

GS Social Care Solutions Ltd

The Westwood

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?

Good ●

Summary of findings

Overall summary

About the service

The Westwood is a residential care home providing accommodation and personal care for up to 3 people. The service provides support to people who have a learning disability and/or autistic people. At the time of our inspection there were 3 people using the service.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support

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 engaged people in expressing their views on the care they received and placed them at the heart of their care. Staff understood the needs of people well and the importance of supporting people to achieve meaningful outcomes.

Right Care

People were cared for by staff who respected them as individuals. Staff provided person-centred care whilst promoting privacy, dignity and independence. Relatives praised the staff approach which was described as "Brilliant." People received care which was specific to their individual wants, needs and preferences. People were supported to engage in activities which were meaningful to them, and staff understood how to support people with their individual wellbeing.

Right Culture

The registered manager and staff worked to ensure people felt confident and empowered, whilst promoting a culture of openness and transparency. People were engaged in all aspects of care delivery and positive outcomes were being achieved frequently. Staff felt confident in raising concerns and spoke highly of the registered manager. Staff and others were engaged in the running of the service, and we saw evidence of effective partnership working.

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

Rating at last inspection

This service was registered with us on 4 November 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Westwood

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

The Westwood is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. The Westwood is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the CQC to manage the service.

Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 5 June 2023 and ended on 20 June 2023. We visited the location's service on 5 and 8 June 2023.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and Healthwatch.

Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people about the care they received, and 2 relatives about their experience of the care provided. We spoke with 7 staff members including support workers and the registered manager. We reviewed a range of records including 2 people's care and support plans, risk assessments and medicines records. We reviewed 3 staff files in relation to recruitment. We reviewed a variety of records relating the management and quality monitoring of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes in place to safeguard people from the risk of abuse.
- Staff had received safeguarding and whistleblowing training and understood the importance of safeguarding the people they supported. They were able to identify the signs and indicators of abuse and how people they support might present if they were subject to abuse.
- There was a safeguarding and whistleblowing policy in place and the registered manager completed unannounced spot checks of staff delivering care to ensure it was safe.
- People said the service was safe. A relative told us, "I am pleased [person who used the service] is happy there, and they are safe there. They like to feel safe with somebody and safe in their environment, and that is what they have got."

Assessing risk, safety monitoring and management

- Risks relating to people and the premises were assessed and control measures were implemented to keep people safe.
- People had individual risk assessments relating to their physical health, communication needs, moving and handling needs, and support required to access the local community and activities safely.
- Staff ensured risk assessments were reviewed regularly and people contributed to the development of their own risk assessments through the care planning and review process.
- Risks relating to the premises were managed safely. Appropriate checks had been undertaken from external contractors of the gas and electrical systems. Staff completed weekly health and safety checks of moving and handling equipment and water temperature checks. Fire alarms were tested weekly and fire evacuation drills were carried out frequently. People had evacuation plans to guide staff on how to support them to evacuate safely.

Staffing and recruitment

- There were enough staff to support people and they were recruited to the service safely. Staff understood the needs of the people they supported well, and the service had a stable staff team with limited use of agency staff.
- Staff were recruited to the service safely and relevant checks had been undertaken. The provider ensured references had been sought and disclosure and barring service (DBS) checks had been undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People and their relatives praised the staff approach. A relative said, "I love how they support [person who

used the service], it's not just a job, they [staff] really do care about them, the way they are with them, I can tell they are happy through their actions."

Using medicines safely

- Medicines were managed safely, and people received their medicines as prescribed. Medication administration records (MARs) were completed accurately, and medicines were stored safely.
- Where people had 'as and when needed' medicines, there were person centred protocols in place to ensure staff could understand when people with communication difficulties were in pain or distress and need their medicine.
- Staff had received medicines administration training and a subsequent competency assessment of their ability to administer medicines safely. There were multiple medicines policies in place to guide staff.
- People were supported to access regular medication reviews with health practitioners in the local community. Staff supported people to attend appointments and the outcomes of these were clearly recorded.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The service was supporting people to receive visits in line with current government guidance.

Learning lessons when things go wrong

- The manager was committed to improving the quality of the service through lessons learned processes.
- We saw examples of a completed lessons learned process for medicines errors and following accidents and incidents.
- Outcomes from lessons learned were clearly recorded and improvements were made to ensure people were safe, including more effective record keeping in medicines administration, modifying care plans and risk assessments, and input from the staff team and external professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 needs and choices were assessed in detail prior to joining the service, and this information was recorded in a pre-admission assessment. A 'placement matching form' was completed for each person, to ensure they could live with the other tenants peacefully and successfully. All of this information was used to construct support plans and risk assessments which were reviewed and updated regularly.
- People had person-centred one-page profiles in place, which outlined their needs and what is important to them. People's physical health needs were assessed, and outcomes were recorded to ensure these were met in a timely way.
- Where people had individual health needs, these were risk assessed and monitored to ensure their needs were met. Staff understood the needs and choices of people well and recognised the importance of this. A staff member told us, "I have to have a good understanding of people's needs, wants and choices. I always make sure that people make choices regularly. Everything is their choice. I think people with disabilities still need to feel in control even though we are assisting sometimes, it's their choice."

Staff support: induction, training, skills and experience

- Staff told us they felt supported in their role. Upon joining the service, they went through a comprehensive and robust induction process. This included a 12-hour induction, followed by a 2-week induction where staff could read key documents relating to the service and spend time with people who used the service to help them learn about their needs. Staff completed reflective accounts to evidence their learning.
- Staff received regular supervisions from the management team every 3 months, where they could discuss their training, development and working role. This was supported by an annual appraisal where long term objectives could be agreed.
- Staff were supported to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were supported to undertake regular training and pursue qualifications in health and social care. Staff had received mandatory training, as well as training specific to the needs of people at the service, such as learning disability awareness, autism awareness, communication training and delivering person centred care. There was a workforce development plan in place to ensure staff were continually learning and developing within their role.

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

- People were supported to eat and drink enough to maintain a balanced diet. People's likes and dislikes were recorded in their care plans as well as their preferred meals. People could choose where to eat their

meals and they had input into the development of weekly menus.

- People were encouraged to drink enough and during the inspection we observed fluids being offered regularly. The consumption of food and fluids was recorded in detail in the carers notes for each episode of care.
- People were supported with food and fluids in a person-centred way. For example, one person's care plan outlined what brand of foods to avoid to ensure they enjoyed the food offered and it met their sensory needs. One person was supported to look at pictures of hydrated and dehydrated skin, so they could understand the importance of hydration with healthy fluids and how to identify dehydration.
- Where people had cultural or religious beliefs, their care plans outlined their food preferences, and this was supported by staff.

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

- Staff worked alongside other agencies to ensure that care was consistent and effective.
- Staff supported people to attend appointments in the local community. Where people were fearful of medical interventions, the staff had worked with the person, their family and each other to develop detailed desensitisation plans, so people could attend appointments and have their health needs met. A relative told us, "Everything they [staff] have suggested has worked, I'm so happy with that."
- Staff completed health appointment logs to evidence the support provided to people in meeting their care needs. We saw evidence of staff supporting people to attend doctors' appointments, hospital appointments, the dentist and the opticians. Outcomes from health appointments were clearly recorded and staff supported people to manage their changing needs effectively.
- People had health action plans in place. These contained information and contact details of health professionals who were involved in meeting their changing needs. Where needs were identified, we saw referrals had been made for assessments from relevant professionals.
- Where people attended college, goals and outcomes were shared with the service to ensure there was consistency in supporting people to meet their needs and promote positive outcomes.

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

- The environment was designed and adapted to meet the needs of people who used the service. The home was decorated in a low stimulus way, with soft colours and lighting. A relative told us, "It's brilliant. It's the perfect environment for [person who used the service]. It's not clinical, it feels like a home. He can come and go as he pleases; he's not limited. It's more of a home, not a care home."
- People had access to a secure outside area and there was a large summer house, with a separate kitchenette. This was used as a second lounge and as an activities room, allowing people to access this as well as the main lounge to ensure they had space to relax.
- People's bedrooms were very person-centred. People chose their own bedding, and the décor and soft furnishings reflected their individual styles and preferences. People who used wheelchairs were able to access the home safely and independently, and this was observed during the inspection.
- Some communal areas of the home were quite worn due to scuffs from wheelchairs. This included marks and chips in some skirting boards, doors and corners of walls. The registered manager had plans in place to refurbish the home including the installation of plates and guards to prevent damage to the environment.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working in accordance with the MCA and people's rights were respected and maintained. People were encouraged to make choices regarding their care and staff supported this by using different communication methods, such as objects of reference, gestures, and picture cards.
- People had received mental capacity assessments where required, and applications to deprive people of their liberty had been made appropriately. Where required, people had access to an advocate so they could express their thoughts and feelings in detail.
- Staff understood the importance of understanding people's mental capacity and obtaining consent before providing care. They told us, "I'll always ask before im doing something," "We always ask people, we make sure they look comfortable and that their preferences are respected" and, "Some people don't have the mental capacity to make life-based decisions, but they can still make smaller decisions around their daily care."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 supported by staff who treated them with respect and equality. We observed positive interactions between people and staff. Staff were professional and acted as good role models and humour was used appropriately. People responded positively to requests from staff and they were engaged in meaningful conversations. Staff appeared to know the people well and took an active interest in their daily lives and personal interests.
- Where people had religious or cultural beliefs, staff supported them in line with their preferences, including dietary requirements and attending religious practices in the local community.
- Relatives spoke very highly of the staff approach and the quality of the support being delivered to their loved ones. Relatives told us, "All I can say is I am over the moon with everyone [staff] there. They have gone beyond their job" and, "I think the care is brilliant. It's working and I'm very happy. [Person who used the service] is happy and they [staff] love him as their own. They do genuinely care. That's what I do like about it."
- The staff team had a strong understanding of the importance of providing person-centred care that was bespoke to people. They told us, "We need to make sure everything we do is beneficial to the young people for their bodies, their minds, their education, relationships and friendships. We always make sure they are involved."

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

- People were actively involved in making decisions around their current and future care. Key worker sessions were held where people could talk to a staff member on a 1 to 1 basis to discuss areas of their lives. This included discussions around accessing the community, living skills and working towards independence.
- People had direct input into their supporting documentation so their views and opinions could be explored and implemented. People had access to easy-read care plan reviews, where they could update or change their support needs in their care plan, one page profile, behaviour support plan, communication passport, risk assessments and moving and handling plans. The outcomes of these were recorded and support plans were updated accordingly.
- People had access to easy read feedback forms which were completed regularly. This enabled people to give meaningful feedback on the service and care they received, the approach of the staff team and the choices they were offered.

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who respected them and promoted independence. Staff worked with

people to complete progress files and goal trackers to evidence work towards supporting people to become more independent in living skills and accessing meaningful activities in the local community.

- People had received Fim and Fam assessments from the learning disability nurse at the service. These are assessments which indicate a person's level of independence and the support required to complete certain tasks so they could be done successfully. Staff members told us, "We encourage chore boards, the young people get really into that, and they really like them" and, "If the young people can do something for themselves, I'd rather promote that then take over and do it for them."

- Staff understood the importance of maintaining people's privacy and dignity and told us of practical examples of how they do this when delivering care and support. A staff member told us, "I always make sure people have their privacy, I assist them with personal care and once they're safe, I will stay behind the door. I always ask if they can wash themselves and I always tell them what I'm doing at all times."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care that was personalised to meet their needs and preferences. People's care plans outlined their choices regarding daily routines, likes and dislikes, health and social needs and how to communicate with them effectively. One person told us, "I love living here, [staff member] is like a mum to me."
- Care plans were updated and reviewed by staff and the people they supported, ensuring people could express control over their support needs. Staff understood the individual needs of people well and what was important to them and why.
- People had mental and emotional wellbeing passports to ensure staff understood and respected their needs, what worried them and how to respond to them in a supportive and holistic way.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met, and the registered manager and support staff understood the importance of effective communication when supporting people. The service met the AIS and there was a policy in place to support this.
- People's care plans outlined how to facilitate effective communication and the use of communication aids to ensure staff could understand their wants and needs. Communication passports were in place and outlined verbal communication as well as body language, facial expression and gestures .
- People had access to easy-read information so they could understand topics such as safeguarding and how to raise a complaint. Staff knew the communication needs of people well. A staff member told us, "Some people have a Tobii, which is an electronic communication device where people can access words on an iPad. It's not very often I can't understand the young people. We will sit with them; they are calm and will explain things to us. We've done mood cards before as well to help people tell us how they're feeling. We have activity strips, and we go through them with people."
- Following incidents of distress or behaviours of concern, people were supported by staff to communicate their thoughts and feelings in a debrief session. A staff member told us, "I always tell them not to worry and that no-one is mad, I reassure them, tell them we are all here to help and offer space. If there's been an incident, we sit down and do keyworker sessions, we do debriefs and we do a visual debrief. It helps people

feel they're telling us everything that needs to be said and helps them realise they haven't done anything wrong and that we are here to support."

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 take part in meaningful activities. During the inspection we observed people talking to their relatives on the phone. A relative told us, "We get a weekly email on a Friday, and I do talk to them [staff] a lot on the phone, there's a lot of communication." Staff completed contact logs which evidenced people having regular contact with their loved ones.
- There was a strong emphasis on supporting people to attend meaningful activities in the local community. We saw evidence of people being supported to engage in wheelchair football and the Duke of Edinburgh scheme. People were supported to visit sensory centres, the Zoo, the circus and to go to the cinema and bowling.
- Staff and relatives felt people were being supported to engage in the decision-making process for planning activities. A staff member told us "We will sit together with people and go through what they would like to do. We have a diary, and we arrange activities, it's always their choice. It's good, as we do make sure they have their own choices." A relative told us, "[Staff] do take [person who used the service] out, quite a lot actually, they do good days out for him."
- Where people were reluctant to engage in activities, their rights and choices were respected. Staff understood the importance of encouraging people to attend activities for their emotional and social wellbeing. Staff had supported people to start using public transport and to attend new activities they may be interested in.

Improving care quality in response to complaints or concerns

- The service had received no complaints at the time of the inspection. There was a policy and process in place to manage complaints as and when they arise.
- People had access to an easy read, accessible complaints form, so they could express any concerns on the care and support they received.
- A relative told us, "There is nothing to improve upon in my eyes if I'm honest. They [staff] are doing everything I could ask for."

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The register manager had instilled a person-centred culture which placed people at the centre of their care. Staff and relatives praised the registered manager's approach and attitude towards people and staff at the service. A relative said, "The registered manager? Love her. She is very understanding and supporting of mine and [person who used the service] needs." Staff told us, "The registered manager is amazing, she is the best. She is so nice to talk to, you can ring her with anything, she's always got time for you" and, "The registered manager is very approachable, she is a very calm manager, you can speak to her about anything."
- People were supported by compassionate staff who understood the importance of providing positive outcomes for people. We saw evidence of people achieving outcomes in the areas of independence, living skills, community access and communication.
- Staff told us they enjoyed working as a team which provided good outcomes for people. They said, "I love my job. It's progression for me, [people who used the service] have come a long way, I want to see how far they can go with our support" and, "The people I work with, we have a really good rapport, everyone has been really supportive."
- All the staff we spoke to told us they enjoyed working as a team and felt listened to and valued by the registered manager. Staff felt confident in raising concerns should they need to and felt they would be acted upon. A staff member told us, "If I have concerns, she [registered manager] will always respond and will ring me if I need her to."

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

- The registered manager understood their responsibility regarding the duty of candour, and the need to be open and transparent when things go wrong. The registered manager had submitted statutory notifications to the CQC for notifiable events at the service in a timely way.
- Audits and quality checks were completed in the service by care managers which were detailed, and covered health and safety, medicines management and infection prevention and control. The registered manager had oversight of this process, and completed monthly audits of medicines management, safeguarding notifications, accidents and incidents, team meetings, care plans, complaints, risk assessments, moving and handling, recruitment files and other areas of operational delivery.
- The nominated individual completed audits every 6 months, to ensure that quality monitoring was effective and robust. They had direct oversight over the registered manager and the point of care delivery at

the service. They completed checks of accidents and incidents, health and safety, observations of staff providing care and checks of other documentation relating to the service.

- Accidents and incidents had been analysed annually to identify trends and patterns. Measures were put in place to mitigate the likelihood of accidents and incidents from occurring in the future.

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

- Staff meetings were taking place which gave staff an opportunity to discuss any concerns and ideas for improvement. A staff member told us, "The team meetings are good and they do address everything." Some staff members felt they couldn't be as open as they would like to be during these meetings, as attendance numbers were high and included the senior leadership team. There were plans in place to have smaller staff meetings where care managers or senior carers would facilitate the meetings instead to rectify these concerns.

- Relatives and professionals were invited to complete satisfaction surveys regarding the service being provided to their loved ones. A relative told us, "I do get a questionnaire to complete." The uptake of these questionnaires had been low, but there were plans in place to improve this process going forward.

- People, their relatives and staff were engaged in the running of the service. People were supported to complete feedback forms which were presented to them in an accessible format. The results of these were recorded and care plans were updated accordingly.

- People attended house meetings where they could give feedback and offer suggestions for improvement. Actions had been completed including work towards management of food and fluids, staff support and modifications to the home environment. People also attended 1 to 1 sessions with their keyworkers so they could provide input and feedback on the care they received.

Continuous learning and improving care; Working in partnership with others

- The registered manager understood the need to provide a service which continuously develops and improves over time.

- There was a development plan in place which outlined key improvements in the areas of the home environment, recording positive outcomes, medicines management and staff development.

- The registered manager chaired a series of registered managers network meetings, alongside Skills for Care, who support health and social care providers to develop and upskill workforces. These meetings allowed registered managers from different providers to come together and share best practice and ideas for improvement.

- People's care records evidenced the involvement of good and effective partnership working. Staff worked alongside people's educational staff to ensure goals and outcomes were shared across different settings. People's care records evidenced the involvement of other professionals such as GP's, podiatrists, chiropodists, physiotherapy and nurses to ensure people's needs were met.