008.

The provider had systems in place to monitor the quality and safety of the service, and staff acted to make improvements where issues were identified.

The provider sought the views of people, relatives and stakeholders through resident's meetings and surveys.

Relatives spoke positively about the registered manager and the management of the service.

Staff told us they service was well managed and that they worked well as a team.

The provider worked in partnership with other agencies to ensure people received good quality care.

Larkfield

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 June 2018 and was unannounced. The inspection was conducted by one inspector. Prior to the inspection we reviewed the information we held about the service. This included details of notifications received from the provider about injuries and safeguarding allegations. A notification is information about important events that the provider is required to send us by law.

The provider had also completed a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help inform our inspection planning.

People at the service were not able to communicate with us in detail so we spent some time during the inspection observing their interactions with staff. We also spoke with a visiting GP and three relatives by telephone to gain their views on the service.

We spoke with two staff and the registered manager. We also reviewed records, including two people's care plans, two staff recruitment records, records relating to staff training, supervision and appraisal, and other records relating to the management of the service including meeting minutes, audits and people's Medicine Administration Records (MARs).

Requires Improvement

Is the service safe?

Our findings

Improvement was required to ensure people's medicines were consistently managed safely. People had medicines administration records (MARs) in place which included a copy of their photograph and details of any known medicines allergies to reduce the risks associated with medicines administration. However, improvement was required because we found MARs had not always been completed accurately by staff and were not reflective of the medicines people had received. For example, one person's MAR had not been signed by staff to confirm they had administered a medicine that morning and another person's MAR had not been signed to confirm the administration of a medicine at lunchtime, although staff confirmed these medicines had been administered correctly.

In another example, one person's MAR had been signed by staff to confirm they had administered a newly prescribed medicine to them over the previous eight days, but the remaining medicines stock showed only seven doses had been administered in that time. This meant the person had not received their medicines as prescribed on one occasion. The registered manager told us they would follow up on these issues promptly following our inspection, to ensure people's medicines were safely managed.

The provider had systems in place for receiving and disposing of medicines where required. Medicines were securely stored at the service and could only be accessed by named staff who received training in medicines administration. Records showed regular checks were made on the temperature of the storage area to ensure medicines were maintained safely, in line with the manufacturer's instructions.

People had protocols in place which gave guidance to staff on the use of medicines that can be bought without prescription (homely remedies), or medicines which had been prescribed to be taken 'as required'. These protocols included information on the purpose of the medicine in question, the circumstances and signs people may display which would indicate the need for administration, and guidance on the minimum time gap to be maintained between each dose. We also saw guidance in place identifying how people liked to receive their medicines and observed staff supporting people to take their medicines safely, in line with any directions identified on their MARs.

Relatives told us the service was safe. One relative said, "I'm happy with the support [their loved one] gets and feel [they] are safe there." Another relative told us, "The service is safe; they know how to meet [their loved one's] needs."

Risks to people had been assessed and staff acted to manage identified risks safely. People's care plans included risk assessments covering areas including moving and handling, managing aggression, falls, going out in the community, the home environment and any medical conditions people were living with. These assessments included guidance for staff on the action to take to keep people safe. For example, where people were living with the condition of epilepsy, we saw risk management plans in place which included information about the types of epilepsy they suffered from, the typical frequency and duration of their seizures and the action to take in the event of a seizure, including at which point the emergency services should be contacted if needed.

In another example we saw Positive Behaviour Support (PBS) plans in place for people whose behaviour may require a response from staff which included guidance on the potential triggers and signs that may indicate escalating behaviour, and advice for staff on how to proactively manage this. Staff we spoke with demonstrated a good understanding of people's risk assessments and the action they needed to take to keep people safe. For example, one staff member was aware of the potential triggers which would cause one person's behaviour to escalate and described how they sought to manage this, in line with the guidance in the person's PBS plan.

The provider had systems in place to deal with emergencies. People had personal emergency evacuation plans in place which contained information for staff and the emergency services on the support they needed to evacuate from the service in the event of an emergency. Regular checks had been conducted of emergency equipment and the service's fire alarm system to ensure it was fit for use. Staff were aware of the action to take in the event of a medical emergency or fire, and records showed that the service conducted periodic fire drills to enable staff to practice following the provider's fire procedures.

There were sufficient staff to safely meet people's needs. One relative told us, "There are enough staff there when I visit." Another relative said, "There's always someone supporting [their loved one]." We observed staff to be on hand and available to support people promptly when required. The registered manager told us, and records confirmed that whilst they planned to have a baseline number of staff on duty on each shift, staffing levels were flexible to take into account any activities or appointments people had. For example, on the day of our inspection an additional staff member was on duty to support one person to attend an appointment.

The provider followed safe recruitment practices. Staff files contained details of their previous employment history and well as evidence of checks having been made on their identification, written references and criminal records checks. The provider had also made checks on the professional registration of nursing staff. These checks helped ensure staff were of good character and suitable for the roles they had applied for.

People were protected from the risk of abuse. The provider had safeguarding policies and procedures in place and information was on display within the service for people, visitors and staff on the action to take if they had any safeguarding concerns. Staff received safeguarding training. They were aware of the different types of abuse that could occur and the action to take if they suspected abuse. One staff member told us, "I would report any safeguarding concerns to the person in charge of the shift." Staff were also aware of the provider's whistleblowing policy and told us they felt confident that they would raise any concerns with an appropriate external body if they needed to.

The provider had infection control procedures in place which gave guidance to staff on how to reduce the risk of spreading infection. There were handwashing facilities available for people, staff and visitors to use within the home and we saw personal protective equipment (PPE) was available for staff when supporting people with personal care. Staff received training in infection control and food hygiene, and demonstrated an understanding of safe practices in these areas. One staff member told us, "I always make sure I wear gloves and an apron when helping people with personal care and will wash my hands between each task." Another staff member said, "If I'm preparing food, I always make sure I'm working on a clean worktop and that everything is properly washed and cooked through properly).

Staff were aware to report and record the details of any incidents and accidents which occurred at the service. The registered manager maintained a record of incidents and accidents which they reviewed on a regular basis to identify any potential trends and reduce the likelihood of repeat occurrence. For example, records showed that one person had been referred to a Speech and Language Therapist (SALT) after a

recent incident in which they had experienced difficulties in swallowing, and their care plan had subsequently been reviewed and updated with new guidance to reduce the risk of them choking.

Good

Is the service effective?

Our findings

People were supported by staff with the right skills and experience to provide them with effective care. One relative told us, "The staff know [their loved one] well and understand how to support them." Another relative said, "They [the staff] are competent and know how to work with the residents."

Staff received an induction when they started work at the service which included a period of orientation, reviewing the details of people's care plans and the provider's policies and procedures and time spent shadowing more experienced colleagues. Staff also received training in a range of areas including safeguarding, Positive Behaviour Support, first aid and manual handling, as well as training relating to people's specific healthcare conditions, for example epilepsy. One staff member told us, "I'm up to date with my training here and think it covers everything I need to do my job well." We observed staff supporting people competently during our inspection and they demonstrated a good understanding of the areas in which they had been trained, for example, the action to take to safeguard people at the service.

Nursing staff confirmed they received revalidation support to renew their professional registration every three years and that they took part in development opportunities that were relevant to their roles. One nursing staff member told us, "I recently attended a 'Monitoring Physical Health' study day which was really helpful for this role." Staff were also supported in their roles through regular supervision, including clinical supervision where appropriate, as well receiving an annual appraisal of their performance. One staff member told us "I meet the manager regularly for supervision. We discuss how I'm getting on at work and whether I have any problems, or need any support."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff told us they supported people to make decisions for themselves wherever possible and demonstrated a good understanding of the MCA and how it applied to their roles when supporting people. One staff member told us, "I talk to the residents when supporting them to let them know what I'm proposing to help them with, so that I can be sure they're happy with what I'm doing. If they didn't want me to do something, I wouldn't force them." Another staff member said, "If a resident is unable to make a particular decision for themselves then we would need to do so in their best interests which might mean discussing it with family

members or a doctor, depending on what it was about."

People's care plans contained best interests decisions records relating to significant decisions, where they had been assessed as lacking the capacity to make the decision for themselves. For example, one person's care plan included details of a best interests decision having been made with the involvement of a relative and a healthcare professional regarding the management of their medicines.

The registered manager demonstrated a good understanding of the MCA and DoLS, and was aware of the process for making applications to seek lawful authorisation to deprive people of their liberty. Records showed that DoLS applications had been submitted to relevant local authorities in a timely manner where required, and where authorisations had been granted, any conditions had been met. For example, one person's medicines had been reviewed in line with a condition placed on their most recent DoLS authorisation.

People's needs had been assessed before they moved into the home to ensure the service's suitability. The assessments considered people's mental and physical health, and their social needs and formed the basis on which their care plans had been developed. People's care plans contained guidance for staff on the support people required which reflected nationally recognised standards. For example, people's Positive Behaviour Support (PBS) plans focused on proactive strategies aimed at minimising the need for restrictive interventions, and staff demonstrated a good understanding of how to support people in this area, in line with governmental policy.

People were supported to maintain a balanced diet. One relative told us, "[Their loved one] seems to like the food there and is always happy to eat it." Another relative said, "There are some very good cooks amongst the staff." The registered manager told us that staff involved people in menu planning to ensure it reflected their preferences and we saw information available to people in a pictorial format to help support them to make choices about the food they wanted to eat. The service had also implemented taster sessions to explore options for expanding people's dietary options and give them a wider choice at mealtimes.

People 's care plans included information for staff on their dietary needs and preferences, as well as details of any support they needed to eat. For example, one person's care plan identified they needed adapted cutlery which had been recommended following an assessment undertaken by an Occupational Therapist (OT) and we saw that this had been purchased by the provider to help the person eat independently.

There were snacks and drinks available for people to help themselves to during the day and we observed staff regularly offering people drinks throughout our inspection. People were able to go out for meals on occasion with the support of staff, and one person had gone out for breakfast on the day of our inspection. We observed the lunchtime meal which people enjoyed at a table in the garden. People were able to make a choice of what they wished to eat on the day, with food options shown to them before it was served. We noted staff were on hand to offer support and to people where required, in line with their care plans.

People had access to a range of healthcare services to maintain good health. Records showed that people received support from a range of healthcare professionals when required including GPs, dieticians, speech and language therapists (SALT), psychiatrists, opticians and dentists. Staff were aware of the need to monitor and report any changes in people's health conditions to the registered manager to ensure people's healthcare needs were met.

The registered manager told us, and records confirmed that they sought input from healthcare professionals in the planning of people's care when required. For example, one person had recently been diagnosed with

diabetes and we saw a referral had been made to a dietician to ensure they were receiving appropriate dietary support from staff. A visiting GP told us, "The staff are proactive in involving us when needed and provide good quality care to the residents. They contact us promptly if anyone is unwell and our practice has no concerns about the care the service provides."

Staff sought to ensure people received effective, joined up care when moving between services. People had hospital passports in place which accompanied them on healthcare appointments. These provided important information to healthcare professionals regarding their health conditions, communication needs and any key support requirements they needed to be aware of. We also spoke with a member of staff from a service responsible for managing some of the activities people took part in during the day and they told us, "The staff here make sure I have the information about the residents that I need to enable me to do my job. They communicate well with our service."

Good

Is the service caring?

Our findings

Relatives told us that staff treated their loved ones with care and consideration. One relative said, "[The staff] are patient and treat everyone well; they deserve a medal!" Another relative told us, "The staff work as though they're with family; they've very considerate."

We observed staff supporting people in a caring manner during our inspection. For example, where people showed signs of anxiety, staff moved promptly to provide them with reassurance, reminding them of things they enjoyed such as the activities they had planned that afternoon. The atmosphere at the service throughout our inspection was relaxed and friendly and we noted that people were comfortable in the presence of staff and felt able to turn to them for support when they needed it.

Staff we spoke with knew the people they supported well. They were aware of their family backgrounds, the activities they enjoyed and their preferred daily routines and told us that they had built up strong relationships with the people living at the service during the time they had worked with them. Relatives told us that people's relationships with the staff were of key importance in ensuring they received good quality support. One relative said, "[Their loved one] dislikes changes in routine, so the fact that there are some staff who've worked there for such long time has been a good thing."

People were treated with dignity and their privacy was respected. One relative told us, "They [people] all have their own rooms and [their loved one] gets time to themselves when wanted." Another relative said, "The staff are always polite and I've never seen any privacy concerns when I've visited."

Staff were aware of the action to take to ensure people's privacy and dignity were maintained. One staff member told us, "I knock on residents' doors before going into their bedrooms. If I'm helping someone to wash or dress, I'll make sure we have privacy by closing the door and curtains." Another staff member told us, "If I'm helping someone to have a wash, I'll make sure they're covered up as much as possible to protect their dignity." We observed staff knocking on people's doors before entering their rooms during our inspection. The provider had also purchased screens which the registered manager told us were used to promote the dignity of people who suffered from regular epileptic seizures which could occur in communal areas within the service.

Staff told us they encouraged people's independence as much as possible. One staff member said, "It's about working with people and letting them do the things they can for themselves." The service had equipment in place which supported people to be independent. For example, the kitchen had been fitted with a kettle tipper which helped enable people to pour water independently whilst reducing the risks associated with using the kettle.

People were involved in day to day decisions about their care and treatment. Staff told us they let people direct their own support wherever possible by offering people choices; for example in what they wanted to wear or eat, or whether they wished to attend planned activities or remain at the service. Staff also demonstrated a good understanding of people's communication needs and used tools such as pictorial

catalogues when communicating with people which covered a range of areas, including menu and mealtime planning, activities and attendance at appointments.

The registered manager told us that the service was committed to supporting people regarding any needs they had in respect of their race, religion, sexual orientation, disability or gender. Staff confirmed that the provider promoted a working culture that was non-discriminatory and that they would always seek to work in ways which were support of people's diverse needs.

Good

Is the service responsive?

Our findings

People received support from staff which reflected their individual needs. People had care plans in place which had been developed based on an assessment of their needs. Care plans covered a range of areas including support with personal care, communication, mobility, medicines, eating and drinking, and pain management, as well as details of the support they required to safely manage any identified health conditions such as diabetes and epilepsy.

Care plans also contained information regarding people's life histories, likes and dislikes, the people and things that were important to them and details of their preferred daily routines. They included pictorial information to help people understand their support choices and were reviewed on a regular basis to ensure they remained up to date and reflective of people's current conditions. This helped demonstrate that the service was complying with the Accessible Information Standard by ensuring information met the communication needs of the people using the service.

Staff were aware of the details of people's care plans and told us they supported people accordingly. For example, one staff member accurately described the support one person required during mealtimes, which was in line with the guidance in the person's care plan. Staff also told us that they were aware to inform the registered manager of any changes in people's conditions so that their care plans could be reviewed and updated as necessary.

Relatives confirmed they had been involved in the planning of people's care, where appropriate. One relative said, "We're kept well informed of what's going on [with their loved one] and have discussed any changes that have been needed." Another relative told us, "I've been involved in discussions about [their loved one's] support and am happy with the care."

People received support to take part in activities that were meaningful to them and met their need for social stimulation. The activities on offer to people at the service included attendance at a local day centre, swimming, trampolining, aromatherapy and visits to the gym, as well as trips out to local parks, the seaside, or for meals away from the service. The home had also had a sensory room which was available for people to use during the day. One relative told us, "[Their loved one] goes horse riding which they enjoy." Another relative said, "They go out regularly and are kept busy."

People were supported to maintain the relationships that were important to them. Relatives told us they were able visit people when they wished. One relative said, "I visit regularly and am always welcome." Another relative explained that they found it difficult to travel to the service independently, so staff came to pick them up so that they could spend time with their loved one.

The registered manager told us the service was committed to ensuring people received appropriate support at the end of their lives. People's care plans included end-of-life planning which had been developed in their best interests where they had been assessed as being unable to make the decision about the way in which they would wish to be supported themselves.

Relatives told us they were aware of how to make a complaint. One relative said, "I would speak with [the registered manager] if I had a complaint, but I've not needed to." Another relative told us, "I've every confidence that whoever was on duty would address any problems if I needed to speak with them."

The provider had a complaints procedure in place which contained guidance for people and relatives on what they could expect if they made a complaint. The procedure was on display within the service in a pictorial format to help people better understand it. The registered manager confirmed that the service had not received any complaints during the previous year and this was supported by the service's compliments and complaints log. We noted that one relative had recently sent a compliment to the registered manager regarding a newsletter they had received about what had been happening at the service.

Good

Is the service well-led?

Our findings

The service had a registered manager in post who demonstrated a good understanding of the requirements and responsibilities of their role under the Health and Social Care Act 2008. They were aware of the events which they were required to notify CQC about and records showed that they had submitted notifications where required in the time since our last inspection. They had also ensured the service's CQC rating was on display at the service, in line with regulatory requirements.

The registered manager told us they were supported in their role by their line manager and senior staff working for the provider. They attended regular senior management meetings to share learning and good practice with other local services operated by the provider. For example, learning had been shared from a recent incident where one person had experienced a delay in receiving a dose of medication which had resulted in a change in procedure at the service to reduce the likelihood of recurrence.

Relatives spoke positively about the registered manager and the management of the service. One relative said, "I have a very good relationship with [the registered manager]; she knows what she's doing and I'm confident that the service is the best place for [their loved one]." Another relative told us, "The manager is very helpful. She's available to talk to and doesn't hide anything; we get on well."

Staff told us that the registered manager provided them with strong leadership and support. One staff member said, "The manager does a great job. She's well organised and willing to be flexible in looking for solutions to problems. She's very supportive and always makes herself available." Another staff member told us, "The manager is very hands on and happy to get involved. If I need any help with anything I know I can always go to her." Staff also spoke positively about the working culture at the service. One staff member said, "We all work well together here; everyone's focus is on providing good quality care." The registered manager told us, "The team here are very dedicated and manage people's complex needs well."

The registered manager shared information about the running of the service with staff through regular staff meetings. Areas discussed at recent meetings included staff training, audit outcomes, accidents and incidents and health and safety. Staff also told us that day to day information was shared with them during staff handovers between shifts so that they were aware of any key issues or events that were due to occur during their shift.

The provider had systems in place to monitor the quality and safety of the service. Records showed that checks and audits were conducted on a regular basis which covered a range of areas including the maintenance of the premises, infection control, medicines, and fire safety. Action had been taken to address any issues identified during audits. For example, we noted that a cushion had been identified as lacking a fire retardant covering during a recent fire safety audit and this had subsequently been removed from the premises.

The provider also carried out regular reviews and assessments of the quality of the service at the home and the outcome of a recent review identified positive outcomes in all areas reviewed. The service had also

successfully met the requirements of an internally run accreditation scheme aimed at ensuring the provision of high quality care.

The provider sought people's views on the service through regular resident's meetings. Areas covered during recent meetings included updates on any service developments such as the purchase of new garden equipment, meal planning, activities and plans for a forthcoming holiday. The registered manager told us that they also sought to involve people in any developments at the service where possible. For example, they told us, and records confirmed, that they had sought people's views on potential new staff during a recent recruitment drive.

The provider also sought feedback on the running of the service from a range of stakeholders, including relatives and staff from other services which supported the people living at the home, through periodic surveys. We reviewed the responses from the most recent survey which were all positive. Comments received by the service included, "[People] have always been extremely well cared for by a dedicated team," and, "They know how to look after [their loved one] extremely well." These comments were reflective of the feedback we received from the relatives we spoke with.

The service worked in partnership with other agencies to ensure people received a high standard of care and support. The registered manager told us they welcomed visits from service commissioners, and they were always willing to address any issues identified during quality assurance visits. For example, they had implemented a Deprivation of Liberty Safeguards (DoLS) tracking system in response to the findings of a visit conducted jointly on behalf of the local authority and local clinical commissioning group, to ensure the service knew when people's current DoLS authorisations were due to expire.