

Heathcotes Care Limited

Tudor Lodge

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

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 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.

About the service

Tudor Lodge is a residential care home providing personal care to 7 people at the time of the inspection. The service can support up to 7 people.

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

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 focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People received care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People were able to personalise their rooms. Staff helped people access specialist healthcare support in the community. They supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs. Staff supported people with their medicines to achieve the best possible health outcome and helped people to play an active role in maintaining their own health and wellbeing.

Right Care:

Staff promoted equality and diversity in their support for people. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it. The service had enough staff to meet people's needs and keep them safe. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. People took part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the

management and staff. People received good quality care and support because staff were well trained and could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing. Staff turnover was low, which supported people to receive consistent care from staff who knew them well. Staff placed people's wishes, needs and rights at the heart of everything they did. People and those important to them were involved in planning their care. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views. People's quality of life was enhanced by the service's culture of improvement. Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

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

Rating at last inspection

The last rating for this service was good (published 28 February 2018).

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.

Tudor Lodge

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

This inspection was carried out by 1 inspector.

Service and service type

Tudor Lodge 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. Tudor Lodge 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 Care Quality Commission 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

This inspection was unannounced on the first day. We returned on the following day to collect further evidence and to speak with the registered manager and staff team.

What we did before inspection

We reviewed information we had received about the service since the last 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 used all this information to plan our inspection.

During the inspection

We spoke with 3 people using the service and 3 relatives. We obtained feedback from a healthcare professional that worked closely with the home. We observed interactions between people and staff to help us understand the experience of people who could not talk with us. We spoke with the registered manager, 2 team leaders, 2 care support workers and the regional manager. We reviewed a range of records. This included 2 people's care records, records relating to medicines management, staff files, staff training and supervision information and other records relating to the management 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.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- We saw people were comfortable and at ease with each other and with the staff team supporting them. A relative told us, "I think [family member] is very happy and safe there." Another relative said, "[Family member] is absolutely safe and happy there." A staff member told us, "There is constant conversations between us and people and I feel that people feel safe and comfortable."
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "If anything happens, I would report to the manager straight away."
- People and those who matter to them had safeguarding information in a form they could use, and they knew how and when to raise a safeguarding concern.
- Information was displayed in an easy to read picture format in the communal hallway which explained what people could do if they were concerned about their safety and wellbeing. Minutes of meetings between people and staff showed staff used people's preferred method of communication to encourage them to raise any concerns they had about their safety and wellbeing.

Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well.
- People had positive risk taking plans in place which meant they had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions.
- People's care plans contained explanations of the control measures for staff to follow to keep people safe. Staff understood where people required support to reduce the risk of avoidable harm.
- Staff managed the safety of the living environment and equipment through checks and action to minimise risk.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. A relative told us staffing levels were consistent. They said, "[Family member] gets the right level of support they need. There's enough staff I think because people never miss out on going out."
- The numbers and skills of staff matched the needs of people using the service. The registered manager told us staff turnover was low which helped provide people with consistent care and support from a regular and familiar staff team.

- Staff recruitment and induction training processes promoted safety. Staff knew how to take into account people's individual needs, wishes and goals. A relative told us, "[Family member's] needs are being met specifically."
- Every person's care record contained a summary profile with essential information to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to prescribe, administer, record and store medicines safely.
- The service worked with the relevant prescribers to make sure people's medicines were reviewed in line with the principles of STOMP (stopping over-medication of people with a learning disability, autism or both).
- Senior staff audited medicines stock and records at regular intervals and checked staff were managing and administering medicines safely.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- The premises was clean and hygienic and the service had good arrangements in place to make sure they remained so.
- The service prevented visitors from catching and spreading infections. Visitors were supported to understand why they should not enter the service if they were feeling unwell.
- Staff used personal protective equipment (PPE) effectively and safely, when required.
- The service promoted safety through the layout of the premises and staff's hygiene practices.
- The service knew how to respond to risks and signs of infection and how to make sure infection outbreaks at the service would be effectively prevented or managed. They had plans to alert other agencies to concerns affecting people's health and wellbeing.
- The service's infection prevention and control policy was up to date.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The service made sure visiting arrangements were in line with government guidance. A relative told us there were no restrictions placed on when they could visit the service. They said, "I can go and see [family member] any time I want."

Learning lessons when things go wrong

- Incidents affecting people's safety were managed well. Staff recognised incidents and reported them appropriately.
- Senior staff investigated incidents and shared lessons learned, to help staff improve the quality and safety of the support provided. A relative told us, "[Staff] make notes of any incidents and then try and find the triggers to avoid that situation next time."

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 had care and support plans that were personalised, holistic, strengths-based and reflected their needs and aspirations, including their physical and mental health needs. People, those important to them and staff reviewed plans regularly together.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received relevant training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, communication tools, positive behaviour support and human rights.
- Staff updated their training and attended refresher courses when required, which helped them continuously apply best practice. A relative told us, "They have good training there...when they're training new staff they have them shadowing the experienced ones and that's really good."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. There were opportunities for staff to progress their careers if they wanted. The registered manager told us about the provider's programme to support staff identified as future managers within the provider's organisation. A staff member who was about to enrol on the programme told us they were looking forward to taking part as their career goal was to be a manager in the future.
- The service had clear procedures for team working and peer support that promoted good quality care and support. On every shift, a 'shift planner' was completed and shared with all staff on duty. This detailed tasks and activities that needed to be undertaken by designated staff, to make sure people's care and support needs were met. A staff member told us, "The staff team work really well together and we all get on with each other."

Supporting people to eat and drink enough to maintain a balanced diet; supporting people to live healthier lives, access healthcare services and support; staff working with other agencies to provide consistent, effective, timely care

- People received support to eat and drink enough to maintain a balanced diet. Staff monitored people ate and drank enough to meet their needs.
- People were involved in choosing their food, shopping, and planning their meals.
- Staff supported people to be involved in preparing and cooking their own meals in their preferred way. We saw people preparing breakfasts and lunches of their choosing with staff's support.

- Staff encouraged people to eat a healthy and varied diet to help them to stay at a healthy weight. A relative told us prior to their family member moving in, their diet was not particularly healthy or well balanced. They said, "[Family member's] diet has improved dramatically...now [family member's] eating fruit and vegetables."
- Mealtimes were flexible to meet people's needs and to avoid them rushing meals.
- People had health actions plans which were used by healthcare professionals to support them in the way they needed.
- People were supported to attend annual health checks, screening and primary care services.
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. A healthcare professional, who visited the service regularly, told us staff had a good understanding of people and their needs. They said staff looked after people well and made sure people stayed healthy.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs. A relative told us, "There is such a lovely atmosphere. This place is open and spacious and people are free to move about as they want and wish."
- People personalised their rooms and were included in decisions relating to the decoration and design of their home. When the garden was recently updated, people chose how elements of the garden were set out and decorated. For example, old car tyres had been repurposed as border edgings and people chose the colours they were repainted.

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 and whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented.
- Staff demonstrated best practice around assessing mental capacity, supporting decision-making and best interest decision-making.
- Where applications had been made to deprive people using the service of their liberty, these had been authorised by the appropriate body and the provider was complying with the conditions applied to the DoLS authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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

- People received kind, compassionate care from staff who used positive, respectful language which people understood and responded well to. People indicated to us they were happy with the staff team supporting them. A relative told us, "The staff are kind and caring...I think there's a really lovely family atmosphere at the home." Another relative said, "[Staff] are really good and they know [family member's] needs. I would give them full marks. They are very good. [Family member] can make their wishes known about what they want and staff will make sure [family member] gets what they want." A healthcare professional told us people appeared happy and well cared for when they visited the service.
- People and staff knew each other well. Staff members showed warmth and respect when interacting with people. Conversations were friendly and cheerful and there was genuine warmth and appreciation when people and staff were talking with each other. One person told us they really liked the staff member that went shopping with them. They said the staff member was like a 'friend' to them. A staff member told us, "Since I have been here, I think I have gained [people's] trust."
- Staff were patient and used appropriate styles of interaction with people. They offered people choice and gave them time and space to make a decision. People were not hurried and could do things in their own time and at their own pace.
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff responded in an appropriate way to limit factors that might be stressful to people including providing people with support to help them reduce any anxiety they might be experiencing. We saw for one person, who could become anxious if they could not immediately see a person they were close to, a 'social story' had been developed for them which used a picture format to explain to the person when they would see the person again

Supporting people to express their views and be involved in making decisions about their care; respecting equality and diversity

- People, and those important to them, took part in making decisions and planning of their care and risk assessments
- Staff supported people to express their views using their preferred method of communication. This included using visual aids such as a picture exchange communication system (PECS) and 'Makaton', a system which uses speech with signs and symbols to help people communicate.
- Staff respected people's choices and wherever possible, accommodated their wishes, including those relevant to protected characteristics, for example due to cultural or religious preferences.
- Staff supported people to maintain links with those that are important to them. Staff made sure people

remained in contact with family and friends through visits to the service, visits home and through phone and video calls.

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to try new experiences, develop new skills, gain confidence and independence. A relative told us, "[Staff] are helping [family member] to do more for themselves. [Family member] can now make their own toast, something they couldn't do before." Another relative said their family member enjoyed going grocery shopping with staff and told us, "[Family member] chooses things on the shelves and then helps take in the shopping when they get back." The registered manager told us one person had become very involved in a project at the service to redevelop the garden that had helped rebuild their confidence, which had been affected by the impact of COVID-19 restrictions and national lockdowns.
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves safely. We saw people that could and wanted to, make their own breakfasts and drinks and with staff's support tidy their rooms and sort their laundry. A staff member told us, "I like the job and supporting people...and helping them to achieve independence."
- Staff knew when people needed their space and privacy and respected this. Staff made sure people could spend time alone in their rooms and did not enter people's rooms without seeking their permission first. A relative told us about staff, "They respect [family member's] privacy and dignity."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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

- Staff supported people through recognised models of care and support for people with a learning disability or autistic people. A relative told us, "The specific training [staff] have had to support people with a learning disability has made a huge difference."
- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff were able to explain their role in respect of individual people without having to refer to documentation because they had worked with people for a long time and knew them, their needs and their preferences, well.
- People learnt everyday living skills, understood the importance of personal care and developed new interests by following individualised learning programmes with staff. A relative told us about the changes they had seen in their family member since they started using the service. They said, with staff support, their family member could now make light meals, was now always clean and well-dressed and they had taken up new activities and interests. They told us, "I can't sing [staff's] praises high enough...it's been a positive experience for [family member] living at the home."
- Staff offered choices tailored to individual people using a communication method appropriate to that person. A staff member told us, "I am the keyworker for [person using the service]. I use PECS to explain tasks and activities."
- People were supported to understand their rights and explore meaningful relationships. The regional manager told us the service was expanding the support provided to people in this area and staff had recently been enrolled on the 'supported loving' campaign, a human rights-based campaign facilitated by an external host, through network meetings with care providers and other agencies. The campaign's objectives were to support people with learning disabilities and autistic people, enjoy the same sexual and romantic freedoms as everyone else. The regional manager said the learning and tools gained from participating in this campaign would help staff facilitate conversations with people using the service about their relationship goals and aspirations.

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 make and maintain relationships with others. A relative told us, since moving in to the service, their family member had built up friendships with others at the service and this had positively improved their wellbeing.
- Staff supported people to spend quality time with their relatives regularly. A relative told us their family member was recently able to go on holiday with them, with staff's support. They said, "This was the first time we went away as a family and it was wonderful. Just to spend time with [family member] was lovely."

- There were social events at the service to celebrate special occasions and relatives were invited to take part. The service had recently held a summer garden party. A relative told us, "I went to the summer party and it was lovely and all our family went."
- People stayed in regular contact with friends and family who lived away from the local area, via telephone or video calls. One person told us they called their family members every day at the same time to let them know how they were.
- People were supported to participate in their chosen social and leisure interests on a regular basis. We saw people were encouraged to take part in activities they enjoyed, for example, walks in the local area, dance classes, trampolining, bike riding, swimming, going out for meals and outings to places of interest in the community.
- Staff helped people to have freedom of choice and control over what they did. Activities were planned with people in advance based on their interests. However, people were able to change their mind at any time and do something different to what was planned.
- Staff were committed to encouraging people to undertake courses in line with their wishes and to explore new social, leisure and recreational interests. People had recently taken part in a provider led project to redesign the garden which involved putting in a new herb garden and flowers and recycling old items to use as new decorations. People were acknowledged by the provider for their hard work and invited to a special event in Birmingham to celebrate their achievements. The regional manager told us the service wanted to build on their success and were starting to look at community based initiatives where people could continue to use the skills they had learnt, on new gardening projects.

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. The Accessible Information Standard 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.

- Staff ensured people had access to information in formats they could understand. There were visual structures, including use of gestures, symbols and pictures which helped people know what was likely to happen during the day and who would be supporting them. One person had a 'social story' developed for them which used pictures to show the person the different tasks and activities they would be doing each day.
- People had individual communication plans that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff understood people's individual communication needs and knew how to facilitate communication and when people were trying to tell them something.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. A relative said, "I am not backward about coming forwards and if something is not right I would make a complaint."
- The service had systems in place to deal with concerns and complaints, investigate them, learn lessons from the results and to share learning with the whole team and the wider service.

End of life care and support

- None of the people using the service at the time of this inspection were in receipt of end of life care and support.
- There were systems in place to obtain and record people's wishes for the support they wanted to receive

at the end of their life. This would help ensure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection, the rating for this key question has remained 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 registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. A relative told us, "The management are really supportive to the staff team. The staff team are really positive." A staff member said, "I would describe the quality of life here as person centred and focussed on people's individual needs. We talk and listen to people to make sure they are happy."
- The registered manager worked directly with people and led by example. A relative told us, "I think [registered manager] runs a tight ship and her staff have a lot of respect for her."
- The registered manager was accessible and approachable and took a genuine interest in what people, staff, family, and healthcare professionals had to say. During our inspection, one person regularly went to see the registered manager in their office and they were always warmly welcomed and asked if they were ok or needed help with anything. A staff member said, "[Registered manager's] door is always open and she is very approachable." A healthcare professional told us the registered manager was friendly, communicated well and responsive to the needs of people using the service.
- Staff felt respected, supported and valued which supported a positive and improvement-driven culture. They felt able to raise concerns without fear of what might happen as a result. A staff member told us, "I feel very well supported by the managers. [Registered manager] is amazing and if she isn't here you can call the regional manager who is always willing to take your call. We can raise any concerns quite easily."
- Management and staff put people's needs and wishes at the heart of everything they did. Staff told us they achieved this through working together as a team. A staff member told us, "Team working makes the work easier and we can find things to help us improve...we all work together as a team and communication is very good."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; how the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had the skills, knowledge and experience to perform their role, a clear understanding of people's needs and good oversight of the service. A relative told us, "I am quite happy with [registered manager]. You judge a person by the staff they have. The majority of the staff have been there an awful long time and I think they really enjoy working there." A healthcare professional told us the registered manager understood their role and provided good leadership to the staff team at the service.
- The registered manager understood and demonstrated compliance with regulatory requirements and

best practice.

- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff delivered good quality support consistently. A relative said, "I think [family member] is comfortable, happy and has a really good life there." Another relative told us, "I think they're good and I have no complaints whatsoever." Another relative said, "It's all positive there...they are brilliant. The staff are communicative and they really understand [family member] so well. [Family member] is very, very happy...I have no qualms about [family member] being there. I am happy." A healthcare professional told us they had observed 'good quality care' during visits to the service.
- The service had systems in place to apologise to people, and those important to them, when things went wrong
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others

- The registered manager sought feedback from people and those important to them and used the feedback to develop the service.
- The registered manager engaged with family members so that they could share their views and discuss issues with staff. A relative told us, "She phones us and keeps us in the loop and she's open to suggestions and I am impressed with her."
- The registered manager kept up to date with national policy to inform improvements to the service.
- The provider invested sufficiently in the service, embracing change and delivering improvements.
- The service worked well in partnership with other healthcare professionals. Staff listened to feedback from healthcare professionals and acted on their recommendations to help people achieve positive outcomes and improve the quality of their life. A healthcare professional told us the service was welcoming and any feedback, recommendations and training they gave was positively received and acted on.