

## The Laurels Care Services Limited

# The Laurels

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service:

The Laurels is a residential care home that is registered to provide personal and nursing care for up to eight people. At the time of our inspection six people aged 65 and over lived at the home.

People's experience of using this service:

Staff ensured people's care needs and personal wellbeing was at the heart of this service. Staff provided care which ensured people's requests, wishes and aims were met. The provider's values and expected standards of care were consistently demonstrated by staff. People received a service which was exceptionally responsive to people's needs and requests.

People's needs and wishes were met by staff who knew them well. We saw and were told of many examples of staff going 'above and beyond' to help people to achieve their aims and wishes such as visiting the countryside and going on boat trips. The registered manager and staff were passionate about providing high quality care. People and their relatives confirmed the care they received was outstanding and focused on their needs. One person said "I'm very happy here. The staff are amazing, the food is wonderful. I have no complaints at all."

People and their relatives told us the home had a 'homely feel' about it and staff treated them like family. They felt they were listened to and were part of an organisation that genuinely cared for them and acted on their views. People told us they were treated with great respect and dignity and their privacy was always respected. The Laurels was an inclusive service which met people's individual requests and needs and protected their human rights.

An established staff team was in place. They had been supported and trained to carry out their role and were aware of how to report any concerns about neglect or abuse and were confident they would be acted on.

People were supported safely, and risks regarding their care were assessed, met and recorded. People's care plans were detailed and provided staff with the information they required to support people. People's medicines were administered and managed safely.

The service organised many community and individual activities, social events for people to enjoy. Staff ensured people lived a meaningful and active life and helped them to access the local groups and overcome barriers. The registered manager was praised by staff and people for their commitment and passion for care. This had resulted in a positive workplace culture. Staff told us they were proud of working for the home.

Systems were in place to monitor and audit the care people received to ensure the high-quality care was sustained. The registered manager valued people's feedback and acted on their concerns and requests.

Rating at last inspection: Good (Last report was published on 14 December 2016). At this inspection we found evidence that sustained the rating of good.

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

Why we inspected: The inspection was prompted in part due to information of concern and by the previous CQC inspection reports, ratings and the time since the last inspection were also taken into consideration.

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

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Outstanding ☆

The service was exceptionally 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.

# The Laurels

## 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.

The inspection was prompted in part by a notification of an incident following which a person using the service had died. This inspection examined those risks relating to people's dietary needs and choking risk. As part of our serious incident investigation, CQC have assessed the relevant evidence and were satisfied that there were no failings by the registered manager or provider in relation to this incident.

#### Inspection team:

This inspection was carried out by one inspector.

#### Service and service type:

The Laurels is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection.

There was a registered manager in post. 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 was an unannounced inspection

#### What we did:

Before the inspection we reviewed information, we held about the service and provider as well as previous inspection reports. The provider was not asked to complete a Provider Information Return prior to this inspection. Providers are required to send us key information about their service, what they do well and

improvements they plan to make. This information helps support our inspection. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spent time walking around the home and observing how staff interacted with people. We spoke with the registered manager, the chef and three care staff. We spoke with five people and four relatives.

We reviewed three people's care records as well as records relating to the management of medicines, complaints and how the registered persons monitored the quality of the service. We also looked at staff records relating to their professional development and recruitment.

# 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 told us they felt safe living at The Laurels. One person told us, "I am more than safe here. The staff are nice to me, all of them." This view was shared by people's relatives.
- People were kept safe from the potential risk of abuse because staff had received appropriate training and had a good understanding of safeguarding policies and procedures. Staff were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about quality of care. They told us they would contact external agencies if the registered manager did not act on any their concerns.
- People's care plans provided information about what people had requested to help them feel safe.

Assessing risk, safety monitoring and management

- People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed. For example, people's risk of falls, malnutrition, and the development of pressure sores had been assessed. Comprehensive risk management plans were in place which provided staff with the control measures that needed to be taken to help minimise the risks to people.
- We checked and were reassured that people with dietary needs and swallowing difficulties had been assessed and were receiving safe care and support to help mitigate their risk of choking. Records showed people's nutritional needs had been assessed and their management plans provided staff with information about how to support people to mitigate their risks of choking. Staff had been trained and were aware of people's food preferences and dietary needs. People and their relatives confirmed that they received their meals in a texture which had been recommended by health care professionals. During our inspection, we observed people eating their meals at lunchtime and found that people were given meals which were appropriate to their needs.
- There was a balanced approach to enable people to retain their independence, live a fulfilled life and managing any associated risks. For example, risks related to the registered manager's dog visiting the home and people walking in the community had been assessed so people could continue to benefit from trips out and having a pet around the home.
- Risks arising from people's behaviours were managed safely. Information about possible triggers and actions staff should take if people became upset were recorded and known by staff.
- Each person had a personal evacuation emergency plan and a missing person profile which could be shared with other professionals in an emergency.

Staffing and recruitment

- People were supported by an established staff team who knew them well. There were enough staff available to meet people's needs and respond to requests for support.
- The staffing levels were determined by the needs of people and where necessary additional staff were made available to cover staff absences or when people required extra support. An on-call system enabled

staff to request additional support if required.

- Safe recruitment practices were being used. The registered manager was passionate about ensuring that staff with the right skills, attitude and values were employed. Values and scenario-based interview techniques were being used to help assess the character of potential staff. People had helped to prepare and present interview questions to potential staff and the registered manager sought their feedback after the interview.

#### Using medicines safely

- People received their medicines as prescribed as safe medicines management processes were being used.
- One the day of our inspection, a corporate pharmacist was visiting the home and auditing the medicine systems. They assessed and reassured us that staff were following safe protocols for the receipt, storage, administration and disposal of medicines and people received their medicines as prescribed.
- The registered manager had effectively trained and supported staff in the transition and management of the pharmacist's new systems of administering people's medicines from their original packaging.
- We reviewed people's medicines administration records and care plans and found that they had been completed with no gaps and provided staff with the information they needed.
- People were supported to self-medicate with some of their medicines such as administering eye drops and creams. The registered manager planned to put risk assessments in place to help monitor people's abilities to self-medicate.

#### Preventing and controlling infection

- The home was clean and effective infection control and prevention procedures were followed.
- Staff had been trained in infection control and there were posters displayed around the home to encourage effective hand washing and promote the prevention of flu.
- Infection control audits were carried out to ensure the home was being effectively cleaned. The registered manager was reviewing the frequency of these audits which would ensure infection control practices were maintained.

#### Learning lessons when things go wrong

- Systems in place to monitor and learn from incidents and accidents. Records of incidents were detailed and reviewed by the registered manager. Actions were taken such as additional training for staff in the recording of incidents.
- Changes were made to people's care plans to reduce the risk of repeat incidents and shared with staff.

# 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 continued to receive effective care based on current best practice for people. People's care needs were assessed using national recognised assessment tools. This helped to standardise and monitor the care they received. The registered manager had also implemented local initiatives and assessment tools to inform personalised care plans for behaviours that challenge people with dementia.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and given opportunities to develop and achieve additional training and qualifications. Records showed staff were provided with a wide range of training specific to people's needs. For example, staff had received training in delirium and sensory loss.
- All new staff were provided with an effective induction period. They were supported to complete the Care Certificate (nationally recognised set of care standards), shadow experienced staff and understand the provider's policies and procedures.
- Records showed, and staff confirmed that they received regular supervision and an annual appraisal to review their work practices and personal development objectives.

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

- People choose to eat in the dining rooms or their bedrooms.
- People were provided with a choice of home cooked foods. Healthy snacks such as fruit was offered. Any cultural and dietary needs were accommodated. For example, people who required a gluten free diet were catered for.
- People's nutritional needs had been assessed and regularly reviewed. Where people had risks associated with their eating and drinking there was clear guidance in their support plans. For example, records showed people who were at risk of losing weight or choking were provided with a diet which met their needs. The cook and their staff were aware of everyone's likes, dislikes and dietary needs. They provided meals to suit people's individual health needs. For example, food with additional calories was provided to support those people who were at risk of losing weight and texture modified foods for people with swallowing problems.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and well-being and have access to the local health and social care services.
- Each person had individual health and hospital plans to enable staff to monitor and record people's health care appointments and recommendations. Staff had a good working relationship with their GP surgery and community health care professionals.

- Staff had engaged with health care professionals such as physiotherapists and speech and language therapists and implemented their recommendations.

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

- People's bedrooms were personalised and homely. They were encouraged to choose the decoration of their bedrooms and display items which were important to them.
- Adaptation had been made to the home to accommodate people's needs and requests. For example, a ramp had been installed at the entrances of the home.

#### 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 (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.

- Staff informed people of the support they were about to provide and encouraged people to be involved in decisions about their care. Staff understood the importance of valuing and respecting people's decisions and consent to their care and support.
- People's mental capacity to make decisions about the care and support they received had been assessed. Records showed that people, relatives and health care professionals had been involved in decisions made on half of people when they had been assessed as not having mental capacity to make a specific decision.
- Staff had a good understanding of the Mental Capacity Act 2005 (MCA) and how this impacted on their role when supporting people who lacked the capacity to make some decisions about their day or care. Staff were aware of the need to support people in their best interests and in the least restrictive manner and those who were deprived of their liberty. The registered manager had made appropriate applications for DoLS authorisations which were continually monitored and reviewed.

# 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; respecting equality and diversity

- Providing high quality care was at the heart of the service. There was a strong sense of delivering care which was centred on people's individual needs and to ensure people lived a fulfilled life, in an environment which was friendly and homely. There was a happy and friendly atmosphere at The Laurels. People were relaxed within the company of each other and around staff. We heard staff consistently chatting and laughing with people.
- People were exceptionally well cared for and were consistently positive about the staff who supported them. Staff and the registered manager had gone out of their way to ensure people's social needs and personal interests were catered for. For example, one person was supported to order and receive a regular talking book. They told us they missed reading books but enjoyed listening to the audio books. This demonstrated that staff cared about the person and what was important to them. The person continued to enjoy books and had been supported to find a new way of experiencing them. Another person who had previously enjoyed gardening told us they helped staff to maintain the home's garden and liked to spend time in the fresh air.
- People all highly praised the home and the care they received. One person said, "You couldn't ask for better." Another person said, "It has got to be the best. The carers are very nice here. Nothing is too much trouble." These views and experiences were also reflected in comments from people's relatives.
- Staff were highly motivated to ensure that people received the highest standard of care. Warm, positive, caring and loving interactions were observed throughout the inspection. Staff ensured people were fully involved in making choices about their day and the care that they received. We observed staff providing people with information at a pace and level that they could understand such as the meal options to help people make an informed and independent choice.
- Relatives praised the service and spoke fondly of the approach and caring nature of staff. One relative told us, "This home is exceptional, without a doubt." They told us they were always welcomed into the home and had developed a positive and open relationship with staff. We saw numerous thank you cards and compliments from relatives of people which supported people's comments.
- Relative told us that the delivery of high quality of care was consistent. One relative said, "It is like we are all part of one big family. One staff member said, "We treat everyone equally, like we would treat any of own family."
- Staff demonstrated empathy and compassion to those people who became distressed or upset. They used the information that they knew about the person to distract them or improve their mood.
- Staff told us they enjoyed their roles and took great pride in the support they provided. Comments from staff included, "I love working here. It is so friendly" and "This is the perfect home for anyone who needs care."
- People's beliefs and religion was acknowledged as an important aspect of their care and people were

provided with opportunities to practice their faith.

- Information about local groups and agencies which may benefit people were displayed around the home. Information was given to people in line with the accessible information standards. For example, information in pictorial and larger print formats had been made available to people.

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

- People were actively involved in the running of the home and in decisions that affected their lives. Staff encouraged people to be involved in their care and retain their independence. We saw staff reassuring and praising people for their achievements.
- People's views about the staff who supported them was valued. For example, opportunities had been created to allow people to be involved in the recruitment of new staff. People's preferences in the gender of staff who supported them was respected and catered for.
- People were in control of their own lives and how they wished to spend their time and staff respected this. One person told us, "I do my own thing, it depends how I am feeling whether I want to be sociable or not."
- Staff had a good understanding of people's preferences and how people communicated. Although everyone living at the home communicated verbally, the registered manager showed us pictorial communication cards that they had developed to help staff communicate with a person who had lived at the home. Staff had used creative approaches to maximise this person's ability to communicate their needs.
- People and staff told us they felt the management team were open and approachable. People praised the registered manager and staff who supported them. One person said, "Nothing is too much for them. They really want to help us. You don't feel like you are putting them out."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service. Throughout our visit we saw there was a sense of equality between people and staff.
- People's requests for care and their dignity and privacy was respected. We saw staff knocking on people's doors and waiting to be invited in before entering. Staff respected one person's request for privacy while they ate their meals in their bedroom but monitored them from a distance. This enabled the person to have privacy whilst ensuring their safety while eating.

# Is the service responsive?

## Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- The registered manager and staff had sustained a service which delivered outstanding care and was responsive to people's needs. People told us that they continued to receive high standards of care and they found that staff were consistently caring and responsive to their needs. One person laughed and said, "They sometimes know before I know what I need."
- The registered manager described their commitment to providing people with a completely responsive and personalised service and said, "From the start, we work with their residents and families to get to know them really well to enable us give people the best possible care. Our approach is very homely." Staff enabled people to maintain continuous control over their everyday lives and consistently checked on people who chose to stay in their rooms and asked about their well-being and comfortable, offered them homemade cakes, drinks and ice cream.
- Staff frequently supported people to be part of the local community. The service had remained flexible and responsive to people's individual needs to enable them to lead as full a life as possible. For example, people's requests to visit the local shops, library, garden centre and hairdressers were continually accommodated. People were encouraged to develop new friendships by being supported to attend local groups such as the rambling group, luncheon groups, boat trips and the local pubs. One person told us that had helped improved their confidence and socialise more. They said, "I was becoming a bit of a loner before, but now I am out a lot more now"
- The provider had gone the extra mile to meet people's wishes and requests. For example, French doors had been installed for one person who had requested access to the garden from their bedroom as they enjoyed spending time in the garden and outdoors. We were told the installation of the doors had promoted their independence and privacy and they frequently enjoyed a glass of wine sat in the garden outside their French doors. Another person had requested had been supported to see the spring bluebells in the local forest.
- People were empowered to make decisions about the day and life. They were offered a lot of choice and enjoyed a varied range of activities such as arts, crafts, quizzes and visiting places of interest and seeing their friends and family. Games of bingo were played each week as requested by the people. One person told us about the activities in the home and said, "We love our bingo here." The registered manager recognised the importance and benefits of ensuring animals and nature remained part of people's lives. For example, the registered manager had arranged for some small farm animals to visit the home. People told us they enjoyed the day and it had helped them reminisce about their childhood pets. One person said, "Oh it was wonderful. It brought back memories for me."
- Staff had received additional training in the best practices for supporting people with dementia and continually looked at ways to improve people's well-being and emotions. For example, activities and items were provided to help people to orientate themselves. For example, people were given Easter eggs during the Easter period and a talking clock had been provided for a person with visual impairments. Staff used

reminiscence games and photographs to prompt stimulate memories and prompt conversations.

- People could enjoy the secure courtyard garden. A sensory garden had been planned and built as part of the registered manager's qualification in dementia. They explained the positive impact it had on people and how it helped people to talk about their own gardens and nature. People told us they enjoyed sitting in the sensory garden in the summer and it provided them with a calming place to sit and relax. Staff sat with people in the garden and talked about the smells, sights and senses which helped people to relax and talk about their gardens and cooking with herbs.
- People benefitted from a service which was inclusive and supportive. For example, an in-house slimming club was formed for people and staff to help one person achieve their weight loss goal. We were told that this helped the person feel part of a group and not excluded at meal times. Staff told it provided people with a sense of value as they were able to contribute towards discussions about their meal plans and weight loss.
- Photographs of people celebrating events and carrying out activities were displayed around the home. People recalled and spoke of previous activities and events in the home fondly such as celebration parties. For example, Staff recognised and helped people one person to celebrate their 70th birthday. Staff explained, and photographs of the day showed the person thoroughly enjoying their day. Told us how the party had had a positive impact on the person and other people in the home. One staff member said "There was a real buzz around the home for days before and after the party. There was a big smile across [name] face all day. It was wonderful to see."
- Staff went the extra mile and carried out small but significant actions which had positive impacts on people. They were especially sensitive to times when people and their families needed additional support and kindness. For example, families were supported to stay overnight with their relatives or additional staff were made available to sit with people over night to ensure they remained comfortable. Staff paid tribute to people who had passed way and attended their funerals. They supported the bereaved families by producing photograph albums of their loved ones while they lived at The Laurels. Staff supported one person at their request to visit the grave of their late spouse which had helped them to come to terms with their bereavement. Staff also helped people to be included in their family's life and events.
- The registered manager was aware of the national Accessible Information Standard and the importance of communicating with people in ways that met their needs and preferences. For example, the information was provided in different font sizes. Additionally, staff used a 'communication board' to help people who lacked verbal communication skills to express their needs, such as hunger, thirst and pain.
- People's daily routines were determined by their preferences and wishes. People told us they got up and went to bed when they wished and their requests for alternative meals were catered for. Their care and support was planned in partnership with them and their family. People's care plans were personalised and written around individual's needs, preferences, likes and dislikes. They were written in a positive way and focused on people's abilities and what mattered most to them. The registered manager told us care plans were always changing to reflect people's needs and this was confirmed by staff
- People were involved in the development and reviewing of their care plans. Staff used different opportunities to help people reflect on their care needs, wishes and goals such as talking to people privately during one to one activities or trips out. The registered manager explained they may ask them a question such as 'how are you liking the meals this week?'
- Staff had considered the use of technology to support people. For example, staff had recognised that one person adored cats and were in the process of purchasing an 'interactive toy cat' which purred and responded to people's touch. We were told that the interactive cat would help the person remain content and bring back memories of their own cats.

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any complaints since we last inspected the service. The service had a positive approach to handling concerns which they viewed as having a role in driving improvement. Where people had raised minor concerns, the registered manager had acted swiftly to

investigate their concern and to look at ways of improving.

- People and their relatives felt confident that if they complained and their complaint would be explored thoroughly and responded to in good time.
- People said the service dealt with their concerns or requests in an open and responsive way with no repercussions.
- The registered manager told us they took any complaints and concerns seriously and used them as opportunities to review and improve the services. People's concerns were discussed with staff to ensure they understood the actions to be taken to resolve any issues.
- The home's complaints procedure was displayed around the home for people to use.

#### End of life care and support

- People had been given opportunities to discuss their wishes and preferences in relation to care at the end of their lives.
- Staff had taken a personalised approach with people and their relatives and had supported them to complete an advanced care plan. This gave staff clear direction of people's requests if they were unable to communicate their end of life health and emotional care needs. The registered manager said, "We would fully respect people's wishes and do our best to ensure their advance care plan was carried out and that they remained comfortable at all times." For example, items such as sun catchers were put in the window and people's favourite music and videos were played to people at their request.
- Systems were in place to enable staff to share people's health needs with other health care professionals as needed. The registered manager was aware of the local commissioners 'grab bags' protocols which ensured people had end of life medicines as needed.

# 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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider had a clear vision to enable people to live a fulfilled life and have access to good quality care and support with their personal care and daily living activities. A happy and person-centred culture was promoted by the registered manager. The values of the service were being reviewed in consultation with the staff and people. The provider's vision and values of achieving positive outcomes for people was shared by the staff team.
- The registered manager led by example and had ensured that staff thoroughly understood people's needs and understood how to deliver support which focused on people's safety and people's individual wishes. They were passionate about delivering safe, high-quality, compassionate care.
- People and staff praised the registered manager and felt the home was well run. The registered manager was seen to be constantly present around the home and occasionally worked alongside staff to cover staff absences. This enabled the registered manager to speak to people about their experiences of living at The Laurels and the care and also observed the care practices of staff. Any issues identified were acted on and the actions taken were cascaded to the staff team.
- Regular staff meetings were held to discuss concerns, share information and reinforce the service's policies and procedures.
- The quality of care being provided at The Laurels had been acknowledged as the staff team had been nominated for various care awards.

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

- Systems were in place to monitor the quality of the service people received. Regular checks of the service were carried out to ensure that the service maintained current practices and expected standards. For example, these included monitoring staffing developments, medicines and the delivery of care. Health and safety related checks were also carried out to ensure people lived in a home which was safe, clean and free from clutter.
- A robust handover system was in place between the staff to ensure they were informed of any information relating to people and the service.
- The registered manager was in the process of recruiting a care and compliance manager to assist in monitoring the quality performance of home and sustain their regularity requirements.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics, continuous learning and improving care; working in partnership with others

- The registered manager genuinely welcomed feedback from people, relatives and staff. People had been involved in decisions about the home such as staff recruitment and planning the garden. People told us their views and suggestions were heard, and they felt like they mattered.
- The registered manager and staff had developed an open and trusting relationships with people's families and health care professionals.
- The registered manager kept themselves updated and fully informed by attending training and conferences; subscribing to national health care newsletters. They regularly linked with a clinical mentor and another care provider to assist them to keep up to date with current care practices, legislation and guidance.
- The service worked in partnership with other health care professionals and stakeholders and groups in the local community. This had enabled people to receive effective care and treatment in a timely manner.