

The Leaders Of Worship And Preachers Homes Westerley Residential Care Home for the Elderly - Woodhall Spa

Inspection report

Westerley
The Broadway
Woodhall Spa
Lincolnshire
LN10 6SQ

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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:

Westerley Residential Care Home for the Elderly provides accommodation, care and support for up to 30 people who experience physical disabilities and those who live with dementia.

There were 24 people living at the service at the time of this inspection.

People's experience of using this service:

People received safe and effective care from staff who were recruited safely and were clear about how to recognise and report any issues of concern and potential abuse. Risk assessments were in place to manage risks within people's day to day lives, whilst also promoting their independence. People received safe support with their medicines and the registered provider had systems in place to respond to any medicine errors.

Sufficient staffing levels were being maintained and at the time of our inspection, staffing support matched the level of assessed needs for the people who lived at the service.

Staff induction and on-going training was provided to ensure the staff team had the skills and knowledge needed to carry out the roles they were employed to do. Staff told us they were well supported by the registered manager and their management team.

Staff were caring and treated people with kindness, dignity and respect. People were able to have choice and control over their lives. Wherever possible, people's consent was gained before any care was provided and staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People were involved in reviewing their care and in making any necessary changes to the way care was provided. People had access to a wide variety of food and drinks and care plan records reflected people's likes, dislikes and overall preferences. People were also supported to access a range of activities and to maintain any individual interests they had.

A process was in place which ensured complaints could be raised. People and their relatives had access to this information so that if needed, they were clear about how to raise any concerns or more formal complaints.

Systems and processes were in place to support the registered persons in their monitoring of the quality of the services provided so that they could quickly take any improvement actions if shortfalls were identified.

There was an open and inclusive culture within the service which enabled people who lived there, and staff,

to share ideas and work in partnership with each other. People, relatives and staff, expressed confidence in the registered persons and their approach to leadership.

Rating at last inspection:

Good (report published June 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

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.

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Westerley Residential Care Home for the Elderly - Woodhall Spa

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, 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 team consisted of an inspector and an assistant inspector.

Service and service type:

Westerley Residential Care Home for the Elderly is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection the service was providing care for 24 people.

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

Notice of inspection:

Our unannounced inspection site visit activity started on 23 January 2019 and ended on 23 January 2019.

What we did:

Before our inspection, the registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they planned to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the registered provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. In addition, we contacted and requested information from commissioners who had a contract in place with the service.

During our inspection visit we undertook a tour of the premises and spoke with six people who lived at the service, two relatives, and two healthcare professionals who visited the service while we were inspecting. We also looked at the range of activities available for people and observed how some of these were being provided. Our overall observations included how people and staff interacted and how people were being supported using the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who were unable to communicate with us direct.

We spoke with four members of the care staff team, a kitchen assistant, the services activity co-ordinator, two visiting external healthcare professionals, one assistant manager, the deputy manager and the registered manager. We also spoke with the registered providers director of care by telephone.

In addition, we reviewed specific parts of the care records of three people who lived at the service. We also looked at the management of medicines and a range of monitoring and audit information the registered provider and registered manager had maintained about how they ran the service.

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. One person said, "I am happy here, and not in the other places I have been to." Another person commented, "The staff are friendly, not bossy." Staff we spoke to were knowledgeable in key areas such as safeguarding and abuse. Staff had received training to enable them to recognise any signs of potential abuse and knew what to do if they were concerned about the well-being of people who lived at the service. Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken, when needed, to ensure people's safety was maintained.
- A range of regularly serviced and checked equipment was in place to enable people to be cared for safely. There were also processes in place which ensured regular safety checks of the environment and fire safety were carried out.

Assessing risk, safety monitoring and management:

- When we spoke with staff and observed them communicating with people it was clear that they knew the specific risks relevant to each person's support needs.
- The registered manager and care staff told us they felt confident in supporting people safely. Risk assessments were in place to which staff said they followed to support this process.
- Specific risk assessments had been included where needed. For example, we saw how one person's record included a risk assessment for the use of Oxygen in their room and that this included best practice guidance for the use of oxygen for staff reference.
- The risk assessments included information about how people needed to be supported to move around safely and when they needed support to bathe or receive direct personal care. One person's care record included a specific risk assessment for the use of bed rails and how this would help the person to be safe when they were cared for in bed. We saw the equipment staff needed to use was in good supply and available for staff to easily access.

Staffing and recruitment:

- The registered provider had an ongoing programme of recruitment in place which helped maintain staffing at the right level needed. The process included safe staff recruitment checks. These checks were carried out before employment to make sure staff had the right character and experience for the role. They included the registered provider contacting the Disclosure and Barring Service (DBS). The information provided by the DBS is used to assist employers to make safer recruitment decisions. This meant that the necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them.

- Staffing rotas were set out in advance and staff we spoke with told us they were clear about when they were scheduled to work. People told us they felt there were enough staff to support them. One person told us, "There are enough staff to make you feel safe, including at night."
- The registered manager showed us that staffing levels were maintained using a dependency calculation tool and process which they reviewed regularly and staffing adjusted as needed. This meant staff were being deployed consistently and that any change in need for people would be met.

Using medicines safely:

- At our last inspection we found improvements were needed as medicine administration sheets (MARS) had not been fully and consistently completed. At this inspection we saw that the necessary improvements had been made regarding the way medicine stocks were managed and the systems in place to record when people needed to take their medicines had been strengthened. For example, we saw how all newly delivered medicines were entered into a medication folder which was checked by two staff members and documented prior to being given. Any medication that was no longer required or was changed was also documented by two staff who signed to confirm that the medicine had been removed. This was to also ensure it was added to the medicine returns process being used.
- The medicine administration records we looked for three people were up to date with no gaps. In addition, PRN protocols were in place which were used to indicate whether or not people could request and consent to having their medicines.
- The assistant manager showed us how they checked medicine records using a process of weekly audits to make sure they were being completed consistently.
- Medicines were stored securely and only administered by staff that were trained to do so. The assistant manager and registered manager also showed us external audits were carried out periodically by a visiting pharmacist. The registered manager showed us they had followed up on all recommendations made following the last pharmacy audit undertaken in November 2018.

Preventing and controlling infection:

- People were protected against the spread of infection. We saw the home was clean and well-maintained and that systems were in place to enable staff, visitors and people to minimise the risk of cross infection. For example, hand gel dispensers were fitted to walls in communal areas and toilets and were easy to access. Cleaning schedules were in place for all communal areas and people's rooms. These were checked by the management team to ensure a programme of regular cleaning took place.
- We observed, and staff described, how they worked to prevent the spread of infection, by having access to, and using, personal protective clothing such as gloves and aprons when required.
- The registered manager confirmed they had an infection control lead within the staff team. They told us how they attended information and good practice meetings with the local authority infection control leads and other providers and that this helped to keep staff updated with any developments and good practice examples related to the management of infection control.

Learning lessons when things go wrong:

- The registered provider had a system in place which ensured any incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management team used this process, to identify any trends and put actions in to place when required. The registered manager described how they used their learning from one incident to strengthen the security arrangements for going into and leaving the home and that this had improved the safety of the building for all of the people who lived there.

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's physical, mental health and social needs were assessed in advance of them moving into the service and their care and support was planned through the creation of a care plan. Care plan records we looked at showed the assessments had involved people and where appropriate their relatives so care could be delivered in the way people preferred and that staff could meet all of their identified needs.
- People's cultural and social needs were identified so staff could be aware and meet these. In addition to their physical needs the registered managers told us how they took account of people's wider diverse needs to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). Care assessments contained a document called 'This is me' which gave an overview of a person's background and culture so staff understood any key personal information and how these might be best met. The information was clear and care staff we spoke with told us that that understanding this information was as important as knowing what physical help people needed. We saw how two couples had been supported to maintain their relationship with each other in the way they did before they moved into the service. One couple had their own private facilities and another couple had individual room space but shared some communal facilities which worked well for them.

Staff support: induction, training, skills and experience:

- The registered manager and staff told us the induction they had when they started to work at the service, coupled with the on-going training they had received, equipped them for their roles. In addition, new staff were supported to complete the Care Certificate. This sets out common induction standards for social care staff.
- The registered manager and deputy manager showed us they had a training plan in place which they kept updated so that this could be checked to confirm when training was due and when it had been completed by staff.
- Staff told us how their training was kept updated and that training outcomes were checked through a structured process of supervision and appraisal. One staff member told us how they were asked questions in their supervisions that were linked to the training they had received. They said this helped them to demonstrate their understanding and learning.

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

- People were supported to maintain a healthy diet. The people we spoke with said they enjoyed the food provided. Commenting on this one person described their meals as, "Like a meal you would expect at

home."

- The kitchen assistant showed us that a range of fresh food was purchased and prepared to provide a variety of choices for people's meals. Food stocks and variety were in good supply and were organised carefully so that kitchen staff knew when to re-order new supplies. Kitchen records linked to the care record information by clearly documenting people's food choices including any specific dietary needs they had. This also included important information about any allergies for people.

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

- We observed staff supported people in a timely manner with their healthcare needs. People told us since moving to the service they had maintained links with their own community health facilities and services. Care plans documented what healthcare requirements people had, and logged any visits and appointments people had undertaken to various community health professionals including local doctors. Two visiting healthcare professionals described how the care staff and registered manager shared relevant information with them in a way which enabled them to work closely together to complement their different roles. They also told us the staff worked well with them and that communications were consistent.

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

- The service was homely, and personalised to meet people's preferences. Each person had their own room. Those we looked at had been set out in the way each individual had wanted and in ways which took account of any specific support needs they had. People had the choice to have their own room keys if they wanted them. There was also the choice for people to have their own telephone and people had access to the use of electronic communications through the use of the internet which was fully available.
- The registered manager told us they employed maintenance staff member who carried out any routine maintenance as and when required. We saw the service was well maintained and that an on-going programme of refurbishment work had been undertaken to improve the facilities available to people.
- All of the communal areas of the service were accessible and we noted a stair lift and a serviced shaft lift were available for people to access the other two levels of the service. Throughout our inspection visit we saw people moved freely around the home as they chose.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 make decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

- During our inspection we observed how people were supported to make decisions about their day to day wishes and preferences. We observed people decided how and where they spent their time, what they wanted to eat and drink and who they spent their time with. Care plan records we looked at had been signed by people to show they had agreed with them and included any additional information about people's circle of support and those who they wanted to be included in any discussions and reviews about their care.

- People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered managers had appropriately notified the

CQC when DoLS applications had been submitted and granted. At the time of this inspection one person was subject to a DoLS authorisation. We saw the registered manager and staff were working within the principles of the MCA and were continuing to meet the conditions set out in the authorisation.

- Staff we spoke with told us and the registered managers training record showed that they had completed or where scheduled to undertake training related to MCA and DoLS awareness. Through our discussions with them and our observations, care staff demonstrated their understanding of these subjects through the approaches they described and undertook when supporting and communicating with people. We also saw how the registered provider had placed an emphasis on ensuring that staff were always aware of the need to ensure people were supported to make their own decisions by issuing staff with a card showing the five key MCA principles. Staff said they carried these with them for reference and found them useful.

Is the service caring?

Our findings

Caring – this means 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 we spoke with told us the staff were caring. One person told us they liked living at the service saying, "I have been in several homes before and this is the best. I don't think it could get any better." When describing their views about the staff and the service a relative we spoke with commented that, "It is as near to home as you can get."
- We observed staff communicated with people using a calm and measured approach. Conversations were happy and interactive with staff explaining any care tasks they were due to carry out before they carried out for the person.
- People's individual and diverse needs were taken into account by the registered provider. For example, we saw that people who were in relationships were supported in creative ways, using the facilities available to help those people to fully maintain them and to be together.
- The registered provider was clear that their service had been set up and was based on a Christian ethos and they were clear with people about this as part of the assessment process. People who chose to move to the service were offered the opportunity to take part in a programme of religious services held. People who took part in them told us how much they enjoyed them and that they were regarded as social events. People were also supported in any decision they made not to take part and to follow any other religion, or none, if they chose to.

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

- The registered manager told us, and we saw, that wherever possible care records had been signed by people to show they consented to the arrangements in place for their care.
- People told us they were always asked for their permission before staff undertook any task with them. Two people told us how they made their own decisions about the time they went to bed and when they wanted to get up and that they felt in control of their lives.
- During our inspection we observed that staff noticed when people needed assistance and offered help without putting any pressure on the person, thus allowing them to make the choice to receive support. When one person decided they wanted to mobilise without help. The staff member they were speaking with gave gentle encouragement and this helped motivate the person to do what they had chosen to do and in their own time.
- Although they said they had not needed to help people to access them, the registered manager showed us they and care staff had the contact details and knowledge needed to help people to access lay advocacy services if they needed this type of support. Contact information was also available for people and visitors in

the reception area of the service and in the service user guide. Lay advocacy services are independent of the home and the local authority and can support people in their decision making and help to communicate their decisions and wishes.

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

- Throughout our inspection visit we observed staff paid attention to supporting people to maintain their privacy and dignity. Staff took the time to check if people wanted them to enter their room by knocking on their doors and waiting for a response before going in. When it was needed, staff spoke with people confidentially to make sure the information relating to any personal needs was shared with them in private.
- The registered manager and staff told us they understood the importance ensuring peoples care and private record information was kept confidential. The systems the registered manager had in place helped to maintain confidentiality. For example, we saw people's care records were stored in the medicines room and that the door to the room was kept shut when not in use. Computers were password protected and staff told us they always made sure that any information shared, for example with healthcare professionals, was on a need to know basis. Staff were clear about the need to ensure information about their work and the people they supported was never discussed in their personal electronic communications or when they used social media platforms. A staff member told us, "We are very clear about never speaking about work related issues in any other place than the work place. It is something we all stick to."

Is the service responsive?

Our findings

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

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

- Each person had a set of care and support plan records which were personalised to reflect their individual needs. The information was kept under regular review and updated to reflect any changes needed.
- People told us they had access to a wide range of activities to suit their own and collective needs and that they were aware the activities supported their health and well-being. An activities co-ordinator was employed to support people with the arrangements for activities. One person told us, "There are activities happening every day. Bigger events as well. I will give you an example. A concert was held last week in the dining room." A relative we spoke with told us, "There is plenty going on for the residents." People also told us they took part in gentle exercise sessions and they enjoyed this activity.
- There was also a well laid out and easy to access garden area and summer house which people told us they accessed when the weather permitted.
- The registered manager and activity co-ordinator told us that people were regularly consulted on the activity programme and feedback was used to plan activities. Meetings were held with people which were used to talk about any activity requests, including trips out to the local community. One person told us about the meetings saying they had made, "A lot of suggestions at resident's meetings and I am happy they are always considered." We saw the record for the last meeting held which included arrangements for a trip to a garden centre, an outing to a tea house café and arrangements for a regular monthly meal outing. A reminisce group was also planned and the information showed local entertainers visited the service.
- Daily newspapers were also available to enable people to keep updated with current events in the news.
- When people had chosen not to take part in some activities the activity co-ordinator told us they used some of their time to visit people in their rooms or communal areas to talk with them about their day and how they were feeling.
- People told us significant life events, including their birthdays were always celebrated. The kitchen assistant showed us how she had followed people's requests for personalised celebration cakes to be made for birthdays and other events and they had a range of examples of the cakes recently made to show us.

Improving care quality in response to complaints or concerns:

- People told us they knew how to raise any concerns they had and that the registered manager was readily available to talk with. A relative told us, "I am confident that any concerns or complaints would be dealt with by the manager." The registered manager told us they had not received any formal complaints but that any concerns or issues raised with them were recorded and followed up to ensure they were fully responded to.
- The registered manager was supported by the registered providers complaints policy and procedure, which they told us they followed if they received any concerns or complaints. We saw a copy of the information was available in the reception area of the service so it was easily available to people and visitors to access.
- People who lived at the service had varying levels of ability to verbally communicate and to understand written documents. The registered manager had ensured that people had access to information that

enabled them to understand how their support was being provided and the services available to them. This included a service user guide and the services statement of purpose which the registered manager told us, together with all of the documentation related to the service, including care records, could if needed be produced in different formats such as large print or braille. This meant that people's needs around accessing information had been considered in line with the Accessible Information Standard (AIS) which the registered manager told us they were aware of. The standard sets out a specific approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers.

End of life care and support:

- Where the information had been given, care records we looked at clearly showed that people had been asked about any wishes they would want to be carried out at the end of their lives.
- At the time of this inspection the registered manager confirmed they did not provide specific care packages for people who were at the end of their life. However, they and staff were clear about their approaches to this type of care should it be 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; and how the provider understands and acts on duty of candour responsibility:

- The registered provider employed a registered manager to run the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.
- Systems were in place which ensured compliance with the registered provider's responsibilities in relation to duty of candour. Duty of candour is a set of specific legal requirements that service providers must follow when things go wrong with care and treatment. The registered manager described how they had followed up pro-actively on the improvements they had needed to make in relation to how people were supported with their medicines. This had been identified at our last inspection as detailed in the safe section of this report. The improvements the registered provider needed to make had been made.
- The registered manager showed us they had an organised management structure that was supported by a deputy manager and a senior staff team. This ensured the approach to leadership was consistent and a manager was always available for people and visitors to access.
- Staff we spoke with told us the registered manager promoted an approach to care that was centred around the people who lived at the service. Staff also said that they enjoyed working at the service and the morale was good. We observed interactions and communication between the staff and the registered manager were open and conversations were two-way. Staff told us if they needed any additional support the registered manager always responded positively. One staff member told us, "I am very happy with the manager. They will try and sort things out."
- Staff how to use the registered provider's whistle-blowing processes in order to raise any issues direct with the registered persons. They told us they were confident any concerns raised using the process would be responded to. They also knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon. We saw information was readily available in the service for staff to refer to if needed.

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

- Staff we spoke with were clear about and understood their roles and responsibilities well.
- The registered provider used a quality assurance and audit system to regularly visit and check that the service met regulatory requirements. The registered manager told us how they were well supported by the

registered provider who visited them regularly to oversee and assist in checking the audit systems and processes in place.

- We saw that all aspects of the service were checked regularly, including health and safety, staffing, and medication.
- The registered manager understood their responsibilities in ensuring they sent us the information they were required to. This included notifications of changes or incidents that affected people who used the service.
- We noted our latest CQC inspection report and rating was on display and available for people to read in the home. In addition, the inspection report and rating was displayed on the registered provider's website. The display of the rating is a legal requirement, to inform people who use the service and those seeking information about the service of our judgments.
- The registered provider had a clear vision and set of values which outlined the principles of high quality and person-centred care. The information was available in the registered providers statement of purpose. A service user guide was also available for people to access.
- People and staff consistently told us that the registered manager led the service in ways which ensured that the standards of care were maintained and that the staff were competent and confident in their roles.

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

- People told us they felt the service was well-led. One person commented, "The manager is very good" A relative added, "We have three other homes to compare this one with. We are very happy with the care."
- The registered manager told us how they engaged with and sought feedback on a day to day basis from people, visiting relatives and staff. They showed us they had an open-door policy. Their office was based near the entrance of the service and all of the people, relatives and staff we spoke with told us they felt they could speak with the registered manager or a member of the management team at any time.
- Feedback was also sought from people who lived at the service through an annual survey process. This feedback was analysed by the registered provider and kept under review in order to make any improvements they identified as needed.
- The registered provider had also invited people and members of the public to submit any comments they had about the service through a national website related to care homes. The registered manager said they kept all of the feedback they received under review and that they would keep developing their services in line with peoples wishes.

Continuous learning and improving care:

- Regular staff team meetings were held to enable consistent communication with all of the staff team. Staff we spoke with told us they were kept updated through the staff meetings, staff handover meetings and the day to day contact they had with the registered manager and deputy manager. During the inspection we joined a staff handover meeting which involved all of the staff team and the registered manager and senior staff where they exchanged information between the team finishing work and the staff who were about to start. The meeting was used to share information staff needed to be aware of in relation to people's needs and any changes. Staff said the information was clear and that it helped fully prepare them for their work.
- In addition to the meetings the registered manager told us they and the deputy manager used information from audits and checks on quality, complaints, feedback, care plan reviews and accidents and incidents to inform changes and improvements to the quality of care people received.
- The registered manager told us how they had continued to develop their own learning through attending national conferences and attending local support forums for care homes which they said was useful in keeping them updated with service and care practice developments.
- We also saw that the registered manager had arranged for a training session on oral health care for staff for

the day after our inspection visit.

Working in partnership with others:

- The service worked in partnership with outside agencies. In addition to receiving positive feedback from two visiting healthcare professionals, local authority commissioners confirmed the registered provider had worked consistently in partnership with them to drive any improvements when required and that the registered provider had been pro-active in communicating with them.