

Woking Homes

Woking Homes

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service: Woking Homes is a residential care home for retired railway personnel and their families. People without a railway connection are also welcome to live there. It is a registered charity with a board of trustees. The home can accommodate up to 51 people. At the time of our inspection 48 people were using the service, some of whom were living with dementia. All accommodation is provided on the ground floor so that all facilities are accessible to everyone.

People's experience of using this service:

People told us they felt safe and happy. There were positive and caring relationships between staff and people, and this extended to relatives and other visitors. Staff understood the importance of providing person-centred care and treated everyone as individuals, respecting their abilities and promoting independence. Staff knew how to recognise and report any concerns they had about people's welfare and how to protect them from abuse.

Woking Homes continued to be kept clean, safely maintained and furnished to comfortable standards. People had the equipment they needed to meet their assessed needs. Health and safety checks were carried out to make sure the premises and equipment were safe.

There were enough staff, day and night, to support people's needs. The provider recruited staff safely to ensure they were suitable for their role. Staff continued to receive ongoing training and support to keep their knowledge, skills and practice up to date.

People's needs were fully assessed before moving to the home so the provider knew whether they could meet the person's needs. Care plans were individual and representative of people's needs, preferences, values and beliefs. Risks to people's health and wellbeing were assessed and reviewed when needed. Staff took action to minimise these risks and keep people safe.

People were supported to maintain good health and to eat and drink well. Staff involved other professionals when people became unwell or required additional services. People received their medicines when they should. The provider followed safe practice for the management of medicines.

Staff were caring, respectful and made sure people's privacy and dignity were maintained. People and their relatives were supported with care and compassion during end of life care. People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People enjoyed varied social and leisure activities and had opportunities to try new ones. There were meaningful activities for people living with dementia. Staff understood the importance of social interaction and ensured they offered people support and companionship when needed.

The registered manager showed effective leadership and the home was well run. Staff knew their roles and understood what was expected of them. Staff felt supported by management and each other. People, their relatives and staff told us management were approachable and that they listened to them when they had any concerns or ideas. All feedback was used to make continuous improvements in the service.

The provider had good oversight of the service and used effective systems to monitor quality and safety. Where improvements were needed or lessons learnt, action was taken.

At this inspection we found the evidence supported a rating of 'Good' in all areas, and continues to support a rating of 'Good' overall. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (August 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

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 remained safe

Details are in our Safe findings below.

Is the service effective?

Good ●

The service remained effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service remained caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service remained responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service remained well-led

Details are in our Well-Led findings below.

Woking Homes

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 one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience's area of expertise was older people and dementia care.

Service and service type: Woking Homes is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was undertaken over two days and the first day was unannounced.

What we did: We reviewed information we had received about the service since the last inspection in May 2016. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with 14 people who used the service and two relatives to ask about their experience of the care provided.

We spoke with the registered manager, the chief executive, two trustees, seven members of care staff, the activities co-ordinator, chef and an office administrator. We reviewed care records for eight people using the service. We checked recruitment records for three staff members and training and supervision arrangements for the staff team. We looked around the premises and at records for the management of the service

including quality assurance systems, audits and health and safety records. We also reviewed how medicines were managed and the records relating to this.

Following our inspection, the chief executive sent us information we had requested about the provider's planned improvements.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People continued to feel safe living at Woking Homes. Relatives shared similar views and were confident their family members were well cared for. Comments included, "It gives me a lot of comfort to know that she is safe and everyone is so kind to her" and "I can't think of anywhere else I'd feel so comfortable about her wellbeing. I've never had any worries at all about her safety."
- Information was clearly displayed for people, visitors and staff to report any concerns.
- Staff understood their responsibilities to protect people from abuse or poor care and knew what action to take. They undertook training every year to keep up to date with best practice in safeguarding.
- The provider had a safeguarding policy in place which they followed. Concerns and allegations were acted on to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People continued to receive care and support from staff in ways that maintained their safety. People had detailed risk assessments linked to their support needs. These were reviewed and updated when people's needs changed.
- Staff knew what actions they should take to manage people's assessed risks, such as those associated with falls, nutrition and skin care. Staff demonstrated safe practice when supporting people to move and transfer. They frequently visited people who preferred to stay in their rooms or who were cared for in bed.
- People had equipment to promote their safety. People said staff responded promptly when they needed to use their calls bells. Sensor alarm mats were used to alert staff where people may be at risk of falling.
- The premises and environment were checked and maintained to help ensure the safety of people, staff and visitors. The provider's health and safety arrangements were robust.
- Regular safety checks included those related to water hygiene, fire, gas and electrical safety. Wheelchairs, hoists, adapted baths and mobility equipment were checked. Windows had appropriate restrictors and radiators were covered to reduce the risk of people coming to harm.
- Although people's bedrooms were regularly checked for cleanliness and repairs were attended to, we noted checks did not consider the safety of people's bedrooms and potential hazards. For example, checking rooms were free of obstacles and that equipment such as call bells were working. Management agreed to implement these as part of their monthly checks of the environment.
- Fire systems and equipment were monitored and checked. People had individual plans to guide staff and emergency services on the support people required in the event of a fire or emergency.

Staffing and recruitment

- People and their relatives told us there was enough staff. One person said, "There's always lots of staff around to help you with anything and they check on me through the night as well." However, two people felt the use of agency staff sometimes affected their experience of care as these staff did not know them so well. The registered manager was aware of this and taking action to recruit permanent staff.
- Before agency staff were used, the registered manager confirmed they had the skills to support people and arranged for the same workers to maintain consistency of care.
- The provider monitored staffing levels and kept these in line with people's assessed needs. Discussions and observations showed people received their care and support at times they wanted or needed it.
- Staff told us they had enough time to support people and if there were issues, these were addressed by management. For example, if people were experiencing poor health, or needed support to do things they enjoyed, additional staffing was provided.
- Recruitment processes were thorough. The provider carried out the required pre-employment checks to make sure staff were suitable to work in a care setting. This included asking for a full employment history, checking the reasons why staff had left their previous roles, obtaining a criminal records check and references from previous employers.

Using medicines safely

- People told us their medicines were administered in the way they preferred and on time. Where people wished to manage their own medicines, they were supported to do so and a risk assessment was completed.
- All medicines were managed safely and in line with national guidance.
- Staff completed training in medicines administration and their competency was checked annually or following any error to make sure their practice was safe.
- Staff had accurate guidance about people's medicines, including those they only needed at certain times. Medicine administration records (MARs) confirmed people received their medicines as prescribed.
- Medicines, including controlled drugs, were securely stored and at the correct temperature. There was a clear system for checking all prescribed medicines and records for their receipt and disposal.
- We observed staff administer people's medicines safely and according to their needs. The staff member wore a tabard asking for people not to interrupt them during this time. This meant staff had dedicated time to support people with their medicines.

Preventing and controlling infection

- People and relatives said the home was always clean and well maintained. People told us the arrangements for laundry were managed well. Our observations supported this and records showed all areas in the service were regularly cleaned.
- Staff followed effective infection control procedures when supporting people with personal care. Hand hygiene guidance and facilities were provided throughout the home and staff wore gloves and aprons when necessary.
- Food hygiene practice was safe and the service had achieved the highest five-star rating in food hygiene standards.
- The provider responded promptly to hygiene concerns and had taken the necessary action to address a recent problem with mice in some parts of the building.

Learning lessons when things go wrong

- Accidents and incidents were fully recorded along with actions taken at the time and afterwards to reduce the likelihood of them happening again. People's risk assessments and care plans were reviewed and updated.
- The provider monitored these for patterns or trends and used any incidents as a learning opportunity. Staff learnt from events and action was taken to improve safety. For example, where people had experienced increased falls, they saw other healthcare professionals and were provided with the equipment they needed.

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

Good: 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

- People and relatives said they were fully involved in the assessment process and any reviews thereafter. People who were new to the service, could experience a trial period before deciding whether to stay longer term.
- The provider's assessments were comprehensive, reflected best practice guidance and considered all aspects of people's needs. They included specific assessments for skin integrity, nutrition and moving and handling. People's needs were regularly reviewed to ensure the home continued to be right for them.

Staff support: induction, training, skills and experience

- People remained confident they were supported by staff who knew how to care for them. One person told us, "They know what they're doing, they are just fine." Another person said, "Oh yes, the girl who looks after me a lot is always telling me about this bit or that bit of training that she's done."
- New staff worked alongside more experienced staff to learn about people's needs. Staff completed an induction to their role and ongoing training. This enabled them to keep up to date with best practice and develop their skills and knowledge in meeting people's needs.
- There was an on-site training room which was used for practical training and staff were provided with computer access to complete online training.
- The registered manager met regularly with staff to review their performance and development needs. Staff felt supported and able to discuss any concerns, share ideas and request further training.
- Staff feedback and our observations showed people experienced effective support. For example, staff knew how dementia impacted on people's lives and were skilled at supporting people when they became anxious or unsure of their surroundings. We saw staff help people to move and transfer safely and assist individuals with the support they needed to eat and drink.

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

- Everyone told us they enjoyed the food provided and had choice. Their comments included, "The food is first class" and "I have no issues with the food at all, it's gorgeous." One person said, "We choose what we like from a menu. If I don't want it I can always ask if they will sort something else out for me."
- People chose their daily menu options each morning. For people who could not communicate their choices verbally, photos of meals were available although these were not displayed daily. We discussed where people may benefit from visual choices as they may forget what they had ordered or change their mind. The registered manager agreed to address this.

- During lunch, staff provided encouragement and supported people to eat and drink at a pace that suited them. People were given alternative meals where requested and everyone was offered and shown a choice of desserts.
- Meals were all cooked on site and the chef knew people's dietary needs and preferences well. People's individual menu cards highlighted if special diets such as high fat or diabetic foods were needed. Where people required their food to be prepared differently because of medical need or problems with swallowing, this was catered for.
- To help monitor risks and support people with their eating and drinking needs, staff checked people's general dietary intake and weight where needed. Staff involved other healthcare professionals such as the GP or dietician when they identified concerns.

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

- People received effective and coordinated care when they were referred to or moved between services. The registered manager told us when people chose to stay with their same GP or dentist on moving in, this was supported.
- Information was shared appropriately with other professionals to help ensure people received consistent care and support. For example, staff provided important records about people's needs and medical history where they were admitted to hospital.

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

- People told us they had access to the health care services they needed. A relative said, "If there's ever any health concern they are straight on the phone to the doctor if that's what's needed and they let me know immediately." Care plans described what support people required to maintain good health and wellbeing. For example, one person required a medicine at a specific time to alleviate symptoms of their health condition. Other people had regular visits from district nurses to ensure their needs were met.
- People were in regular contact with various community based health care professionals. These included community nurses, chiropody, physiotherapy and GPs. Care records provided a clear overview of the health care appointments people attended, and showed where professionals had made any recommendations or actions for staff to follow.
- Staff were knowledgeable about people's individual healthcare needs and how to support them. They could describe how people's health conditions affected their lives and knew what action to take to keep people safe and well.

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

- The layout of the home supported people's needs and accommodation was provided on one level. Corridors and doorways were wide, enabling people using walking aids and wheelchairs to move independently around the home. The provider had identified the need to create more space in the dining area to meet people's increased physical needs. Extension work was near completion when we visited.
- People had other specialist equipment to promote their independence in relation to their needs. For example, people who had difficulties with sight, hearing or mobility. The provider had plans to look at ways of providing a more stimulating environment for people living with dementia. This included using bolder colours and additional signage to help people find their way around and support their independence.
- People had a choice of areas to meet with visitors, join in with activities or spend time in private. They had access to outdoor space with seating areas and well-maintained gardens where people could plant flowers and grow vegetables.

- People had pictures and names to identify their rooms. One person had a picture of a rose as they liked flowers and some people had large print signs. People told us they had comfortable bedrooms which they had personalised as they liked.
- Decoration in the home reflected the railway heritage of the service. There were pictures, memorabilia and a reminiscence display of a train carriage with a replica window/screen that played an actual train journey.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. 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.

- People confirmed that staff always consulted with them before care and support was provided. Relatives said they felt involved in important discussions about people's care.
- People were supported by staff that had received training and understood their responsibilities around consent and mental capacity. They knew what they needed to do to make sure decisions were made in people's best interests.
- Care plans explained where people could make decisions for themselves or if they needed further support. In two instances, records were not clear whether the person had capacity to make decisions and if a mental capacity assessment was needed. The registered manager agreed to review this and check all people's care plans for accuracy.
- Where people had assigned representatives or family members involved in making decisions about their care, the provider had confirmed they were lawfully authorised to do so.
- No-one was deprived of their liberty at the time of our inspection. The registered manager understood her responsibilities in relation to this. Records confirmed she had made a referral to the local authority to seek lawful authorisation where it was unsafe for a person to leave the service unaccompanied.

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

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

Ensuring people are well treated and supported; equality and diversity

- People and relatives provided complimentary feedback about the staff and the service. Their comments described staff as, "lovely, very kind, very caring". One person said, "They're very good and will do anything for you." A relative told us, "Staff are pleasant with everyone. Nothing seems to be too much trouble for them. The staff are always happy to stop and chat with people." A staff member told us they enjoyed their job because they could always "put a smile on a resident's face."
- There was a friendly, welcoming atmosphere and we observed positive interactions between people and staff. People smiled and chatted with staff, sharing humour and conversation about their day. Staff frequently asked people how they were feeling, whether they needed any help and how they wanted to spend their time.
- Staff were respectful and attentive, they listened to what people had to say with patience and interest. People were provided with emotional support when they felt anxious or needed reassurance. For example, staff sat with people and held their hand or gave them a hug to provide comfort.
- Staff knew people well and shared detailed information about how people preferred their care and support to be given. These details were reflected in people's care plans.

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

- People were fully involved with planning their care and given copies of their agreed plans. One person told us, "I had time to look at it and had time to think about it, to decide if there was anything else that should be included."
- One person told us, "We have residents' meetings and if there's anything we want or we're not happy about we can raise it there." Minutes from those meetings showed information was shared and discussed and people were encouraged to give their feedback about the home. This included the quality of care, catering, activities and planned changes around the premises.
- People could spend time how they wanted to. Staff encouraged people to sit where they liked, and helped them make everyday decisions to maintain their choices and independence. One person told us, "I choose what time I get up and go to bed, they know what time I like and someone will come and put their head round the door and say, are you ready for me now?"

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us staff respected people's privacy and provided dignified care. One person told us staff always knocked first and asked if they wanted the door open or closed.

- Staff addressed people by their preferred names and gave people the time they needed to communicate their wishes.
- People were supported with their personal care needs with doors closed. We saw a member of staff discreetly adjust a person's clothing to ensure they were covered after leaving the bathroom.
- Staff helped people to remain as independent as possible. People were encouraged to do as much for themselves as they could. For example, we heard staff remind a person to push themselves up by using the chair arms when they were trying to stand up. One person said, "The staff help me with my shower but they leave me to do as much as I can so that I can stay independent."
- People maintained and developed relationships with those close to them. Relatives told us they could visit any time and were always made to feel welcome. Staff supported people to keep in contact with family who lived far away, through telephone and email. One person told us they moved to the service for more company and valued the new friendships they had formed.
- People's private and personal information was stored securely and staff spoke in confidence about people's care needs.

Is the service responsive?

Our findings

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

Good: 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

- People continued to experience personalised care and were supported by an established staff team who knew them and their individual needs well.
- People had individual care plans that provided staff with up to date information about their needs and abilities, associated risks, preferences for support and background history. There was information about people's physical needs, what equipment they used and how staff should use it. A plan explained how staff should support a person with poor sight by ensuring they had their glasses, their environment was clutter free and to "always say goodbye when leaving [their bedroom] so I am aware I am on my own."
- Plans described how to support people with their emotional and social wellbeing and how to communicate effectively. An example included, "I am frightened of change" and for staff to "keep me reassured if I feel unsafe and say I want to go home. Encourage activities and communicate."
- The provider recognised people's diversity and supported their individual needs. People's personal relationships, beliefs, likes and wishes were recorded in their care plans. Plans considered protected equality characteristics such as age, disability, ethnicity and gender. People's cultural choices were respected and some staff spoke other languages to support people where English was not their first. People who practiced their faith told us they were supported to do so.
- The provider supported people's needs in line with the Accessible Information Standard (AIS). The aim of the AIS is to make sure that people have information made available to them that they can access and understand. People were provided with large print documents, visual aids such as pictures and photographs of meals and activities. There was a magnified reading machine to enable those with poor sight to read and some people used talking books. Care plans highlighted where people had a disability or sensory loss so staff knew they would require assistance.
- People's needs were reviewed every month or sooner if necessary. Care plans were updated when their needs changed, for example, after a return from hospital, a deterioration in their health or short-term illness. One relative told us, "When they are going to review her care plan they let me know and ask me if I want to come in and go through it with them."
- Staff completed daily records and shared information at each shift change to keep up to date with any changes concerning people's care and support. This helped ensure any new concerns or issues relating to people's welfare were recorded and passed on. Records about people's care were held electronically and in paper format. Copies of latest care plans were kept in people's rooms so staff had up-to-date information on the care and support individuals required.
- Activities were available every day and planned by the activities co-ordinator and people using the service. Information about activities was advertised around the home and people were given a newsletter about upcoming events.
- People told us there was variety and opportunity to socialise and participate if they wanted to. The

activities on offer included quizzes, board games, bingo, exercise sessions, music and arts and craft. There were visits from singers, musicians, local school choirs and volunteers with animals. People enjoyed this additional entertainment and said staff supported them to follow their interests or hobbies. One person told us staff had arranged for them to try a climbing activity as they used to enjoy climbing trees when they were younger.

- A mini bus was available for people to go out on a one to one basis or in groups. Outings included town shopping trips, pub lunches and a visit to the seaside in the summer.

Improving care quality in response to complaints or concerns

- People had information about how to make a complaint. This set out the steps they could take if they were unhappy about the service.
- People and relatives felt comfortable to raise any concerns. One person told us, "Complain, what about? Everyone is really good and helpful. I've never had any problems but I'd speak to the manager if there was something not right." A relative said, "No, I've never had any reason to complain, I think they are superb - I'd move in if I needed care."
- Records showed how the service had responded to any complaints along with a full report of the outcome and any action taken in response. This included an apology if people had experienced care below expected standards. The provider monitored complaint information to see whether improvements could be made to their services.

End of life care and support

- People's care plans included their wishes, views and thoughts about end of life care.
- The service supported people and their families at this sensitive time. Staff had undertaken training which gave them the skills and knowledge to provide compassionate care for people.
- People were supported to remain at the service, in familiar surroundings, supported by their family and staff who knew them well. Accommodation was available to relatives so they could stay at the service and be close to their loved ones.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People, relatives and staff members were positive about the service and the registered manager's leadership. Comments included, "The home is well run. The manager is very good", "I get on alright with the manager she's nice - very professional, very friendly and easy to approach." and "If you've got any problems you can talk to her, she doesn't brush you off - she's very helpful."
- The provider had clear values based on providing a person-centred service that supported people to maximise their independence. Staff were aware of these values and management monitored they followed them in practice.
- The provider acted in an open and transparent way if something went wrong.

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

- People benefitted from a service that was well-organised and there was a clear staffing structure. Staff felt supported and had confidence in the management team.
- We observed effective communication between members of staff during our visit. The staff team were caring and dedicated to meeting the needs of the people using the service. Staff told us they enjoyed their jobs, understood their roles and what the provider expected of them. Their comments included, "Good teamwork", "organised" and "very good team leaders".
- The provider recognised the contribution staff made to the quality of care people received. They shared their thanks, people's compliments and gave recognition for long term service.
- Effective quality assurance systems were used to assess and monitor the quality and safety of the service. These were undertaken by staff, management and members of the board of trustees. Audits and checks provided a good overview of how the home was run. The provider used learning from these to make changes and improvements in the service.
- Registered persons are required by law to notify CQC of certain changes, events or incidents that happen in the service. Notifications had been submitted appropriately aside from two recent safeguarding concerns, which were raised directly with the local authority. The registered manager acknowledged these had been overlooked. She told us this was because the local authority had made them aware of the concerns and thought CQC had also been informed. The manager completed the relevant notification forms during our inspection. These showed that appropriate action had been taken and the service was working with the local authority to respond to the concerns.

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

- People, their relatives and staff were encouraged to provide feedback on their experiences of Woking Homes. Regular meetings and surveys enabled people to share their views. A relative told us, "The manager knows what she is talking about. She is very good at her job. If you make a suggestion she listens to you and will get it discussed in the next meeting to see what people think."
- The provider showed people how they had taken on board their feedback and made changes. For example, photos showing progress of the dining area project were displayed in the reception area. LED lighting had been installed following people's request for a brighter environment.
- Staff meetings were held each month to discuss people's care and support and keep staff up to date with any changes. Staff also talked about learning and development and reflected on their practice and how this could be improved.
- The provider organised social events for people and families to get together. In the summer there was a fete with an 'Alice in Wonderland' theme where people and staff could dress up. Photos showed how people had celebrated birthdays and other events with their relatives.

Continuous learning and improving care

- The registered manager told us there were plans for staff to take on roles as champions in areas such as dignity, moving and handling and safeguarding. This would help ensure all staff supported people in line with current best practice.
- The Provider Information Return (PIR) gave us accurate details about how the service performed and what improvements were planned. Our findings from the inspection corresponded with this information.

Working in partnership with others

- The service engaged with other agencies and professionals to support care provision and meet people's needs. This included local authorities, GPs, community nursing teams and other health professionals. The provider had recently joined NAPA (National Activity Providers Association) so they could keep informed of new ideas and approaches.
- The registered manager was chairperson for managers' forums run by the local authority. This enabled her to meet with other managers and keep up to date with best practice.
- The service had effective links with the wider community and showed the provider worked with others to ensure people received good quality care and support.