

# The Seckford Foundation Jubilee House

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

### Overall summary

This inspection was unannounced and carried out on 4 December 2014.

Jubilee House is a care service for up to 19 older people who may be elderly, have a physical disability or be living with dementia. It does not provide nursing care. At the time of our inspection there were 19 people who used the service.

There was a registered manager in post. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People were very positive about the service. They felt safe, were treated with kindness, compassion and respect by the staff. They were extremely satisfied with the care they received.

The service had innovative and creative ways of ensuring people could continue to enjoy their lives. People were encouraged and supported with their hobbies and

# Summary of findings

interests and participated in a variety of personalised, meaningful activities, which included building links with pupils from the local schools and accessing the community.

People's care was personalised to them and met their needs and aspirations. Staff listened to people and respected and acted on what they said. People were supported and encouraged to attend appointments with other healthcare professionals to maintain their health and well-being.

There was clear guidance for staff on how to meet people's individual needs and aspirations, promote their independence and maintain their health and well-being. Where risks were identified to people's health or well-being, action was taken to help minimise the risk as far as possible to keep people safe. Robust systems provided people with their medication in a safe manner.

There were sufficient numbers of staff with the knowledge and skills to meet people's needs. Staff received training and on-going support to enable them to understand people's diverse needs and work in a way that was safe and protected people's rights. Staff 'champions' had more specialist knowledge in a particular areas which they promoted and made sure that best practice was developed and followed by all staff in the service. This helped deliver care that was right for each individual person.

The approach of managers and staff empowered people to make decisions about how they led their lives and

wanted to be supported. They were able to voice their opinions and have their care needs provided for in the way they wanted. Where they lacked capacity, appropriate actions had been taken to ensure decisions were made in the person's best interests.

People had enough to eat and drink and were supported appropriately. People were encouraged to be as independent as possible but where additional support was needed this was provided in a caring, respectful manner.

People knew how to make a complaint and felt that any concerns were acted on promptly and appropriately.

Staff interacted with people compassionately and were interested in them and their lives. Where people were not always able to express their needs verbally staff were skilled at responding to people's non-verbal requests promptly and had a detailed understanding of people's individual care and support needs.

There was an open and transparent culture. Staff were empowered, highly motivated and morale was high. The registered manager led by example and had achieved two external care awards in recognition of their work in championing dignity in care and promoting best practice.

The management team planned, assessed and monitored the quality of care consistently. Systems were in place that encouraged feedback from people who used the service, relatives, and visiting professionals and this was used to make continual improvements to the service.

# Summary of findings

## 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.

People and relatives told us they felt the service was safe and secure.

Staff understood their responsibilities to protect people from harm and report any concerns about people's welfare.

There were sufficient numbers of staff, with the right competencies, skills and experience to meet people's needs. Staff understood how to minimise risks and provide people with safe care. Systems were in place to provide people with their medicines safely.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported to meet people's individual needs.

People's best interests were managed appropriately under the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People told us they had plenty to eat and drink. People's nutritional needs were assessed and professional advice and support was obtained when needed.

Good



### Is the service caring?

The service was caring.

People were treated with respect and their dignity was promoted. People told us about the excellent care they received and were complimentary about the way staff treated them.

Wherever possible, people were involved in making decisions about their care and their families were appropriately involved. Staff respected and took account of people's individual needs and preferences.

Staff were highly motivated and passionate about the care they provided. Throughout our inspection we saw that staff were compassionate, attentive and thoughtful in their interactions with people.

Good



### Is the service responsive?

The service was responsive.

The service had innovative and creative ways people were helped and supported to lead their lives. People were encouraged and supported with their hobbies and interests and participated in a wide range of personalised, meaningful activities.

People's choices, views and preferences were respected and taken into account when staff provided care and support. People knew how to complain and share their experiences.

Outstanding



### Is the service well-led?

The service was well-led.

Good



# Summary of findings

People told us the manager was approachable and a visible presence in the service. There was an open and transparent culture at the service where people felt included and involved. Staff took pride in their work and morale was high.

Staff told us they were encouraged and empowered by the manager and were clear on their roles and responsibilities.

People's feedback was valued and acted on. Systems were in place to monitor the quality and safety of the service provided and used to plan on-going improvements.

# Jubilee House

## Detailed findings

### Background to this inspection

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

This unannounced inspection took place 4 December 2014 and was completed by one inspector.

The provider 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 reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also looked at information sent to us from other agencies, for example the local authority and members of the public.

We spoke with six health and social care professionals about their views of the care provided.

We spoke with ten people who used the service, two relatives and two visitors. We also spoke with four care staff, three domestic and kitchen staff, an administrator and the registered manager.

People who used the service were able to communicate with us in different ways. Where people could not communicate verbally we used observations, spoke with staff, reviewed care records and other information to help us assess how their care needs were being met.

We spent time observing care in communal areas and used the Short Observational Framework for Inspectors (SOFI). This is a specific way of observing care to help us understand the experiences of people who were unable to talk with us, due to their complex health needs.

We observed three people's care and reviewed their care records. This included their care plans and risk assessments. We looked at induction and training records for two members of staff. We reviewed information about maintenance, complaints, compliments, quality monitoring and audits. We also looked at health and safety records.

# Is the service safe?

## Our findings

People told us they felt safe and secure. One person said, “I feel safe and happy living here. There is always a member of staff either floating about or at the touch of my button [alarm pendant] should I need them. This gives me a tremendous sense of ease and is reassuring for my family too.” Another person told us, “I feel safe and secure here. I have no worries whatsoever about my safety here.”

The provider had effective systems in place to protect people. Staff had received training around the importance of protecting people and keeping them safe from potential harm. Staff we spoke with knew how to recognise and report any suspicions of abuse. One relative told us, “It is a very safe place. The staff are extremely diligent and attentive; keeping people safe is clearly a priority here.”

People were protected and their freedom supported and respected. For example one person told us that they had a history of falls and moved to the service as they were not managing well on their own at home. They explained how the management team had made arrangements for them to have specialist equipment to remain mobile. They said, “It was all sorted out for me when I arrived. I haven’t fallen since, and feel much safer now.”

Staff told us that people had individual risk assessments which covered identified risks such as nutrition and moving and handling with clear instructions for staff on how to meet people’s needs safely. We saw people being helped to move in a safe manner which was in line with the risk assessments we saw.

There were sufficient staff to care and support people according to their needs. Everyone we spoke with said they thought staffing levels were good in the service. One person told us about their positive experiences of using their alarm pendant they said, “They [staff] come ever so quick if I need them.”

Staffing levels at the service promoted consistency and good practice. People’s needs had been assessed and staffing hours were allocated to meet their requirements. The manager advised us that the staffing levels were flexible and could be increased to accommodate people’s changing needs. Our discussions with staff and people who used the service confirmed this.

People had their health and welfare needs met by staff who had been recruited safely. Staff confirmed the provider had interviewed them and carried out the relevant checks before they started working at the service. Two staff files we looked at confirmed this.

People told us they received their medicines as prescribed and intended. One person said, “I get my medicines three times a day. Sometimes more if I am under the weather. They [staff] are never late or forget. I have to take quite a lot so it is a blessing they [staff] take care of it for me. I wouldn’t be able to manage.” Another person told us about the arrangements in place to manage their pain. They said, “The staff are wonderful. They ask how I am and check if I need any pain relief. In the past I would forget to take my tablets or run out and the pain was unbearable. Since I came here I have never been that bad or run out. They [staff] help me keep on top of the pain and it’s given me back a quality of life.”

We saw that the provider had suitable arrangements in place for the management of medicines. Medicines were stored safely for the protection of people who used the service. Records showed when medicines were received into the service, when they were given to people and when they were disposed of. We observed a member of staff appropriately administering medicines to people.

# Is the service effective?

## Our findings

People told us staff met their individual needs and that they were happy with the care provided. One person told us, “I want for nothing here. They [staff] are accommodating and listen to how I would like things done. I only have to tell someone once and it is done exactly how I want.” Another person told us, “The staff are fantastic. I cannot fault them. I have never had a complaint about my care or any concerns for that matter. They [staff] know exactly how I like things done and get on with it.”

Staff said they were provided with the training they needed to meet people’s care needs. People had different levels of dependency on staff for help and support and the training they had reflected this. For example, staff understood how to support and engage effectively with people living with dementia. Training linked to the aims of the service of promoting people’s independence and choice. For example, staff were seen to support people safely and effectively when they needed assistance with moving or transferring. We saw staff communicated and interacted well with people. They were knowledgeable about how important it was to gain the trust of the person during a time when they felt distressed.

People benefited from a staff team that were skilled to meet their needs effectively. Staff champions (designated staff leads) had been established in the following areas: dementia, dignity, medication, pressure care and infection prevention and control. The role of the champions was to share information, provide support to colleagues and promote best practice. Through shared responsibility and ownership amongst the team, plus support from the manager a consistent approach to delivering care was embedded.

Staff told us they felt supported and were provided with opportunities to talk through any issues and learn about best practice, in team meetings and supervisions with their managers. These showed the on-going learning and development of the staff through discussion and shared experiences. For example, staff learnt the best way to approach someone when they were distressed and what impact different stages of dementia have for people and their families and friends.

Staff understood the Mental Capacity Act 2005 (MCA) and were able to speak about their responsibilities relating to

this. Deprivation of Liberty Safeguards (DoLS) were being correctly followed, with staff completing referrals to the local authority in accordance with new guidance to ensure that any restrictions on people, for their safety, were lawful. Staff recognised potential restrictions in practice and that these were appropriately managed. For example, Staff understood that they needed to respect people’s decisions if they had the capacity to make those decisions.

Where people did not have the capacity to consent to care and treatment an assessment had been carried out. People’s relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People were complimentary about the food. They told us they had plenty to eat and drink, their personal preferences were taken into account and there was choice of options at meal times. One person said, “The food here is something else. I love meal times; the ambiance is great, I catch up with my friends and the cakes are sublime. Everything is fresh and home-made and ever so tasty.”

Staff made sure people who required support and assistance to eat their meal or to have a drink, were helped sensitively and respectfully.

People were not rushed to eat their meals and staff used positive comments to prompt and encourage individuals to eat and drink well. Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. This included enough staff to support those who needed assistance, and be aware of how to meet people’s individual dietary needs. For example, we saw one person who had been unwell and lost weight. Staff encouraged them to eat by bringing them food they know they liked. There were also snacks available at different times to tempt them to eat more when they felt able.

People had access to healthcare services and received ongoing healthcare support where required. One person said, “The doctor usually comes here but if I have to go to the hospital or to the dentist they [staff] will take me.” Two relatives we spoke with confirmed they were kept informed about their relation’s health and welfare. They said their relation saw their usual GP and staff discussed treatment options with them. One relative told us, “They [staff] will call me if there has been a significant change. Say for

## Is the service effective?

instance they called the doctor out.” Another relative said, “I am kept well informed of what has been going on. Communication is important and I feel I am included in

what’s been happening at the appropriate time. Not when it is too late to make a decision. The management team are good and will contact you if needed, without worrying you unnecessarily.”



# Is the service caring?

## Our findings

People were overwhelmingly positive about the service. One person said they had, “Been given a new lease of life since moving here. I have made new friends which include the staff. I have everything I need and want. I am very happy and content.” Another person said, “It is so friendly and welcoming here. I like to come down to the lounge and see my friends. I enjoy Fridays the most. That’s when the school children visit. They play some games with us and tell us what they have been up to. I look forward to them coming; I think it keeps me young.”

The atmosphere within the service was welcoming, relaxed and calm. Staff demonstrated affection, warmth, empathy and kindness for the people they supported. For example staff made eye contact and listened to what the people were saying, and showed genuine interest in their lives. People were at ease with each other, staff knew them well, their routines, likes and dislikes. They told us how staff went out of their way for them. One person told us, “I am so very happy here; they [staff] look after me and genuinely care how I am.” Another person said, “They [staff] are all so caring and kind. They will do anything for you. Nothing is too much trouble. Sometimes [a member of staff] pops by on their day off as they were passing by and brings in a magazine they know I like to read or just to say hello. That’s so thoughtful and really brightens up my day.”

Relatives told us about their positive experience with the staff and service provided. One told us, “The staff are caring and work so hard. They treat people here with the respect they deserve and are just really lovely and kind.” Another spoke positively about how staff had supported them through their relatives first weeks living in the service. They described how important that was at a very difficult time for them saying “They listened to [person] and asked what they wanted and got on with it. The staff here don’t judge... I really appreciated that and haven’t forgotten their kindness.”

Staff were highly motivated and passionate about their job. They told us they enjoyed their work because of the caring involved and they could see they were making a difference. One member of staff said, “I love my job, I love the people here and helping them. I get so much job satisfaction.” Another staff member told us, “Every day is different. People here are amazing. I enjoy spending quality time with them..... I really like getting to know all about them.”

People were involved in making decisions about their care and in the development of their care plans. One person told us “They [staff] take on board what you say. They listen when you say how you want things done, if you want to change something. The senior or manager will write it down and tell the others so you don’t have to keep repeating it.”

People told us the staff respected their choices, encouraged them to maintain their independence and knew their preferences for how they liked things done. Staff took time to explain different options to people around daily living such as what they wanted to eat and drink, where they wanted to be and who they wanted to be with. Staff listened and acted on what they said.

People said the staff respected their privacy and dignity and talked about many situations where they felt listened to and knew that their feelings and views mattered. One person told us how the staff discreetly checked on the well-being of people and reacted accordingly. They said, “I have my good and bad days. They [staff] don’t fuss but do make a point of checking you’re ok and if you need anything. Sometimes just to know they are there is all I need. Failing that a cup of tea and a chat with one of them [staff] usually sorts me out.” We saw that staff knocked on people’s doors before entering, called out their names to let them know who they were and waited for a response before they entered the room. We observed people’s privacy, dignity and human rights were valued and respected. For example, staff asked people’s permission and provide clear explanations before and when assisting people with medication and personal care. This showed that people were treated with respect and provided with the opportunity to refuse or consent to their care and or treatment.

People benefited from a positive, caring and enabling culture in the service. The manager and staff enhanced and promoted people’s dignity respecting people’s rights and choices. In recognition of their efforts to maximise people’s choice and independence, whilst respecting and maintaining their privacy and dignity at all times the manager had received two external awards. This included The Dignity in Care Award for East of England, and in their role as a Care Ambassador.



# Is the service responsive?

## Our findings

People told us that their care needs were met in a timely manner and that staff were available to support them when they needed assistance. One person told us, “The staff are attentive and kind. I have never had to wait long for help.” A relative told us, “Staff are always about if you need anything. If you ring the call bell they [staff] are quick to come.” This was confirmed during our observations. We saw that staff were attentive to people, checking on them in the communal areas and bedrooms. Call bells were answered promptly and requests for help given immediately.

People benefited from staff who had a detailed understanding of their individual care and support and knew how to communicate with them effectively. Staff explained how they approached providing care for people with more complex needs for example dementia, when they were not always able to express themselves verbally. Staff had learnt and shared with each other the best ways to recognise how people’s behaviours and mannerisms indicated their mood, what they wanted to do and choices they wanted to make. For example, we saw how a member of staff helped someone who was anxious become settled. The staff member listened to the person, sat with them and suggested an activity they knew they liked to do. After a little while they asked the person if they would like to join their friends for lunch. When the person agreed they showed them to their seat. The member of staff explained that the person enjoyed company but sometimes needed added reassurance from staff to feel comfortable.

One relative told us that they reviewed their family member’s care plan regularly with the manager. They said, “I have sat down with the manager to discuss the [care] arrangements and they took account of what I said. All the staff keep me informed of any changes and are happy to explain things to me if I have any questions. The manager is particularly supportive and accommodating when I have questions or would like things changed. Things I know [family member] would want.”

A relative described the positive impact staff had helping their relative, who had complex dementia, settle into the service. An agreed approach to providing care had been developed which reflected the routines of how they had been living their life before moving. For example, ensuring the person known to be an early riser was up and ready in

the morning at the agreed time of their choosing. The relative also explained how the staff carried out checks at night aware that the person was a light sleeper and provided reassurance should the person wake and be confused. They said, “Sometimes [person] will want to make a hot drink. Doesn’t matter that it is the middle of the night. The staff will help them make it. Since coming here the [person] sleeps so much better.” The relative told us staff actions supporting the person to continue to do the things they used to like making a hot drink at night had helped the person to settle in and lessen their anxiety, whilst supporting them to remain as independent as possible but with a ‘safety net’.

People were involved in arrangements about their care and their decisions were listened to and respected. One person told us how they had a care review with their family and a senior member of staff. They said, “We talked about how I was getting on and if I was happy with the arrangements in place. I told them I was extremely satisfied with everything but if it was at all possible I would like to change the times I have a bath. This was done immediately and at a time of my choosing. I was impressed with that. No fuss or bother.”

People and staff had worked together to provide tailored support which suited people’s individual needs. For example, one person explained staff knew they liked to get up early and appreciated an early wakeup call with a cup of tea. They said, “I need a bit of time to get going. If I am not woken up early enough then I am disorientated for the rest of the day and it feels like I am playing catch up. They [staff] know to wake me up at the agreed time and they help me get ready. Some days I can do more for myself but some days I need more help. They [staff] always check how I am and we take it from there.” We saw that this approach also worked well to support people from becoming isolated. Another person told us how they had worked with staff to learn to use the internet to stay in contact with family. They said, “I can’t travel about and see people as much as I would like to. My family and friends like a lot of people my age have moved and are not local. The staff are showing me how I can see and talk to people on the computer. I haven’t got the hang of it yet but I am getting better.”

People talked about and we saw a variety of examples where they had been enabled to pursue their own individual interests. People told us there were group activities too. They told us if they did not want to be part of something on offer staff respected their wishes. One staff



## Is the service responsive?

member spent time reading to someone privately in their room; another helped one person with a crossword. Staff also spent time with another person talking about the photographs they were looking at. People told us they were encouraged to pursue their hobbies and interests and there were pictures throughout the service of people engaged in different things they enjoyed. For example knitting, gardening, photography and painting. Staff told us the photographs prompted others to talk about the things they liked to do which then helped them to organise it for them too.

People told us they benefited from the links the service had with the local community, these included fundraising opportunities for local charities such as coffee mornings held in the service. People told us how the children from the local schools frequently visited them and how it had enhanced their lives. One person said, "I look forward to Fridays we have games afternoons. I teach the youngsters a few things especially with Scrabble." Another person told us, "Some of the school children came as part of our Remembrance Sunday celebrations. They were so interested in our lives. One of the residents gave an interesting talk about their experiences and you should have seen their faces they were enthralled."

An initiative had been set up to encourage people who had an interest in gardening to share their knowledge and experience with school children to create raised beds to make gardening more accessible for people. People described positively the new relationships they had formed doing something they enjoyed. We saw that plans were in place for people to be supported in the warmer weather to visit the local school and help develop a garden there too.

People's feedback was valued and acted on. Creative and innovative solutions to improve the service were implemented. For example, in response to a people being unable to attend external events because of their health

care needs, the manager had arranged for students studying music from the local college to visit the service and perform over a period of time playing different instruments and music for people. People told us they looked forward to the performances. One person said, "Live music in the comfort of your own home. Delightful. You only have to ask if you want to do something and it happens. The staff here are ever so obliging and accommodating. There is always something to try and interesting things to look forward to."

People told us they enjoyed spending time in the chapel attached to the service, either when there was a service or just as a place to spend some quiet time. They told us how the staff supported them to attend but respected their need to be alone when they wanted. One person said, "The service at Christmas was wonderful. The schoolchildren came and we sang all the carols. It was really lovely."

People told us they knew how to make a complaint but had not done so as the staff and management team acted quickly when they raised any issues. For example, one person told us how the manager had taken their comments seriously and acted immediately to resolve a potential problem. The matter was settled and they were extremely satisfied with the way their concern had been handled. They said, "The [manager] looked into it straight away"

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and the contact details for advocacy services to support people if required. Staff were able to explain the importance of listening to people's concerns and complaints and described how they would support people in raising concerns. We saw that where concerns had been raised the manager shared any learning and made changes to limit any recurrence whether for the person who raised the concern or others.

# Is the service well-led?

## Our findings

People told us they felt extremely valued, respected and included because the manager and staff were approachable, listened and valued their opinions.

Relatives told us that the manager was a visible presence, accessible to them and they had confidence in their running of the service. One relative said that they attended meetings every few months and said they felt it was worthwhile because the manager had acted on the feedback given which improved things. Another relative said, “The team here are fantastic. The manager is so accommodating and leads by example. The staff are excellent and people here want for nothing. I could not wish for anything more.”

The atmosphere in the service was warm, friendly and welcoming. People, their relatives and staff were comfortable and at ease with the manager and senior team. It was clear from our observations and discussions that there was an open and supportive philosophy in the service. The manager led by example and motivated and inspired people to promote a positive culture. They had received two external care awards in recognition of this work. The Dignity in Care Award for East of England, and in their role as a Care Ambassador for proactively promoting careers in care by working in partnership with local schools and colleges. They were able to talk with us about how these acknowledgements were shared and celebrated by people and staff as a whole and how winning further supported them in promoting improvement and best practice within the service. People were provided with bespoke care as the manager and staff had learnt to approach meeting people’s needs in different ways that took into account their personalities.

People benefited because the manager empowered staff to have input into the running of the service, learn and develop new skills and ideas. For example, in addition to standard qualifications some staff developed more specialist knowledge and understanding within particular areas of care, becoming a ‘champion’ for that area and sharing their expertise with others. Learning was communicated amongst the team to promote best practice and keep people up to date with latest guidance and

encourage ideas for improvement. One staff member said, “I have been encouraged to [professionally] grow and develop”. They told us this made them happy in their work and this motivated them to do more.

A board of trustees supported and enabled the manager to have the freedom to explore new ideas and to embed a person centred approach (providing care that is responsive to individual personal preferences, needs and values) in the service. Staff were engaged and committed to promoting these values and understanding the needs of people they cared for. People commented widely on the staff’s positive attitude and genuine interest in how they could make a difference to their lives.

The service has a long history of focussing on the importance of mutual respect, understanding and strong community involvement. This was reflected in the feedback we received from people, their relatives, friends and health and social care professionals. Staff talked positively about the benefits of working with and involving others in the running of the service. This helped promote an open and accessible culture.

Staff told us they felt valued and were loyal to the service because they were provided with the opportunity to influence its running. They were able to do this by discussing people’s needs, best practice and on-going improvements. Care staff told us how the manager had worked with them on shifts to understand their role and had discussed with them ways in which things could be improved which would benefit people using the service. One member of staff said, “At first I thought it was weird and I had done something wrong. But it wasn’t that. It was to understand and learn why things were done in such a way and see if it was effective. I have learnt so much from them [manager]. The manager gets us to look at things from the point of view of the resident.”

People, relatives and visitors told us they had expressed their views about the service through regular meetings and through individual reviews of their care. A satisfaction survey also provided people with an opportunity to comment on the way the service was run. We saw that action plans to address issues raised were in place and either completed or in progress. Meeting minutes showed people were encouraged to feedback about the quality of the service and to share ideas and suggestions for improvements. For example, suggestions to improve the environment such as raised beds for the garden had been

## Is the service well-led?

acted on. People, contributed towards decisions that affected their daily life such as menu choices and variety of activities offered. This showed us that people's views and experiences were taken into account and acted on.

People received safe quality care as staff understood how to report accidents, incidents and any safeguarding concerns. Staff were aware of the provider's whistleblowing policy which meant they knew how to report any concerns to managers and agencies outside of the service and organisation. Staff followed the provider's policy and written procedures and liaised with relevant agencies where required. Actions were taken to learn from incidents, for example, when accidents had occurred risk assessments were reviewed to reduce the risks from happening again. Incidents were monitored and analysed to check if there were any potential patterns or other considerations (for example medicines) which might be a factor. Attention was given to how things could be done differently and improved, including what the impact would be to people. For example, following a fall, specialist advice was sought and acted on to support a person to remain

mobile and active. In agreement with the person, to reduce the risk of a repeat of them falling and to maintain their independence changes to the layout of their bedroom were made.

A range of audits to assess the quality of the service and to drive continuous improvement were regularly carried out. These audits included medication processes and health and safety checks. Environmental risk assessments were in place for the building and these were up to date. Information and identified trends from these audits were analysed by the manager and contributed towards a continual programme of improvement. With actions identified to ensure people were protected and safe. For example, the medication audits showed some minor shortfalls which were promptly addressed by additional training and communications in team meetings and handovers.

People who used the service, people from the local community including health and social care professionals were extremely complimentary about the care provided, the management and the staff team at the service. They told us people experienced high quality, effective and compassionate care.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.