

# Cornwall Care Limited

# Trevern

## Inspection report

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Date of inspection visit:  
22 January 2020

Date of publication:  
13 February 2020

## 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

Trevern is a 'care home' with nursing that provides accommodation for a maximum of 40 adults, of all ages with a range of health care needs and physical disabilities. At the time of our inspection there were 37 people living at Trevern.

Trevern is situated in the town of Falmouth. The building is split into three units known as The Wing, The Flats and The House. Each unit has its own lounge and dining area. People's bedrooms were personalised and were for single occupancy. Each unit has a range of aids and adaptations in place including bathing facilities, designed to meet the needs of the people using the service.

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

At the previous inspection in November 2018 there were concerns around staffing levels, a high reliance on agency staff and there was no registered manager in post. We found at this inspection that there had been changes in the management team personnel, recruitment of care and nursing staff and that the reliance on agency staff had reduced significantly. In addition, staffing levels in the service had increased. People, relatives and health and social care professionals were all positive about the changes in staffing and that there was now a permanent management team and regular staff team in post. In addition, they reported that with the increase in staffing they felt their needs were met promptly.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

Staff were positive about the changes in the service and felt that staff morale had risen.

Some people were not able to tell us verbally about their experience of living at Trevern. Therefore, we observed the interactions between people and the staff supporting them.

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. Any controlled practices were regularly reviewed to ensure they remained the least restrictive option and were proportionate and necessary.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records.

The service supported people to manage some aspects of their finances. The company's policy and procedure did not adhere to the principles of person-centred care. We have made a recommendation about this in the Safe section of this report.

Staff were highly committed to ensuring people lived fulfilling lives and were protected from social isolation. The focus of people's care was individualised and focused on promoting people's independence as well as their physical and mental well-being.

People received an extensive range of meaningful activities which focused on the persons individual interests and abilities.

People enjoyed the meals and their dietary needs had been catered for. This information was detailed in people's care plans. Staff followed guidance provided to manage people's nutrition and pressure care.

People received care and support that was individual to their needs and wishes. Care plans were regularly reviewed and updated and were an accurate reflection of people's needs and wishes.

People were supported by staff who had received training to ensure their needs could be met. Staff received regular supervision to support their role.

People had good health care support from professionals. When people were unwell, staff had raised the concern and acted with health professionals to address their health care needs. The staff worked in partnership with health and care professionals.

Staff were patient and friendly, and people's privacy and dignity were respected. Staff knew how people preferred their care and support to be provided.

Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and support.

Audits were carried out regularly to monitor the service provided. Actions from these audits were being acted upon to further improve the service.

Effective governance systems were in place, ensuring people received consistent care.

#### Rating at last inspection

At the last inspection the service was rated as requires improvement (report published 25 January 2019) and we imposed a condition on the providers registration of the service which required the service to report to CQC each month on areas of concern identified at that inspection. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the conditions applied after the previous inspection of 25 January 2019 were met.

Why we inspected: This inspection was carried out to ensure improvements required at the last inspection had been made.

Follow up: We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

# Trevern

## 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 inspection was carried out by two inspectors 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

Trevern 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 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

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return before the inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed the reports sent to us under the requirement of the condition placed upon the registration of Trevern following the last inspection. We also reviewed the last inspection report, information we had received from other agencies and feedback we had received from other interested parties. We also reviewed

notifications. Notifications are specific events registered people must tell us about by law. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection-

We spoke with four people, three relatives, the registered manager and deputy manager, ten staff members including, care staff, housekeeping and catering staff and the maintenance person. We also met with two senior managers. We spoke with two visiting professionals during the inspection of the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

### Staffing and recruitment

- At the previous inspection in November 2018 there were concerns around staffing levels, and a high reliance on agency staff and made a recommendation regarding this. We found at this inspection that there had been changes in the management team personnel, recruitment of care and nursing staff and that the reliance on agency staff had reduced significantly. In addition, staffing levels in the service had increased. People, relatives and health and social care professionals were all positive about the changes in staffing and that there was now a permanent regular staff team in post. In addition, they reported that with the increase in staffing they felt their needs were met promptly.
- Staff numbers and the deployment of staff had ensured people's needs were met in a timely manner and in a way that met their preferences. People told us they thought there were enough staff to support their needs. People told us "There are always so many people (staff) around" and "Within a few minutes of using my call bell, they are here."
- There was a skill mix of staff throughout the service. In addition to nurses and care staff there were housekeeping staff as well as chefs and kitchen support staff.
- Staff were recruited safely using a robust process that included interviews, police record checks, employment history and references to check whether potential staff were safe to work with people.

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

- People were protected from potential abuse and avoidable harm by staff who had regular safeguarding training and knew about the different types of abuse. Appropriate safeguarding concerns had been shared by the service with the local authority safeguarding unit.
- The provider had effective safeguarding systems in place and all staff had a good understanding of what to do to help ensure people were protected from the risk of harm or abuse. Safeguarding processes and concerns were discussed at regular staff meetings.
- People told us they felt safe and well cared for. Relatives echoed this view commenting "Any questions we have are answered, the staff are able to talk to us".
- The service supported people to manage some aspects of their finances. The company's policy and procedure provided people with the opportunity for them to hold small amounts of money for people so that they could make purchases for personal items and pay for outings. However, the monies were pooled into one bank account and did not adhere to the principles of person-centred care.

We recommend that the provider take advice and guidance from a reputable source regarding how people should be supported with their monies which adheres to the principles of person-centred care.

### Assessing risk, safety monitoring and management

- Risks were identified, assessed monitored and regularly reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence.
- Where people presented with behaviour that challenged staff and other people there was guidance and direction for staff in care plans, on how to help reduce the risk of this behaviour.
- Staff took appropriate action following accidents and incidents to ensure people's safety and this was clearly recorded. For example, when an incident had occurred, a person's falls risk assessment had been reviewed to ensure any associated risks were identified.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- Utilities and equipment were regularly checked and serviced to make sure they were safe to use.

### Using medicines safely

- Medicine systems were organised, and people received their medicines when they should. The service was following safe protocols for the receipt storage, administration and disposal of medicines. A relative told us they were very happy with the way their family members medicines had been managed. They said, " They always make sure my friend has [their] medication."
- Staff were trained in medicines management and competency checks to ensure safe practice were in place.
- There were additional guidelines for administering variable-dose medicines. These medicines can be used on a discretionary basis when necessary. An example of this was medicines used to provide pain relief.
- The clinical services manager regularly audited the management of medicines, so they were handled in the right way. However, we found that cream audits had not been undertaken recently. The registered manager agreed to address this immediately.

### Preventing and controlling infection

- Measures were in place for the safe management to prevent and control infection. Nurses and care staff were correctly following guidance about how to maintain good standards of hygiene.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.
- There was an adequate supply of cleaning materials and the laundry systems ensured they met infection control guidelines.
- Audits had been completed to check suitable standards of hygiene were being maintained.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- Areas of concern found at the last inspection had been effectively addressed and improvements were noted at this inspection.
- Issues raised by people or their families had been listened to and addressed.



# 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 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/or deputy manager met each person before they moved into the service. This was to establish the care needed and to ensure the service could meet the person's needs.
- Care plans showed people's needs had been assessed and planned for. Guidance and direction were provided for staff on how to meet those needs.
- Care plans were reviewed monthly and there was a 'resident of the day' scheme. This meant the person's assessment, care, support plan, wishes and choices were re-visited and updated.

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

- People were offered a choice of food and drink. We observed people eating their lunch in the dining areas. This was a social occasion with general conversation occurring between people and staff.
- Staff were aware of any specific dietary requirements for people, for example, if people had food allergies or needed their food to be pureed to minimise the risk of choking.
- Care plans included information about people's dietary needs and their likes and dislikes. Nurses and care staff recorded how much some people ate and drank so they could check that enough nutrition and hydration was being taken.
- Drinks were served regularly throughout the day to prevent dehydration. People who stayed in their rooms, either through choice or because of their health needs, all had drinks provided and these were refreshed throughout the day.
- Referrals had been made where people were identified as being at risk of choking. Nurses and care staff were following the advice they had been given including blending food and thickening drinks, so they were easier to swallow.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and experienced staff who had the relevant skills and qualifications to meet their needs.
- There were systems in place to monitor training to ensure this was regularly refreshed so staff were kept up to date with best practice. Training methods included online, face to face training and competency assessments.
- New staff completed an induction aligned with the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff spoke positively about their induction experience.
- The registered manager had implemented a supervision matrix so that all staff would receive regular time

with their line manager to discuss work practise. Staff said they were well supported in their roles.

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

- Staff worked with other professionals to make sure people's needs were met. Two visiting health professionals told us the service worked closely with them and followed any advice in the best interests of the person.
- People were supported to receive coordinated care when they used or moved between different services. This included nurses passing on important information when a person was admitted to hospital.
- People were supported by staff to maintain good oral hygiene. The oral hygiene needs were recorded on care plans. The care service ensured people were registered with a dentist and regular checks were carried out and treatment available if required.

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

- People were supported to receive ongoing health care, such as with the GP, Speech and Language Therapist (SALT) and falls team.
- People's weights were monitored so significant changes could be noted and referred to healthcare professionals for advice
- The service had developed relationships with health and social care professionals. We received positive feedback from health and social care professionals about the care and support people received.

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.

- People had been supported to make everyday decisions for themselves whenever possible. Examples of this were people being asked about what food and drinks they wanted to have, when they wanted to be assisted to rest in their bedroom and if they would speak to the inspection team.
- When people lacked mental capacity, the registered manager had ensured that decisions were made in each person's best interests. This included consulting with relatives and healthcare professionals when a significant decision needed to be made about the care provided.
- Some people had made advanced decisions about the care they wanted to receive. Others had given their relatives the power to make decisions on their behalf when they were no longer able to do so for themselves. This included making important decisions about whether a person should be resuscitated. There were suitable records to describe these arrangements and care staff knew about the decisions that had been made.
- Applications had been made to obtain authorisations when a person lacked mental capacity and was being deprived of their liberty. There were arrangements to ensure that any conditions placed on authorisations were implemented. These measures helped to ensure that people only received care that

respected their legal rights.

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

- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- Secure outside space was available to people. People were encouraged to spend time outside in the nice weather.
- The service had considered freedom of movement for people with mobility needs. There was level access into the service and hallways were wide to allow for wheelchairs and other forms of equipment. There was a lift so that all floors were accessible to all.
- People could decorate and personalise their bedrooms. We saw that people had personalised their rooms with things that meant something to them. Staff actively encouraged people to make the home their own.

# 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 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

- There was a relaxed atmosphere in the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. People were confident requesting help from staff who responded promptly to their needs.
- Staff supported people with sensitivity and compassion and were quick to respond to their emotional needs. Throughout the inspection we saw acts of kindness with staff providing reassurance and support.
- Without exception people and relatives told us they felt the service provided good care. Comments included "You really feel as though they are looking after you, I forget I'm in a home sometimes", "I feel comfortable and I've never felt embarrassed with the care" and "I think the carers are good, jokey and happy."
- People's religious wishes were respected, and people were supported as needed to continue practicing their chosen faith.
- Staff had received training in equality and diversity, and consideration and respect was shown to people's diverse needs and cultures.

Respecting and promoting people's privacy, dignity and independence

- Privacy and dignity were embedded into the practice of the team and people were treated with respect.
- Care staff were person-centred in their interactions with people. They knew people well and held relevant conversations with people throughout the inspection visit.
- People were supported to maintain relationships with those close to them. Families told us they felt welcomed and comfortable when they visited their relative. There were numerous visits during the day of inspection and everybody was observed to be greeted by managers and staff.
- People were supported to remain as independent as possible. For example, encouraging people to do as much for themselves for as long as possible.

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

- People told us they felt able to speak with staff about anything they wished to discuss. Relatives felt able to raise any issues with the nurses or the registered manager.
- People and their families confirmed they were involved in day to day decisions. Care plans did not clearly indicate that the person or relative had been involved in their review.
- Staff understood that some people had difficulty communicating their needs and wishes and respected this. They explained how people communicated and the need to check to ensure they had understood their

requests or responses.

# 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 remained the same. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Staff had a good understanding of people's individual needs and provided personalised care. It was clear a person-centred approach was embedded in the staff every day practices. They ensured each person had their care delivered at a time they preferred, and, in a way, which supported them to have control in their lives.
- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- Daily notes reflected the care and support people had received. Details of how the person spent their day were also recorded.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had a very strong emphasis on tailoring meaningful activities for people living at Trevern.
- Staff understood that each person was an individual and provided activities tailored to them. For example, skittles, celebrations of their own and famous people's birthdays (Elvis Presley), outings to the donkey sanctuary. They had in the summer organised 'Trevern swimming' at a local beach which gave people 'a chance to go to a nearby beach and enjoy the sensation of the sand and water and enhance their wellbeing.' People and staff said this was a great success.
- There was a monthly activity calendar in the entrance area, so people knew what would be taking place. External entertainers visited the service including musicians, and a fitness class designed for people who lack mobility. The service had close links with a nursery and local school.
- People continued to benefit from a weekly memory café held at the service. The registered manager was pleased that people attended as it benefited the people they supported plus encouraged links with the local community.
- Visitors were encouraged at any time. They were all positive about how they are welcomed to the service and told us staff were available to talk to if needed.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.
- Where people required aids to communicate such as glasses, hearing aids or pictorial aids, this was clearly documented.

Improving care quality in response to complaints or concerns

- The service held an organisational complaints policy and procedure. This was accessible to people living at the service.
- The registered manager held a record of any concerns raised, the action taken and the resolution. There were no formal complaints in process at the time of the inspection.
- People and relatives said that they felt able to speak to the management team at any time.

End of life care and support

- The service worked in partnership with palliative care teams to provide care and support to people approaching the end of their lives. Practical support, advice and emotional care was available to them and their loved ones.
- People's needs and wishes at end of life were assessed and recorded. Staff were aware the importance in supporting people and their families and showed great understanding and compassion when discussing this. Staff had received training in end of life care.

# 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.

At the previous inspection in November 2018, there was no 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 and associated Regulations about how the service is run. Since the inspection a manager was appointed and successfully registered with the Care Quality Commission in August 2019.

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

- Without exception people, relatives, staff and visiting health and social care professionals were positive of the newly appointed registered and deputy managers. They also commented on the positive changes to the service and the impact this has had on people's and staff wellbeing. Staff commented "I have been here for four years through thick and thin, it is so much better now than it was. It is like everything was turned upside down, for the better." A health and social care professional commented "[managers name] goes above and beyond to keep people happy. Its very person centred. [managers name] coaches' staff and motivates them to do better. She leads by example" A relative commented "Really great here, no concerns what so ever, great place".

- The service was well-run and well-led. People lived in a service whereby the organisations caring values were embedded into the leadership, culture and staff practice. People and relatives told us the managers were very visible and interactive in the service.

- A regional manager carried out monthly audit visits to ensure the service was operating as it should and in line with organisational policies and procedures. They also used the visit to engage with staff, people and visitors to gain feedback and views.

- Nurses and care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Nurses and staff attended a daily 'stand up meeting' with the registered manager or deputy manager to review any immediate issues that day so they could respond to them.

- There was an effective incident reporting system that flagged which serious untoward incidents required escalation and external reporting, for example, to the Care Quality Commission (CQC), safeguarding teams or the police.

- There were robust business continuity plans in the event of a major disruption to service delivery.

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

- There was a staff recognition system in place where staff could be nominated for an award. For example,



monetary awards for going over and above what was expected of them. The service has also received external recognition for the level of care provided. The organisation had been awarded an outstanding award 2019 for the location Trevern in the category of outstanding manager and Residents and Relatives award

- The registered manager was visible, and senior managers visited regularly and reported on their findings. For example, reporting how the staff team were engaging and there was a good atmosphere in the service. Relatives told us they had confidence in the management team and felt comfortable raising any issues.
- There were regular meetings with all stakeholders of the service. Monthly senior manager meetings took place to enable the organisations management team to share good practice and learning across the service. This allowed management the opportunity to reflect on current practice within the service and to drive discussion about how to constantly improve provision of care. Staff meetings were held for each team including, care ancillary and administration. Staff told us they felt involved in their regular meetings. Resident and family meetings were inclusive and generated much discussion.

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 registered manager demonstrated an open and transparent approach to their role. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
- Staff confirmed they worked in an environment where learning from incidents and feedback took place to make improvements where possible.
- CQC were notified of all significant events.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people. This information was also included on the home's website with a link to the full report.

Continuous learning and improving care

- The registered manager and the provider had been effective in improving the service provided to people at Trevern.
- Regular management meetings were held by the registered manager, provider and nurses to support shared learning and share information about the organisation.
- The registered and deputy manager had worked very long hours over many months working alongside the care staff to understand them, the people living at the service and what needed to improve.

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

- People, relatives and staff were encouraged to air their views and concerns, which were listened to and acted on to help improve and shape the service and culture. People, relatives and staff told us communication with the registered and deputy manager was good.
- Regular staff meetings took place to give staff an opportunity to discuss any changes to the organisation, working practices and raise any suggestions. Staff said they felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly.

Working in partnership with others

- The service worked in partnership with several organisations such as the local authority, older person mental health team and other health and social care professionals. This enabled them to ensure staff had the skills and support to deliver good quality care to people.
- Records clearly demonstrated where external health and social care professionals had been involved in people's care and support.

