Southampton City Council

Glen Lee

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

This inspection took place on 26 July and 1 August 2018 and unannounced.

At the last inspection of 25 July 2017, we found a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. During this inspection we found improvements had been made and there was no longer a breach.

Glen Lee is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Glen Lee provides accommodation and personal care for up to 33 people who may be living with dementia. The accommodation is provided over two floors accessed by a passenger lift. There are a number of communal areas where people can sit together or alone if they wish. There is also a garden which is safe for people to access independently. On the first day of the inspection there were 12 people living at Glen Lee and this increased to 14 people on the second day of the inspection.

The registered manager had previously stopped working at the home and had applied to deregister with the CQC at the time of the inspection. 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. The provider had employed the services of an external consultancy company as a short-term arrangement to improve the quality of the service. During the inspection process, a new manager had been recruited.

Medicines were stored safely and at the correct temperatures. People received their medicines as prescribed, from trained staff. The provider had policies and procedures in place designed to protect people from abuse and people felt safe living at Glen Lee. Risk assessments identified when people were at risk and action was taken to minimise the risks. Where incidents had occurred, these were recorded appropriately and the incident reviewed to understand how the situation had occurred. Lessons were learned and improvements made when things went wrong. The home was clean.

People's needs were met by suitable numbers of staff, who were trained and supported in their roles by the management structure. Staff supported people to eat and drink in line with their preferences, individual needs and dietary requirements. Staff knew people well and sought professional medical help when necessary. Mental capacity assessments and best interests decisions were completed where necessary. The provider had invested in the environment which was designed to meet people's needs.

People were treated with kindness, respect and compassion. Staff were patient with people, offering and

supporting their choices. People were supported to express their views and be involved in making decisions about their care and support. Staff supported people with their personal care whilst being mindful of their privacy and dignity.

People received personalised care that was responsive to their needs and enjoyed a range of activities, which were tailored to their interests and choices. People were consulted about their end of life care choices and wishes. People and their relatives had access to the complaints procedure.

The provider promoted a positive culture that was open and transparent and staff enjoyed going to work. The provider had a management structure throughout the organisation and staff were aware of their role within the structure. People, their relatives and staff were involved in how the service was managed. The provider and manager ensured the service was continuously learning and improving and there was an effective system of auditing to improve quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The provider had policies and procedures in place designed to protect people from abuse and appropriate recruitment procedures were in place.

Risk assessments were in place to reduce risks to people's health and safety.

People's needs were met by suitable numbers of staff.

People were supported to take their medicines as prescribed.

There was a cleaning programme in place to reduce the risk of infection.

Is the service effective?

Good

The service was effective.

Mental capacity assessments and best interests decisions were completed where necessary.

People were supported by staff who were trained appropriately for their role.

People were supported to eat and drink enough and were offered choices.

People were supported to access healthcare services and ongoing healthcare support when necessary.

People benefitted from an environment which met their needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with people.

People were supported to express their views and be involved in

making decisions about their care and support.

Staff supported people whilst being mindful of their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs.

People enjoyed a range of activities which were tailored to their needs and choice.

End of life care was provided in ways people preferred.

People and their relatives had access to the complaints procedure.

Is the service well-led?

Good

The service was well led.

The provider promoted a positive culture that was open and transparent.

The provider had a management structure throughout the organisation and staff were aware of their role within the structure.

People, their relatives and staff were involved in how the service was managed.

There was an effective and robust quality assurance system in place.

Glen Lee

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.

The inspection took place on 26 July and 1 August 2018. The inspection team consisted of 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.

Before the inspection, we reviewed the information we held about the service. This included notifications about important events, which the service is required to send us by law. The registered manager completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received written feedback from a healthcare professional.

During the inspection, we spoke with two people, three visitors and six members of staff, including the cook. We also spoke with the manager and three other members of the provider's management team. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience. These included observations and pathway tracking. Pathway tracking is a process, which enables us to look in detail at the care received by an individual using the service. We pathway tracked the care and support of two people. We also looked at a range of records, including three care plans, two staff recruitment files and quality assurance audits.

Good

Is the service safe?

Our findings

During our last inspection of 25 July 2017, we found a breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. This was because medicines were not managed effectively. Some people were prescribed medicines "when required", (PRN), but there was not have a care plan in place to give staff guidance about when to offer the medicine. For one person, stocks of their PRN medicine had run out ten days previously. The stock control system the provider used was not effective in picking up discrepancies.

During this inspection, we saw changes had been made in the way medicines were managed. Two staff were responsible for ordering the medicines and the supplying pharmacist visited the home to support staff when the new medicines were delivered. This meant that if there were any out of stock medicines, action was taken straight away so people did not run out. People now had care plans in place for PRN medicines. These detailed which medicines were prescribed and when it was appropriate to administer them. This meant there was no longer a breach of regulation 12.

The medication administration records were completed with no gaps, but the space used to record the number of tablets carried forward was not always used. This meant staff were not able to say how many tablets there should be in stock for some people. We brought this to the attention of the management team who acted straight away. Another member of the management team was asked to come to the home and complete an audit, which they did. We were later advised by the manager that all the tablets were accounted for and we were assured that people had received their medicines as prescribed. A new process was subsequently put into place to reduce the risk of this happening again.

Medicines were stored safely and at the correct temperatures. No-one currently needed their medicines crushed or given in food without their knowledge. However, staff fully understood the action to be taken, should this change. Staff explained they would talk to the pharmacist, GP and family and that a best interests decision would be needed for covert administration.

People were supported with their medicines by staff who were trained and competent to do so. We saw staff offering people their medicines in ways which met their needs. One person was walking around and the staff member guided the person to a dining chair and said, "I have some tablets for you to take here. What would you like to take the tablets with, orange squash, blackcurrant squash or water?" The person chose to take the tablets with water. The staff member ensured the person had swallowed their tablets and said, "[Person's name], thank you very much, enjoy your lunch". Later, we saw a person was offered aspirin as a PRN medicine which meant the person could choose whether they needed any aspirin at that time.

People told us they felt safe living at Glen Lee and a visitor told us, "This is a good place to be". The provider had policies and procedures in place designed to protect people from abuse. Staff had completed training in safeguarding adults and were aware of the different types of abuse and what they would do if they suspected or witnessed abuse. On each shift there was a named staff member with responsibility for being the "safeguarding lead" so that staff knew who to talk to if there were any concerns identified. The manager

had made appropriate safeguarding referrals to the local authority to keep people safe and was working in partnership with the local authority to improve the quality of the service.

Risk assessments identified when people were at risk and action was taken to minimise the risks. Where incidents had occurred, these were recorded appropriately and the incident reviewed to understand how the situation had occurred.

Arrangements were in place to ensure people's safety in the building. Personal emergency evacuation plans were kept in a place where they could be accessed quickly and were reviewed regularly. There was a plan in place for where people would go if the building had to be evacuated. A named staff member was responsible for fire safety on each shift and staff were told who this was in the shift handover. Fire, gas, water and electrical equipment and safety checks had been completed and equipment was maintained. A recent incident affecting the boiler and a power surge to electrical equipment meant that changes needed to be made to ensure the service kept running until the equipment could be fixed. An example of this was sending the non-soiled laundry to other services managed by the provider.

People's needs were met by suitable numbers of staff. Whilst the number of people living at the home had decreased, staffing levels had not decreased. The provider was employing staff through an agency to maintain the staffing levels at a level they considered met people's social and recreational needs. Agency staff had been part of the staff team since earlier in the year and knew people well. We saw that when we were sat in the communal areas, people were not left unattended for more than a few minutes and there were often two staff in these areas.

People were protected by the prevention and control of infection through the use of risk assessments and maintaining the cleanliness of the home. Cleaning schedules identified who was responsible for cleaning and regular audits were completed to ensure cleaning was carried out. A named staff member took overall responsibility as a 'champion' for infection control. Personal protective equipment was in place, such as disposable gloves and aprons. One staff member told us, "We use the correct equipment and ensure all staff are using the correct equipment. Any problems are reported to the co-ordinators. The home is clean." The Food Standards Agency ratings scheme had awarded Glen Lee a grade 5, which is the highest possible rating.

Lessons were learned and improvements made when things went wrong. A member of the management team said their ethos was for "lessons [to be] learnt rather than apportioning blame. Everyone buys into that." An example of this was in response to a person missing several doses of a medicine they were prescribed to manage their pain. An investigation found there had been a mistake made when changing from one medicine record sheet to another. The process was changed so that two care co-ordinators undertook the process. The system put in place had ensured a similar incident had not happened again.

The provider had recruited new staff since the last inspection. Recruitment procedures were in place which included seeking references and checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Good

Is the service effective?

Our findings

People's needs were assessed before they moved to Glen Lee to ensure staff could meet their needs. The assessment process considered equality and diversity and the belief in the value that "everybody matters." The provider's staff induction and handbook covered diversity and the manager said the topic of diversity was discussed within the home.

People were supported by staff who had received relevant induction and training to enable them to support people they worked with. New staff also studied for the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

Staff completed training in a range of subjects which the provider considered mandatory, including moving and handling and infection control as well as other relevant training courses, such as stroke awareness. One staff member told us, "The training is good. You can always ask the manager if there is something [extra] you would like to do. Dementia training is updated every year, it refreshes your mind and gives you different ideas to try." Another staff member said, "There is loads of training, everything is available. Extra things come up and we're asked if we want to do it. The training is very good." Staff were also encouraged to undertake qualifications in care. Staff were further supported through the use of regular supervision and annual appraisal. Supervision and appraisal are processes which offer support, assurances and learning to help staff development.

Glen Lee supports people living with dementia and staff had completed training in this area. There was a named staff member who was responsible for taking the lead about dementia. The staff member had facilitated workshops and workbooks for staff to complete and extend their learning. There was also a 'resource centre' within the home which staff could access easily. External professional advice was also available.

People were supported to eat and drink in line with their preferences and dietary requirements. We saw that one person was served their meal in a bowl, as this enabled them to eat independently. Another person was being supported to eat by staff but appeared to be finding the jacket potato difficult to eat. The staff member asked, "Would you prefer mashed potato?" The person confirmed that they would and the staff member returned the meal to the kitchen and brought back a small portion of the casserole which had mashed potato on the side with gravy. The person ate this and appeared to enjoy the meal.

Staff were attentive to people at mealtimes, making it a positive experience. A staff member observed that one person was starting to eat their meal with their knife and tactfully asked them, "Can I put the knife in your other hand? Then I can put the fork in this hand." One person could not decide whether to have orange or blackcurrant squash, and said, "I like them both". The person and the staff member decided to try them mixed together. The person tried a little, liked the taste and was given more. This mutual endeavour led to the person and the staff member laughing together and ensured the person continued to stay hydrated. The

weather was very hot at the time of the inspection and had been for several weeks. Staff ensured everyone had drinks and ice lollies were offered to everybody twice a day and on request.

A visitor told us they had eaten lunch at the home and said, "It was really nice. I asked one of the carers to send my compliments to the chef." Another visitor said, "I enjoy the lunches here, so does my [relative]" and confirmed there was always two choices. Visitors joined their friends and relatives to eat meals together if they wished.

Staff ensured people were offered a choice of meals in ways which they could understand. There was a written menu, picture cards and a push button on the wall which had a recording of a staff member saying what the menu was that day. Further, when people sat down to eat, staff brought plates of food with the two different meal choices and told people what the meal was. This meant that people who were living with dementia could visualise and smell the meal to help them make a choice. If people did not like the meal choice, the cook would make them a different meal of their choosing. People could have cooked breakfast if they wished.

Where concerns had been identified around people's eating and drinking, this had been referred to the Speech and Language Therapist (SALT) and staff followed their professional advice.

People had access to healthcare services when necessary. Staff knew people well enough to know when they may be unwell which meant healthcare professionals could intervene before their health deteriorated further. We saw staff recorded information about healthcare visits from doctors, district nurses, opticians, chiropodists and so on.

The manager and staff team worked with other agencies and professionals to deliver effective care. For example, the community mental health team supported the home to provide care and support to meet people's needs appropriately.

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. We saw that people had had their mental capacity assessed, for example, to determine whether people could choose to live at Glen Lee.

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. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards. 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 were being met. We found the provider was following the necessary requirements and a Deprivation of Liberty Safeguards authorisation had been approved for most people. The registered manager had applied for others but was waiting for the local authority to consider the application.

The provider had invested in improving the environment, which was divided into four distinct areas. Dividing the environment in this way helps people to find their way around the home, as the corridors do not all look the same. Named care coordinators were given responsibility for one area, along with a budget. Each area was developed in consultation with the people living in that area and the decoration was relevant to the name of the area, for example, Heritage Lane displayed an assortment of clocks, old newspapers and maps.

Wide and unobstructed walkways, with handrails, meant it was easier for people to navigate around the home. Walls were used to display relevant pictures and posters, for example, of film stars. Sensory boards were also placed on corridor walls so that people had something of interest to look at and interact with whilst walking along the corridors. These boards contained objects people would typically find in their houses, such as locks, string, handles and cloths. Bedroom doors had front door knockers, were painted different colours and some had full door stickers which resembled the front door of a house or flat. This meant people were more likely to find their bedroom independently. A visitor told us their relative's bedroom had been "personalised with photographs of their family and pictures taken during their career". Bathroom and toilet doors were painted orange, which was a different colour to the walls. This, alongside pictorial signs on the doors meant it was easier for people to find the toilet independently. Outside, there was an enclosed, secure garden, with a ramp for easy access through the conservatory. People liked to sit in the garden and one person enjoyed gardening and undertook daily gardening jobs.

Good

Is the service caring?

Our findings

People were treated with kindness, respect and compassion and during the inspection we observed staff interacting positively with people. One person told us, "I get on well with most people here." Staff were patient with people, offering them choices and supporting their choices. Staff spoke kindly to people and did not rush them. On the day of the inspection a new person was due to move in and their move had been delayed from the previous day. The staff member who had visited the person in hospital to assess their needs extended their shift so they could help the new person settle in. The staff member had also arranged for the person's friend to be in the home, along with some of the person's belongings. This was so that the person could be greeted by people they knew and could feel more comfortable in their room. Staff talked with the person, finding out about their likes and dislikes. Staff asked the person if they had had anything to eat and provided them with some sandwiches in response to the answer being no. Throughout the afternoon, staff went to the person to say "hello" and introduce themselves, to welcome them to the home.

The provider promoted their key values of kindness, respect and treating people as individuals. One of the ways they did this, was by recruiting people with a kind and caring disposition. Another value promoted by the manager, was that staff were not "task driven" but that people received the care and support they preferred as individuals. Staff greeted people by name when they arrived on shift. A member of the senior management team told us, "If the service users are happy, for me that's the most important thing". We received feedback from a healthcare professional who told us, "[The staff] seem to be a very caring team."

People were supported to express their views and be involved in making daily decisions about their care and support. Staff offered people choices about what they would like to eat or about their personal care. We heard staff asking people where they would like to sit. We saw one person decided to stay seated where they were, rather than move to a softer lounge chair. The staff member respected this decision and got some scatter cushions and placed them behind the person's back to make them more comfortable.

Staff described how they supported people with personal care whilst being mindful of their dignity. One staff member said, [about personal care], "It's what [people] like, not how you want it to be. With personal care, they may like a particular carer." They went on to say that if a person was not comfortable with a particular staff member, a different member of staff would go in later as a "change of face" often helped. Another staff member said, "I always knock on the door, say hello, who I am, explain what I am going to do. I treat [people] how I would like to be treated. I cover them up so they don't get cold, offer a choice of clothing, shoes, slippers and have a chat."

Staff confirmed that people would usually see the GP in their own bedrooms. However, sometimes people would choose to stay where they were, for example, in the lounge so staff put the dignity screen in place to give them privacy. Although people had not specifically been asked if they had a gender preference regarding which staff supported them, we were told that female staff supported females with personal care. The manager gave us an example of responding to a person's preferences when they had not verbalised any preference. Staff had noticed that when male staff supported one of the males living at Glen Lee, he had got on better with them. The care plan was changed to enable male staff to support the person.

Good

Is the service responsive?

Our findings

During our last inspection of 25 July 2017, we found care plans did not reflect the needs of people using the service. This was because the care plan format was new and the style was not appropriate for the needs of the people they were written for.

During this inspection we found there was a different care plan system in place. The paperwork had been divided into two files which meant information was easier to find. The care plans showed a good level of detail about people's personal history, their preferences and the support they needed. There were suggested strategies to ensure people were settled and comfortable, for example, one person really liked to listen to music and used earphones. Staff were aware of this and ensured the person had their earphones. Staff demonstrated their knowledge of people's needs when they spoke to us and we saw staff responding to people's needs appropriately. People's needs were assessed before they moved to the service to ensure staff could meet their needs. People and their families were involved in care planning where possible.

Since the last inspection, the provider had focussed on improving the activities on offer. A staff member said there had been, "A lot of changes for good. The activities, the interaction between [people] and staff, meeting the different levels of dementia. It makes it more homely for families to come and see. You have time for one to one and activities."

Whilst we were in the home we saw people involved in a range of activities. Some people living with dementia, had baby dolls, which they nurtured and interacted with. The dolls also created the opportunity for people and staff to interact with each other. The dolls had been brought to the home in response to one person who had talked to their belongings as if they were a baby. When staff bought that person a doll, other people started to use it and so staff bought more dolls.

We saw some people were involved in games with a beach ball. When people dropped the ball or hit something, people smiled and laughed. The interaction and laughter indicated people were enjoying the game. Later, the game of catch evolved into football. Whilst people were still sat in their lounge chairs, the change of actions gave them an opportunity to exercise different muscle groups and improve their reaction time.

Staff also supported people with one to one activities. One person was colouring with the help of a staff member and then completed the picture on their own. The person said they were very proud of what they had achieved. Another person was playing dominoes with staff. The staff member was prompting the person about their possible moves to ensure they could participate.

Other activities included weekly group exercises to music, singing Karaoke, enjoying a drink or meal in the 'pub' room or sitting in the garden. A speaker had been set up outside so the music could be played in the garden. People enjoyed listening to music and we saw that some people, who might otherwise be asleep, tapped their feet and nodded their heads.

There was a named staff member and an activities co-ordinator who were responsible for ensuring activities were in place. The manager told us five people had recently gone to a local country park after staff had arranged to borrow a mini-bus. Staff had supported one person to go on a fishing trip and one person had visited a hairdresser in the local community with staff support.

The manager was aware of the need to provide people with information in ways which met their individual needs. An example of this was an 'accessible information' board in the main hallway of the home. The board contained written information, but also recorded 'buttons'. People could press the buttons and hear information about how to complain, the "resident's meetings", fire safety and keeping safe.

People were supported to stay at Glen Lee at the end of their lives if this was their wish and if staff could meet their needs. Staff treated people who were receiving end of life care with dignity and updated care plans according to people's changing needs. The staff and manager ensured that people's religious needs were met. Staff sought advice from professionals such as district nurses to ensure people were supported to reposition in bed appropriately. A staff member told us, "We try to keep people as comfortable as possible for as long as we can." Another staff member told us, "We still need to maintain the person-centred approach. We think of their religion and respect their dignity."

Two staff had completed training in palliative care which was run by a local hospice. The programme resulted them achieving a qualification in a nationally recognised approach to delivering effective end of life care A senior member of the management team said that at this time, staff were caring for the person as well as their family, both emotionally and practically, for example, by providing meals.

The provider had a complaints procedure in place which was made available to people in ways they could understand. The full written procedure was displayed in reception as well as an 'easy read' version. There was also a "recorded button" on the accessible information board which people could press to hear how they could make a complaint. There had been one complaint made since the last inspection and records showed this had been acknowledged and investigated and the complainant received a response. A visitor told us, "I have never needed to make a complaint, but I would complain to the manager or the coordinator."

Good

Is the service well-led?

Our findings

During our last inspection of 25 July 2017, we found the auditing systems which were in place were not always effective for ensuring the requirements of all regulations were met or identifying where improvements could be made. At this inspection we found robust systems had been put in place and where improvements were identified as being needed, action had been taken.

Since the last inspection the registered manager had stopped working at Glen Lee and had subsequently de-registered. The provider had employed the services of an external consultancy company as a short-term arrangement to improve the quality of the service. Where this report refers to the manager, we are referring to the consultant who performed in the role of the day to day manager. During our inspection process, we were told that a new manager had just been recruited and that they would be applying to register as the manager.

The provider promoted a positive culture that was open and transparent. A member of the management team said, "It is an open and honest transparent culture here. We can have open and honest conversations. I know that staff know they can come to me. We learn from our mistakes." The manager had been managing the home since January 2018 and told us, "The culture here is transparent and open. We take whistle blowing seriously." Where staff had used the whistle blowing procedure, allegations had been investigated and the appropriate action taken. Comments from staff included, "We will say if there is a problem" and "The support is good, you can get support if needed from the care co-ordinator or the manager. The team is supportive. You can bring up any concerns at any time." Staff also confirmed that they were made aware of any safeguarding referrals raised with the local authority and one said, "Staff learn, change and adapt."

Staff enjoyed going to work. One staff member said, "It is lovely here at the moment. [The manager] is so nice, he will put himself out for you. He will ask you how you are. He makes it fun." Speaking of a member of the provider's management team, they said, "[Manager's name] is very chatty with people, he will sit outside with them, have a drink with them. It is a nice atmosphere."

Another member of the management team said, "The atmosphere [here] is lively and the staff are more positive. It is more relaxed, families tell us they're happy to come in. We receive positive feedback on the décor and the environment." They went on to say, "Staff are empowered to do their jobs, for example, by taking charge of their corridor. They have pride [in their work], they are involved in the décor etc."

The manager ensured the home met registration requirements which included sending notifications of any reportable incidents and when necessary to the Care Quality Commission.

The provider had a management structure throughout the organisation and staff were aware of their role within the structure. Care co-ordinators were all allocated a specific area of responsibility, which meant important tasks were not missed. To improve the service, ideas for good practice were shared from different sources. The consultancy team brought a range of knowledge as well as management and staff from another of the provider's services. Professional healthcare knowledge was also sought when needed as well

as advice from the local authority.

People, their relatives and staff were involved in how the service was managed. "Resident's meetings" were held approximately every eight weeks. Minutes were displayed and showed that the meetings started with tea and biscuits, before people discussed ideas for activities and were updated and consulted regarding the plans for re-decoration. The manager also used a "You said, we did" format to give people feedback about changes and improvements. A survey had been sent to people, their family, friends, advocates and professionals. The results had been analysed and displayed where people could see them. There were not any issues to address or improve. Staff had been consulted when the new care plans had been introduced. Staff provided feedback to the manager who made changes to improve them. Care plans were now completed appropriately. A staff member told us about their experience of working with people living with dementia and how they had used these experiences to make the home more dementia friendly.

The provider and manager ensured the service was continuously learning and improving. For example, changes had been made to the rostering system so that staff could get together at the start of a shift. This gave the staff time to talk about people's needs, for example, if they were not very well or if a new person had moved in. Work was allocated at these meetings so that staff knew what their individual responsibilities were for that shift, such as who would take the lead for activities.

The manager had a system of audits in place. Named staff were responsible for some of the audits, such as infection control. Any issues identified were addressed and completed by the time of the next audit. An external audit was also completed, similar in concept to a CQC inspection. One area for improvement had been noted around care plans and agency staff. Therefore, agency staff attended some of the provider's own training which addressed the issue. Another improvement had been around creating an easier to read format for the complaints procedure.

The manager ensured the service worked in partnership with other agencies, including the district nursing team and the local authority's quality team, who had been a "great support." The local authority team had delivered specific training to staff regarding care planning and medicines. The manager was starting to work on expanding the involvement of the local community. A summer fete was being planned and links had been made with the nearby church.