

Abbeyfield Society (The) Speedwell Court

Inspection report

Mansbridge Road, West End
Southampton
SO18 3HW

Tel: 02382356990

Website: www.abbeyfield.com

Date of inspection visit:

19 July 2021

21 July 2021

26 July 2021

Date of publication:

05 November 2021

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Speedwell Court is a residential care home providing personal care to 41 people at the time of the inspection. The service can support up to 80 people who may be living with dementia, a physical disability or sensory impairment. The home accommodates people in a single purpose-built building with an enclosed garden. The provider had taken a planned phased approach to achieving full occupancy of the home.

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

People told us they were happy at the home. One person said, "It's a lovely place, lots to do." Relatives felt they had made a good choice for their loved ones. One relative said their loved one was "happy, settled and safe".

The provider went to exceptional lengths to find out what people had done in the past and facilitate activities in the home and outside which supported them to maintain their sense of identity and personality. The provider supported people to maintain skills and share interests with demonstrable benefits for the wider community in the home. People were able safely to develop friendships and relationships with others in the home. People's care and support met their needs and reflected their preferences. The provider was aware of and followed best practice guidance. There were particularly good facilities for people to take part in activities inside and outside the home which reflected their interests and prevented social isolation.

People were safe and protected from avoidable harm and abuse. The provider supported people to keep themselves and their belongings safe and secure. The provider had processes to manage people's medicines safely, and had put in a variety of infection control measures in response to the COVID-19 pandemic.

People had a service which was effective and led to good outcomes for people. Feedback from people and their relatives about the effectiveness of the service was consistently good. There was particularly good feedback about the living environment, which was modern, designed to a high standard, and adapted to meet people's needs. 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.

There were caring relationships and interactions between people and staff. Staff had got to know people, their interests and families really well. Staff respected and promoted people's privacy and dignity, and encouraged people to be as independent as possible.

People's care was delivered by a service that was consistently well managed and well-led. The leadership and culture promoted high-quality, person-centred care, and a strong team ethos. Staff morale was positive after an exceptional period of stress in the adult social care sector, and there was an up-beat atmosphere in

the home.

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

Rating at last inspection

This service was registered with us on 3 June 2019 and this is the first inspection.

Why we inspected

This was a planned inspection in response to risk based on the length of time this new service had not had an inspection.

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

Follow up

We will continue to monitor information we receive about the service 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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Speedwell Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. We did this to understand how prepared the service was to prevent or manage an infection outbreak, and to identify good practice we can share with other services.

Inspection team

Two inspectors and an Expert by Experience carried out this inspection.

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

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

The service had a manager registered CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection in order to request information from the provider. This helped us plan the inspection and reduce the time spent on site in line with our guidance on reducing risk during the COVID-19 pandemic.

What we did before inspection

We reviewed information we had received about and from the service since it was registered with us. This included notifications of events providers are required to send us.

During the inspection

We spoke with eight people who used the service and eight relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager and deputy manager. We spoke with a healthcare professional who visited the home on the day of our inspection. 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 seven people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at records, case studies and testimonials the registered manager sent us after the inspection. We looked at all the evidence gathered in the light of CQC's published characteristics of ratings in order to make our judgements.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe and protected from abuse, harm and discrimination. People told us they felt safe. One person's relative told us, "Despite being separated from Mum during lockdown I was never concerned about her. I had complete confidence in the staff that they were keeping her safe."
- The provider had systems and processes in place to protect people from the risk of abuse. Staff we spoke with had been trained and were aware of the risk of abuse and signs to look out for. Staff were confident concerns would be addressed appropriately. The provider was open and transparent in reporting any concerns to us and to the local authority.
- The provider worked proactively with the local authority safeguarding team and people's families to reduce risks around people's wishes to maintain family contacts. The provider used their safeguarding processes to support people's right to family life.

Assessing risk, safety monitoring and management

- The provider had a proactive approach to managing risks which took into account people's human rights while taking steps to keep them safe. The provider used standard tools regularly to update risk assessments for poor nutrition and skin health, and to assess pain levels where people could not tell staff if they were in pain.
- People's care plans included individual risk assessments, such as for choking, falls, and poor skin health. If people were at risk because they took blood thinning medicine, risk management included using body maps to record any incidents of bruising or bleeding. If people were at risk of behaviours that staff might find hard to manage, there were ABC (antecedent, behaviour, consequence) charts in place to help identify triggers for the behaviour and successful strategies for helping people.
- Staff we spoke with knew people well and were aware of risks to their health, safety and welfare. Staff knew how to reduce, avoid, and manage people's individual risks. Risk documentation in people's care plans was thorough and detailed.
- The provider took action to assess and understand risks associated with people's living environment. An independent fire risk assessment in November 2020 had concluded risks in this area were "low" and "trivial". An internal legionella risk assessment had found the risk of infection to be low. There was a comprehensive portfolio of environmental risk assessments including COVID-19, adverse weather, and equipment used both inside the home and in the garden.

Staffing and recruitment

- There were enough staff with the right mix of skills to support people safely. People and their relatives were satisfied with the numbers and skills of staff. One person's relative told us, "When I was going in regularly there always seemed to be plenty of people around." A visiting healthcare professional said staffing

seemed very stable, and this consistency was very beneficial for the relationship with their team as they had built up a relationship with specific staff. We saw staff went about their duties in a calm, professional manner without having to rush. When needed staff were able to give people individual support.

- There were robust recruitment systems, and the provider made the necessary pre-employment checks. The provider had maintained their recruitment process during the COVID-19 pandemic. They had filed the necessary records, such as evidence of a Disclosure and Barring Service (DBS) check.

Using medicines safely

- People received their medicines safely and in line with good practice standards. Relatives we spoke with were all satisfied with the provider's arrangements for supporting people with their medicines. Staff worked with other healthcare teams to reduce medicines used to help people with anxiety and unwanted behaviours, but they understood when medicines were appropriate. None of the people we spoke with had any issues with medicines.

- The provider had effective arrangements in place to monitor and check medicines were stored, managed and administered safely. There were appropriate policies and procedures, including individual protocols for people who had medicines to be administered "as required". Staff kept accurate and up to date records of medicines administered.

Preventing and controlling infection

- Policies and procedures were in place to support staff to maintain high standards of cleanliness and hygiene during the COVID-19 pandemic. Staff told us there had been "a lot of training and support" around infection control during a pandemic. Staff were confident the service had the right processes and protocols in place.

- People told us there were high standards in this area. One person said, "There is always somebody going round with a cloth cleaning." A relative told us, "You can't fault the cleanliness." People's relatives appreciated measures to keep the home free of COVID-19 had impacted staff's personal and family lives.

- Staff had worked through the pandemic to help maintain people's contact with families in line with the lockdown guidance at the time. One person told us their family could visit "whenever they liked" and there were "no issues" around visiting. Steps taken included using vacant rooms for visits, and use of social media and tele-conference technology to keep people in touch with their families. Staff understood people's emotional wellbeing was important as their physical health.

- We were assured the provider was preventing visitors from catching and spreading infections.

- We were assured the provider was meeting shielding and social distancing rules.

- We were assured the provider was admitting people safely to the service.

- We were assured the provider was using PPE effectively and safely.

- We were assured the provider was accessing testing for people using the service and staff.

- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured the provider's infection prevention and control policy was up to date.

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- In the event of accidents or incidents there were thorough investigations and analysis. These identified areas for learning which were then used as a basis for discussion in staff training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support were based on thorough assessments and detailed care plans. These were informed by consultation with healthcare specialists such as specialist community nurses. Care plans took into account current guidance in areas such as mouth care, infection prevention and control, and meeting people's communication needs. People we spoke with and their relatives were all satisfied they received care and support that met their needs.

Staff support: induction, training, skills and experience

- Staff had the right competence, knowledge, qualifications, skills and experience to carry out their roles. The provider had recruited and trained a staff team which included staff both with and without previous experience of working in care. People and their relatives were confident staff knew what to do to deliver high quality care. Staff told us their training prepared them well to support people according to their needs, and there was a good balance of skills and experience across the teams.

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

- Staff involved people in choices about what and how they ate. People's preferences and nutritional needs were the focus of menu planning, and people could request options in line with their preferences. People and their relatives gave positive feedback about meals. One relative said, "The quality of the food is good, and it is all home-made which I think is good to have. [Name] looks so much better for being there, and is well fed which is a plus for her."

- People had a balanced, healthy diet. Staff made sure mealtimes were calm and pleasant experiences which encouraged people to eat and drink. During hot weather staff offered drinks and ice lollies to help people keep cool. Where people's care plans showed they needed individual support to make sure they drank enough, we saw staff regularly offering drinks. Staff kept records of food and fluids they offered, which allowed them to monitor the person's intake.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked collaboratively across services to understand and meet people's needs. Staff gave us examples of where they worked closely with people's GPs and other professionals. The provider had worked with community nurses to improve staff practice in monitoring and recording people's vital signs. A visiting healthcare professional told us staff were very pro-active in providing information and updates when requested. Good record keeping by staff helped to tailor the correct intervention and strategies to meet people's needs.

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

- Speedwell Court is a modern home, purpose built to a high specification for older people and people living with dementia. People and their relatives appreciated the high quality of the living environment. One person said, "It is like a five- star hotel. The colour scheme gives a warm feeling." A relative said, "The premises are superb, modern, bright and clean." People had access to outside space, quiet areas, areas for hobbies and pastimes, and private areas. Shared areas inside the home included a café, bar and cinema, which staff also used to share people's family videos and visual memories.
- The provider had adapted the enclosed garden to support people's hobbies, such as golf and gardening. Other adaptations prompted reminiscence, such as a touring caravan and boat. Staff supported people to enjoy the garden, which was also visible from balconies and other areas inside the home.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services. There were regular visits by the GP, and other professionals, such as a chiropractor. People's relatives were happy GPs were contacted whenever people needed them. One relative told us, "They called the doctor out and I wanted to go in and see [Name]. She really needed rest, and they looked after her really well."

Another relative said, "We have discussed things with the GP, and it has been a partnership between us, the home and the GP."

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 this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Staff and management were aware of the need to seek people's consent, and understood the legal requirements where people lacked capacity to consent. The provider applied when required for Deprivation of Liberty Safeguard authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- We saw staff were kind, supportive and patient in their interactions with people. One person told us, "Staff treat me well. They don't treat me like just another person with dementia." A staff member said, "Older people deserve to be treated kindly and it seems pretty perfect to me here."
- People's relatives were all complimentary about how all staff supported people well. One relative had provided a written testimonial: "I never cease to be impressed by the quality of care you all provide at Speedwell Court, together with the efforts made over and above the call of duty to deliver a most wonderful living environment. [Name] settled in so very quickly and that is all down to the care, attention and kindness he has received from each and every one of you. He always tells us how lovely and kind everyone is." Another relative told us, "The care is outstanding. It is the best decision we made to put him in there. Nothing is too much trouble for the staff. They are friendly and we always get a warm welcome."

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

- People and, where appropriate, their families were involved in care planning and care reviews. People's relatives were positive about their involvement in care reviews. One relative told us they had joined a care plan review. They said, "It was wonderful to hear the carer speak about [Name]. He obviously knew him really well rather than just speaking from notes." Another relative said, "They are very consultative about everything."
- Staff were careful to respect people and promote their choices. The provider had a key worker system to reinforce this. One relative said, "The staff have been brilliant. [Name] has a key worker, and they have just clicked."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and independence. One person's relative told us, "It seems like she can do what she wants, when she wants." Another person told us they "still liked to do things for herself", and staff helped her, for instance by letting her choose what to wear, and what to do during the day. Staff had identified that another person was less confused about their surroundings if they had regular contact with their family. They had worked during lockdown to help family to visit as much as possible while following safety guidance.
- Staff supported people to use personal computers, tablets and phones to maintain their independence. They helped people use their devices to maintain contact with their family and friends, and for online shopping. Where a person had concerns about their online bank account, staff helped to resolve their concerns. This had a positive impact on people's independence and confidence.
- We had positive feedback from relatives about how staff promoted people's privacy. One relative said, "I

know they give her privacy. They shut the door and close the curtains. If I am there, they ask me to leave the room, which I think is right." Another relative said, "They are conscious that everyone is an individual. They are very discreet when they help people. They will close doors and curtains, and will speak to people quietly in public places."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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 found out about what people had done in the past and made things happen for them with exceptional outcomes. Staff worked with family members to help one person who had been in the public eye regain contact with their professional colleagues and attend an event in their honour while complying with travel guidance in force during the COVID-19 pandemic. This had been reported in the press, which the person was used to from their profession.
- Another person had worked in the fashion sector. Staff supported them to dress in a way that reflected the great importance their clothes and appearance had for them. When the home hosted a charity fashion show, they supported them to take part by curating part of the show and modelling some of their own creations.
- The provider encouraged people to use their existing skills and interests to improve significantly their own and others' quality of life. One person who had experience of fostering young people with a learning disability was supported to befriend a younger adult with a learning disability living at Speedwell Court. This led to significant quality of life improvements for both of them, with one finding an outlet for their caring characteristics, and the other having a caring friend who understood them and could spend time with them.
- Another person used their musical skills to lead others in singing activities which were clearly enjoyed and therapeutic. A third person had been a professional athlete, and ran exercise classes for other residents, contributing to both their physical and mental wellbeing. By tapping into people's skills the provider supported people living with dementia to maintain their own sense of identity and personality.
- There was significant focus on supporting people to maintain and develop relationships, including intimate relationships. The provider worked exceptionally closely with other agencies to ensure that these relationships were consenting and safe.
- There was a particularly strong focus on supporting people to follow interests and take part in socially relevant activities. One person could no longer attend football matches. Staff had obtained various souvenirs and memorabilia relating to their favourite team which they used to make televised matches specially enjoyable events.
- People's care plans paid particular attention to their preferences with respect to community involvement, wellbeing, and cultural and religious background. People and their families were appreciative of the social aspect of living at Speedwell Court. One person said, "There is always something that staff put on for us to keep busy." A relative had commented, "You all work so hard and have made such a lovely home for them all. I appreciate it so much. They are having more fun in isolation than anyone!"
- People were able to enjoy activities according to their preferences in a dedicated activities room. There was an arts club named in memory of the person who had established it. Other activities available to people

included gardening, maintaining garden furniture, music, and exercise bikes. One person's relative told us, "Mum is a quiet person and I like that they put things on for quiet people as well."

- Staff had supported people to keep in contact with life outside the home before and during the pandemic. One person took part in a worldwide static cycling contest "The Road Worlds for Seniors" and received a certificate, others followed TV exercise classes and participated in BBC's "Big Night In". Other people participated in events organised by neighbouring businesses and charities. These included raising funds for others.

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

- Staff supported people according to their care plans in ways that met people's needs and reflected their preferences. Care plans were individual and thorough with detailed information about people's needs, likes, and dislikes across different areas of care. Care plans included guidance for staff to help them deliver extremely personalised care and support. The provider's computer-based care planning system showed over 90% of planned interactions between staff and people were completed successfully with a very small number of warnings of planned interactions missed. People were very happy with the care they received. People's family members praised the standard of care their relatives received.
- Care planning reflected people's needs and led to good outcomes for people. One person's relative had said their loved one had gained weight, was more cheerful, and looked "so much better" since moving to Speedwell Court. Another person was nursed in bed when they moved into the home. Staff had supported them to become more mobile which meant they could be more involved in life in the home, and they could go out with their family. With staff support they were able to communicate their needs better, and they were more involved in decisions about their care.
- The registered manager and staff were aware they needed to respect any protected characteristics under the Equality Act 2010. Staff considered people's cultural, spiritual and religious needs, and their care and support plans reflected this.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (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 care plans included any needs arising from a disability or sensory impairment and steps staff should take to meet them. We saw staff making sure people could understand them by following the guidance in their care plans. One person's care plan guided staff to use simple, clear language, to speak clearly and slowly in short sentences. We saw these techniques used effectively while staff supported the person at lunchtime and in the shared lounge. Other people had communication cards which staff had developed to help promote their choices.

Improving care quality in response to complaints or concerns

- The provider had a suitable process and policy for dealing with complaints. People were aware of the process. People and their families were confident any complaint would be dealt with by the registered manager. Records showed complaints and concerns raised by family members were noted and dealt with professionally and in a reasonable timeframe. The provider responded to complaints with a letter which was kept on file. The provider had managed three formal complaints and 12 concerns in 2021 up to the date of the inspection.
- In contrast, the service shared with us a list of 73 compliments they had received during the same time period. These reflected the highly positive feedback we received from people's family members.

End of life care and support

- Where people chose to spend their final days at the home, the provider was ready to make sure people at the end of their life had a comfortable, dignified and pain-free death. The staff had worked with a nearby hospice to develop processes and guidance for caring for people in their final days. We spoke with a recently bereaved relative who said, "They could not have done anything better. They were kind to me in my grief and distress."
- The provider made special efforts to involve people's partners. Staff had supported one person to help with their loved one's comfort in their final days, and with their final preparations for the funeral directors. This had been therapeutic in their grieving process.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- There was a positive culture based on the provider's values and mission to avoid and reduce loneliness for people made vulnerable by their circumstances. There was a focus on understanding the service from people's perspective and encouraging social activities so people did not feel isolated. These values were reflected in our conversations with staff. The atmosphere in the home on the day of our visit was up-beat and positive.
- Staff were positive about the management of the service, describing the registered manager as "very supportive", an "excellent leader" and "a brilliant manager". Staff felt empowered and supported to deliver high quality care. One staff member told us the registered manager "always makes us think how we can improve".
- The provider actively promoted workforce equality and diversity. There was a staff LGBTQ+ champion. They provided a written statement which included, "It is so refreshing to come into work each day and know that I can be myself."
- People's relatives were positive about the management of the service. They were kept informed about how their loved ones were, particularly during the pandemic. One relative said, "The team ethos is very evident." Other relatives praised the registered manager and their deputy for keeping the home free of COVID-19 during the height of the pandemic.

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 manager was aware of the need to be honest and transparent with people and their families. People's relatives told us they were kept informed in a timely fashion of any significant incidents, and that the provider listened to them.

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

- Staff understood their role and responsibilities. These were based on clear job descriptions and managed via internal meetings and supervisions which led to effective communications. Staff told us they felt trusted to get on with the job, and advice and support were readily available if needed.
- The provider had effective quality assurance and risk management systems. These were based on audits and checks of aspects of the service including care plans, medication, and people's living environment.
- The registered manager understood their legal and regulatory responsibilities. We received timely

notifications of events providers are required to tell us about. Where safeguarding concerns had been raised, the provider had worked with the local authority to investigate and follow up.

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

- People's relatives told us they were involved meaningfully in decisions about people's care. The provider had made use of videoconferencing technology during the pandemic to maintain engagement with people's families. One relative said, "I think the communication is good. We have relatives' meetings, we get a newsletter and an activities letter." Another relative said, "The meetings are documented and the manager will come back to you if you have raised any query."
- The registered manager engaged with staff on a daily basis and by means of a staff survey. A staff member told us there was always opportunity to give feedback at any time.

Continuous learning and improving care

- The provider had plans for improving people's care and support as they also worked to grow the service to accommodate more people. They had made some changes based on people's feedback, for instance to furnishings within the home. They had ambitions to improve the garden by recreating a "beach experience" in addition to the existing holiday caravan, and by providing facilities for people to keep chickens.

Working in partnership with others

- The provider worked with other agencies and organisations to deliver joined-up care. There was cooperation with a local charity to provide transport for trips outside the home. Staff worked with healthcare professionals, such as the local learning disability team, speech and language therapists and occupational therapists. This had led, for instance, to one person having a more appropriate chair to support them safely.