

## Shaw Healthcare (Ledbury) Limited

# Ledbury Nursing Home

### Inspection report

Ledbury Community Health & Care Centre  
Market Street  
Ledbury  
Herefordshire  
HR8 2AQ

Tel: 01531637600  
Website: [www.shaw.co.uk](http://www.shaw.co.uk)

Date of inspection visit:  
09 December 2019  
12 December 2019

Date of publication:  
07 February 2020

### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Good** ●

Is the service caring?

**Good** ●

Is the service responsive?

**Good** ●

Is the service well-led?

**Good** ●

# Summary of findings

## Overall summary

### About the service

Ledbury Nursing Home is a care home that provides nursing and personal care for up to 36 older people. It provides care to people requiring nursing care some of whom live with dementia and have physical disabilities. At the time of our inspection, 31 people were living at the home.

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

The provider's risks assessment procedures in relation to risks associated with the home environment, were not as strong as they could be so people's safety was consistently promoted. Some aspects of the administration and recording of people's medicines were not as strong as they could be to evidence people's health needs were monitored and met.

People were cared for by staff who knew how to keep them safe and protect them from abuse. Incidents and accidents were investigated, and actions taken to prevent recurrence. People felt there were enough staff when they needed assistance and staff responded promptly to their requests. The home environment was clean, and staff followed infection control and prevention procedures.

People's needs were assessed and care was planned and delivered to meet legislation and good practice guidance. Care was provided by staff who were trained and knowledgeable about people's care and support needs. People were provided with a nutritious and varied diet and they enjoyed the food provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Continual improvements were being made to the home environment to ensure people's needs were met in the design and adaptation of this.

People were cared for by staff who were kind and showed understanding towards them. Staff were warm and considerate towards people they cared for. People's independence was respected, and their dignity maintained during care practices.

Staff were responsive to people's individual needs and wishes. People were offered choices on an ongoing basis. People had access to a range of recreational activities and entertainment and told us they could decide what they wished to do, and staff facilitated this. The staff member dedicated to planning and arranging recreational activities had a clear vision for driving through ongoing improvements. People's views and concerns were listened to and action was taken to improve the service as a result.

The provider and management team had methods designed to promote continuous learning. They were aware staff needed to effectively follow the systems implemented to improve the accuracy of recording and monitoring the administration of people's topical medicines. The registered manager took a responsive approach to securing care documentation in one area of the home, so this was not accessible by unauthorised persons.

The registered manager and operational manager provided supportive leadership. They were well-known to people, their relatives and staff. The provider notified CQC and other organisations of issues as required. Complaints were managed in line with the provider's policy. The management team were committed to the continuous improvement of the service in the future.

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 13 July 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Ledbury Nursing Home

## 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 first day of the inspection was carried out by one inspector, a specialist advisor who is a nurse specialist 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

Ledbury Nursing Home 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 registered with the Care Quality Commission. 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

The first day of the inspection was unannounced, following which we informed the registered manager when the inspector would be returning for the second day of the inspection.

#### What we did before the inspection

We looked at information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority, clinical commissioning group and local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spent time with people and spoke with six people who lived at the home and six relatives about their experience of the care provided. We also spoke with the registered manager, operational manager, a nurse, four care staff and an activities coordinator.

We looked at a range of records. This included sampling four people's care records and multiple medication records. We also looked at records relating to the management of the home. These included systems for staff recruitment, managing incidents, and the checks undertaken by the registered manager and the operational manager on the quality of care provided.

#### After the inspection

We looked at the additional information provided to us by the operations manager.

# 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 now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; assessing risk, safety monitoring and management

- Medicines were not always managed safely. There were gaps in the recording for topical medicines. Topical medicines are creams and lotions applied to the skin. Without clear and accurate records, the provider could not be assured people were receiving their topical medicines as prescribed.
- A range of checks were completed to ensure the safety of the building and equipment. However, the management team had not assured themselves of people's safety. For example, disposable gloves and hand sanitiser were left on the top of handrails in corridor areas. There were no assessments to show the management team had considered the potential risk of these items being available to people.
- Staff received regular medicines training and competency checks were conducted to ensure their practice remained up to date. Staff ensured medicines were stored and disposed of using safe systems of practice.
- Protocols were in place for any 'as required' medicines to provide staff with additional information about each medicine, to ensure they were administered safely and consistently.
- Staff completed assessments to provide guidance about people's risks related to their health and safety and took action to reduce these. This included the monitoring of people's skin conditions and identified weight loss.
- Each person had a personal emergency evacuation plan to provide information on their support needs if there was an emergency such as a fire, which required people to leave the building.

Staffing and recruitment

- People and relatives had varied views about staffing arrangements. One person told us, "They [staff] are always around if I need any help, nothing is too much trouble." Another person said, "They should have more staff. They are so busy all the time." However, people confirmed staff did respond to their call bells without unreasonable delays. One person commented, "They [staff] answer my bell alright, no delays at all."
- Staff we spoke with told us staffing arrangements supported them to meet people's needs safely.
- The registered manager confirmed in the provider information request [PIR], 'When doing the pre - admission assessment we consider the dependency of the residents already in the home and decide whether we could meet the requirements of the new resident on top of this.'
- There was sufficient staff to meet people's needs safely.
- There was ongoing recruitment of staff at the time of our inspection. Bank and agency were employed to fill any gaps so staffing arrangements were maintained.
- Safe recruitment procedures were in place and were followed.
- Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I feel safe and comfortable here with everything I need." Relatives were also confident their family member's safety was promoted. One relative told us, "I think [family member] does feel safe. Family member says [they] feel frightened but it's just how [family member] feels in themselves nothing to do with the home it's very good here."
- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people.
- Staff were confident in the actions they would take if they were concerned about any form of abuse.

#### Preventing and controlling infection

- The home environment was well-maintained, clean and tidy throughout.
- Staff were aware of the requirements to prevent the spread of infections to others. They followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Staff reported incidents and accidents when they occurred, and the management team reviewed them to identify learning and ensure action was taken to reduce the risk of them happening again.



## 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 the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's needs were assessed prior to them moving into the home. This was used to develop care plans for each person so staff had guidance about people's likes and dislikes. A relative commented on this experience, "The [registered] manager was superb, [registered manager] was lovely. She gave me a tour, we chose the room. She interviewed us at [family member's] house and told us the options."
- Nationally recognised tools were used to assess risk and manage care effectively. For example, a nationally recognised tool was used to assess the risk of not eating enough, appropriate action, such as monitoring food intake, had been taken when risk was identified.
- We found national good practice guidance was followed such as the storage of drinks thickener which can pose a risk to people. This was stored in line with national guidance.

Staff support: induction, training, skills and experience

- People and relatives had confidence in the competence of staff to meet their needs. One person told us, "I've no worries about my care at all." One relative commented, "The care is very good here" and another said, "[Family member is] always well looked after and clean."
- All new staff completed the provider's induction training to help them understand and settle into their new roles. This incorporated the Care Certificate which is a set of minimum standards that should be covered in the induction of new staff.
- Staff told us their training reflected their duties and responsibilities and supported them to work with confidence. Staff were positive about their training and how it had improved their knowledge around people's diverse needs, such as how reminiscence benefits people living with dementia.
- Nurses had developed their practice and knowledge in certain subject areas including palliative care, diabetes and tissue viability. This was so knowledge and skills could be shared and enhanced further to achieve the most effective outcomes when meeting people's needs.
- Staff told us they received constructive feedback on their work as part of their one-to-one [supervision] meetings and were able to raise any work-related issues or additional training needs.

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

- People had support from staff to eat and drink enough and were encouraged to make choices about what they ate and drank on a day-to-day basis. One person told us, "The food is very good as a whole. Lunch choice is the day before. If you don't like the choices, they [cook] will always do something else." Another person said, "I have lots of drinks and water [this] is always in my room."
- Relatives were also complimentary about the meals offered. One relative commented, "The food is

superb. They know what [family member] likes, there is a choice. [Family member] eats in [their] room, [family member] can't get up, and they feed [family member]."

- Staff provided timely assistance to people when needed during mealtimes. People were offered choices and dietary preferences were catered for.
- People's needs, or risks associated with people's eating and drinking were assessed, with specialist advice sought where appropriate.

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

- People and relatives confirmed staff and the management team assisted them to access healthcare professionals when they needed these. One person told us, "There's a doctor here. I have a chiroprapist. The dentist is next door. The optician came two months ago."
- People's care records included details of their medical history, to help staff understand their health needs, and care plans had been developed in relation to the management of long-term health conditions.
- People's oral healthcare needs were assessed to ensure people had the support they needed to maintain and improve their oral health.
- Staff and management team recognised the need to work closely with community health and social care professionals to meet people's individual care needs. There was easy access to health and social care professionals due to some using the same premises.
- People's care records evidenced staff and the management team liaised with community professionals. This included GPs, specialist nurses and dieticians, in response to changes in the physical and mental health of people living at the home.

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

- The home environment was adapted to meet people's needs. Aids and equipment had been installed throughout the premises. This enabled people with physical needs to navigate around their home environment. There were communal lounges and dining areas, so people had space to spend time socialising.
- There was ongoing consideration of the needs of people living with dementia and memory loss. This included dementia friendly signage throughout the home to help people find their way around.
- Ongoing improvements were planned to the decoration of the home environment. This included creating murals on walls of a shop front and the local hills to provide interest and talking points.

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 and the management team recognised and promoted people's rights under the MCA.
- Staff received training to help them understand their role in supporting people's day-to-day decision-making. People's consent was sought by staff before carrying out their care.
- Formal mental capacity assessments and best-interests decision-making had been completed in relation to significant decisions about people's care. This included the proposed introduction of restrictions, such as floor sensor mats to reduce people's risk of falls.
- DoLS applications had been submitted based upon an individual assessment of people's care arrangements. The management team reviewed any conditions on DoLS authorisations to ensure they were complied with.

# 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 were seen to be comfortable and relaxed in the company of staff members. We saw people smiling and engaging in friendly banter with staff. Staff were seen sitting next to people or kneeling to ensure they were able to maintain eye contact with people when communicating or assisting people with food and drink.
- People were complimentary about the care and support they received and about the staff who provided this. One person described staff as, "Very caring" and knew how to make them feel more comfortable when in bed which was important to the person.
- Relatives were also positive when speaking about how staff supported their family members. One relative commented, "They [staff] have been wonderful, so friendly." Another relative said, "I'm happy [family member is] well supported."
- Staff spoke positively about the standard of care provided by their colleagues. One staff member told us, "All of us really care about people and this comes from the heart." Another member of staff described the care provided as, "Great."
- The registered manager led by example and was passionate about making sure people were treated well and care was personalised to each person. In the PIR the registered manager told us, 'I have an open-door policy and since I have been in post many staff and relatives feel that they can come in to my office with concerns or just to catch up.' Relatives and staff confirmed this was the case.
- People also commented positively on the registered manager's approach. One person told us, "'The manager says hello, she's nice.'" Another person said, "[The registered manager] is very pleasant, she listens to what we say."

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

- People who lived at the home told us they were able to make a choice about when they wanted to go to bed and get up and where they spent their time. People told us they could remain within their own rooms or go to the communal areas.
- People's views were sought through a questionnaire. The management had analysed the results of these which were found to be positive.
- People who lived at the home and relatives were pleased with how staff treated visitors to the home. People told us their visitors were offered a drink. One relative told us staff knew their name and had shown them where they could make them self a drink.
- Staff spoke about having respect for people and enabling people to be involved in their care.
- Information about advocacy services was available for people. Advocacy services are independent of the

registered provider and local authority and can support people to make decisions and express their wishes.

Respecting and promoting people's privacy, dignity and independence

- People described how staff were polite and respectful which they valued. One person commented, "They [staff] are very good with my personal care quite respectful. They close my curtains and cover me." Another person said, "I've had men carers [staff] looking after me. They asked me initially if I minded, I said no." Relatives were also positive about how staff were respectful towards their family members. One relative told us, "I haven't observed any dignity or respect issues. [Family member] hasn't said anything, [and] they would." Another relative said, "I'm happy that [family member] retains [their] dignity here and for the others here."
- Staff were heard to speak with people in a respectful way. We heard friendly and appropriate banter between people who used the service and staff members.
- Staff knocked on people's bedroom doors before entering. People confirmed this to be usual practice.
- Equipment such as specially designed items to enable people to remain independent in aspects of their lives such as when eating their meals.

## 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 who lived at the home and relatives we spoke with, felt involved in the care provided. One person explained, "We can please ourselves either getting up or going to bed. 'I've never discussed care need changes. No need to." Another person said, "You can please yourself what you do. Showers are on a set day, but you can have one when you want. They [staff] are very good with my personal care quite respectful."
- One relative explained how staff supported their family member with their emotional needs to ensure their family member was provided with reassurance and comfort. Another relative commented, "I regularly speak to [registered manager] about [family member's] care. I'm here every day."
- The management team told us improvements were ongoing to people's care plans so these were individual to each person, covered a broad range of needs and were kept under regular review to ensure they remained accurate and up-to-date.
- Staff showed through discussion, and conversations they had with people who lived at the home and relatives, they knew people's current needs.
- Staff were responsive to people's needs during our inspection. For example, staff made sure people were comfortable when sitting in chairs and or in bed.
- Staff used a variety of forums so any changes to people needs was communicated so care could be adapted where required to consistently meet people's needs. These included sharing handover information between shifts.

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 were known and understood by staff. This included what action staff should take to support each person to achieve positive outcomes.

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

- People had support to participate in fun and interesting things. The provider employed an activities coordinator to plan, arrange and support people with recreational activities. These activities included one-to-one time with people, fun exercise sessions and group games, reminiscence work, sing-alongs and hand massages.
- The activities coordinator was passionate about making ongoing improvements to the range of activities.

- During our inspection, we saw people enjoying external entertainers singing and playing instruments. People were visibly enjoying this experience as they tapped their feet and or sang along.
- In addition, a regular musician visited to play an instrument and they made sure people in their rooms with consent also had pleasure from listening to the music played. One person described how they had a choice of what they wanted to do for fun and interest. The person told us, "We get a list every week. You can do whatever you like if you don't want to join in you can just watch."
- Links with different clubs and a local primary school had been formed. Staff told us people really enjoyed visits made by the school children.
- Relatives and visitors were always welcome at the home. One relative told us how they always felt staff warmly welcomed them and felt involved in their family members care.

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

- People felt comfortable raising any complaints or concerns. One relative told us, "I'm totally happy to raise any concerns. I know they would welcome that with open arms." Staff knew how to respond to complaints if they arose and were aware of their responsibility to report concerns.
- There was a complaints procedure on display informing people how they could make a complaint.
- Complaints had been investigated and responded to in an appropriate and timely manner.

#### End of life care and support

- At the time of our inspection, one person living at the home was receiving end of life care.
- The registered manager was passionate about providing people with responsive and effective end of life care, so people remained comfortable and pain free. They told us in the PIR, 'We have a monthly meeting with the palliative care team to identify any resident [people who lived at the home] who's needs have changed and maybe entering the end of life period of their care.'
- Systems and procedures were in place to identify people's wishes and choices regarding their end of life care, and staff and the management team worked with community healthcare professionals to address these at the appropriate point in time. A relative commented, "I have discussed end of life with the charge nurse, [family member] was involved."

## 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 Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

#### Continuous learning and improving care

- Quality assurance systems were in place. The management team completed regular audits across a range of areas. These had been effective in identifying there were gaps in the recording of when people had received their topical medicine. The management team had recently implemented systems which meant nurses needed to check daily people had received their creams. However, when the registered manager checked people's topical medicine records they found a nurse had not followed through the actions required to deliver the improvements on the day of our inspection. The registered manager spoke with the nurse about the importance of checking these records. We will follow up the improvements made in relation to staff following the actions required at our next inspection.
- Although staff knew about maintaining people's confidentiality, care documentation was left unsecured in one communal area where this could be potentially accessed by unauthorised persons. The registered manager gave assurances this was not normal practice and removed the documentation immediately. Following the inspection positive action was also taken to ensure people's confidentiality had not been significantly breached.
- During and after our inspection visit, the registered manager and operational manager were responsive to our feedback and took swift action to make improvements based upon this. This included the operation manager sending information to us following our inspection to show the actions taken. We will follow these up at our next inspection.
- At the previous inspection we found 'repositioning' charts for people assessed at being risk of developing sore skin had not consistently been completed by staff who supported people to physically move. At this inspection it was positive to note improvements had been made to reflect the support staff provided.
- There was an effective system in place to review and learn from incidents such as falls. Each fall was individually analysed and then themes and trends across all falls were identified and addressed. This had resulted in referrals to specialist health care professionals where required.

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

- People who lived at the home and relatives, were at ease in the presence of management. People and relatives spoke positively about the overall management of the home and standard of care provided, and their direct dealing with management. One person said, "It's really nice here. [Registered manager] makes sure the care is good." One relative told us, "I'm happy to talk to [registered manager], she's very caring. [Registered manager] keeps me updated with any care changes."
- Relatives told us staff were good at keeping them up to date about the care of their loved ones and had



confidence in the registered manager. One relative said, "[The registered manager] is brilliant."

- Throughout our inspection, both the registered manager and the operations manager displayed an open, responsive leadership style. For example, the registered manager and operations manager ensured free standing wardrobes had been risk assessed so these did not pose a potential hazard to people who lived at the home, visitors and staff. This was undertaken following the management team researching the potential risks to people in relation to free standing wardrobes.
- Staff we spoke with were positive about working at the home. They commented on how supportive the registered manager was and how they promoted good team work. One staff member told us, "I love my job. We [staff] pull together really well as a team." Another staff member said, "Good morale, really nice bunch of people [staff]." They told us they felt able to express their views and had opportunities to do so through staff meetings and one to one [supervision] meetings.
- Staff were aware of the registered provider's whistleblowing policy and told us they would not hesitate to use it if they had concerns which were not being addressed.
- The registered manager and operations manager shared a vision with their staff team which reflected a commitment to the ongoing improvement of the service in the future.
- It was important to people to be assisted and supported by the regular staff team. At a relative's meeting in August 2019 concerns were raised about the amount of agency staff employed. However, the registered manager was also proud of how they had reduced the staffing vacancies by successfully recruiting to vacant staff positions. This was valued by people and relatives we spoke with.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service.
- The provider had displayed the last Care Quality Commission [CQC] rating on their website and there was a link to the full CQC report. A copy of the report was also available.
- Staff were also clear about their roles and responsibilities. The registered manager said they were proud of the staff team and how well they worked together, supporting each other.
- The registered manager monitored the quality of the service through walkabouts and regular reviews of documentation and the care provided.
- The provider had recruited a quality improvement manager to support the management and staff team which included assisting in developing improvement action plans where required.

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

- If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

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

- The registered manager commented in the PIR about their aims and hopes in terms of being inclusive to people and their staff team. On this subject they stated, "We like to think that we run a happy home for our residents [people living at the home] with staff including the residents in activities, conversations and offering support to each other."
- People who lived at the home and relatives were involved in decisions about the home. Regular meetings were held where people were consulted about various aspects of the service. There was evidence action was taken to improve the service based upon people's feedback.
- There were regular staff meetings, these were used to share news and information with staff and to

discuss areas of concern and improvements needed.

- To support and promote good practice the provider had an employee of the month scheme.

Working in partnership with others

- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- The registered manager and operations manager welcomed our inspection and feedback and showed their commitment to making improvements.