

Mrs S M Spencer

The Haven Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service: The Haven Rest Home is a residential care home that was providing accommodation and personal care to 17 people aged 65 and over at the time of the inspection. They can provide support for up to 20 people. This location has a history of breaching the regulations and was rated as Inadequate following inspection in January and February 2018 and was placed in special measures. We imposed conditions on the providers registration as a result which required them to undertake governance processes and report to us monthly. Following inspection in October and November 2018 we found improvements had not been made and the provider was rated Inadequate again. They remained in special measures.

People's experience of using this service:

- At this inspection we found significant improvements had been made. The provider had recruited a new manager and engaged the support of an external consultant.
- Improvements had been made to keep people safe. Risks associated with people's care were being assessed more effectively and plans developed to reduce these. Although some of these would benefit from more detail the manager was aware of this need and staff's understanding of the risks to people was good.
- Risks we had previously found in relation to the environment were no longer present and the provider had plans to work of general redecoration and maintenance to ensure the home was dementia friendly. Appropriate checks and servicing of equipment were in place.
- Staffing levels had improved.
- The management of medicines had improved. Storage was safer and when errors occurred, these were investigated and acted upon to try and prevent reoccurrences.
- The service was more person centred with staff focusing on what people wanted, rather than tasks that needed to be completed. Activities had improved to be more meaningful and to involve people in the running of the home.
- People were supported by staff who were kind and caring in their approaches, who understood their right to make their own decisions and who supported them to make choices and be involved.
- Staff spoke positively about the changes that had been made. They felt training and supervision had improved. They said they now felt listened to and valued.
- People and their relatives expressed how the manager and provider had been open about the rating of the service and its position, expressing a desire to make improvements and told us they had no concerns.
- A representative for the provider was open with us about why they felt the service had failed and a number of governance system should have been implemented to drive continual improvement in the home. These needed more time to fully embed in order to be confident the improvements seen were sustained.

The service no longer met the characteristics of inadequate and the overall rating had improved to requires improvement. As such, the service has been removed from special measures.

Rating at last inspection: Inadequate (published 11 December 2018)

Why we inspected: This was a planned inspection to follow up on the previous rating of inadequate and

check improvements had been made.

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

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe. Improvements had been made but these needed to be embedded and sustained.

Details are in our Effective findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Effective findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Effective findings below.

Good ●

Is the service well-led?

The service was not always well led. Improvements had been made but these needed to be embedded and sustained.

Details are in our Effective findings below.

Requires Improvement ●

The Haven Rest 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by three inspectors.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. However, a new manager had started at the home in December 2018 and had applied to become registered.

As this person was not registered this means that only the provider was legally responsible for how the service was 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 looked at information we held about the service including notifications they had made to us about important events, previous inspection reports and any feedback we had received.

During the inspection we spoke with six people, one relative, four members of staff, the manager and the business manager. We also spoke to two visiting health professionals.

Throughout the inspection we spent time in the communal areas of the home observing how staff interacted with people and supported them.

We reviewed six people's care records, medicines records, six staff's recruitment, support and training records, we reviewed the providers recruitment processes and checked a number of the provider's policies and procedures relating to dignity and respect, staff training, support and supervision. We also looked at documents relating to the governance and safety of the service.

Is the service safe?

Our findings

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

Improvements had been made since our last inspection but further work was needed to address concerns about recruitment processes and fully embed improvements to care records.

Everyone we spoke with told us they felt safe living at The Haven Rest Home. One person said, "People that look after us (make us feel safe)". A second person said, "It's nice here and they look after me well". Their relative followed this with "They certainly do".

Assessing risk, safety monitoring and management:

- At the last inspection we found people were not always kept safe because risks associated with their care and support had not been assessed and plans had not been implemented to reduce the risks. In addition, the environment was not always safe. This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.
- At this inspection we found significant improvements had been made and this was no longer a breach of regulation. However, the improvements needed to be fully embedded and sustained.
- The assessment and management of risks for people had improved although further work was needed on some of the records. Staff awareness of the risks for people had improved and how these were managed.
- Monthly assessments of the levels of risk were now in place including those associated with but not exclusive to skin integrity, falls, nutrition.
- These assessments helped to inform plans of care for people which aimed to reduce the risks and guide staff. For example, one person was living with a catheter due to suffering with retention. The care plan clearly outlined the involvement of other professionals in changing this and the actions staff should take. Some further work was needed because the care plan didn't mention that this person could pull the catheter out and what staff do in this situation. However, despite the need for this to be included in records, we did see that staff had taken immediate and appropriate action to address this when it occurred.
- One person had been known to display both verbal and physically challenging behaviours. The care plan provided detail about why this could occur, what might trigger this behaviour and how to manage them, however it needed further work to guide staff about how to manage physical behaviours towards others. Staff had not received training in this and the manager and provider were aware of the need to obtain further training around behaviours that challenge as this was outlined in the improvement plan.
- Another person was living with diabetes and the care plan gave information about some of the risks this posed to the person, such as hypoglycaemia (low blood sugars) and what staff should do. Staff were aware of what to do and said they would always call for medical help and advice at these times.
- Risks we had previously found in relation to the environment were no longer present. Appropriate checks and servicing of equipment were in place. Person Emergency Evacuation plans had been reviewed and were accurate. Training for staff in the use of the emergency evacuation equipment had been delivered.

Using medicines safely:

- At the last inspection we found people were not always kept safe because medicines were not managed

safely. This was an ongoing breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment.

- At this inspection we found significant improvements had been made and this was no longer a breach of regulation.
- A new electronic medicines system had been introduced.
- No gaps were found in the recording of administration of medicines.
- Medicines protocols were in place which detailed the support people needed. Storage had improved. However, whilst staff were checking the temperature of the fridge daily they were only checking the temperature of the trolley and cupboard once a week and this wasn't dated. The manager told us they would action this straight away to help ensure medicines were stored at a safe temperature.
- Risk assessments for certain medicines were in place and gave clear guidance to staff.
- Staff had received training and competency assessments.
- Errors were investigated and appropriate action taken.

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

- Staff had the knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding people at risk. Staff were aware of types and signs of possible abuse. The manager was aware of their responsibilities in safeguarding procedures.
- Where concerns that were of a potential safeguarding nature were identified, these had been investigated and reported to the appropriate external bodies.

Staffing and recruitment:

- At our previous inspection we reported on concerns we had found in relation to the provider recruitment process as this did not ensure people were protected against the risk of employing unsuitable staff. As this and our other concerns placed people at significant risk of receiving unsafe care this was a breach of Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014 Safe Care and Treatment. Although this was no longer a breach of Regulation 12, improvements were still needed to ensure safe recruitment.
- At this inspection only two members of staff had been recruited and the records showed that improvements had not been made to the recruitment of staff. For example, references were not dated so it was not possible to see if these were sourced before the person started. Disclosure and Barring Service (DBS) checks had been applied for but for one person they had started before this was returned and no risk assessment had been implemented.
- The other member of staff's DBS contained information about previous convictions and no risk assessment had been completed until approximately three months after they started, when the new manager was reviewing the recruitment file. They immediately put a risk assessment in place.
- Health checks for the two staff hadn't been completed, although this was done by the second day of our inspection.
- The new manager had introduced a new recruitment policy and told us this would be the process they operated in future. In addition, the manager had said they were also planning on reviewing the reference forms used and the interview questions that were asked. The policy ensured appropriate checks before a person started work; however, we were unable to see this had been implemented due to a lack of recruitment.
- At both previous inspections in January and October 2018 we had recommended that the provider used a systematic approach to ensure sufficient staff were deployed throughout the day.
- The new electronic care planning system had a dependency tool within this and the manager told us this was used to determine the staffing levels. They told us this was reviewed before anyone new moved into the home and that they would review this as required.
- Staffing levels during the day had increased since our last inspection and we observed that this had had a positive impact for people. Three care staff were on duty per day shift and the manager and deputy manager

worked Monday to Friday throughout the day. In addition, domestic staff and kitchen staff were also in place. The manager was planning to recruit a new activity member of staff who once recruited would also be in place.

- No one raised concerns about staffing levels and we observed nothing to suggest these were not appropriate.

Preventing and controlling infection:

- Staff had received training in infection control and the manager had undertaken an infection control audit.
- Staff were observed to be using Personal Protective Equipment (PPE) appropriately.
- The service was clean and tidy throughout.

Learning lessons when things go wrong:

- The business manager told us the last inspection was a learning curve for them and we could see that as a result additional advice and support had been sourced to ensure learning took place.
- Where incidents occurred, staff told us that following these, discussions were held in handovers and supervisions about what staff could learn and do differently to prevent reoccurrences.

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.

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

Ensuring consent to care and treatment in line with law and guidance:

- At the last inspection in October and November 2018 we found the provider had failed to work within the principles of The Mental Capacity Act and this was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made and this was no longer a breach of regulation but the improvements needed to be fully embedded across the service.
- 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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Throughout the inspection we observed staff seeking permission from people before they acted. People also told us they were asked their permission and their decisions were respected.
- A relative gave us a good example about how a person's unwise decision was respected and how they as family members had been involved to understand that staff had to respect a person's decision if they had capacity, even if it was unwise.
- Staff knowledge of the MCA had improved and all staff had received training. In addition, the new manager had given each member of staff a small card to carry with them which reminded them of the principles.
- Information on the care planning system, although not signed by people, suggested they had consented where they were able to.
- Capacity assessments were seen on the electronic system in relations to people's ability to make decisions about living at the home and being under constant supervision. A member of staff told us how they had assessed a person capacity to consent to the use of a sensor mat.
- Where required, DoLS had been applied for and these were included in care plans. However, the care plan required some further improvement to be sure that they guide staff about what to do in the event a person under the DoLS tried to leave the home unsupported and how any conditions were to be monitored.

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

- Signage was mostly in place to help people identify rooms.

- The provider was planning to replace the carpets to ensure that these were dementia friendly. However, further work was needed to identify and plan other works required to make the environment more appropriate and supportive for those people living with dementia. For example, the use of contrasting colours and improved lighting in some places.

We recommend the provider seek guidance and advice from a reputable source to support the auditing of the environment for those people living with dementia.

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

- People's nutritional status was monitored although it wasn't always clear what action had been taken where a person was regularly losing weight or where they appeared to have lost a significant amount of weight in a short period of time, unplanned. We discussed the two people where we identified this with the manager and deputy manager. The GP was contacted and assurances that they were not concerned was sought as a result. The manager recognised the need to have a clearer oversight of this and to be clear about possible causes of weight loss, when this was a concern and what action to take.
- People spoke positively about the food and the meal service was undertaken in a pleasant and relaxed manner, at a pace people needed. Where people required support to eat their meals this was provided.
- Staff were knowledgeable about people's differing dietary requirements. They were aware of the importance of healthy eating, special diets and of maintaining a balanced diet. One member of staff told us "We have to chop up their food tiny and there is a chart on the fridge to guide people through that and it's on their care plan". One person told us how they were being supported to lose weight.

Staff support: induction, training, skills and experience:

- No one we spoke with raised any concerns about the abilities of the staff.
- Staff spoke positively about changes that had been made. They told us they were receiving supervision which they found helpful and supportive. Records confirmed this.
- In addition, staff told us about some of the training that they had undergone since the last inspection and how this had helped them in their roles. One member of staff said the training "uses examples and makes it real, so helps us to learn".
- Training in specific health conditions such as diabetes had been delivered however the manager and provide were not using a competency assessment framework to ensure staff learning and competence following the training. The manager told us they had started to include discussions in supervisions about what stuck out to staff from their training, what they learnt and how they would take their learning forward in the home.
- New staff to care were required to complete the care certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of staff in care based roles. Staff were encouraged and supported to complete vocational qualifications in health and social care.

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

- Pre-admission assessments had improved and were no longer tick lists. They sought information about people's needs, likes, dislikes and life history. The Equalities Act 2010 is designed to ensure people's diverse needs in relation to disability, gender, marital status, race, religion and sexual orientation are met. It was not evident through the pre-admission assessment that all people's preferences and choices regarding some of these characteristics had been explored with people or had been documented in their care plans. For example, people's sexual orientation was not asked about. However, we saw no evidence that anyone who used the service was discriminated against and no one told us anything to contradict this. The manager told us this would be looked at.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (a tool used to determine the risk of malnutrition) were used to

determine risk levels to people. These were then used to inform the care people received.

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

- Where people required support from external healthcare professionals this was organised and staff followed guidance provided.
- Records confirmed that people had regular access to GP's, district nurses and other professionals.
- People told us if they needed to see a doctor they were supported to do so.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection in October and November 2018 we found that the service didn't always involve people or always treat them with compassion, kindness, dignity and respect. At this inspection we found this had improved.

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

- Feedback from people demonstrated that were not concerned by staff's approaches and found staff to be kind, caring and compassionate.
- One person told us, "If I don't feel well or need something they are always there for you. Lovely girls and you can talk to them." They described the staff as "very approachable, very kind" and said the "Carers are wonderful". A second person told us, "They care about us and know us".
- One member of staff told us "When it comes to residents, everyone is really good and works in a good team. It's all about the residents, it's the most important thing, and that is encouraged here".
- The manager had undertaken a task with staff and people who lived in the home to find out what people considered caring. They had displayed people's feedback on a tree in a communal area to remind staff of what people wanted. Comments included, 'Patience means to me taking time and not rushing' and 'Notice me and help me when I need it'.
- Our observations reflected staff supporting people in a way that was not only respectful but helped their anxieties reduce. One person entered the communal area and was clearly distressed, complaining of pain. A member of staff reassured the person and ensured the GP was contacted for them, before sitting with the person and having a general conversation which distracted them and reduced their anxiety. The following day the GP visited this person and prescribed them a new medicine to support with pain relief.

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

- People and their relatives told us they were involved in making decisions about their care and the running of the home. For example, one person told us they were always asked for feedback and their relative agreed with this.
- We observed one person wanted a condiment with their lunch that the home didn't have. They advised the person of this and said they would go and get some. Within a few minutes this had been purchased from the local shop and given to the person.
- People had been involved in decisions about their care and this was confirmed in their care records.
- The new manager had started to hold resident and relative meetings. Records of these showed people were involved, and their feedback was requested.
- Staff understood people's communication needs and although we did not see any information available to people in alternative formats such as pictorial, audio or large print, we were assured that information would be provided in a format that people needed to help them understand information.

Respecting and promoting people's privacy, dignity and independence:

- People told us they felt respected and that their privacy, dignity and independence was maintained. One person told us staff respected them and said staff "always knock, always ask. I make my own decisions."
- Observation demonstrated people's independence was supported as much as possible. People were encouraged to mobilise independently where they were able and staff observed and provided guidance where needed. People were encouraged to retain skills by helping with things such as laying table, hanging washing, washing up.
- Staff were observed knocking and waiting before entering people's rooms.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- At our last inspection in October and November 2018 people did not receive personalised care that responded to their needs and this was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Person Centred Care.
- At this inspection we found significant improvements had been made and although some further work to records was needed, this was not impacting on people and was no longer a breach of regulation.
- Improvements had been made to the care plans and these were more person centred. For example, they contained information about what was important to people, routines that were important to people, things that may worry or upset people as well as how best to support them.
- We observed person centred care, in line with care plans being delivered. One person's records said what was important to them was 'my personal belongings as they have a lot of sentimental value to me'. We spoke to this person who showed us a framed picture in their room. They told us about the importance of this picture and what it meant. They said staff had asked them if they wanted it put on the wall and made sure it was somewhere the person could see this.
- Improvements to activities in the home had been made. The manager was keen to develop activities that were meaningful and this had started. People were supported to engage in activities that meant something in the home including laying tables, hanging washing and cooking. We also saw evidence of other activities such as cake making, painting, exercises, knit and natter sessions and trips out.
- The manager had encouraged staff to think about the person and what would be meaningful to them. As a result, one person who used to be a nurse and thought they worked in the home, had been given a folder of a checklist that they could complete and update staff with.
- A "pick a wish tree" had also been introduced recently. One person had wished to go to a garden centre and this had been arranged for them. Another person had wished for their family to visit more often. The manager explained that this person's family were regular visitors so they would be offering a photoshoot of the person and their family, so that they had a picture of them with them all the time.

Improving care quality in response to complaints or concerns:

- A complaints procedure was available for all to view in communal areas. People we spoke with told us they had not had a need to complain. Where verbal concerns had been reported we saw these had been acted upon and measures implemented to address the concerns and prevent reoccurrence.

End of life care and support:

- No-one living at the home was in receipt of end of life care, which would mean death was imminent and no one was receiving palliative care in the home.
- The provider had a clear policy which detailed what would be included in the end of life care planning. However, we found the plans needed more detail to ensure that all staff fully understood people's wants

and wishes in relation to all aspects of their physical and emotional well being.

- Staff and the manager told us how they would work with other health professionals to ensure they were kept pain free and their health needs were met. The manager told us they would work with people to ensure any spiritual or cultural needs were met. The manager told us the development of end of life care plans would be undertaken.

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.

Service management and leadership had improved. Systems of governance had improved. However, these needed time to fully embed into the home and be sustained.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care:

- At our last inspection in October and November 2018 we found an ongoing breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There was a lack of understanding of roles and responsibilities as well as a lack of systems and processes to ensure good governance. At this inspection this was no longer a breach but needed more time to fully embed into the service and be sustained.
- At this inspection it was evident in the improvements that we saw that the manager understood their role and the regulatory requirements. They were aware of further improvements to be made and had action plans in place to address this. They told us they had spent time focusing on changing the culture, getting the risk assessment and management safer and improving outcomes for people.
- The provider recognised that they had been "guilty that there was no oversight. They said they "can only hold hands up based on previous inspection report. We were determined to improve. Feel we didn't appreciate what we needed to do". They said they had become "stagnant" and had "got to the stage where because they saw things every day, they no longer saw what was happening". They were working alongside the new manager and an external consultant to develop their knowledge and implement systems and processes to drive improvement in the home.
- Systems of monitoring had been implemented and were working more effectively. Incident and accidents as well as complaints, safeguarding and the environment were being reviewed each month by the manager and reviewed by the consultant.
- The consultant was supporting them with their action plan which now included future plans for best practice. This had already identified areas such as the need to review training in challenging behaviour, consistency and detail in risk assessments as well as ongoing monitoring of the service.
- At our last inspection in October and November 2018 we found the provider had failed to display their rating and this was a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Requirement to display rating.
- At this inspection this was no longer a breach of regulation. Their inspection rating was displayed and placed on the notice board.
- At our last inspection in October and November 2018 we found the provider had failed to notify CQC of incidents that had occurred in the home and this was an ongoing breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.
- At this inspection this was no longer a breach and we found no evidence that there had been incidents we

had not been notified of.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- At our last inspection in October and November 2018 we found that person centred care was not promoted and the service did not always work in an open and transparent way. We identified a breach of Regulation 20, Duty of Candour which requires providers to be open and transparent.
- At this inspection this had improved and was no longer a breach of regulation. Relatives and people confirmed the provider had been open and transparent with them about CQC's last inspection report and that the service was in special measures. Relatives were aware of CQC current action and we saw records confirming open discussions had taken place.
- Staff confirmed the new manager was continually promoting person centred care and ensuring that staff put people first and tasks second. This was apparent throughout our inspection, by the response of staff and the engagement with people. One member of staff told us, "(The manager) is encouraging more person-centred approaches and it feels more chilled working here. We can spend more time with people. (Person) loves hot chocolate and we sit together with a hot choc, watching love island. We can sit with people now. (Person) wanted to help wash up so they did. That would never have happened before, we just didn't know we could do this. If people want to go in garden they can. People are getting much more, have more freedom, choice and control. They can do what they want to do now because this is her home".

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

- Staff told us they felt more involved and listened to now. They said they were asked for their feedback and encouraged to make suggestions. They told us they felt valued and well supported by the new manager, who they described as open, approachable and easy to talk to.
- People and their relatives were more involved in the home as well. Meetings with them had begun and we saw they were encouraged to raise concerns, talk opening about any issues and provide feedback to help improvements.

Working in partnership with others:

- The manager had started to involve and engage with other members of the community. A group of people visited the service weekly and engaged with people in activities. The manager had linked in with a local college whose student had visited people, talked to them about their history and were making memory boards for people. At the end of this the plan was for people to attend an awards event.
- The manager and provider told us they had been working closely with the clinical commissioning group and local authority. The manager was attending improvement meetings run by the local authority. The provider had linked in with another service provider to help drive improvements.