

## Salutem LD BidCo IV Limited

# The Vines

### Inspection report

315 Westdale Lane  
Mapperley  
Nottingham  
Nottinghamshire  
NG3 6EW

Tel: 01159606038  
Website: [www.salutemhealthcareltd.com](http://www.salutemhealthcareltd.com)

Date of inspection visit:  
25 September 2019

Date of publication:  
30 October 2019

### 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 Vines is a residential care home which provides respite accommodation for up to four people who require nursing or personal care. At the time of the inspection two people were staying at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service:

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent

People received care that reduced the risk to their safety. This included staff supporting people and others when presented with behaviours that may challenge. Where incidents occurred that could affect people's safety, the relevant authorities were always notified. There were enough staff to care for people safely and safe medicine practices were followed. The home was free from the risk of infection. All staff were involved in the process of learning from mistakes with the aim to continually improve the quality of care people received.

People received care in line with their assessed needs. Staff training was up to date and staff received supervision of their practice. People received the care they needed to maintain a healthy diet during their stay. People had access to other health and social care agencies if needed, although due to this being a respite service, these instances were rare. An extensive renovation programme was planned for January 2020 to ensure the home was adapted and improved to continue to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and relatives liked the staff. They provided people with a welcoming environment when they came to stay, giving relatives peace of mind that their family member was safe and well cared for. People were treated with dignity and respect. People's independence was always encouraged, working with staff to overcome their physical disabilities. People were supported to make decisions about their care. People and

relatives felt listened to and staff respected and acted on their views. People's records were stored securely and handled appropriately to protect their privacy.

People's care records were person-centred and contained guidance for staff to support them in their preferred way. Efforts had been made to provide people with information in formats they could understand. People were supported to lead active lives when they came to stay. A robust complaints process was in place. End of life care was not currently provided.

The registered manager led by example and empowered their staff to provide high quality care and support. Exceptional staff performance was rewarded. Quality assurance processes helped the provider and the registered manager to identify and act on areas which could pose a risk to people's safety. The registered manager had a good knowledge of the regulatory requirement to report concerns to the CQC. People, relatives and staff praised the approach of the registered manager, they found her to be supportive and approachable.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: This service was registered with us on 4 May 2018 and this is the first inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.  
Details are in our Safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our Safe findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our Safe findings below.

Good ●

### Is the service responsive?

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

Good ●

### Is the service well-led?

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

Good ●

# The Vines

## 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 one inspector.

#### Service and service type

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

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

#### Notice of inspection

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 available to support the inspection. The inspection was completed in one day.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority, Healthwatch and professionals who work with the service. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used

this information to plan our inspection.

During the inspection we spoke with one person who used the service and two relatives and asked them about the quality of the care provided to them or their family members. We spoke with three care staff and the registered manager.

We reviewed a range of records. This included all or parts of records relating to the care of four people as well a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered manager to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

# 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 for 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

- The person and relatives we spoke with told us they or their family member were safe at the home. The person said, "I feel safe here because the staff that are here, they help me go to the day centre as well, so I get the same people and there is no need to do handover again." A relative said, "We trust them so much, continuity of staff is key, it puts my mind at ease."
- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by the registered manager.
- The provider had the systems in place to ensure the local authority 'safeguarding team' and the CQC were notified of any allegations of abuse or neglect.

Assessing risk, safety monitoring and management

- The risks to people's health and safety were appropriately assessed, acted on and reviewed. Risk assessments were thorough and covered all aspects of people's respite care. Staff had enough information to keep people safe.
- Personal emergency evacuation plans were in place should staff need to evacuate people from the home in an emergency. These considered people's physical and mental health and were readily available in an emergency.
- People had support plans in place which promoted positive behavioural support. Where people displayed behaviours that could challenge others, clear guidance was in place to support staff with managing those behaviours calmly and safely. This reduced the risk to people and staff's safety.
- Environmental risk assessments were completed. These assessed the safety of the premises to ensure when people came to stay at the home they were safe. We did note that whilst some ground floor windows had restrictors on them, some did not. These are important as they ensure people can't access the home from outside when windows are open; they also prevent people from inside trying to exit the home via the windows. The registered manager told us they would ensure these were added to each window.
- Equipment used to support people was well-maintained, regularly serviced and clean. Fire and gas safety certificates and risk assessments were in place. Electrical equipment was regularly tested to ensure people were safe in an emergency.

Staffing and recruitment

- The person and relatives we spoke with told us they felt there were always enough staff in place to care for them or their family member safely. The person said, "They are here when I need their help, but I can do things for myself as well."

- □ Agency staff were sometimes used to cover shifts when staff were off work through illness or holiday. The same agency and staff were used wherever possible. This helped to provide people with consistent care. When agency staff attended the home for the first time, they were given a tour of the home and informed of the immediate risks to people's safety. However, there was not a formal written process in place that ensured they had understood what was required of them. The registered manager told us they would implement a process where agency staff signed to say they understood the risks around the home and to the people they were caring for.
- □ Each person who came to stay at the home was assigned at least one staff member each with other staff on shift to offer further support where needed. This included supporting people with personal care, accessing the community and when staff were due for their breaks. We checked the rota for the day we inspected and the preceding week and found the number of staff who should have worked did. This meant people were cared for by the appropriate number of staff to keep them safe during their stay.
- □ Staff were appropriately vetted before they started their role. This helped to reduce the risk of people being cared for by inappropriate staff.

#### Using medicines safely

- □ People received their medicines when they needed them. There were clear procedures in place to ensure that when people came to stay at the home and when they went home, their medicines were appropriately stored, managed and robust records kept.
- □ Robust medicine records were in place. These included protocols that ensured 'as needed' medicines were administered consistently. These types of medicines are not prescribed as a daily dose and are to be given only when needed; for example, when a person shows excessive signs of agitation. This helped to reduce the risk of inconsistent administration.
- □ During the inspection we did not observe a staff member administer medicines; however, their competency in doing so was regularly checked by the registered manager. Competency assessments were also carried out in other areas such as, record keeping, storage and safe handling. These helped to assure the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.

#### Learning lessons when things go wrong

- □ There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the registered manager and then followed up to check they had been completed. Analysis was also completed to ensure any themes or trends could be identified and risks reduced the next time a person stayed at the home.
- □ Where there was any learning required from these incidents, this was discussed with senior members of staff, and support members during supervisions, or collectively in team meetings.

#### Preventing and controlling infection

- □ The home was clean and tidy. Staff followed regular cleaning schedules to ensure the home was clean when people came to stay. We did note that a mop stored in a communal bathroom was not stored correctly which could increase the risk of the spread of infection. The registered manager told us this would be addressed with staff.

## 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 physical, mental health and social needs were, in most cases, assessed and provided in line with current legislation and best practice guidelines. Where people needed support with specific health conditions, staff had acted to support people with their health needs.
- People's health needs were reviewed each time they came to stay at the home. This was because people's physical and mental well-being could change in between stays. This ensured people continued to receive consistent care in accordance with their needs and choices.

Staff support: induction, training, skills and experience.

- The person and relatives we spoke with praised the staff who cared for and supported them or their family members. The person said, "They all seem to know what I need." A relative said, "They are all very knowledgeable, they know exactly what is needed."
- Records showed staff had completed training the provider deemed mandatory for their role. Staff felt supported by the registered manager to carry out their role. Staff received regular supervision and regular observation assessments of their practice. This helped staff to provide safe and effective care and support for all people at the home.
- Staff were encouraged to develop their role through gaining externally recognised qualifications such as diplomas in adult social care. This will provide staff with further skills and experience resulting in higher quality care and support for people.

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

- People received the support they needed to have enough to eat and drink and to maintain a balanced and healthy diet during their stay. People's food preferences were known prior to them arriving at the home to enable food to be brought for their arrival. Some people went shopping with staff to help choose the food they wanted.
- Staff were aware of the risks associated with people's diet. Support plans and risk assessments were in place to help to reduce the risks to people's health. Some people had the quantity of the food and drink they consumed monitored. This enabled staff to identify any concerns during people's stay with family member's informed. Staff worked with family members if there were concerns about a person's nutritional health, this included offering support with referrals to dieticians if needed.
- The provider had measures in place to ensure that food was stored safely. If people had cultural needs that needed to be considered when meals were planned, staff were made aware to ensure people's rights were respected.

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

- Visits to GP's, dentists and other healthcare agencies would normally be carried out by the relatives of the people who used the respite service. If required, there were occasions when staff would support people with these visits.
- Should a person need an emergency visit to a hospital during their stay, each person had a hospital transfer document in place. This document was used to record important information about people's health conditions and included important information such as their allergies. We did note that there was no reference to potential triggers of behaviours that may challenge. The registered manager told us they would amend these forms to include this. This transfer documentation is important to ensure that when people use different healthcare services, they receive safe, consistent, timely and effective care.

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

- The home had been adapted to support people living with a learning and/or physical disability. Equipment used to transfer people around the home safely such as hoists were available. Bathrooms had been adapted to ensure people could be supported safely when using them.
- Safe wheelchair access had been made available throughout the home. Doors to communal areas had been widened and ramps to the backdoor entrance were in place to aid independent movement around the home and outside.
- The registered manager acknowledged that parts of the home and garden needed decorating and renovation. Some of the décor was unappealing, with floors, walls and some furniture in need of renovation to make them more appealing for people staying there. The home is due for extensive renovation work in January 2020 to address these issues.
- It was noted that the relatives we spoke with commented on the need for decoration at the home, but felt this did not detract from the high-quality care provided. Many commented on the 'homely' feel to the home and hoped that the future renovations would not impact this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The application of the MCA was effective. Where there were concerns with people's ability to make decisions for themselves, mental capacity assessments had been carried out with input from relatives and professionals. This ensured that decisions continued to be made in people's best interest. When family members or another relevant person were involved with making decisions about people's care, their legal right to do so was recorded. This will ensure that people's rights were respected.

- No-one currently had DoLS authorisation in place. The registered manager has been working alongside the local authority to ensure that people's needs were appropriately assessed when they come to stay at the home and, if needed, a DoLS application will be made of people. This will ensure their liberty was not unlawfully breached.

## 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; equality and diversity

- The person we spoke with and people's relatives all commented on how kind and caring they found the staff to be to them or their family members. The person said, "The staff are really nice to me." A relative said, "They are fantastic with [my family member], they all care." Another relative said, "I feel comfortable leaving [my family member] there. They are so caring. They are professional but professional with a smile, they are friends too."
- Although people only stayed at the service for a few days at a time, people were well treated and supported. Staff did everything they could to ensure people had fun whilst offering reassurance to relatives that their family members were safe and well looked after. A relative said, "They are so welcoming. We have moved from one to three days (length of stay) It is a big thing for us but feel reassured that [family member] is happy and well treated."
- Our observations of staff interaction with people throughout the day were limited because for most of the inspection no people were being cared for. However, for the short time that we did see staff interacting with and caring for people, they did so with a smile on their face. It was clear they had a passion for providing all people with the best stay possible. One person who used the service told us they enjoyed coming to stay at the home.
- People's diverse needs were discussed with them or their relatives during their initial assessment stage to determine if the service would be suitable for them. The registered manager told us that if people wished to practice their chosen religion, then they were assisted to attend church during their stay. The registered manager told us they took people's diverse wishes seriously and ensured, even during the shortest of stays, that people's views were respected.

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

- People were supported to make decisions about their day-to-day care and support needs where able. Care records contained guidance for staff on how to communicate with people. All staff had completed autism awareness training and used these skills to support and communicate with people effectively. Pictorial Exchange Communication Systems (PECS) were also used where needed, to assist people with communicating their wishes. PECS is a method to teach an individual with a communication impairment a way to communicate within a social context.
- A person who used the service told us they felt listened to and respected and was given choices about their care needs. They gave the following example; "When they [staff] get me up in the morning they ask who I want to support me to get up. They read out the names of staff who are here and give me the choice to say

who I want. I find this is really respectful."

- A person who was able to communicate their views verbally supported others to have their voices heard. They attended meetings with the registered manager and senior staff, on behalf of others at the home and expressed their wishes about things such as; activities and food choices. The registered manager told us this encouraged the person's independence, social skills and ensured other people's views could be acted on.
- Information about how people could access an independent advocate was provided in the service user guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- The person we spoke with and relatives felt all staff treated them or their family members with respect and dignity. A relative said, "When we go away [family member] is well looked after. They always come back looking nice and well-cared for."
- Staff spoke respectfully about the people they cared for. One staff member said, "I just love the job, it is the little things, the little changes, and seeing the improvements that makes it important to me."
- Staff could explain how they ensured people's dignity was respected during personal care, maintaining their privacy at all times. A staff member said, "I protect people's privacy and dignity, by closing curtains, knocking before entering the room, keeping records locked away and making sure passwords are on electronic devices."
- People's independence was encouraged and promoted. Relatives told us wherever possible staff did all they could to support their family members with doing as much for themselves as possible.
- People's care records were treated appropriately to ensure confidentiality and compliance with the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union. Staff had received GDPR training and received regular updates from the provider to ensure their knowledge and actions continued to meet these guidelines.

## 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.

- Before people started to use the service, an assessment was carried out to ensure they could receive the support they needed when they came to stay. Relatives praised this process. One relative told us that when they first came to see the home they knew it was the place they felt most comfortable in leaving their family member to stay. Relatives told us that due to the responsive attitude of the staff towards their concerns, they left their family member knowing they would be well-cared for at each stay.
- Detailed and robust care and support plans were in place to ensure that staff had enough information to care for people in line with their, and where appropriate their relatives', preferences and choices. Records covered all aspects of people's care needs which meant staff were able to respond effectively to changes. A relative told us that there was always good communication with the staff. If staff felt something was wrong, or they needed some advice they always picked up the phone to seek their views. The relative welcomed this approach, making them feel confident that staff were able to identify and act on their family member's changing care needs.
- People's support records contained details about their likes, dislikes, personal choices and preferences in relation to their care. People's food preferences, and the time they would like to go to bed, were just some of the choices people had made. Staff were knowledgeable about people's choices and were able to explain how they supported people with them.
- People's care was reviewed each time they came to stay. This was to ensure that staff could respond to any changes in the person's care since their last stay. This ensured they continued to receive care and support from staff that met their needs in line with the current preferences and choices.

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 take part in several activities during their stay. Some of these activities took place within the home, others included visits to attractions such as the circus, football matches and the theatre. Relatives told us their family members were able to lead active lives and activities were provided in line with their family members' preferences. One relative praised staff for taking their family member to a football match so they could continue to support their local football team during their stay.

Meeting people's communication needs.

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

impairment or sensory loss and in some circumstances to their carers.

- The provider had made provisions to ensure they were compliant with the AIS. Efforts had been made to provide documentation in formats that people could understand and were personal to them. For example, one person had individualised medicine administration records, which they understood what they were for; and, with the support of staff completed the forms for themselves. This empowered the person to take control of an important aspect of their care they received when staying at the home.
- A communication board was used to assist a person who communicated through movement of their eyes. This ensured the person's choices were requested and acted on. These systems helped to ensure that people were not discriminated against because of a disability or sensory impairment.

Improving care quality in response to complaints or concerns

- The person and relatives we spoke with felt confident that the registered manager or other relevant staff members acted on any issues or complaints raised.
- The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.
- The provider's policy stated they would provide the details of the 'relevant body' should people not be satisfied with the outcome of their complaint. That 'body' is The Local Government and Social Care Ombudsman. They have the statutory authority to consider complaints about adult social care providers.

End of life care and support

- Due to the type of service end of life care was not currently provided; however, provisions were in place to support people and families should care be needed.
- A relative praised the support they and their family member received during a recent family bereavement.

# 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.

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

- The registered manager and her staff had a clear understanding of their roles and how they each contributed to providing people with high quality care. This also gave relatives peace of mind that their family members were safe and well-cared for when they came to stay.
- The registered manager empowered her staff to take responsibility for their roles, to work together to find solutions to issues and to always carry out their role to their best of their ability. Staff welcomed this approach. They felt able to care for and support people, in line with their assessed needs, but with the freedom to ensure that people's independence was always encouraged. They felt fully supported by the registered manager.
- The registered manager understood the regulatory requirements of their role. When required, they ensured appropriate authorities such as the CQC and local authority were always informed of any incidents or concerns about people's safety. This ensured people continued to receive high quality care when they came to stay.
- Robust quality assurance processes were in place. These ensured that key areas of care and support such as; medicines and finances were regularly reviewed to ensure high standards. Staff were offered opportunities to support the registered manager with these audits. This was particularly important should the registered manager be off sick or on annual leave; meaning the service could continue to operate in their absence with no impact on the quality of care.

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

- The person and the relatives we spoke with commented on the positive atmosphere at the home when they or their family members came to stay. All commented on the caring, person-centred and supportive approach of the staff, ensuring people's time at the service was fulfilling and enjoyable. All praised the registered manager and would recommend the service to others.
- Staff embraced the provider's seven key values. These included; 'Supportive', 'Engaging' and 'Meaningful'. They used these values and others to ensure people received care and support that provided them with good outcomes in an open and inclusive environment. Physical disability was not seen as restriction, but something for staff and the people they cared for to overcome together to ensure they were able to get as much as they wanted to out of each stay.

### Continuous learning and improving care

- Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. Learning from incidents that had occurred was discussed with staff during supervisions to ensure that the quality of the service people received did not affect their safety.
- High quality staff performance was regularly rewarded via a provider-led awards ceremony as well as an awards ceremony for staff at this home. Nomination forms were sent to people, their families and staff, asking them to nominate staff who they believed had provided exceptional care, or had done something they would consider above and beyond what would be expected of their role. Awards were also presented to people themselves, to those who had worked hard to overcome difficulties in their life to achieve something special. The registered manager said, "This will be nice for parents to see their child receive an award for their achievements."

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

- The provider had the processes in place that ensured when mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning and development was implemented to help reduce the risk of incidents recurring.

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

- People and relatives felt able to give their views about the service and that they would be acted on. Regular meetings were held with the people staying at the home. These meetings were based on the theme of 'What's working? What isn't?'. All people were supported to take part regardless of their disabilities. People that were more able to communicate their views were supported to act as an advocate for others, to speak on their behalf to ensure outcomes from the meeting were inclusive of all people's views.
- Staff felt able to raise any issues with the registered manager and that any concerns would be acted on.

### Working in partnership with others

- Staff worked in partnership with other health and social care agencies to provide care and support for all.
- The registered manager had made links with local businesses and organisations to raise awareness of the service within the local community. For example, the local fire service was invited to come and speak with people and staff at the home about how to reduce the risk of fire within the home and how to keep each other safe in an emergency.