

Bcs Medical (Shackleton) Ltd

Shackleton Medical Centre

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Shackleton Medical Centre is a care home that can provide accommodation and nursing care for up to 26 people with general nursing needs and end of life care. At the time of the inspection there were 11 people living at the care home.

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

The provider had developed plans about how individual risks would be managed but these did not always provide staff with adequate information as to how to reduce any risks. We saw some improvements had been made but further work was still required.

Staff did not always complete training identified as mandatory by the provider. Nurses had not always completed training to meet the specific needs of people using the service.

Care plans did not always provide accurate and up to date information relating to a person's care needs.

The provider had a range of quality assurance processes in place but the checks in relation to care plans and training records did not provide robust information to identify areas requiring improvement.

Improvements had been made to the recording and investigation of incidents and accidents with any actions taken being recorded.

There was now a robust recruitment process in place to help ensure suitably skilled staff were employed to meet people's care needs.

There had been improvements in the management and administration of people's medicines.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff supported people in a kind and caring manner, with positive and respectful interactions between staff and people using the service and relatives.

People knew how to raise complaints or concerns and the registered manager responded to them appropriately.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Inadequate (published 25 June 2019) and there were multiple repeated breaches of regulation. This service has been in Special Measures since June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

The inspection was scheduled in line with the enforcement process as the location was in special measures following the last inspection which requires us to carry out an inspection within six months of the publication of the last inspection report.

Enforcement

We have identified breaches in relation to person centred care, safe care and treatment, staffing and good governance at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Shackleton Medical Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a member of the medicines team.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we looked at all the information we held on the provider. This included notifications from the provider. Notifications are for certain changes, events and incidents affecting the service or the people who use it, that providers are required to notify us about.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with eight staff members including the registered manager, clinical lead, a nurse, care workers, activities coordinator and the chef.

We reviewed a range of records. This included the care plans for four people and multiple medication records. We looked at the recruitment records for three staff who started working at the home since the previous inspection and the supervision records for another three staff. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training records for all staff following the inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health, safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- The provider had risk assessments and information in place for the majority of risks but some relating to specific health risks did not provide enough information for staff.
- The records for one person indicated they were living with the early stages of a degenerative disease and the staff were advised to monitor for any deterioration or signs of the disease progressing. There was no guidance for staff in place to indicate what signs they should be looking out for. The training records indicated that not all staff had completed training in relation to this medical condition, therefore, their understanding of how this condition should be supported was not current.
- The care plan for one person indicated they were living with a seizure disorder and stated that staff should look for seizures and record them. There was general guidance on seizures as part of the care plan, but it did not identify the specific type of seizure the person experienced. Therefore, staff were not provided with guidance as to what they should be looking for. The training records for nurses and care workers showed the majority of staff had not completed the training in relation to seizure which meant they did not have up to date information on how to support the condition.
- We saw a risk management plan had been developed in relation to the risk of falling while intoxicated but we saw it stated if an emergency occurred anyone intoxicated would need to be reassessed before evacuation. This action may not be possible if there was an emergency evacuation.
- The lack of risk management plans and guidance for staff meant new staff members may not have the information required to ensure safe and appropriate care was provided.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to the management of risk.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were always administered safely and as

prescribed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to the administration of medicines.

- Staff kept written records when they administered medicines. Staff were trained and deemed competent before they administered medicines, and regular checks ensured people received their medicines safely.
- Staff supported people with dignity and knew how people preferred to take their medicines.
- Where people were prescribed 'as and when required' medicines there were protocols to assist staff to understand when to administer such medicines and how to assess whether they were effective.
- All medicines were available to be administered and there had been no out of stock items since the start of the current cycle.
- There was a system of reporting and recording medicines errors and action was taken to resolve individual errors.

Learning lessons when things go wrong

At our last inspection the provider had failed to ensure actions identified following incidents and accidents being reported were not recorded. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 in relation to recording actions following incidents and accidents.

- During the inspection we saw detailed information was recorded in relation to any incidents and accidents with any actions taken to reduce the risk of possible reoccurrence. All incident and accident records had been reviewed by the registered manager.

Staffing and recruitment

At our last inspection the provider had failed to follow their recruitment processes to help ensure new staff had the required skills and knowledge for the role. This was a breach of regulation 19 (Fit and proper person employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- During the inspection we reviewed the recruitment records for three staff that had been employed since the last inspection. We saw the provider had followed their recruitment process as there were two references, a criminal record check and details of their employment history for each of the new staff.
- New staff members completed an induction and they had shadowed an experienced staff member before they started to work.
- The provider had completed checks to ensure new staff members were suitable to work with people living at the home.
- There were appropriate levels of staff on duty at the home. During the day there were three care workers and one nurse on duty and overnight there was one nurse and two care workers. The registered manager explained they had maintained the staffing levels which were in place at the time of the last inspection even though the number of people living at the home had reduced. They told us they wanted to keep this level of staff to support the ongoing improvements and ensure people received appropriate care.

Preventing and controlling infection

- We saw there were processes in place in relation to infection control and maintaining a clean environment. During the inspection we saw the communal areas and people's bedrooms were clean and free from malodour.
- We did note that staff had not always completed infection control training annually as directed by the provider. The registered manager confirmed they were planning further training in the next few months.

Systems and processes to safeguard people from the risk of abuse

- During the inspection we looked at the records for two safeguarding concerns which had been raised since the last inspection. We saw the records included information on any investigations, minutes from meetings with the local authority and any actions taken to reduce possible risks of reoccurrence.
- People we spoke with told us they felt safe living at the home. One person said, "Yes, it is a safe place. [They know] whoever comes from outside [into the home], they have cameras and they see them."
- The registered manager explained they had introduced security cameras and an entry system to help ensure staff were aware of who had access to the building.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At our last inspection the provider had training in place, but this did not always provide staff with the support and up to date knowledge they required to provide suitable care. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 18.

- We reviewed the records for mandatory training for five nurses, two senior care workers, 10 care workers and four support staff. These records indicated that the health and safety course had not been completed by three nurses and five care workers, with two additional nurses overdue with the refresher course. The records for safeguarding training showed three nurses, 10 care workers and the four support staff had not completed this training.
- The training records indicated three nurses had not completed tracheostomy training with two nurses overdue with their refresher course. We also saw two nurses had not completed PEG training with one nurse's refresher training overdue. A PEG (Percutaneous Endoscopic Gastrostomy) is a way of introducing food, fluids and medicines directly into the stomach through a thin tube that has been passed surgically through the skin and into the stomach.
- There was a person using the service who required these specific aspects of care. During the previous inspection we saw the records indicated the nurses had either not completed or were not up to date with this training. This meant the provider had not ensured the nurses had received appropriate training to meet the needs and to provide safe care to people using the service. The home was regularly visited by the tracheostomy specialist nurse who monitored the care being provided and supported the nurses.

This meant staff had still not completed the training identified as mandatory by the provider to ensure they had the required skills and knowledge to provide care in an appropriate manner. This placed people at risk of harm. This was a continued breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager explained the care workers had completed a self-assessment for the Care Certificate to identify their levels of knowledge and understanding before they started the full Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an

introduction to their roles and responsibilities.

- We saw the registered manager had increased the number of supervision meetings and appraisals completed with staff since the previous inspection.

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

- There had been no new admissions to the home since the previous inspection in April 2019, so we were unable to check on recent assessments of people's needs. We saw assessments of people's care needs had been completed for people who had moved into the home prior to the inspection in April 2018.

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

- People we spoke with told us the food they were offered was good and one person said they could get snacks during the day if they wished. Their comments included, "The food is Asian and English fish and chips. There was also dahl, rice and lentil curry" and "The food is good morning, afternoon and evening."
- The home now had a kitchen on site which produced fresh meals and snacks as food had previously been made at another care home and transported to this home. One person commented, "The chef came to work here. She is pleasant, active and works well. She comes most days and asks what we like."
- We saw there was information in the kitchen relating to people's specific dietary needs, any food allergies or cultural requirements in relation to their diet.

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

- We saw improvements had been made to the environment around the home. The lounge area on the ground floor had been converted into an area where people could watch television, a dining room and an activities area. During the inspection we saw people were supported by care workers to make use of all sections of the lounge.
- The armchairs in the lounge provided people with a support to help them stand with minimal assistance from care workers.
- A new security system had been put in place to help ensure staff were aware of who was accessing the home and the garden area. People told us they felt more secure in the home with the new security system.

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

- One person told us they needed a new chair, so the registered manager was supporting them to identify a suitable chair which was reasonably priced.
- People were supported to maintain their health. The GP visited the home regularly to review people's health needs. The registered manager told us they worked closely with dietitians, palliative care team, district nurses, equipment providers as well as specialist nurses for tracheostomy care and PEG.
- People were supported to maintain their oral health and the care plans identified if the person required support from care workers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We saw mental capacity assessments had been completed in relation to specific aspects of the person's care to check if they could consent to this care. These included the use of bed rails, personal care and administration of medicines. There were also best interests' decisions recorded if the person was not able to consent to indicate how staff should support the person.
- The registered manager confirmed applications had been made for DoLS to the authorising authority and the progress of these applications was monitored.
- Where an application to the authorising authority had not been processed for a period of time the registered manager told us they submitted a new DoLS application to ensure the information accurately reflected the person's mental capacity.

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. (ensure there is a full stop at the end of the sentence)

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Care workers provided support in a kind, caring manner, respected their privacy and dignity as well as supporting their independence. Care workers also demonstrated they had a good understanding of how people wanted their care provided. We saw positive interactions between staff and people living at the home.
- Relatives we spoke with also told us they felt the staff supported their family member in a caring way and always made them feel welcome when they visited. During the inspection people told us they felt the care workers provided support in a kind and caring way. Their comments included, "Staff are good. They help me, and they care about me" and "[There are] always two care workers and they are respectful."
- Nevertheless, we identified the service was still not always acting in a caring manner as there were a number of repeated shortfalls in the way the service was provided. Therefore, the provider could not always ensure people received a good service and all the support required to meet their needs in a safe way. We saw that people were at risk of poor care as the care plans and risk assessments did not provide up to date guidance for staff on people's care needs.
- People's religious and cultural needs were identified in each person's care plan. The registered manager explained they had created a multifaith room which could be used by people living at the home, visitors and members of the local faith communities who visited people. During the inspection we saw the room had items, such as symbols and texts, relating to a range of religions and was used by both people and visitors.
- Staff confirmed there were celebrations for various religious and cultural events during the year. One staff member told us, "We have Diwali functions. One person didn't want to celebrate Halloween because they had a different culture." One person told us the staff helped them visit the Gurdwara.

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

- We saw that people did not always sign their care plans to indicate they had agreed to the planned care. We asked people if they were involved in developing their care plan and most people we spoke with could not confirm they had been involved. One person told us, "They keep mentioning there is a care plan."
- We saw care plans identified if the person was able to consent to aspects of their care and could be involved in making decisions about their care.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure the information provided in care plans accurately reflected people's care needs. This was a breach of regulation 9 (Person Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- Care plans did not always provide up to date information. We saw the care records for one person included correspondence from a dietician and the gastroenterology department which indicated the person was required to be on a high calorie diet and nutritional supplements. This information had not been included in the person's care plan in relation to their nutritional needs and we could not see if the person was receiving the high calorie diet as directed. This meant staff had not been provided with up to date information regarding this person's needs.
- There was conflicting information about one person's end of life wishes. The end of life care plan provided contradictory information by indicating that the person wanted to stay at the home to receive treatment if their health deteriorated and be resuscitated. We saw the care plan also stated they wanted to be transferred to hospital if any deterioration occurred and not to be resuscitated. This meant the person's wishes were not clearly recorded for staff.
- The care plan for another person indicated they were unable to communicate verbally but could hear. We saw the records of the care provided for this person which stated the person was able to respond verbally with yes or no answers.
- The records of the care provided during each shift which were completed by the staff were focused on the care tasks and not the experience of the person receiving that care.

We found no evidence that people had been harmed however, the care plans did not always provide staff with up to date information regarding people's care needs. This placed people at risk of harm. This was a continued breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

At our last inspection the provider had failed to ensure activities were provided to reduce the risk of people becoming socially isolated. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9 in relation to activities.

- People told us they took part in a range of activities which were now being organised at the home. One person told us they played board games and dominoes as well as enjoying dancing in the lounge on the ground floor.
- The registered manager told us an activities coordinator had been appointed. They had previously been a care worker, so they could provide people with additional support during activities.
- The activity coordinator confirmed they were undertaking formal training and had done research about how to provide suitable activities.
- They were able to demonstrate a good understanding of what was of interest to each person. They also explained how they spent time with people for one to one activities in their rooms as well as supporting people to access the lounge on the ground floor to take part in activities.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw people's care plans identified their communication needs including their preferred language and any hearing or other impairments which would impact their ability to communicate.
- The signage in the multifaith room included information in different languages and we saw signs around the home were being altered to include other languages.
- The registered manager explained care plans and other documentation could be provided in different languages if required.

End of life care and support

- We did identify that one person's end of life care wishes were not clear, but we saw the information recorded in other people's care plans indicated their preferences for end of life care.
- We also saw it was recorded in the care plan if the person had declined to discuss their wishes at that time. The care plans identified if the person had indicated they wanted to be resuscitated.
- During the inspection we observed the registered manager arrange for a representative of a person's faith community visit them in line with their identified wishes.

Improving care quality in response to complaints or concerns

- The provider had a procedure for investigating and responding to complaints. During this inspection we reviewed complaints that had been received and we found these were appropriately investigated and responded to. This included information on any lessons learned, what actions were taken and if the care plan had been updated.
- People we spoke with confirmed they knew how to raise any concerns or complaints. One person said, "I always complain, and something is done about it." A relative commented, "If I had a complaint I would approach the registered manager and I know how to escalate things."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider was not using their quality assurance processes effectively to monitor, assess and improve the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- The registered manager had introduced a number of new quality assurance checks but those in relation to the care plans and training records did not identify areas where action was required. The registered manager explained regular audits to check the accuracy of information in the care plans had not been introduced as they were reviewing the format of the documents.
- During the inspection we requested a copy of the current training records for all staff. The registered manager confirmed the records were not up to date and provided the accurate information following the inspection. This meant the provider did not have accurate information identifying which staff were required to complete mandatory training.

The provider had not ensured the quality assurance processes in relation to care plans and training were robust enough to provide information on where improvements were required. This was a continued breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A range of audits had been developed by the registered manager which included security, infection control, maintenance of communal areas and fire safety. These were completed monthly and included information on any actions that were identified and when these would be completed.

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

- Since the last inspection the provider had appointed a registered manager who had previously worked at another home that had been owned by the provider. A clinical lead had also been appointed for the home who was a registered nurse.

- We saw the senior management of the home had clear responsibilities in relation to the ongoing improvement in the environment of the home and how care was provided.
- There was a list of the key responsibilities for nurses and the tasks which they were required to complete during each shift displayed in the nurses' room.
- The registered manager told us, "We understand and realise that we are improving, and we understand that there is a way to go. We have laid the foundation on which we are building and focusing on sustaining and making improvements."

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

- People we spoke with were positive about the improvements in the service since the previous inspection. Their comments included, "I am impressed in the improvements that have happened since [another home owned by the provider] closed. A lot of good staff came here", "The nurses and care assistants are doing a good job" and "The registered manager is improving things. [They] get things done but it takes time."
- A relative commented, "Since the registered manager has taken over he has his finger on the pulse of the home. The warmth and the kindness from staff are their main strengths and as a relative that would be my main concern. They meet people's physical needs in terms of cleanliness and comfort. They do that really well."
- Staff we spoke with were also positive about the changes to the service since the previous inspection. Their comments included, "I am happy with the manager. [They are] nice. Any problems [they are] handling them. I think it is better with paperwork and friendly staff" and "It is a safe place and I am relaxed here. The staff are doing their best and we always give people what they want."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had a range of policies and procedures in place which were regularly reviewed and updated when required.
- A relative told us they had regular contact with the staff who provided updates about their family member's care.
- We saw the registered manager responded to complaints and safeguarding concerns and responded to people appropriately.

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

- People using the service were regularly asked for their feedback on the way care was provided. There were also meetings with people using the service to discuss possible activities.
- During the inspection we saw there were regular team meetings and monthly clinical meetings. There were minutes taken for these meetings which staff could access. One staff member commented, "If there is a team meeting I go. They help you and explain to you and say try to do things like this. They are supporting you."

Working in partnership with others

- The provider was continuing to work closely with the local authority and the Clinical Commissioning Group to improve the care provision.
- The registered manager told us they had been working with Skills for Care to identify good practice. They also attended the local provider's network meetings.