Care UK Community Partnerships Ltd

Bowes House

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

About the service:

Bowes House is a residential care home that provides personal and nursing care for up to 90 people. At the time of inspection, 76 people were living at the service. People were aged 65 and over and lived with disabilities including dementia, Parkinson's disease and diabetes.

The building is divided into four units, each providing specialist support. There are two units for older persons on the ground floor. On the first floor there is a unit providing nursing care and another for people living with dementia.

People's experience of using this service:

People received their medicines on time. Although some medicine records were not always maintained accurately, this had not impacted on people.

People and their relatives spoke positively about the staff and about the service they received. They told us that they felt safe and that there were enough staff to meet their needs. Staff received training in safeguarding and knew how to keep people safe.

People's dietary needs were met and there was enough to eat and drink. One person told us, "There is so much food, we are spoiled for choice". People with specific dietary requirements had their needs and preferences met.

Staff supported people with timely access to healthcare and encouraged people to maintain a healthy wellbeing. There was a range of activities within the service and there was plenty of choice available every day.

People said that staff were very respectful. One person said, "Staff are very good and always treat me with dignity and respect, nothing is too much trouble for them". We were told that people felt supported by staff who knew them well and understood their wishes.

Care was provided by knowledgeable staff who were trained to carry out their roles. Training and observations of staff practice as well as supervision, ensured that staff were competent in their roles.

People and their families were involved in the planning of their care and their individual needs and preferences were known and understood by staff. There was an up to date strategy for providing dementia care and staff received bespoke training to ensure they had the skills needed to provide a tailored and person centred model of care. Staff demonstrated compassion for people's wellbeing and a shared commitment to enhancing the quality of life for people. They had worked with people living with dementia

to redesign the care provided and the ethos of a person centred model of care was clearly imbedded by the way every member of staff interacted with people.
The environment was purpose built and described by one person as, "Bright, spacious, clean and just right for me". People had their own bedrooms and bathrooms and said that they liked the fact that visitors and family pets were welcome at any time.

Staff knew how to address concerns. People felt listened to and said that they had the opportunity to raise concerns, ideas and share their experiences.

The service was well led by a management team who were skilled and knowledgeable. They demonstrated compassion and commitment to the needs of people who used the service.

The management team worked professionally with agencies outside of the service and ensured a transparent and open approach.

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

Rating at last comprehensive inspection:
Good. (Published 7 September 2016).

Why we inspected:

We inspected the service as part of our inspection methodology for 'Good' rated services.
For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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.	**Good**
Is the service effective? The service was effective.	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was responsive	**Good**
Is the service well-led? The service was not always well-led	**Requires Improvement**

Bowes House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by two inspectors and one inspection manager and two experts by experience [ExE] with experience in dementia care and older people who use regulated services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Bowes House is a nursing home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed information we had received about the service. This included details about incidents the

provider must notify us about and we sought feedback from health professionals who worked with the service. We used information the provider sent us in the Provider Information Return [PIR]. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. 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 to us.

Before, during and following the inspection we reviewed and spoke with;

- Notifications we received from the service.
- 25 peoples care records and risk assessments.
- Records of accidents, incidents and complaints
- Audits and quality assurance reports
- Spoke with 18 people using the service; and 9 relatives; and 15 staff.
- Observed several group activities and meal time experiences .
- Spoke with the Registered Manager, the Head of Care and the Clinical Lead for Bowes House.
- Spoke with the Regional Manager and the Customer Relations Manager for Care UK.
- 20 people's medicines administrations records [MARs]
- Spoke with and received written feedback from five professionals who work with the service.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

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

At our last comprehensive inspection in August 2016 this key question was rated good. In response to some information of concern CQC had received about staffing levels a focused inspection was undertaken in July 2017. The inspection looked at the key question of safe and rated it Requires Improvement. This is because people felt that staffing levels were not always sufficient. Call bells were answered promptly but people were then informed that staff would return. Peoples experiences found that it could take a long time for people to return.

At this inspection call bells were answered promptly and there were enough staff to attend to people's needs in a timely way. The registered manager had implemented a weekly review of call bell response times. This had impacted positively for people living in the service. They told us staff were good at responding to their call bells and this was confirmed by relatives. One relative told us that they felt call bell response times needed to improve for their relative and this was fed back during the inspection. We observed staff responding to people's needs in a timely and compassionate way when call bells were being used and people told us that there were always staff available.

Using medicines safely.

• People were receiving their medicines when they should. One person told us staff were "wonderful with medication, always on time, they keep me informed" Six other people told us that the support they received with their medicines was good, always on time and were supported to be as independent as reasonably possible within this process.
• People in the last days of life who may need symptom control are prescribed anticipatory medicines with individualised guidance for use, dosage and route of administration. Anticipatory medicines were in place for people reaching end of life care. These were reviewed by the GP on a regular basis.
• Staff received medication safety training during their induction and team leaders completed advanced level medication training. The service had a good relationship with the local pharmacy and GP surgery. Both provided support and advice as needed.

Staffing and recruitment:

• There were enough staff to meet people's needs consistently. People told us that there were enough staff, one person said, "Everyone is very available" while another said, "There is plenty of staff, very much so." People told us that they never felt rushed and staff had the time to talk with them.
• The rota showed that safe staffing levels were being maintained during the day and night. This was achieved by using agency staff. Whenever possible regular agency staff were used to lessen the impact on people and provide consistent care.

• The providers PIR dated July2018 showed that in the previous 12 month there had been 62 new staff recruited and 40 leavers. Agency staff were used regularly to ensure core staffing levels were maintained. To lessen the impact on people the service used regular agency staff. Records showed that there had been a 10% reduction in agency staff usage in the two months prior to our inspection. This was due to new staff being appointed.
• The registered manager told us attracting staff to work in care was difficult and there were a lot of care vacancies with other providers in the area. The provider had a constant recruitment campaign running and had taken positive measures since the last inspection to aid recruitment and retention. This included a pathway for career progression and staff recognition awards. Consideration was also given to feedback obtained within staff exit interviews.

Systems and processes to safeguard people from the risk of abuse:

• Systems and processes protected people from risk and avoidable harm. Staff knew how to recognise abuse and protect people from harm. They understood how to report concerns and worked in line with the local authorities safeguarding guidance.
• There were processes to support people to understand how to keep safe and to raise concerns. The provider had reported concerns to safeguarding when identified.
• People told us that they felt safe with the staff that supported them. One person told us that "I am safe here, very safe and there are always people around." A visitor said that their friend was, "Very happy and above all else they are safe".

Assessing risk, safety monitoring and management:

• Risks to people were assessed and measures were taken to mitigate these. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans.
•People were encouraged to walk around independently and to support people safety more seating had been added along the corridors so that people could sit down and take a rest.
• An electronic system was used to record and rate identified risks. Actions to mitigate these risks were recorded and monitored. Risk assessments were updated monthly or more often, when needed.
• Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use.

Preventing and controlling infection:

• People were protected from the risk of infection. Staff were provided with personal protective equipment [PPE] such a gloves and aprons which they used appropriately. Staff received training in infection control.
• Risk assessments and audits of safety and cleanliness of the environment were undertaken by staff who were trained to do so.
•There were robust laundry systems in place to prevent cross contamination and a deep cleaning schedule for bedrooms and communal areas.

Learning lessons when things go wrong:

• Since the last inspection the provider had looked at ways to address and improve the areas of concern we identified. They had taken effective action to review and improve the way that call bells were responded to by continuous auditing of the call bell system. This identified why some bells were answered more promptly than other's and enabled appropriate measure's to be put in place to improve call bell response time. For

example, the rota was amended to reflect the need for additional staff during the evening twilight shift. People now told us consistently that their call bells were responded to in a timely way.
• The management team analysed and reflected on accidents and incidents. This resulted in positive changes to people's personal experiences and the service provided. For example, a person who fell and was unable to reach their call bell was provided with a pendant alarm. This enabled the person to maintain their independence whilst being reassured that they could summons staff support when needed.

Good

Is the service effective?

Our findings

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

Peoples outcomes were consistently good, and peoples feedback confirmed this.

Care and support was planned and delivered in line with current legislation and good practice guidance. People were consulted about their care and staff sought consent appropriately. Care was provided by knowledgeable staff who were trained to carry out their roles. People had good access to healthcare professionals and services and were encouraged to maintain a healthy wellbeing. People were offered choices of food and drink. Care plans and risk assessments outlined the support people needed.

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

• Peoples needs were assessed before they started to receive support from the service, and again after the initial 24 hours. The information gathered included people's personal histories and preferences. This enabled staff to have guidance to provide personalised care and support.
• People who were living with dementia were encouraged to create a life stories book with their families and friends who know them well. This helped staff to get to know the person before they had dementia and understand the tools they needed to support them now. The books contained accessible information, stories, pictures and photographs.
• Some people's needs had changed whilst living at the service and they now required nursing care. There was a process to assess peoples changes in dependency and risk. Families and health professionals were consulted to determine the right care and treatment for the person.
• Where possible when a person had needed to move within the service due to a change in their needs, the staff team would lessen the impact and disorientation for the person by trying to replicate a room with the same outlook, layout and colour scheme.

Staff support: induction, training, skills and experience:

• Staff induction procedures were in line with national induction guidance and ensured that they were trained in areas relevant to their roles.
• During the inspection staff were undertaking dementia training. The provider had developed this bespoke training with the aid of Worcester university. Staff were enthusiastic about the training and it's positive impact on the way that they supported someone with dementia. They said that the training ensured they were better equipped to understand people's behaviour. It caused them to think about how they could support the person to understand what is happening and how to engage.
• Staff told us that they felt supported by the management team. They received regular supervision and appraisal. One staff member told us how they had been supported with their personal development and now had a more senior role within the service.
• People were protected by safe recruitment processes. New staff were appointed following robust pre-

employment checks which ensured they were of good character to work with people.

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

• People had plenty of choice for food and drinks. Snacks were readily available and there was a café on the ground floor that was open to people and their guests. There was a selection of complementary beverages and food that people could help themselves to. People told us that they really valued this and liked being in the café area. It was viewed as an important part of the service for socialising for both people and their families.
• Meals were of a good quality and presented nicely. Several people told us that the food was, "So good I keep putting on weight". The food was described as, "Fabulous", "Plentiful", "Piping hot" and "Spoilt for choice, just like being at a posh hotel."
• People with specific dietary requirements had their needs met and were given a choice. People who had been assessed as at risk from choking or aspiration of their food had pureed or softened diets. These were presented in an appetising way. The chef had prepared a new recipe and people were being asked to provide feedback. People told us that they valued being asked their opinion.
• People were encouraged to maintain their independence as much as possible and staff were respectful and discreet when offering help. Support was personalised and flexible, and staff adapted to each person's level of need throughout their meal. For example, our observations showed that when it was identified that a person may have benefited from adaptive cutlery this was immediately actioned.

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

• Healthcare professionals visited on a regular basis. Staff sought medical advice and support in a timely manner when people needed to be seen by a doctor of community nurse.
• We received feedback from five visiting professionals. They told us that the service was effective at meeting people's needs, staff were compassionate, competent and skilled. That people were also encouraged to maintain their independence and involved in decisions about their care.
• The registered manager and the local medical surgery worked in partnership. This allowed for quicker processes such as requests for blood tests, undertaking minor procedures such as taking swabs and having direct access to prescriptions and the pharmacy. This ensured that people received medical care in a timely manner.

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

• The premises were s purpose built and the design took into consideration peoples orientation and sensory needs. It was bright and spacious with wide corridors and plenty of opportunity to connect with the outdoors.
• The dementia suite had been designed to support people living with dementia to be as independent as possible. Signage and colour helped people to understand their environment. There were points of interests in the corridors such as a basket of clothing and washing line for people to use as meaningful activity. People had memory boxes outside their bedrooms filled with special items and bedrooms were personalised.
• There was plenty of access to technology and equipment and access to the upstairs was via a lift. A few people told us a story about the visiting farm and a pony that was taken to the upper floors using the lift, so that all people could engage with the animals. They told us this was, "Fabulous" and made them laugh.

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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes and in some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

• MCA and DoLS require the provider to submit applications to a 'supervisory body' for authorisation to do so. The provider had made applications under DoLS and were following authorised conditions. Staff had received training in understanding the Mental Capacity Act and they were aware of DoLS requirements.
• Where possible, staff ensured that people were involved in decisions about their care. They understood what they needed to do to make sure decisions were made in people's best interests.
• We observed staff asking people for their consent before they provided support

Good

Is the service caring?

Our findings

Caring – this means the service involved people and treated them with compassion, kindness, dignity and respect.

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

People received person centred care from staff who knew them well. Staff had a good understanding of peoples preferred routines, wishes and preferences. We observed caring relationships between staff and those being supported. Staff showed respect and kindness and supported people in ways that maintained their privacy and dignity.

Ensuring people are well treated and supported; Supporting people to express their views and be involved in making decisions about their care:

• Staff were very compassionate when supporting people and people told us that they felt that staff had time for them, explaining things and giving information.
• One person had a very bad cough and was being supported by a staff member sitting next to them. This person explained that they too had a cough and acknowledged how scary it can be sometimes. They knew the person well and reduced the persons anxieties by talking about the persons family. Once the person had stopped coughing the staff member offered them a drink, giving them a variety of choice. The person appeared much reassured following the staff members intervention.
• Staff had time to care for people in a personal way. For a person who did not like being in a hoist, they had worked with staff to plan how to make this experience more enjoyable. A staff member spoke to the person throughout the manoeuvre, providing reassurance and appropriate humour, which made the person feel more relaxed and engaged.
• People told us that they liked the staff who were supporting them. Some people said they like the fact that other people came from the local area. This enabled them to talk about familiar landmarks and stories.
• Staff were supporting some people who, due to the complexity of their needs, could not easily communicate their wishes or feelings. It was evident that staff knew people well. We saw different forms of communication and staff giving people time to respond and ensuring they didn't feel rushed.

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

• Care staff treated people as individuals and knew them well. Independence was promoted and maintained as much as possible. We saw people using assistive technology such as voice control to operate music, set alarms and ask questions such as the weather, sports scores and or the latest news reports. A person told us how they used Skype to video call family which they said was a great way of keeping in touch.
• There were orientation prompts to encourage people to move around their environment whilst also providing reassurance through familiarity. Extra seats were provided along corridors so that people who prefer to walk around had plenty of opportunity to rest.
• We saw people being supported and communicated with in a respectful and dignified way. People told us

that staff were very respectful. A person told us that, "Staff are very good and always treat me with dignity and respect, I walk with a frame and they encourage that. "One relative told us, "The staff are kind and caring, very good with privacy and [relative] dignity."

• People told us that they were encouraged to maintain their independence. One person said, "Staff were always on hand but it's good that they don't just take over". Another person's care plan highlighted how important it was to them to be able to choose and dress themselves, but to ensure their dignity was maintained, it recognised discreetly and sensitively that sometimes this person can become confused by items of clothing.

• Staff took time to listen to people, and we saw that people's communication needs and preferences were being respected. We saw staff reassuring people and being very sensitive to their feelings.

Good

Is the service responsive?

Our findings

Responsive – this means the service met people's needs

People's needs were met through good organisation and delivery.

People received a service that was responsive to their needs. They were supported by staff who knew them well and understood their wishes. Peoples care was planned and reviewed with them and the service could adapt to changes in their needs. People could share their experiences and raise concerns and felt listened to.

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

• People received a person centred service and were involved in the planning of their own care. One relative told us that they and their siblings had been fully involved in the planning of their relative's care. Moving their relative into a care home had been a difficult decision but they all felt reassured by being fully involved in the process.
• People could access an extensive range of activities and there was good engagement with the local community. The provider pays for a bus to bring local school children into the service to play bingo, and the school are planning to paint a mural on an outside wall later this summer. Some people have attended dementia friendly cinema screenings locally.
• Staff spent time talking to people about what they like had been creative in providing lots opportunities for people to participate in and experience different things such as organising a Mods and Rockers day, with scooters and authentic memorabilia, , visiting a local manor house and gardens and the opportunity to experience sailing.
• Some people told us that they preferred not to join in and said this was a choice they were able to make. Opportunities were available if they wanted to and there was plenty going on. We observed several activities and there was a variety of choice available throughout the day. Staff were aware of people who spent long periods of time in their rooms and provided them with 1-1 activities such as knitting, crosswords and relaxation therapy.
Staff told us that they really enjoyed their role and seeing how happy spending time with people can make them feel is a real incentive. In the dementia unit we observed staff singing and humming as they walk along corridors and went about their work, smiling and acknowledging people as they passed them.
• A wishing tree displayed people individual wishes and showed how these had been achieved and enjoyed. A French themed afternoon tea had been created, using sand from the beach and deck chairs to replicate the south of France and a visiting zoo had enabled people to handle reptiles. One person told us "I'm nearly 99 and I held a snake. This made others in the group laugh."
• There were systems and processes to ensure that the service could respond in a timely manner to people who were being admitted from hospital. During the inspection a person was admitted into the service from hospital. The process showed good communication with health care professionals and teamwork. There was a good awareness of the persons needs and how these were going to be met.
• People communication needs were identified, including those related to protected equality characteristics

such as dementia or sensory loss. When a French speaking person had moved to the service, staff had identified that another person living there was able to speak French. They introduced the two people and we observed both people conversing with each other in French.
• Staff recorded and shared the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure people with a disability or sensory loss are given information in a way that they can understand. It is now the law for adult social care services to comply with AIS.

Improving care quality in response to complaints or concerns:

• People and their relatives knew how to provide feedback or how to raise a complaint about their experiences of the service.
• People felt that they could talk openly about matters that may be of a concern to them and felt confident that they would receive a prompt response. People said that they felt listened to.
• People told us that they felt listened to and had an opportunity to provide feedback about their experiences and the care they were receiving. Residents meetings were held and representatives from each unit were invited to share the views of others and feedback after the meeting.

End of life care and support:

• People received end of life care from compassionate staff who knew them well. Staff received end of life training.
• The service used a PEACE plan (Proactive Elderly Persons Advisory Care plan) to help staff deliver the best possible care to frail older people with life limiting illnesses such as those with Parkinson's or dementia.
• Systems ensured that people who did not wish to be resuscitated when this had been formally agreed with them, or in their best interests, by a medical professional and appropriate others, were known to staff. This meant that people could die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Staff knew which people had DNACPR's so that peoples wishes were known and respected.
• A health care professional told us about end of life care provided at the service. They said, "The care shown to patients on previous occasions has been excellent and they have ensured that those professionals involved were kept informed of the resident's condition".
• We were described the end of life care plan for one person. We were told that people were supported by staff constantly where they were nearing end of life so that they were not alone. They explained that it is a team approach and they work together to make sure a person end of life is comfortable and in accordance with their wishes.

Requires Improvement

Is the service well-led?

Our findings

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person centered care. Some regulations may or may not have been met.

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

• Systems and arrangements were not always effective in relation to monitoring medicines. Processes to audit medicine stock were not always robust enough to identify when quantities were too high or too low.
• Audits of people medicine care plans had failed to identify that for some people medicine records did not contain clear guidance. Some people required 'as required' [PRN] medicines and some people had a pain assessment in advanced dementia (PAINAD). These care plans lacked the guidance and information necessary to inform staff the circumstance when a person may need the medicine or when a variable dose might be required. and had the potential to have an impact on people if they were being supported by someone who did not know them well.
• We addressed these issues with the registered manager and the senior care team at inspection and they informed us that they would put immediate measures in place to review the way that medicines are audited and update peoples care plans to reflect more detailed and person centred guidance for medication.
• Records showed that a best interests decision making process had not been followed for a person who lacked capacity to make decisions about receiving their medicines covertly. Covert medicine is when medicines are administered in a disguised format, without the knowledge or consent of the person receiving them, for example in food or in a drink.
• For one person the process for administering medicines covertly had been agreed by the GP and provider through email correspondence. There was no record of a best interests meeting involving family or advocates to agree if administering medicines without the person knowing were in the person best interests. We could see that it was usual for the provider to undertake best interest's meetings for people who lacked capacity and following our feedback the registered manager told that they would review the circumstances that led to this person's decision making process not being documented in line with requirements and take measures to prevent a reoccurrence.
• The registered manager understood their responsibilities to notify us of significant events, as they are required to do so in law.
•There were weekly meetings attended by the registered manager and all the heads of services to review service performance and priorities. Staff told us that these meetings were an integral part of ensuring the service could quickly identify concerns and implement solutions to ensure people received good care.
•There is a staff recognition scheme to recognise good care provided by staff and the registered manager meets with people who live at the service to review nominations and present awards. Staff told us that they had received cards and vouchers from the registered manager when they have observed good and compassionate care. They told us that made them feel valued and appreciated.

Planning and promoting person centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility; engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

• People and staff felt able to share ideas or concerns with the management. There was an open and friendly culture. Staff understood their responsibilities and felt that they were listened to and valued.
• People spoke positively about the management team at the service. A visitor said, "The managers seem to have good leadership and a caring nature." Another person said, "The manager knows me well."
• Staff told us that there was a positive working culture at the service. There were regular team meetings to enable staff to contribute towards the day to day running of the service and to receive regular updates.
• There are weekly clinical team meeting and head of department meetings. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence.
• There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate the risk. There were systems and processes for quality monitoring and auditing and ensuring good governance of the service.
• People's views were sought of the service they received. Feedback was also sought from people's relatives, friends, professionals and staff. The management team analysed the feedback and incorporated this into the daily running of the service.

Working in partnership with others:

• The registered manager worked professionally with outside agencies. We received feedback from multiple outside agencies who told us communication was good, open and transparent. The management team were open to new ideas and had formed good partnership working and relationships.