

Mission Care

# Willett House

## 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

### About the service

Willett House is a residential care home providing personal and nursing care to 36 adults and older people at the time of the inspection. The service can support up to 37 people in one adapted building and specialises in providing care to people living with dementia.

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

People told us they were happy living at the home. They were protected from the risk of abuse because staff received safeguarding training and knew the action to take if they suspected abuse had occurred. Risks to people had been assessed and staff followed the risk management guidelines to maintain people's safety. There were enough staff working on each shift to meet people's needs. The provider followed safe recruitment practices.

Staff worked in ways that reduced the risk of the spread of infection. People's medicines were safely managed. Staff were supported in their roles through an induction, training and regular supervision. People's needs were assessed before they moved into the home to ensure the service was suitable for them. They had been involved in developing their care plans, which included information about their preferences in the way they wished to be supported.

Staff sought people's consent when offering to assist them. 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. People were supported to maintain a balanced diet. They had access to a range of healthcare services when needed and staff worked to ensure they received consistent support when moving between different services. The home had been built and adapted to meet people's needs.

Staff treated people with kindness and care. They respected people's privacy and treated them with dignity. People received responsive support at the end of their lives. They were involved in decisions about the support they received. They also knew how to complain and expressed confidence that any issues they raised would be dealt with appropriately. The provider had systems in place to monitor the quality and safety of the service. Staff acted to address any issues identified as a result of the provider's quality assurance processes.

People, relatives and staff commented positively about the management of the service. Staff worked well together and were focused on providing high quality care. The registered manager and staff demonstrated a good understanding of the responsibilities of their roles. They shared information about the running of the home through regular meetings and staff handovers between shifts. The provider sought the views of relatives and people through regular meetings and the use of surveys. They were in the process of implementing innovations to help broaden the ways in which feedback could be provided and to improve the monitoring of the support people received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 6 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was 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 ●

# Willett House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Willett House is a 'care 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 service had a manager who was in the process of registering with the Care Quality Commission at the time of our inspection. They have since completed their registration. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed the information we had received about the service since the last inspection. We sought feedback from the local authority who works with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual, registered manager, catering manager, clinical lead and care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. 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 four people's care plans, four staff files and variety of records relating to the management of the service, including staff training and supervision records, medicine administration records, and audits carried out by senior staff.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I feel very secure living here." A relative said, "[Their loved one] always looks relaxed and comfortable when I visit."
- Staff received safeguarding training. They were aware of the types of abuse that could occur, and the action to take if they suspected abuse, in line with the provider's safeguarding procedures. One staff member told us, "If I thought someone may have been abused, I'd make sure they were safe and report it to the manager immediately." Another staff member said, "I'd report any abuse allegations to the senior duty, but I know that I could also contact social services or CQC directly if I needed to."
- The registered manager was aware of the locally agreed procedures for reporting abuse allegations to the local authority and records confirmed they had reported any allegations accordingly. Local authority staff confirmed that they had conducted one safeguarding investigation into an incident at the home, but this had found the allegations to be unsubstantiated and that the home had acted in the best interests of the person involved.

Assessing risk, safety monitoring and management

- Risks to people were regularly assessed and staff acted to manage identified risks safely. People's care plans included a range of risk assessments which were used to identify the support they needed to maintain their safety. For example, where one person had been assessed as being at risk of choking, records showed staff had sought advice from a healthcare professional which had subsequently been included in their care plan. In another example, the care plan of a person who was at risk of falls included guidance for staff on the support they required when mobilising, to help maintain their safety.
- Staff were aware of the details of people's risk assessments. We observed staff following the risk management guidelines in people's care plans, for example when supporting them at mealtimes, or when mobilising.
- The provider had procedures in place for dealing with emergencies. People had personal emergency evacuation plans (PEEPs) in place which contained guidance for staff and the emergency services on the support they would require when evacuating. Staff received fire safety training and understood the provider's emergency procedures. Regular checks were carried out on fire safety equipment within the home to ensure it was well maintained and fit for purpose.

Staffing and recruitment

- There were enough staff working on each shift to support people safely. One person told us, "There's always someone here if I need help." A relative said, "There have always been enough staff around when I've visited." Another relative commented that they thought the staff that worked on week days did a better job than those covering the weekends, although they told us people still received the support they needed

throughout the week.

- The registered manager used a dependency tool to help identify the number of staff they needed to cover each shift. They told us that staffing levels could be adjusted if needed, should people require additional support. Records showed that the number of staff on duty each day reflected the planned allocation on the staff rota.
- Staff told us they there were enough staff on each shift to meet people's needs. We observed staff to be on hand and available to support people promptly when needed, without rushing during our inspection. Staff carried out regular checks on people whilst in their bedrooms and monitored the communal areas of the home. They also responded promptly when people used their call bells to request assistance.
- The provider followed safe recruitment practices. Staff files showed that pre-employment checks had been carried out which included a review of each staff member's work history, checks confirming their identity, references from previous employers and criminal records checks. Checks had also been carried out on the professional registrations of nursing staff. These helped demonstrate that staff were of good character and suitable for the roles they had applied for.

#### Using medicines safely

- People's medicines were safely managed. They were securely stored in locked medicines rooms which were only accessible to named staff who had been trained and assessed as being competent to administer medicines. Staff carried out regular temperature checks of the medicines rooms to help ensure medicines remained effective and safe to take.
- Each person had a medicines administration records (MAR) which included a copy of their photograph and details of any known medicines allergies, where applicable. This helped reduce risks associated with medicines administration. MARs were signed by staff to confirm when they had administered people's medicines. The MARs we reviewed were up to date and showed that people had received their medicines as prescribed. Staff also had access to guidance on how to support people with any medicines that had been prescribed to be taken 'when required'.
- The provider had systems in place for receiving and disposing of any unused medicines safely. Controlled Drugs (CDs) were received, stored, administered, recorded and disposed of in line with regulatory requirements.

#### Preventing and controlling infection

- Staff were aware of the action to take to reduce the risk of the spread of infection. One staff member said, "The home has a stock of disposable gloves and aprons which we use when assisting the residents. I always wash my hands before and after helping anyone." One relative said, "The staff have always worn gloves when supporting [their loved one]."
- There were hand washing facilities available for people, relatives, staff and visitors to use when needed. People and their relatives commented positively about the cleanliness of the home which was clean and tidy at the time of our inspection. The registered manager carried out periodic infection control audits to ensure the home was safely maintained.

#### Learning lessons when things go wrong

- Staff were aware to report and record the details of any accidents or incidents that occurred at the home. The registered manager maintained an accidents and incidents log which contained records describing any incidents which had occurred, and the action that had been taken as a result. Records showed appropriate action had been taken in response to any accidents that had occurred. The registered manager also monitored incident and accident records to look for any trends or identify learning which may reduce the risk of repeat occurrence.

## 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.

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

- People's needs were assessed before they moved into the home to ensure the service's suitability. Nursing staff conducted a more detailed assessment of people's support requirements on admission which was used to form the basis on which their care plans were developed.
- Assessment considered people's physical and mental well-being as well as their social needs. The provider used nationally recognised tools when carrying out risk assessments. For example, they used the Malnutrition Universal Screening Tool (MUST) when assessing the risk of malnutrition and Waterlow Scoring to assess risks to people's skin integrity. The use of these tools helped ensure that staff took a consistent and proactive approach to identifying the support people required.

Staff support: induction, training, skills and experience

- People were supported by trained, competent staff. One relative told us, "The staff do a good job and are very professional." Another relative said, "They [staff] need to use a hoist when helping [their loved one] to get out of bed. They take care and do a good job."
- Staff received an induction when they started work at the home which included a period of orientation, a programme of training and time spent shadowing more experienced staff. Staff with no prior experience of working in care were also required to complete the Care Certificate during their first months of work at the home. The Care Certificate is the benchmark that has been set for the induction standard for new care workers.
- Staff received regular training in a range of areas relevant to people's needs. One staff member said, "The training from Mission Care has been very good. I feel I have learnt what I need to, to care for the people living here."
- Staff were also supported in their roles through regular supervision and an annual appraisal of their performance. One staff member said, "I get the support I need. The manager listens and has looked for ways to help me if I've had any problems."

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

- People were supported to maintain a balanced diet. One person told us, "The food here's good and there's plenty." A relative said, "The food's excellent." Another relative commented, "The food's nutritious and I've been able to come and have a meal here."
- People's care plans included guidance for staff on any support they required to eat or drink. Where risks around eating or drinking had been identified by staff, we saw advice had been sought from healthcare professionals, such as a Speech and Language Therapist (SALT) or dietician and their guidance had been included in people's care plans. Kitchen staff had access to this information and prepared people's meals

accordingly.

- We observed a lunchtime meal and noted that staff were on hand to support people, for example by cutting up people's meals or providing one to one support where needed. One person used adapted crockery which enabled them to eat independently without support. Another person initially refused to eat so staff offered them alternatives and then gave them effective encouragement to eat something. People were also able to eat where they wished, with some people choosing to eat in their bedrooms.

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

- The design and layout of the home met people's needs. There were handrails in place to support people when mobilising, and a lift to help them move between floors. People had access to bathrooms which had been adapted to better meet their needs. Their bedrooms were personalised and decorated with photographs or pictures which had meaning for them.
- The provider was in the process of carrying out a programme of improvements which included refurbishing areas in the home. Records showed that this had been discussed with people and their relatives during meetings, to gain their views.

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

- People received support to access to a range of healthcare services when they needed them. Staff told us they reported any changes in peoples' conditions to a member of the nursing team who would assess the issue and request a healthcare referral if needed. Records confirmed that people had been referred to a range of different healthcare services in order to maintain good health, including the community nursing team, a tissue viability nurse, dentist, optician, dietician and SALT. Any feedback from healthcare professionals had been added to people's care plans.
- The registered manager confirmed that a GP made a regular visit to the home and visits could be requested when needed. One relative told us, "The staff have arranged a doctor's appointment for [their loved one] when they were unwell."
- Staff sought to work with other agencies to ensure people received consistent and timely care when moving between different services. The home was a part of the red bag scheme which was set up to improve communication between care homes and hospitals. As part of the scheme, the home had relevant information about people's needs ready to accompany them to hospital. This included details of their known medical conditions, allergies and the medicines they were taking, which helped enable hospital staff to plan effective support and treatment which was consistent with the care they'd received prior to admission.

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.

- Staff asked for people's consent when offering them support. One person said, "They [staff] check I'm happy when they help; they wouldn't do anything I didn't want them to." A staff member told us, "I always ask the residents if they'd like me to help them. If they refuse, then I'd respect their decision and try again later." We observed staff seeking people's consent when offering them support and respecting their decisions during our inspection.
- Staff also knew how the MCA applied to their roles and understood how to support people who lacked the capacity to make a specific decision for themselves in their best interests. People's care plans contained records of mental capacity assessments and best interests decisions having been made for more significant decision making areas. For example, staff had involved one person's relatives, GP and pharmacist in making the decision to administer medicines covertly in the person's best interests. Another person's family had been involved in a decision to use bed rails on their loved one's bed, in order to better maintain their safety.
- The registered manager understood the process for seeking authorisation to deprive a person of their liberty under DoLS. Records showed they had submitted DoLS authorisation requests in a timely manner where needed. Where DoLS authorisations had been granted, any conditions placed upon them had been met.

# 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.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives told us they were well treated by staff who showed them care and consideration. One person said, "They [staff] are all nice people and make sure I'm being looked after." Another person said, "They're very good to us. I can't complain, everything is lovely here." A relative commented, "The staff are caring in their approach. [Their loved one] had been increasingly agitated over the last few months while at home with me, but since moving in has been far more relaxed."
- Staff interacted with people in a caring and friendly way. They regularly offered people support that showed a commitment to improving their well-being, for example regularly offering support to people to reposition when seated so they were more comfortable or offering to get them more clothes or a blanket if they looked cold. The atmosphere throughout the home was relaxed and friendly and it was clear that people had developed strong relationships with the staff supporting them.
- People's spiritual and cultural needs were taken into account in the planning of their care. Spiritual services were regularly held at the home for people to attend should they wish. The registered manager confirmed that staff were able to support people to attend their chosen place of worship if they wished and that culturally appropriate meals could be prepared for people, if required.
- The registered manager also told us they had plans to roll out the 'Lift the Lid' workshop for staff. This workshop has been developed by The Alzheimer's Society to help staff address sex and intimacy issues for people living with dementia. We will follow up on the home's progress with this at our next inspection.

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

- People were supported to make decisions about the support they received. We observed staff encouraging people to express their views and respecting the decisions they made. People made day to day decisions such as where they wished to spend their time, what they wanted to eat or when they wanted staff to support them with personal care. One relative told us, "The staff respect [their loved one's] preferences; [they're] still in bed today because [they] didn't want to get up, despite staff trying to encourage [them]."
- Staff took people's communication needs into account when involving them in making decisions. One staff member told us, "I always try to give people options. If they're not able to directly tell me what they want, I'll show them choices they can pick, like what they want to wear, or ask questions that they can respond 'yes' or 'no' to."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respected their privacy. One person told us, "They [staff] are always polite and always smiling." We observed staff interacting with people in a friendly and respectful way

throughout our inspection.

- Staff knew the steps to take to ensure people's privacy was respected. One staff member told us, "I knock on the residents' doors before entering their rooms and make sure we have privacy if I'm helping them to wash or dress." A relative told us, "If [their loved one] needs any support while I'm visiting, the staff will ask me to leave the room, so they have privacy." Another relative said, "The staff always knocked on the door before coming into the room when I've been here."
- Staff encouraged people to maintain their independence. One staff member told us, "I involve people in their own support as much as possible. For example, one resident can dress themselves if encouraged to do so. Another resident can eat certain things independently but needs support with others, so we encourage them to do what they can." A person told us, "I like to be as independent as possible. I can get myself dressed in the morning, but the staff help me with the bits I find hard, such as putting on socks."

## 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.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and their relatives, where appropriate had been involved in the planning of their care. One relative said, "We've discussed [their loved one's] care plan and have been involved in any reviews." Another relative told us, "We talked about the things [their loved one] needed help with when [they] moved in. The staff know [their loved one's] preferred routine well, but I'm confident they'd be happy to make changes to his care plan if we requested them."
- People's care plans identified the areas in which they needed support and they action staff should take to keep them safe. They also included information about people's likes and dislikes and their preferred daily routines.
- Staff demonstrated a good awareness of the details of people's care plans and their preferences in the way they wished to be supported. They knew how people preferred to spend their time, when relatives were most likely to visit them as well as being aware of the action to take to manage specific areas of risk safely. One person told us, "[A staff member] knows what I like; the staff are very good here."

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 had been assessed as part of the planning of their care. The registered manager told us the provider was able to make information available to people in a range of different formats if needed. Pictorial information was available to support some people with decision making when deciding what they wanted to eat.

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

- The provider offered a range of activities for people to take part in, in support of their interests. These included exercise sessions, creative arts, reminiscence sessions, celebrations of key events and one to one sessions for people who did not wish, or were unable to take part in group activities. One relative told us, "We were here recently for the Christmas party; [their loved one] really enjoyed it." People were also supported to go out on trips around the local area and to a dementia friendly café that was run by the provider.
- People were able to maintain the relationships that were important to them. Relatives told us they could visit when they wished. One relative said, "I come at different times and they've always been welcoming."

Another relative told us, "We're able to visit whenever we want; the staff treat us like family."

#### Improving care quality in response to complaints or concerns

- The provider had systems in place for managing complaints. People, relatives and visitors had access to the provider's complaints procedure if needed. This described the action they could expect if they complained, including the timescale in which they could expect to receive a response and the action they could take if they were unhappy with the outcome of any investigation.
- People and relatives told us they knew how to complain. One person said, "I've no complaints but would let the staff know if I was unhappy." A relative commented, "If I had a complaint I'd talk to the clinical lead or registered manager, but we've never had to."
- The registered manager maintained a record of complaints which included details of any investigation they had undertaken and a copy of their complaint response. The home had not received any formal complaints during the year prior to our inspection.

#### End of life care and support

- People's end of life care and support needs were met. Staff worked with relevant healthcare professionals, including the local hospice team and GP to ensure they were able to provide responsive end of life care when needed. A relative of a person who had recently passed away told us, "[Their loved one's] end of life care was managed really well. The staff were really caring; one or two them even came in to check on [their loved one] during their days off."
- People's care plans included information about their end of life preferences, where they had been happy to discuss this with staff. Some people also had Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in place where they or their relatives, where appropriate had discussed this decision with their GP.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and relatives told us the home was well managed and that staff were focused on providing them with high quality support. One person said, "[The registered manager] is very good; always happy to spend time with you." A relative told us, "The home is well managed; the staff all do a good job and work very well together." Another relative commented, "The managers here have done a pretty good job. They've always made a point of checking in with us when we visit. The staff also do a great job and go the extra mile for the residents."
- Staff spoke positively about their experiences working at the home. One staff member told us, "We get good support from the manager and management team. I know I can talk to them about anything if I need to and they'll do their best to help me." Another staff member said, "We have a good rapport and all work well together. One of our strengths is how well we communicate with each other."
- Staff worked well with each other throughout our inspection. They demonstrated a clear focus on people's well-being, offering good quality support both to them and each other when needed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 demonstrated a good understanding of the responsibilities in meeting the requirements of the Health and Social Care Act 2008 and other associated legislation. They knew the areas which they were required to notify CQC about and ensured that the home's current CQC rating was displayed at the home and on the provider's website, in line with regulatory requirements.
- Staff understood the responsibilities of their roles. They attended regular staff meetings and handover sessions between shifts to share information or receive updates about the running of the service or changes in people's conditions.
- The registered manager understood and acted on the duty of candour when needed. Records showed that relatives had been informed of any accidents their loved one's had been involved in.

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

- The registered manager sought feedback on the running of the home from people and relatives through regular meetings and the use of an annual survey. One relative told us, "We attend the relatives' meetings regularly. We recently discussed the décor and activities for the residents. The manager listens to us and

staff have worked hard to make improvements if anyone makes a suggestion."

- The result of the most recent survey which had been carried out in 2019 showed that people and relatives had positive views about the home and the service staff provided. Everyone who had responded to the survey confirmed that they would recommend the home to others if asked.
- The registered manager told us they had sought to build links with the local community, including nearby schools, although they were still in the process of developing these relationships. The provider developed community links through the running of a dementia friendly café which was open to the public.

#### Continuous learning and improving care

- The provider had systems in place for monitoring the quality and safety of the service. The registered manager and senior staff carried out routine checks and audits in a range of areas including infection control, health and safety, medicines, care plans and checks on the safety of equipment used at the home.
- Staff acted to address any issues identified during audits. For example, one person's care plan had been updated to include information about their power of attorney after this was found to be missing during a recent care plan audit. A window restrictor had also been replaced in response to an issue identified during a recent routine check on the safety of the environment.
- The registered manager had taken part in a health innovation programme during 2019 which had a focus on improving the quality of life for people receiving support and developing best practice. Senior staff also attended forums run by the local authority and the registered manager was part of a programme run by the local hospice which used case studies to reflect on the support people received and share good practice.
- The provider was also seeking to introduce innovations to the home as part of a programme of improvements. They were in the process of setting up the use of Quick Response (QR) Codes, which are a type of barcode that can be electronically linked to information when scanned by a mobile device. QR Codes within the home were being set up for use in different ways. For example, a QR Code set up by the entrance to the home linked to an electronic feedback form which gave people or visitors another method of commenting on the service. The registered manager also told us they were looking to implement QR codes in people's bedrooms to help monitor key areas of support such as confirming when staff supported people to reposition in bed where needed to help manage skin integrity risks. We will check on the service's progress in implementing these innovations at our next inspection.

#### Working in partnership with others

- The provider worked openly with others in order to provide people with a good quality service. The registered manager told us they welcomed visits from the local authority and sought to act on any feedback they received.
- Records showed the registered provider had responded to any requests for information from local authority staff, where appropriate. For example, they had shared information with the local safeguarding team and provided feedback to local authority staff to clarify areas discussed during a recent quality assurance visit.