

Aims Care Limited

Leighton House Private Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Leighton House Private Nursing Home is a care home which provides personal and nursing care for up to 27 people. At the time of the inspection they were supporting 24 people. The care home accommodates people over three floors in one adapted building with a lift.

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

The provider did not always follow suitable recruitment procedures to ensure people's needs were met safely. We have made a recommendation.

People were supported by kind and caring staff who treated people as individuals and with dignity and respect. Staff spoke knowledgeably about the systems in place to safeguard people from abuse. People were supported by staff who were inducted, trained and supervised.

People told us they felt safe and systems were in place to safeguard people. Risks to them were identified and managed. Where required people were safely supported with their medicines. Infection control measures were in place to prevent cross infection. The support required by people with health and nutritional needs was identified and provided.

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.

People's privacy and independence were promoted. Systems were in place to deal with concerns and complaints. This enabled people to raise concerns about their care if they needed to.

People had person centred support plans in place. People and their relatives were actively involved in their care and contributed to the development of care plans and reviews. People had staff support to access activities in the home and the community. People's communication needs were identified, and their end of life wishes were explored and recorded.

People, relatives and staff told us the registered manager was approachable and supportive. Staff told us they felt well supported by the service. Whilst the provider had established quality assurance systems, they had failed to identify recruitment procedures had not been followed appropriately. The service worked well with other organisations to improve people's experiences.

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

Rating at last inspection

The last rating for this service was Good (Published 12 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

The details are in our responsive findings below.

Good ●

Is the service responsive?

The service was responsive.

The details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

The details are in our responsive findings below.

Requires Improvement ●

Leighton House Private Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 team consisted of one inspector, one assistant inspector, and a specialist advisor with a background in nursing.

Service and service type

Leighton House Private Nursing Home 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

The inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, the deputy manager, the operations manager, one nurse, two care workers, the chef and the activities coordinator. We also spoke with one health and social care professional visiting the service on the day of the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and five medicine records. We looked at four staff files in relation to recruitment and at the staff supervision records. A variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The provider sent us various documents we requested during 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 good. At this inspection this key question has deteriorated 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.

Staffing and recruitment

- The provider did not always follow safe recruitment practices.
- Staff recruitment records showed relevant checks had been completed before staff worked unsupervised at the service. We saw completed application forms, proof of identity, references and Disclosure and Barring Service (DBS) checks. The DBS is a national agency that holds information about criminal records.
- However, the provider had not fully explored the risks for employing one person by not completing a DBS check when they were first employed with the service. The operations manager told us this had been found during a recruitment audit and records showed the DBS check was completed at a later date. This meant the person was employed for a period of time without the provider being assured this person was of good character.
- We also found another person had been employed without proof of identity checks. We spoke to the operations manager on the day of the inspection who was unable to verify if identity checks had been completed for this person. After the inspection the registered manager sent us documentation that the service had now checked the person's proof of identity.

We recommend the service seek advice and guidance from a reputable source about employing fit and proper persons.

- Through our discussions with senior management, staff, people and their relatives, we found there were enough staff to meet the needs of people who used the service.
- Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly. One person said, "If you need [staff] they come quickly." One relative told us, "There was so many staff coming in and out of the room when [relative] had to spend time in bed. There is always [staff] around." Another relative commented, "There is consistency [with staff]. [Staff] know [relative] and us."
- One staff member told us, "We do have enough staff. We normally get replacement from an agency." Another staff member said, "Yes we have enough staff. If we need any help, the manager or [additional staff] can help. Most of the time we are ok with staff."

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe. A relative said, "Very much [safe]" Another relative said, "I believe [relative] is safe."
- The registered manager was aware of their responsibilities to report safeguarding incidents to the local authority and the Commission.

- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "First of all I would report to the nurse in charge. I would go to the manager if nothing done and then go straight to [local authority] safeguarding team." Another staff member said, "I would report to the manager. We can whistle blow."
- Staff completed safeguarding training to provide them with knowledge of abuse and neglect.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed, managed and regularly reviewed. They were for areas such as moving and handling, falls, bed rails, wandering, behaviours that challenge, medicines, and personal evacuation.
- Staff we spoke with knew about people's individual risks in detail. One staff member said, "We have monthly review [of risk assessments]. If any changes, we can review more it often." Another staff member told us, "[Risk assessments] are reviewed monthly. We have a meeting where the nurse will ask about the person before they review the care plan [and risk assessments]."
- Records showed appropriate health and safety checks were carried out. Records showed checks were in date for fire, gas, water and electricity.
- However, records showed regular checks of pressure relieving mattresses were not always carried out. Pressure relieving mattresses offer adjustable levels of pressure relief to reduce the risk of pressure ulcers. Records showed the last check recorded was 4 February 2020. We spoke to the registered manager who told us pressure relieving mattresses were checked daily however these checks were not always recorded. This meant we were not assured checks had been carried out. The registered manager told us moving forward they would record these checks daily. After the inspection the registered manager sent us completed daily checks.

Using medicines safely

- The provider had systems in place to ensure safe management of medicines.
- The service had a medicines policy in place which covered the recording and administration of medicines.
- Staff were trained in medicines administration and their competency assessed before they supported people with medicines. Staff were able to demonstrate how they provided safe medicines support
- Medicine administration records showed they were appropriately completed without any gaps and errors. There were processes in place to identify issues and errors, and audits showed issues had been identified and acted on promptly.
- Policies and procedures were in place governing the management of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse).
- Controlled drugs were stored in a controlled drugs cupboard and the keys held securely. Clear records were maintained in the controlled drugs register.

Preventing and controlling infection

- The home environment was clean, and the home was free of malodour.
- Staff completed training in infection prevention and control. Records confirmed this.
- Staff had access to and used disposable protective items, such as gloves and aprons. Observations confirmed this. A staff member told us, "We use gloves, aprons and mask. Soiled pads go in the yellow bag."

Learning lessons when things go wrong

- Accidents and incidents records showed staff acted promptly and appropriately to support people safely when they had falls and during incidents.
- The records detailed when incidents had occurred, and the actions staff had taken to support people. The

management reviewed the incident records, and recorded the learning outcomes, and the actions they would take to prevent them from occurring again. Records confirmed this.

- The service completed an annual accidents and incidents analysis that enabled them to monitor incidents, identify trends, assess the severity of the incidents, and determine the actions they needed to take to support people appropriately to minimise reoccurrence.

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 Good. At this inspection this key question has remained the same. This meant 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, emotional and social needs, abilities and choices were assessed before they moved to the service. Records confirmed this. A staff member said, "I go out and do an assessment and sometimes with the manager. We get lots of information about [the person], their medication, their history, their likes and dislikes, and next of kin."
- Staff were heard giving people choices and respecting their wishes. One person said, "Yes, get a choice."
- Staff knew people's preferences, likes and dislikes. One staff member told us, "I introduce myself and have a chat with [people]. I look at the care plan."

Staff support: induction, training, skills and experience

- Staff were provided with regular training, and supervision to enable them to provide effective care. People and their relatives told us staff were good at their job. One relative told us, "In terms of care, [staff are] brilliant." Another relative said, "I am quite happy with [staff] and they do a good job."
- Staff told us they received regular support and supervision to enable them to undertake their role and records confirmed this. One staff member said, "We talk about personal care. How we deal with the [people who used the service]." Another staff member told us, "Talk about how we are improving and how we feel, what can we do to improve the place, and what training we need."
- New staff had received an induction into their job role. One staff member said, "The induction was good. Induction was two weeks. I was working with senior carers showing me what to do, telling me about the [people] and what their needs are." Records showed staff were working on completing the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Staff told us training was offered on a regular basis. Records confirmed this. A staff member said, "The training is good. Sometimes we do online and sometimes we do it in the conference room." Another staff member told us, "I get specific training as a nurse. They arrange training for nurses and carers. I am happy with the training."

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

- People were supported to eat and drink enough.
- People and their relatives told us they liked the food. One person told us, "[Food] very nice, always get a choice. I can sit where I like and have breakfast in bed." Another person told us, "[Staff] ask what you would like. I usually go to the dining room but can eat in [communal lounge] or my room."
- There were appropriate personalised risk assessments and care plans in place for nutrition and hydration. One care plan stated, "[Person] likes chicken, fish, tea with milk and no sugar, toast [with] marmalade."
- Records showed people at risk of choking were identified. Referrals to speech and language therapists

and dieticians were made when necessary.

- People had correctly modified textured diets where there were specific risks, such as choking. This included soft, pureed or fortified meals. The food for people who were at risk of choking was presented well and blended separately allowing people to experience and taste the different flavours.
- The chef told us that people could ask for alternatives to the food choices for that day. There was a rolling two-week food menu in place which included at least two hot meal options each day. People were asked their food choice during the morning however we saw people were still shown the two hot meal options during lunch if they wished to change their mind.
- People who required assistance with eating were not rushed and staff talked to them in a caring and encouraging way.

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

- People's health care needs were met.
- People's care records showed relevant health care professionals were involved with their care, when needed. One staff member said, "Most of the [people] with [local GP surgery]. We have [GP] visits Monday and Friday. [GP] will come in if we need them. We have [speech and language team], mental health nurse, [tissue viability nurse], pharmacist, podiatrist, [and] chiropodist [visit]."
- Health and social care professionals told us they were contacted by the service if people's health needs changed. During the inspection we observed a GP visiting the service. A health and social care professional said, "[The home] are on the ball with [people]. Especially if they are behaving different than normal. They are proactive in getting observations and urine tests done. They refer to other health professionals when needed."
- People's oral health care needs were met. Care records gave detailed guidance about oral care. Records showed people visited a dentist regularly.

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.

- There were systems in place to assess people's mental capacity to consent to care. People and their relatives told us staff asked their permission and gave them choices.
- Staff received training in MCA and DoLS. They understood consent, the principles of decision-making, mental capacity and deprivation of people's liberty. One staff member said, " We firstly do a mental capacity [assessment]. If [people] lack capacity, we refer to DoLS [team]." Another staff member told us, "You have to have consent and sometimes from the family. We take pictures, but we need consent."
- DoLS applications were requested for people who did not have the capacity to make a decision to live in

the home. This ensured that their rights were protected.

- Mental capacity assessments had been completed. Where people were unable to make a decision for themselves, decisions had been made in their best interests. Where appropriate, the decision-making process involved those who were important in the person's life.
- During the inspection, we heard staff seeking consent from people before providing support with day to day tasks.

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

- The home was accessible, adapted and designed to meet people's needs. The service was over three floors, with good sized bedrooms, a large communal lounge, a dining area, a stairlift and lift access to both floors.
- The communal large was adapted to meet the needs with people living with dementia. The entrance of the lounge had large pictures of different shop fronts such as bakeries and grocery stores. The communal lounge was spacious with a large artificial tree in the middle that promoted a peaceful atmosphere. Throughout the home were memory boxes and different textures for people to touch for stimulation.
- People had personalised bedrooms and the necessary equipment to support them to remain independent and safe, for example, specialist beds and baths, hoists, walking frames and wheelchairs. One relative said, "We were involved in making the room personal for [relative]."
- The garden was well maintained and secure and had pleasant seating areas for people to enjoy in good weather.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People were well supported and treated with kindness. One person said, "[Staff] very nice." A relative said, "[Staff] treat and welcome [relative] as part of the family. Take time to ask how she is and give her a hug. It feels genuine." Another relative told us, "[Staff] seem like they care, and they know about what my [relative] likes."
- A health and social care professional we spoke with during the inspection was complimentary about the service. They said, "Whenever I have come there is always staff talking and feeding people."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "I love [the people] to pieces. I am close to the [people] and the families. They get to know you and look to you like you are their family." Another staff member told us, "[People] have got to know me. They seem to like me."
- People's cultural, spiritual and religious wishes and needs were identified, recorded and respected. People were supported to attend religious services in the home.
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager said, "We ask about sexuality [during the pre-assessment]. We look into accommodating their wishes and it would be respected." One staff member told us, "We would support [LGBT] people. We identify their needs and support them according to that." Another staff member said, "[LGBT] people are welcome. We ask about sexuality on admission."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- People and families confirmed they were involved in care planning and review. Records confirmed people and their relatives were involved. One relative said, "I am involved in [relative's] care and they do consult me in devising her care plan."
- People and their relatives told us their privacy and dignity were respected.
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us,

"We also close the door when toileting [people]. When we are dressing [people] we will close the curtains and door. We will always knock when coming into their room. We respect them by how we talk to them. Some like to be called by their first name." Another staff member said, "When I go to [people's] room I knock. When I give personal care, I make sure the door is closed."

- Staff promoted and encouraged people's independence. A staff member told us, "We try to encourage [people] to brush their teeth and get dressed." Another staff member commented, "We have [people] who walk with a zimmer frame [and] we encourage them to walk. We encourage people to eat [independently]. With personal care [people] can wash their face."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People and relatives told us staff knew them well and met their personal needs.
- The care plans reflected people's care needs and were reviewed regularly.
- People's care plans contained information about their life history, hobbies and interests, likes, dislikes and wishes and staff had guidance on how each person liked to be cared for. For example, one care plan stated, "I prefer to have a bath once a week. I need lots of prompting. I don't like staff to rush me. I like staff to ask me if I would apply [my] makeup."

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.

- Staff knew how to communicate with people and care plans contained information about people's communication needs and any sensory support or adaptations they required.
- Information in the form of photographs, pictures and clear signage was displayed around the home. This helped people to understand where they were and enabled them to find their way around.
- Staff were seen communicating with people with patience and as per their preferred methods.
- People were supported with communication in a range of settings. We saw examples where communication had been used very effectively to help people. For example, people had access to electronic tablets. Staff told us the electronic tablets were used for people to watch and listen to video clips of music from people's original place of birth, play games and watch films. We observed a person choosing a film to watch on the electronic tablet.
- The home also had virtual assistant smart speakers throughout the home. People could ask the virtual assistant smart speaker to play their favourite songs, play voice activated games or ask general knowledge questions.

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

- People were supported to maintain relationships and to take part in the activities relevant to their culture and interests. Activities included visiting entertainers, trips out, pet therapy, indoor games, quizzes and reminiscence sessions.
- People were happy with the activities on offer. One person said, "You can join in with anything you like." A relative told us, "There's lots of social events and the activities feel balanced. They recently had a visit from a

reptile place and a singer."

- During the inspection we saw people involved with painting, foot spa, manicures and ball games. We also observed a sensory activity where people were given 'smelly pots' which held different scents they could talk about.

Improving care quality in response to complaints or concerns

- The home had a complaint's process to ensure people's complaints and concerns were addressed appropriately and responded to promptly. The registered provider's complaints policy was displayed within the home.
- People, and their relatives told us they knew how to make a complaint or raise a concern. One relative told us, "I would happily go to the manager if I needed to raise anything."
- The complaints records contained information about when the complaint was made, description of the complaint, actions taken and the outcome.

End of life care and support

- The provider had a policy and systems in place to support people with their end of life care needs.
- At the time of our inspection, the service was not supporting anyone who was end of life.
- Where people wished to discuss their end of life care preferences, these were recorded with personalised detail in advanced care plans.
- Staff understood people's needs, they were aware of good practice and guidance about end of life care, and respected people's religious beliefs and preferences. One staff member said, "We meet [people's] spiritual needs. We have the hospice nurse that comes. With end of life care we are their [with people] all the time. We do advanced care plans, so we know what [people] like. Like playing soft music in the background and the family are welcome here 24 hours."
- The provider had just started The Gold Standards Framework (GSF). GSF is a training provider for care staff in caring for people in the last years of life. GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis. It is a way of raising the level of care to the standard of the best.

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 good. At this inspection this key question is rated 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.

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

- Whilst the provider had established systems to monitor the quality and performance of the service, these were not always effective.
- The provider had failed to identify recruitment procedures were not always safe.
- The provider conducted various audits. The audits looked at included looking at bedrooms, kitchen, infection control, call bells and an overall yearly audit on the service. Records showed any actions taken when concerns were found. However, the provider's audits had failed to identify pressure mattress checks were not robust.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager promoted a positive culture which encouraged openness and enabled staff to provide care that achieved positive outcomes for people.
- People and their relatives told us they got on well with the registered manager and were happy with the service provided. One person said, "It's very sensibly run." A relative told us, "Communication has been good all the way down the line."
- Many of the staff had worked for the home for a long period of time. This enabled positive relationships to develop. The registered manager commented, "Our staff turnover is very low. I am very proud of that. Most staff have been with us [long time]." One staff member said, "It is very nice. It is like a family home. Working here so long. It is part of my family here." Another staff member told us, "We are a good team. The management is good which makes us enjoy the work."
- Duty of candour requirements were met. The registered manager had a good understanding of duty of candour. Duty of candour is intended to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment.
- Staff told us they felt supported by the registered manager. One staff member told us, "I found [registered manager] easy to approach. I am happy to go to him anytime if have any problems." Another staff member said, "[Registered manager] is good. He is very understanding, and he has an open door policy. He will resolve your problem for you. If I need anything on a weekend I can just give him a call."

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

characteristics

- Systems were in place to enable people, staff and relatives to give feedback. The provider carried out surveys with people, relatives, and staff.
- The service had recently sent out a survey to people and relatives on activities and food. People and their relatives were generally happy with the service provided.
- The service had regular meetings with relatives. Records showed discussions on activities, quality assurance, staff training, home maintenance, and any feedback.
- Various staff meetings were held on a regular basis. Topics included training, communication, malnutrition, falls procedure, punctuality, and the staffing rota. One staff member said, "It is an open discussion which is very good. We are not scared to talk." Another staff member commented, "[Staff meetings] three or four times a year. We talk about changes in the food menu. Sometimes we get new staff introduced. We talk about new [people]."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff worked with health and social care professionals, community and not for profit organisations, and local authorities to improve the service and people's physical and emotional well-being.
- The management team were open and responsive to feedback. Following our inspection, they sent us updates of the actions they had taken.
- The registered manager was open when lessons could be learned and told us they were committed to making ongoing improvements to the service which included refurbishing bedrooms when they were vacant.