

Mr & Mrs K R Webb

Lavenders

Inspection report

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

What life is like for people using this service:

People and their relatives spoke positively about Lavenders. They told us it was a friendly and homely place. Comments included, "We are looked after well" and "The carers are very nice people." Another person said, "The care is amazing I couldn't be looked after better, I'm so much happier here." People spoke about having developed new friendships with other people since coming to live at Lavenders.

The environment was clean and maintained to a high standard. There was investment in the environment to ensure people had a safe, warm place to live.

People were supported to take their medicines safely. However, we found some improvements were needed to the current system for medicine management. The provider and registered manager acted immediately at inspection to address the shortfalls found and reviewed systems to reduce the likelihood of any similar occurrence. We have made a recommendation about the management of medicines.

Risks people experienced from their environment and because of their own needs were assessed, but the level of detail in some risk guidance was an area for improvement. We have discussed this with the registered manager.

People's health needs were well managed and good links had been made with health professionals to help support and promote people's health and wellbeing. People had access to the appropriate equipment they needed for their care and support needs.

People made their own day to day decisions and choices about their care, they were supported to be as independent as they could be, and there were enough suitably trained staff available to support them, when needed. Staff understood people's likes and preferences and delivered care tailored to meet their needs. Policies and systems in the service supported this practice.

People enjoyed the meals they received. They were consulted about food quality and special diets were catered for. Those at risk of not eating or drinking enough were assessed and monitored and health professionals were contacted where this became a concern.

People were encouraged and supported to maintain the important links with their friends and family who were made welcome when they visited.

People told us that staff were caring and kind, treated them well and respected their privacy and dignity. Staff were observed to have good relationships with people and had time to spend with people during the day.

Staff received appropriate induction, training and supervision to enable them to carry out their role safely. Staff understood how to identify, record and respond to suspicions of abuse and to escalate this appropriately to the provider or external agencies, if needed.

Staff understood the process for reporting incidents and accidents and records showed they took appropriate action to ensure people received appropriate support or treatment and care and risk information was updated. Health and safety checks of the premises and equipment were made to ensure people were safe.

People were consulted about the things they liked to do and how they spent their time. A range of activities was provided to suit different tastes and abilities. Staff understood how to support people with sensory impairments and adjustments were made to ensure activities and information was inclusive for them. There were opportunities for people to go out into the community with staff support.

Several checks and audits were carried out by the registered manager and staff to provide assurance that the quality and safety of the service was being maintained, shortfalls identified were addressed.

The provider and registered manager had a visible presence in the service. People and relatives told us they had no reason to complain, but knew how to do so and felt confident this would be addressed promptly. Staff said they found the registered manager and senior staff approachable and had confidence in their leadership. Staff were given opportunities for feedback at regular staff meetings and handovers.

People and relatives were asked for their views and all feedback was used to make continuous improvements to the service.

Rating at last inspection: Good. Report published 24 March 2017

About the service: Lavenders is a privately-owned care service for up to 53 people over the age of 65, who require accommodation and personal care. The property is a detached older house, to which large extensions have been added. At the time of the inspection 52 people were receiving a service.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection. The service has remained rated Good overall.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was 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
Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive
Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led
Details are in our Well-Led findings below.

Good 

Lavenders

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

Two inspectors visited on the day of inspection. An expert by experience supported the inspection. 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:

Lavenders is a care 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced. Inspection site visit activity started and ended on 11 December 2018.

What we did when preparing for and carrying out this inspection:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the 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 all this information to plan our inspection.

During the inspection, we spoke with 15 people who used the service and four relatives to ask about their

experience of the care provided. In addition, we spoke with a visiting psychiatrist during the inspection.

We spoke with the provider and eight members of staff including the registered manager, deputy manager, six care staff and the activities co-ordinator.

We reviewed a range of records. This included three people's care records, medication records. We also looked at four staff files in relation to recruitment, supervision and appraisal records and all staff training records. Records relating to the management and safe operation of the service including policies and procedures implemented by the provider were also viewed.

After inspection we contacted three social care and four health care professionals for feedback.

Is the service safe?

Our findings

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

Requires Improvement: 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.

Using medicines safely

- Staff were trained to give medicines safely. We observed that they were kind and patient when supporting people with their medicines. Good storage facilities were provided for medicines and temperature of storage monitored. People were supported and assessed to take control of their own medicines if they were safe to do so. People told us that they received their medicines at the right times or when they requested them. Guidance was in place for giving those medicines only taken as and when required. Our checks, however, showed boxed medicines were not always dated on opening, this is good practice and recommended by visiting pharmacists. Two boxed medicines checked had discrepancies in the number of tablets left. Medicine Administration Records (MAR) that the people concerned had received indicated that they had received their medicines as per prescribing instructions. Staff, however, were unable to understand how the errors had occurred; they took immediate action to replace any missing medicines so no one was at risk of running out. The provider initiated an immediate investigation into how this could have occurred.

We recommend that the provider seek expert advice and guidance to review the current medicine management systems.

Assessing risk, safety monitoring and management

- People told us that they felt safe in the service.
- Risks to people because of their care needs and from the environment were assessed and these were kept under review to respond to changes in need.
- Staff understood the measures needed to reduce the risk of avoidable harm, relatives and health professionals were supportive of the care provided by care staff and the improvements this had meant to a person's wellbeing, but the risk guidance provided to inform staff did not reflect the support staff gave which was meeting the person's need. Another person was monitored for their fluid intake but staff recorded this in several different ways, this compromised the ability of the electronic system to provide an accurate daily consumption level.
- Health and social care professionals highlighted no concerns in respect of risks to people's safety, but we discussed these examples with the registered manager who agreed to review existing recording arrangements. This is an area for improvement.
- The environment and equipment was safe and well maintained. Staff were appropriately trained to respond to emergencies. Emergency plans were in place to ensure people were supported in the event of a fire.
- A business continuity plan was in place. This detailed how when emergency events occurred that may

impact on the day to day operation of the service, measures were in place to maintain a safe delivery of care to people.

Staffing levels

- People and relatives told us that there were enough staff on duty. A relative told us "It's nice not to have to worry. There's always someone keeping an eye on her."
- Staff told us they felt enough time during day shifts was usually available to carry out planned tasks for each person, so that people received unhurried support in line with agreed care plans. When the amount of time allocated was too little, staff told us managers responded promptly by reviewing people's needs and the number of staff needed to provide support. We saw managers had used a tool to ascertain levels of dependency and used this to try to ensure sufficient staff were allocated to each area of the service.
- Some staff told us they felt night shifts could be 'rushed' and felt more staff were needed. We saw evidence that managers had recently begun recruiting extra night staff.
- We saw all staff had been recruited safely by the provider.

Preventing and controlling infection

- The premises were maintained to a high standard of cleanliness.
- The registered manager and head housekeeper were infection control leads and undertook audits of aspects of the service to ensure staff followed and maintained good infection control practice.
- All staff were trained in infection control. Personal protective equipment (PPE), such as gloves and aprons, were readily available; staff were observed using these on the day of inspection when carrying out tasks.
- The registered manager and staff were aware of measures to implement to prevent the spread of infection.
- A team of domestic staff kept the premises cleaned to a high standard. There was an ongoing programme of refurbishment.
- The laundry was well equipped and staffed with a laundry person, people were happy with their laundry arrangements and said if anything went missing this was found and returned.

Safeguarding systems and processes

- We saw from the providers' training matrix all staff had received training in protecting vulnerable adults from abuse and neglect.
- All staff we spoke with demonstrated a good understanding of what to do to make sure people were protected from harm or abuse.
- All staff we spoke with were aware of the whistle-blowing process and who to contact if they had concerns about people's care or safety.

Learning lessons when things go wrong

- Evidence from complaints was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity.
- Staff appropriately reported and acted on all incidents and accidents, they made sure people received the right support or treatment needed, at the time.
- A record was kept of all accidents and incidents. The registered manager reviewed every accident and incident to make sure this had been managed appropriately. Where necessary incidents and accidents acted as an opportunity to learn from them and revise risk information and care plans to reduce similar incident/accidents in future.

- The registered manager could evidence how they had appropriately used an issue that had arisen to engage better with health professionals who visited; this had resulted in a much better working relationship for all concerned and for the benefit of people in the service.

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff told us they had contributed, with relatives and people themselves, to assessments of people's needs which were comprehensive, identified expected outcomes, and were regularly reviewed. A relative told us "At this assessment, there was discussion about (name) likes, dislikes and her needs." After the visit she said, "I want to move in as soon as I can."
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

Staff skills, knowledge and experience

- Staff we spoke with were competent, knowledgeable, and skilled, they said they felt supported by managers to develop their knowledge and understanding further through additional training.
- Staff undertook mandatory online training in areas such as manual handling, safeguarding and the Mental Capacity Act, first aid, General Data Protection Regulation (GDPR), fire safety, and infection control. They told us they valued this and it helped them improve the quality of the care they provided.
- All staff we spoke with said managers encouraged them to undertake additional training.
- We saw staff were supported to obtain the Care Certificate and some told us they had been encouraged by managers to undertake nationally recognised care qualifications and additional specialist training in areas such as stoma care and dysphagia.
- New staff had completed an induction to the service. Each time they were introduced to a new person living in the service, they were given comprehensive information about them by a member of the management team who knew the person well.
- We saw all staff had regular supervision and annual appraisals, which they told us they found useful. Areas discussed included achievements, concerns, key working, training needs, personal issues affecting work, and future development. Staff gave us examples of new training such as challenging behaviour and diabetes and new roles coming from discussions in supervision and appraisal.

Supporting people to eat and drink enough with choice in a balanced diet

- Staff told us people had choice and showed us they had access to sufficient food and drink throughout the day. People told us they enjoyed the food, were consulted about the food on offer and could choose alternatives to the menu. One person told us "They will get the odd different thing for you if you ask." Another person said, "You can have a drink when you want it."

- A 'food survey' had been carried out, following some concerns raised at residents meeting. Peoples views about the food were listened to and a food forum had been implemented for discussion around this.
- People were kept informed each day of what they were having through menu boards in each dining room. Special diets were catered for.
- Staff used assessment tools to identify those at risk of dehydration and malnutrition and they were monitored to ensure they were eating and drinking enough.

Staff providing consistent, effective, timely care

- People's health needs were attended to. Where people required support from healthcare professionals we saw this was arranged and staff followed guidance provided by such professionals. A health professional informed us that they were satisfied that staff understood how to support their patient appropriately and requested support and advice as and when needed. Another health professional said that staff had spoken knowledgeably about people referred for their service and provided them with all the information needed, including information on people's weights, pressure areas, health status and oral intake.
- People told us about visits they had received from opticians and chiropodists whilst at the service. Peoples records showed that all contacts with health or social care professionals were logged and the outcome from these recorded to inform any updates to care records.
- Good working relationships with the local GP surgery had resulted in a weekly visit from the GP when people needing to see the GP or people causing concern were reviewed with the GP.
- Staff were trained to understand and support specific conditions such as diabetes and epilepsy.
- Specific staff were trained with the involvement of the GP surgery health staff to undertake routine blood tests and to give flu injections, this had meant a reduced workload for the surgery.
- Training of staff to undertake observations of people's temperature and blood pressure, for example, and relay this to health staff, had helped save time for the GP surgery health staff and reduced the number of hospital visits and admissions.

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

- People told us that the service was warm and they liked this. People were enabled to personalise their own space with personal possessions to help them settle in. They were consulted about refurbishment in the service and colour schemes to be used.
- The environment was accessible to people with poor mobility or in wheelchairs, stair lifts were provided for those people who needed to access their bedrooms on the first floor. The premises provided people with a homely and comfortable environment.
- Some bedrooms and bathrooms were smaller so consideration needed to be given as to how staff would deliver care comfortably for people who needed lifting equipment to be used to aid their personal care routines.
- People were provided with ensuite toilets and showers in their rooms. There were also enough communal bathrooms and toilets to ensure people were well supported.
- A garden was available for people to sit in good weather.
- The provider had embraced new technology and provided all staff on duty with hand held tablets to record the tasks they undertook in their support of people. Computer facilities were provided for people that lived in the service, and wi-fi provided for those with their own tablets and mobile phones.

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 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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met.

- Staff had received mental capacity training. They gave us examples of ensuring people were involved in decisions about their care and showed us they knew what they needed to do to make sure decisions were taken in people's best interests.
- People had capacity to make everyday decisions for themselves. They signed their consent to receive the care and support they needed. Staff were observed and heard seeking people's consent and respecting people's choices for everyday care and support tasks they were helping them with.
- No one was currently deprived of their liberty but the registered manager understood the need to apply to the local authority to seek appropriate authorisation, if need be.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported

People moved freely between the different wings to spend time and to eat with their friends. They spoke positively about how friendly everyone was and the different friendships they had developed since moving in. One person told us "There is good company here." People and relatives spoke positively about the kindness and attitudes of staff.

- We observed and staff and relatives told us that staff had time to spend with people. A relative told us, "Carers have a proper chat with her." Staff were seen sitting and chatting with people about everyday subjects that people were interested in.
- People and relatives spoke positively about the attitudes and kindness of staff, Comments included "The carers are all very different. You have to get used to their different characters. They're lovely."
- Staff spoke about people with kindness and compassion.
- Staff we spoke with knew people's preferences and used this knowledge to care for them in the way they wanted.
- Each person had an allocated key worker (the key worker role ensures the manager is kept updated about people's health, any problems and family concerns or issues). Key workers focused on ensuring assessments and care plans for two or three people they were allocated to were kept up to date.
- Staff made every effort to help people settle in and be happy. For example, staff noted that one person missed their dog. Staff arranged a surprise sleepover for the dog in the person's bedroom, which gave the person a lot of pleasure.
- People told us that staff were responsive to call bells and we observed staff acting quickly when a floor mat alarm was activated to ensure the person in that room was safe.
- Visiting health professionals said that people were well cared for, and staff understood people's individual needs and how to deliver the right support.

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

- Staff told us they supported people to make decisions about their care and knew when people needed help and support from their relatives.
- Residents' meetings were held and people were actively consulted about aspects of the service, such as redecoration, food quality and activities. A daily newsletter was produced for people to read with items of national and local news for people to read, large print copies were also available for those who needed this.

Respecting and promoting people's privacy, dignity and independence

- We observed how staff treated people with dignity and respect. They provided compassionate discreet support in an individualised way. They were thoughtful and attentive for example adjusting the clothing of people that were lifted using the hoist equipment to ensure their dignity was maintained.
- People were supported to maintain their appearance. For example, staff ensured ladies who liked to wear jewellery and make up did so, people were offered opportunities to have their hair done by the hairdresser onsite.
- People were given choice and control over their daily lives and spent their days as they chose. Staff supported people to make decisions about their care and knew when people needed help and support from their relatives.

We observed staff waiting for people to respond when asked a question to ensure they knew the person's choice.

- Staff gave us examples of working well with relatives to provide care in an integrated way, for example with relatives carrying out some tasks and staff others.
- People were encouraged and enabled to be as independent as they wanted to be on the understanding they could call staff if they wanted. A person told us "If I need help, there's help."
- People were supported to maintain their relationships and some relatives told us they had come for meals with their relatives. Observations showed visitors were made welcome, and visited when they chose according to their own preferences. Visitors with well-behaved dogs could bring these into the service to visit relatives or friends.
- Two small flats with kitchen facilities were provided for those people that wished to retain more independence for themselves, and staff monitored people's wellbeing to ensure they remained safe.
- People were supported to continue to observe their faith and attend services from visiting clergy.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

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

How people's needs are met

Personalised care

- Staff showed us they knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted. For example, staff told us, "(name) likes his classical music." They told us that they made sure the person's radio was on the classical music station.
 - We saw from talking with staff that people were empowered to make choices and have as much control and independence as possible, including in developing care, support and treatment plans. Relatives were also involved where they chose to be and where people wanted that.
 - Individual care plans guided staff in respect of health conditions such as diabetes, dementia or depression.
 - Staff showed us they were aware of people's needs, including those related to protected equality characteristics such as age, sexual orientation, disability, race, religion and gender reassignment, and their choices and preferences were regularly reviewed.
 - Morning and night time routines were recorded to guide staff to support people in accordance with their preferences.
 - A review of daily notes showed that staff were carrying out tasks in accordance with the care plans.
 - Staff completed daily reports for each shift that reflected on each person's wellbeing throughout the day. Staff handovers alerted staff to any person who was causing concern so they could be monitored more closely.
 - Staff identified those people with communication or sensory loss needs. Steps were taken to meet the accessible information standard for these people by providing them for example, with large print versions of information such as newsletters, and activities information. Daily menus were recorded on boards in dining rooms. Reasonable adjustments were made to activities to enable people to participate such as larger versions of cards for card players, subtitles on films. These measures were inclusive, and reduced isolation.
 - There were a good range of activities, enjoyed by most with a real effort made to get people out and about in the community. An activities co-ordinator and their assistant planned a programme of activities for people Monday to Friday. This was developed from consultation and feedback from people in the service. People told us that they enjoyed the variety of activities on offer.
 - Time was allocated by the activities co-ordinator for social conversation with those people that preferred to stay in their room to make sure they felt involved.
- A relative told us their relative interacted with more people now than when the person was in their own home.

Improving care quality in response to complaints or concerns

- People and relatives had no concerns about the service but felt able to raise any issues with staff or the management team and were confident these would be dealt with.
- Staff knew how to provide feedback to the management team about their experiences. One told us, "If you've got a problem, they'll do their utmost to help you."
- Staff knew how to make complaints should they need to. They told us they believed they would be listened to and acted upon in an open and transparent way by management, who would use any complaints received as an opportunity to improve the service.
- We saw both a complaint from a relative about staff attitude, this had been looked at promptly, and dealt with appropriately by managers. Clear actions had been put in place as a result to prevent similar issues arising again.

End of life care and support

- The registered manager had held a discussion group with relatives and people using the service to talk about this sensitive issue and people were supported to make decisions about their preferences for end of life care. For example, one person had requested they returned to the service but not be left alone, all the staff took turns sitting with the person until they passed away.
- Staff worked in partnership with health professionals to ensure treatment plans kept people pain free, emergency medicines were available to ensure people remained comfortable.
- Most people had already made last wishes known, keyworkers were supporting those still to make decisions. The registered manager and staff wanted to provide an excellent standard of end of life care. Senior staff were working towards achieving the Gold Standards Framework. This is a programme to improve end-of-life care in nursing and care homes. This offers staff training and an understanding of how to identify, assess and deliver appropriate care for those people nearing the end of their life irrespective of their diagnosis. Staff worked with the support and advice from local hospice staff.

Is the service well-led?

Our findings

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

Good: □ The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- Staff told us they felt listened to by the registered manager and deputy manager. One said, "I love it here: we get so much support."
- Staff told us managers were always visible and approachable, positively encouraged feedback and acted on it to continuously improve the service.
- Staff showed us they understood the provider's vision to provide a home from home with individualised care.
- The provider and registered manager understood their responsibility to notify the Care Quality Commission of notifiable events and had done so.
- The provider and registered manager understood their responsibility to openly display their last Care Quality Commission inspection report rating for people and visitors to see, this was visibly displayed in the entrance hall of the service and on the service website.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements.

- The service was well-run with the registered providers taking an interest in the service and having a visible presence in the service most weekdays. The management team and staff at all levels within the service understood their roles and responsibilities and took pride in their contribution to maintaining high quality care.
- Staff members were held accountable for their performance and appropriate action was taken when this fell below what was expected.
- A quality assurance system was in place to provide the registered manager with an overview of the service. Checks and audits were made on a weekly and monthly basis. Audits were made of health and safety of the environment, all aspects of medicines management, progress of repairs and maintenance, cleanliness and maintenance of infection control standards. Checks were also made that care documentation and all aspects of care delivery were happening. Alerts flagged by the electronic system that omissions may have occurred in recording or updates were addressed.
- A review of people's dependency levels was undertaken monthly to ensure there were enough staff to meet people's individual needs.

Engaging and involving people using the service, the public and staff

- There was a commitment by the provider and management team to welcome ongoing feedback from people using the service, relatives and other stakeholders to inform and progress the development of the service and maintain delivery of high quality care.
- People and their relatives were invited to complete annual surveys to provide feedback about the service. The registered manager analysed this feedback responded to individual specific comments directly to resolve and published the overall findings for people to see.
- Residents meetings were held on occasion to discuss aspects of the service such as the activities programme, food quality and the environment. This provided an opportunity to listen to people's views and ideas, and consult with them about proposed changes. From time to time meetings were held to discuss specialist subjects such as the recent one held regarding last wishes, which was welcomed positively by those attending.
- Staff told us managers involved them in the service in a meaningful way, communicating clearly and frequently, and holding regular staff meetings.
- We saw examples of issues being brought up at staff meetings that were then addressed by managers.
- Staff thought that communication between the registered manager and staff was good, daily handovers helped ensure that important information about people who may be experiencing changes in their need was passed on to staff coming onto shift.

Continuous learning and improving care

- A development in the past 12 months had been the implementation of a computer care planning system. Staff had been trained to use the system. The registered manager and deputy now confident that staff could use this appropriately, were now looking at how they could use the system more effectively to inform their oversight of the service.
- Staff were provided with policies and procedures to guide and inform their knowledge and practice. Staff were informed of when updates occurred and tasked with reading about the changes for any impact on their day to day support of people.
- The registered manager and staff were proactive in seeking out relevant advice and guidance to support peoples individual and specific care needs, and acted upon this to inform and improve their practice.

Working in partnership with others

The registered manager had developed for the benefit of people in the service good working relationships with the local GP surgery health staff and local hospice staff. This was to help support the needs and preferences of people in the service, provide them with effective health support when needed and to actively promote and implement service improvements.