Mrs J Filsell

# Brookfield Residential Home

## Inspection report

1 Clayhall Road
Alverstoke
Gosport
Hampshire
PO12 2BY

Tel: 02392581103

Date of inspection visit:
23 October 2019
29 October 2019

Date of publication:
11 December 2019

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

| | |
|---|---|
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

# Summary of findings

## Overall summary

About the service
Brookfield Residential Home is a residential care home providing personal care to 28 people at the time of inspection. The service can support up to 29 people with a range of needs, including people living with dementia. The home is an adapted building which offers accommodation across two floors and people had access to a passenger lift where required. People had access to a range of communal areas including separate lounge and dining areas.

People's experience of using this service and what we found
At the last inspection we found the registered person did not always ensure systems and processes in place were effective to monitor and drive improvement across the service. This was a breach of regulation. At this inspection we found enough improvement had been made and there was no longer a breach in regulation 17. The registered manager had improved the systems in place to monitor and review the delivery of the care people received, which was supported by a range of service monitoring and audits to drive improvement. There was a clear sense of leadership and we received feedback from a range of healthcare professionals that the service was well-led.

We reviewed findings in the safe domain which were identified at the last inspection as requiring improvement. At this inspection we found improvements had been made. There were clear and effective infection control procedures in place and people were supported to receive their medicines as prescribed by trained staff. Improvements had been made to ensure people's prescribed creams were managed effectively, where we identified the robustness of temperature monitoring could be further improved this was addressed and actioned immediately during the inspection. Where people were prescribed fluid thickener, this was managed and stored appropriately to ensure people were safe. People were protected from the risk of experiencing abuse. Potential risks to people had been assessed and measures were put in place to minimise and manage risks. There were clear safeguarding processes in place to identify, record and respond to incidents and accidents.

There was a strong person-centred culture and people and their relatives liked the homely atmosphere. People and their relatives praised staffs' efforts and we observed people had positive relationships with staff and received good-quality care. People were encouraged to maintain their independence where possible, and staff treated people wit compassion, dignity and respect.

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. Staff told us they felt valued and supported and had access to a range of training opportunities to enable them to develop their skills. People enjoyed the meals on offer and people's preferences were accommodated appropriately.

People's care plans were detailed and promoted person-centred care. Care planning recognised people's

strengths and abilities and steps staff should take to promote this. People received appropriate levels of care and support that was responsive to their needs. People were encouraged to participate in range of daily activities with support from dedicated activities staff.

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

Rating at last inspection
The last rating for this service was requires improvement (published 20 November 2018) and we found there had been a breach of one regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve systems to monitor the overall governance of the service. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

Why we inspected
This was a planned inspection based on the previous rating.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

# Brookfield Residential 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
This inspection was carried out by one inspector and one 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
Brookfield Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The provider was registered as an individual (sole trader) with direct responsibility for the carrying on of the regulated activity at the location. As a consequence, they did not need to have a registered manager. However, since the last inspection the home manager had 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
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and five visiting relatives about their experience of the care provided. We spoke with the registered manager, four senior care staff and 10 staff including carers, housekeeping and activities staff and the chef. We observed the care people received in shared areas of the home. We reviewed a range of records. This included people's care and medicines records. We looked at three staff files in relation to recruitment and records for staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and sought and received feedback from healthcare professionals who have had recent or frequent contact with people who use the service.

Good

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● At the last inspection we found risks to people were not always considered or well managed. For example, we found people living with dementia could easily access kitchen equipment such as knives and a hot water boiler and access unsupervised cleaning trolleys where chemicals and cleaning products were left unattended. At this inspection we found this had improved and the provider had acted to minimise the potential risks to people. For example, locks had been fitted to restrict unsupervised access to the kitchen areas and cleaning trolleys were appropriately stored away from people when not in use.

● Individual risks to people were appropriately managed. There were robust and detailed risk assessments in place, and information for staff included steps they should take to reduce or remove identified risks to people when supporting them to complete tasks. For example, where people required additional support to mobilise safely, individual moving, and handling assessments were completed with clear guidance for staff to follow which included photos of the equipment each person required and how this should be used to maintain their safety.

● Environmental risks to people were managed effectively. The provider took appropriate steps to make sure the building and equipment used were maintained in a safe way. There were regular maintenance and safety checks on equipment such as hoists. People also had individual fire evacuation plans showing the support they would need in an emergency which included information and levels of support needed for both the day and night time.

Preventing and controlling infection

● There had been improvements in the storage of clinical waste since the last inspection. The provider had put in place a designated, contained bin storage unit to ensure compliance with their infection control policy.

● The provider had arrangements in place to make sure the home was kept clean and hygienic and people were protected from the potential risk of the spread of infection. These included regular audits to monitor and review infection control practices, use of suitable protective equipment such as disposable aprons and gloves, and the promotion of good staff hand hygiene.

● There were designated housekeeping staff who were responsible for maintaining different areas of the home. We reviewed records which demonstrated delegated daily, weekly and monthly cleaning tasks were complete.

Staffing and recruitment

● There were sufficient staff, with the right mix of skills, to support people safely and according to their needs. The registered manager was responsible for co-ordinating the rota and any shift changes were only permitted through their authorisation. They told us this enabled them to ensure the right mix of staff skills

were maintained and senior staff were always available to lead each shift.
● Where the provider employed agency staff, they received confirmation from the agency of checks made to make sure staff were suitable to work in the care sector. The registered manager told us unfamiliar agency staff were paired with the homes more experienced staff on each shift to provide continuity in care and we spoke with staff who confirmed this.
● The provider followed the required staff recruitment procedures and completed relevant pre-employment checks to ensure only suitable staff were recruited. This included a Disclosure and Barring Service check prior to commencing their role. This enabled the provider to check applicant's suitability for their role.

Using medicines safely
● The management of people's prescribed topical creams had improved since the last inspection and were managed safely. The provider had implemented robust auditing of the storage and use of people's topical creams. Checks completed ensured all topical creams were clearly labelled and included dates on when creams were opened, and people's creams were appropriately stored in their rooms and not in communal bathrooms to ensure people only used the creams they were prescribed.
● People's medicines were managed safety. We observed a staff member complete a medicine round and saw people were given appropriate support, advice and guidance. For example, where a person presented as confused, we observed the senior staff member sit with the person and take time to explain what each medicine was and why they were prescribed it, putting the person at ease.
● Senior staff responsible for administering people's medicines received appropriate training and underwent annual observed competency checks completed by the registered manager in line with best practice guidance.
● The registered manager was responsible for overseeing the re-ordering, storage and stock control of people's medicines. We reviewed the systems in place to monitor the temperature of the medicines fridge and medicine's storage cupboard, which ensured medicines were stored in line with manufactures guidance. However, we noted the temperature of medicines stored in a medicines trolley had not been considered. The registered manager took immediate action to address this before the end of the inspection and improved the robustness of their systems to address this.

Systems and processes to safeguard people from the risk of abuse
● People and relatives told us they felt the service was safe. One person said, "I do [feel safe], [staff] are here with me and if I want anything they will help", and a relative commented, "I can walk away and know that I don't have to worry [loved one] is safe and all the staff treat her with respect."
● The provider's policies ensured there were systems and processes in place to keep people safe from the risk of harm. This included sharing information with relevant agencies such as the local authority where appropriate to ensure people were safe where relevant.
● Staff we spoke with knew how to raise concerns with the registered manager and external agencies to keep people safe if this was needed.

Learning lessons when things go wrong
● Accidents and incidents were clearly recorded and included information on actions taken to keep people safe. The registered manager maintained oversight of a range of tools used to identify potential themes and trends such as a fall register and wound charts, which provided a clear chronology of measures that had been taken to respond to and reduce potential risks to people.
● The registered manager implemented an "Opportunities to learn from medicine errors" recording tool. This enabled them to explore why and how errors had occurred and what steps could be taken to prevent re-occurrences. For example, we reviewed records which demonstrated where staff had been supported through discussions to review their knowledge of best practice guidance and the requirements expected

when recording the administration of people's medicine.

Good

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager and senior staff team completed an assessment of people's needs prior to the delivery of care. Assessments explored a range of areas to establish the level of support people required to manage their day to day routines.
- People's care plans and information available to staff throughout the home and policies included effective use of best practice guidance. The provider delivered care in line with standards from NICE (National Institute for Health and Care Excellence), CQC, and advice from healthcare professionals.

Staff support: induction, training, skills and experience

- We reviewed staff supervision records which demonstrated that staff did not always receive timely formal supervision in-line with the providers policy. However, staff consistently told us they felt supported by the registered manager and senior care team. We received comments such as, "If I felt I needed a supervision I would ask and [senior staff] are more than happy to help", and, "Everyone is supportive, [registered manager] goes above and beyond and talks to us, if we don't understand anything [staff] are never made to feel silly, she's here all the time." Following feedback, the registered manager met with the senior staff team to review the home's supervision policy to address this.
- Induction for new staff was based on the Care Certificate which sets out an agreed set of standards for workers in the social care sector. This included the registered manager completing observations on new staffs' competency over a four week period in a range of areas to ensure they delivered the level of care expected of them.
- Staff were provided with a range of e-learning modules to update and refresh their knowledge in areas relevant to their role. Staff were also supported by the registered manager to undertake and review practical elements of training through observed moving and handling and medicines practices. Staff consistently told us the training they received was to a good standard and provided them with the appropriate skills to meet people's needs. One staff member commented, "I found the dysphagia training really interesting, it was good to watch the videos. I only have safeguarding training left to complete but I am taking my time to read through it all and get it right there is a lot to learn."

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

- People and their relatives were happy with the meals provided. We received comments such as, "The food is very good, nice selection and nice choice"; "The food is very good, [loved one] like's butter, they go out their way to get what she wants. The plates are warm, and food is good quality", and, "Food is good and nourishing, [staff] are aware of people's needs."
- People's diet and nutrition needs were met. Where people had prescribed dietary needs such as modified

diets recommended by a speech and language therapist, information was clearly recorded in their care plan and effectively communicated with kitchen and care staff.
● People were offered a choice of hot and cold meals and their preferences were known and accommodated. People were given the choice of where they would like to eat their meals and could choose to eat in the privacy of their room or opt to eat socially in the dining areas of the home.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Staff worked with other specialist agencies and professionals to make sure people had consistent and timely care. We received positive feedback from healthcare professionals that the service sought appropriate advice and support to meet people's needs.
● Comments we received from professionals included, "I have been into Brookfield several times over the past year to visit [people] they have raised concerns about. Their concerns have always been clear, informative and professional", and, "Brookfield has been a pleasure to visit for many years as [staff] call when needed, have clear histories available and take time to make sure that all know the plans for future care."
● People's care plans considered all aspects of their health care needs. Care plans included detailed information on people's past and present medical history and included the level of support required to manage their oral, podiatry and skin care needs.

Adapting service, design, decoration to meet people's needs
● The home operated a lift to support people to move between floors where required. Hand rails had been painted in a contrasting colour and there was signage to support people to locate the toilets and bathrooms around the home.
● People's bedrooms were personalised with ornaments, trinkets and photographs on display.
● The home had an on-going refurbishment and maintenance schedule which was overseen by the provider.
● People could access a variety of social areas including two dining rooms, lounge and conservatory. There was a level patio area at the front of the building where people could sit out if they choose to in warmer weather.

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.
● Where people had been assessed by the registered manager as lacking capacity to consent to their care and accommodation, records demonstrated that the provider appropriately followed the principles of the MCA. This included making relevant applications to the local authority where people's inability to consent to

their living arrangements had the potential to deprive them of their liberty.
● Where people had elected relatives or important people through enduring or lasting power of attorney to support them in decision making, this was clearly recorded in their care plans.

Good

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and staff had established positive relationships and people were relaxed in their interactions. Staff were observed to be attentive to people's needs and delivered compassionate, person centred care.
- One person told us, "[Staff] are very caring, they come and ask you if you want anything and ask how I am feeling", and another person commented, "[Staff are] very kind, they are very patient and very good."
- Relatives spoke positively about their loved one's experiences of the care provided and told us, "[Staff] seem to be long-term, they are experience and knowledgeable and mindful that [people] are individual." Another relative said, "Staff are mindful of [people's] age, illness, background, culture and they are very respectful."
- People's care plans included information where relevant on their religious, cultural and spiritual needs. For example, where a person's needs meant they were unable to attend the communal monthly Sunday service, staff recognised the importance of enabling the person to practice their faith and ensured that that vicar visited the person in their room.

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

- People and their relatives, where appropriate, were encouraged to take part in making decisions about their care. For example, a relative commented, "[There is] a care plan is in place, it is reviewed frequently and if any needs change [staff] will contact us and we will make a decision."
- We observed staff regularly sought people's consent before supporting them with daily tasks. One person commented, "[Staff] ask my permission all the time."
- Where appropriate, staff supported people by sharing relevant information to aid decision making. A healthcare professional told us, "Seeing the staff with [people], they are always respectful, gentle and kind. [Staff] support us fully in assessing [people] whilst acting as an advocate as needed." This enabled people to receive appropriate advice and guidance and access to resources to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and spoke sensitively about people's needs and the levels of support they required. A healthcare professional told us, "[Staff are] respectful and nurturing of their residents."
- Relatives we spoke with consistently told us staff treated their loved ones respectfully and one relative commented, "[loved one] tells me they feel [staff] love her."
- Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms and people we spoke with

confirmed this.

● People's care plans focused on staff using approaches to care that focused on maintaining and promoting people's independence. For example, information on people's daily routines clearly identified steps and tasks people could achieve themselves such as, "[Loved one] is able to manage their own oral care if [staff] sit me by the sink."

Good

# 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's care plans were detailed and provided staff with a high level of information to support the delivery of person centre care. People's likes, dislikes and preferences were clearly recorded, and staff knew people and their needs well.
- People's care records were regularly reviewed which enabled the home to provide responsive care to meet people's needs. For example, where a person was identified as experiencing a high number of falls, care records evidenced a range of measures that staff had taken to enable the person to remain independent whilst managing their risk of injury. This included offering the person a different bedroom where the environment was assessed to lessen the potential risk and injury in the event of a fall.
- Where people benefited from the use of technology to maintain their safety and independence this was in place. For example, the use of sensor mats were used to enable people to have privacy in their own room whilst promoting staff's ability to monitor their safety.

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 care plans contained information about their communication needs, and supported staff to communicate with people in a way that aided their understanding.
- Staff used an orientation display board to support people living with dementia to know the day, month and season. Information was displayed with the addition of pictures to make the information more accessible where people had difficulties in reading the written words.
- The registered manager was keen to improve the way information was shared with people, for example those living at the home who had a diagnosis of dementia. Staff were in the process of creating a visual menu to help people make more informed choices of the meals on offer and the registered manager was exploring information around the benefits of using coloured plates and cutlery to aid people's eating experience.

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 told us they enjoyed participating in daily activities. One person said, "There is one staff member that give us games and things like that, my favourite is reading", and another person commented, "[We

have] social evenings, music, films and my favourites are knitting and watching movies."

● The provider recruited dedicate activities staff who supported people to engage in a range of activities seven days a week from 8am to 8pm. This encourage people living at the home to join in social activities and interact with their peers with a shared interest.

● We observed people enjoy a range of activities during the inspection which included participation from people's relatives and loved ones who were welcome to join in the games taking place in the communal areas.

● One activities staff member commented, "I love my job and working with people, I am loud, and we have fun and it brings laughter", another staff member commented, "People enjoy the activities, it encourages them to talk about things with people, have fun and interact with each other."

●In addition to the activities provided by staff the provider arranged for people to engage with external activities which included music and movement sessions, hairdresser and a recent visiting farm.

Improving care quality in response to complaints or concerns

● There was a complaints procedure in place and people told us they felt their concerns would be listened to and resolved in a timely manner. Comments from people included, "Yes [staff] do sort things out quickly", and, "As far as I know they do deal with complaint's promptly."

● Relatives were confident about who they could speak with and could identify both the registered manager or provider as approachable if they were concerned.

● We reviewed the home's compliments and complaints records for the last twelve months and no formal complaints had been received which reflected people and their relatives' positive comments about the service.

End of life care and support

● People and their relatives were encouraged to consider what would be important for staff to know when providing end of life care. The registered manager discussed the benefits of people having information and care planning discussions early to allow people and their relatives time to think about their wishes.

● People were provided with an end of life care plan record to complete if they wished when they joined the service to enable people to plan for their future needs. This information was reviewed as part of people's care plan audits.

● People's care plans included information on their end of life wishes or advanced decisions they had made and identified important people such as relatives and loved ones that they would like to be consulted to make necessary arrangements.

Good

# 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.

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

At our last inspection the registered person had failed to ensure systems had been developed and operated effectively to monitor and drive improvement in the quality of the service provided. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the registered person was no longer in breach of regulation 17.

● The registered manager completed regular monitoring of the service based around their regulatory requirements. This supported the service to continually review their performance, service delivery and identify area's for improvement. For example, in response to the last inspection the registered manager completed a monthly audit which included a visual walk around of the service and records reflected where actions were identified and improved.
● There was a robust system in place to manage the home's infection control procedures and tools to monitor staff's adherence to these. Senior care staff were delegated regular checks to ensure people's prescribed topical creams were managed in line with the manufacturer's guidance. We reviewed records which confirmed this and received positive feedback from staff that this drove improvement.
● We observed the home rating was displayed and was well positioned in a communal area which was accessible to people, staff, relatives and visitors to the service.
● The service was well-led. There was a clear and supportive management structure in place and the provider and registered manager were available and visible at the home daily.
● Staff understood their roles and responsibilities. They worked well together as a team and were flexible in their approach to meeting people's needs.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The provider and registered manager prided themselves on promoting a whole team approach to the delivery of people's care and told us they were passionate in maintaining a homely culture and environment.
● The registered manager addressed performance issue's with staff in a supportive manner. For example,

where the registered manager identified not all staff completed their required training within the policy timeframe, steps had been taken to address. We reviewed staff supervision records which demonstrated proactive options were provided to encourage staff to improve the timeliness of their completion of online training modules. For example, where a staff member identified difficulties in completing online modules from home, they were supported to complete their training at the service with additional pay provided for their time.

● Ensuring people received person centred care was highly prioritised by the registered manager. They led by example and took time to ensure they knew the people using the service and their needs well which was reflected in feedback we received from a number of healthcare professionals.

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 duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager was aware of their responsibilities under the duty of candour. The service was managed in an open, transparent way with honest communication with people and their families.

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

● Staff consistently praised the engagement they received from the provider and registered manager. We received comments such as, "The home is friendly and family run, I came as a visitor and I liked it so much I work here now, and I am very happy. It has a homely feel and [registered manager and provider] always put residents first", and, "[The registered manager] always puts you in the right direction, she is an amazing boss."

● Annual quality assurance reviews were sent to relatives, staff and professionals to gain their views. We reviewed responses from the last survey completed in at the end of 2018 which evidenced consistently positive feedback from people. Where suggestions were made for improvement these had been taken on board and actioned. The registered manager told us they were in the process of generating surveys to be sent out for 2019.

● The registered manager was highly driven to ensure people, relatives and staff felt engaged and valued at the service. An example of how they supported this was by extending their knowledge of the accessible information standard to sharing information with relatives by providing large print copies of contracts and policies where this was of benefit. They also included "respecting and involving people" as part of their monthly audit to continually review how staff engaged with people using the service.

Continuous learning and improving care

● The registered manager kept updated on best practice guidance, legislation and key information through electronic subscriptions to various organisations. This included information published by CQC, Clinical Commissioning Groups and the local authority.

● The provider had invested in new training software which the registered manager discussed once they are confident using the system, will enable them to share links and articles of interest with staff to aid the development of their knowledge and skills.

Working in partnership with others

● The registered manager shared relevant information about people with other agencies and professionals to ensure people received the appropriate resources, advice and guidance to meet their needs.

● We received feedback from healthcare professionals that information and advice was sought appropriately, timely and systems in place supported people to achieve good outcomes. For example, a

healthcare professional commented, "I have worked with the [registered manager] and staff over 16 years as a local [professional] and have always found them to be well organised."