

Care UK Community Partnerships Ltd

Tiltwood

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Tiltwood 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. Tiltwood accommodates up to 50 older people, who may also be living with dementia. The service is arranged into five individual units, named: Pines, Elms, Chestnuts, Walnuts and Willows. Tiltwood also has an onsite day service which is accessed by some of the people who live at Tiltwood, in addition to being open to the wider community.

The inspection took place on 12 March 2018 and was unannounced. There were 40 people using the service at the time of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager had been in post since November 2015.

We previously carried out an unannounced comprehensive inspection of this service on 15 March 2017. At that inspection we found one breach of legal requirements in respect of providing person centred support. As a result the findings from that inspection, the service was rated Requires Improvement. The provider sent us an action plan which identified the steps they intended to take to make the required improvements and this inspection confirmed that the provider had done the things they told us they would.

This inspection found that whilst people were experiencing a good standard of service, some staff did not always have the skills and confidence to meet people's specialist needs. In addition, staff needed to ensure they always worked collaboratively to make sure they delivered the most effective support. The registered manager and provider had already identified these areas of improvement and plans were in place to ensure they were acted upon.

People now experienced a personalised approach to care and most staff had a good understanding about their wishes. Each person had been appropriately assessed and information used to develop a plan of care that outlined how support was to be provided safely and in accordance with people's preferences. People were given choice and control over how they lived their lives and their right to be independent was inspected.

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet. The registered manager worked in partnership with other healthcare professionals to ensure people received holistic care. Medicines were managed safely and people received their medicines as prescribed. End of life care enabled people's final wishes to be respected and allowed people to pass with comfort and dignity.

Staffing levels were sufficient to safely meet people's needs. Appropriate checks were undertaken to ensure staff were suitable to work people and training and support was provided to enable them to deliver their roles.

Staff understood their responsibilities in protecting people from harm and there were appropriate systems, processes and practices to safeguard people from abuse. Risks to people were identified and managed in a way that balanced both people's safety and freedom.

The environment was suitable for people's needs and the Registered Manager was continuously developing the sensory areas around the service. The service was clean with good infection control systems in place.

The atmosphere in the service was relaxed and people were treated with kindness and compassion. Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. People had opportunities to participate in activities that were engaging and meaningful to them and their friends and families were welcomed into the service.

The culture within the Tiltwood was open and inclusive people and their representatives felt empowered and engaged in the running of the service. There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care.

The registered manager actively championed highly personalised support and took appropriate steps to ensure lessons were learned when things went wrong. The governance framework at both provider and management level ensured regulatory requirements were understood and complied with.

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.

Staffing levels were sufficient to safely meet people's needs. Appropriate checks were undertaken to ensure staff were suitable to work people.

There were appropriate systems, processes and practices to safeguard people from abuse. Staff understood their roles and responsibilities in protecting people from harm.

Risks to people were identified and managed in a way that balanced both people's safety and freedom.

The service was clean and good infection control systems were in operation.

Medicines were managed safely and people received their medicines as prescribed.

The registered manager took appropriate steps to ensure lessons were learned when things went wrong.

Is the service effective?

Requires Improvement 

The service was not always effective.

Some staff lacked the skills and confidence to meet people's specialist needs.

The registered manager worked in partnership with other healthcare professionals, but staff teams did not always work collaboratively together to deliver the most effect support.

People's needs and choices were appropriately assessed and information used to inform their care.

Staff had understood people's capacity and were more proactive in the way they protected people's legal rights.

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet.

The environment was suitable for people's needs and the Registered Manager was continuously developing the sensory areas around the service.

Is the service caring?

The service was caring.

The atmosphere in the service was relaxed and people were treated with kindness and compassion.

People were involved in making decisions about their care and staff encouraged people to express their views.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

Good ●

Is the service responsive?

The service was responsive.

People experienced a more personalised approach to care and staff had good understanding about their needs and wishes.

People had opportunities to participate in activities that were engaging and meaningful to them.

There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care.

End of life care enabled people's final wishes to be respected and allowed people to pass with comfort and dignity.

Good ●

Is the service well-led?

The service was well-led.

The registered manager actively championed highly personalised support and was continuously exploring new ways to improve and develop the service.

The culture within the Tiltwood was open and inclusive people and their representatives felt empowered and engaged in the running of the service.

The governance framework at both provider and management level ensured regulatory requirements were understood and complied with.

Good ●

Tiltwood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was a re-inspection of this service to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 12 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with 17 people who lived at the home, five relatives, six staff, including the registered manager. We also spoke with a District Nurse who visited the service whilst we were there. We observed interactions between people and staff during the morning and afternoon on each unit. We joined people in the communal areas across the service at lunchtime to gain a view of the dining experience.

We reviewed a variety of documents which included the care plans for seven people, seven staff files, medicines records and other documentation relevant to the management of the service.

Is the service safe?

Our findings

People told us that they felt safe at the service. For example, one person said, "I always feel safe; I would let them know if I didn't." Likewise, relatives were confident that their loved ones were in safe hands. One family member commented, "I feel safe leaving him here, they do a great job and all the things he brought in are cared for really well" and another confirmed, "I never have hesitated leaving her here, I feel confident in her safety."

Staffing levels were sufficient to safely meet people's needs. People told us that they received support when they needed it and that call bells were answered quickly if they used them. For example, one person said, "I use my call bell when I need to and they come quite quickly. They ask if they can help me and usually at night they come even quicker." Similarly, a relative informed us, "My mum uses the bell now and again and they always seem to come straight away. Mum has never said otherwise when I'm not here."

The registered manager told us they supported 40 people across five units with nine care staff and two team leaders each day. Both the registered manager and deputy manager were in addition to this number. Each unit had two care staff in apart from Elms unit which had one as there were less people accommodated there. Feedback from relatives indicated that staffing levels were sufficient, but some people felt that staff didn't always have time to spend quality time with people. Our observations found that whilst there were enough staff to care for people safely, people's experiences were affected by how staff were deployed and engaged with other staff across the service. This is detailed further under the Effective domain.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS). This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, relevant references, medical fitness and proof that people had the right to work in the UK.

People felt safe from the risk of harm. One person told us, "I'm well looked after here, they look after me and my things very well" and likewise another said, "I do not have to worry." A relative also commented, "They definitely know how to deal with him and I know he feels safe because he is calm with them." We saw that people had good relationships with the staff that supported them and felt safe in their hands.

Staff understood their roles and responsibilities in protecting people from harm. Staff completed regular safeguarding training and were knowledgeable about safeguarding procedures. Staff confirmed that the registered manager was approachable and that they felt confident to raise any safeguarding concerns they may have. For example, one staff member told us, "I'd go straight to the manager or the next people up or the police or CQC. They wouldn't get away with any of that here." The registered manager made appropriate safeguarding referrals as required and always co-operated fully with safeguarding investigations.

Individual risks to people were identified and managed in a way that balanced both people's safety and freedom. For example, one person was at high risk of falls, but liked to spend their time walking around the

different units. This risk had been thoroughly assessed and discussed with relevant persons and it was agreed that it was in the person's best interests to remain mobile. Staff across the service were aware of the risks associated with this person and we saw numerous staff walking with the person and prompting them to use their walking aid. We observed that the person had the necessary supervision to manage the risk of falls whilst also being able to move around the service independently.

Staff had a good understanding of the risks associated with the people they supported and took action to minimise these. Staff knew which people were at risk of dehydration or weight loss and recorded the amounts people ate and drank. Likewise, staff knew the risks for those people who were cared for in bed and took steps to reduce the likelihood of pressure damage. For example, a person in receipt of end of life care had appropriate pressure relieving equipment in place and staff ensured their position was regularly changed so as to reduce the risk of developing pressure wounds.

Environmental risks had been considered and mitigated. People had Personal Emergency Evacuation Plans (PEEP) that provided guidance to staff in the event of an emergency situation. Audits and checks took place to ensure the environment and equipment remained safe and fit for purpose.

Accidents and incidents were recorded and reviewed to ensure lessons were learned when things went wrong. For example, where people had falls, these were analysed to ensure there were no environmental or other factors that had contributed. We saw that people had appropriately been referred to other professionals, such as opticians and physiotherapists where they had experienced multiple falls and their guidance followed.

The service was clean and good infection control systems were in operation. One person told us, "It is nice here and they always keep it clean." The home environment was clean and we saw domestic staff working throughout the service. Cleaning schedules were available on each unit and these were up to date for 2018. Sluice rooms were hygienic and without odour. Wash basins were in regular use and hand soap and paper towels available by each.

Staff observed good hygiene measures. We observed staff regularly washing their hands between tasks and ensuring appropriate personal protective equipment, such as gloves and wipes were used as required. Staff were able to explain correct systems in place for the handling of soiled linen. The last infection control audit was in January 2018 and had identified no major concerns.

People told us they received appropriate support with their medicines. For example, one person said, "They give me my medicine, the pills are usually just after breakfast and I know why I take them." Similarly, another person informed us, "I have a lot of pills. I would never remember them all on my own and when they give them to me they watch me take them and they tell me what each one is for."

Staff completed competency based training in the safe handling of medicines and we observed them administer medicines in a way that followed guidance from the Royal Pharmaceutical Society. For example, at lunchtime we saw a staff member administering medicines to people in a way that was person centred. Staff did not sign medication administration records (MAR charts) until medicines had been taken by the person. One person refused medicines and we saw that the staff member was patient and checked with the person before coming back and writing this on the MAR chart and putting the tablet in a pot to be returned.

Medicines records contained photographs of people and listed their allergies. Protocols were in place to support the administration of 'as needed' (or PRN) medicines. For example, one person had a PRN salbutamol inhaler and the protocol described symptoms when it would be necessary and guidance for staff

to follow to ensure correct use.

Medicines were delivered and disposed of by an external provider and stored safely within the service. The medicines room was quite crowded with trollies and the registered manager explained that work was currently underway to create a larger clinical room. In the meantime, the room was well organised and air conditioned. The temperature of the room and the medicines fridge were checked and recorded daily. Medicines were regularly audited to ensure any discrepancies were identified and rectified swiftly.

Is the service effective?

Our findings

People and their relatives spoke positively about the staff at Tiltwood. For example, one person told us, "They are confident when they are looking after me." Similarly one family member said, "I have no doubt that they (staff) are very well-trained."

We saw lots of positive examples of effective support being provided and staff received ongoing training to deliver their roles. However, we also observed that some staff lacked the skills and confidence to meet people's specialist needs. For example, in the morning we noticed that a care worker on one unit was nervous when a person became agitated and as a result the person's anxiety escalated unnecessarily. On another unit in the afternoon, two people had an altercation which staff did not respond to appropriately. In discussion with staff about this incident, one care worker showed a lack of understanding about the needs of people living with dementia. A review of the supervision and appraisal records for these staff highlighted that whilst these practices had been identified by their team leaders as areas for improvement, these were not being effectively monitored to ensure performance goals were achieved.

Staff did not always work collaboratively together to deliver the most effective support. Whilst there were sufficient numbers of staff to support people safely, there were times when staff did not communicate with each other to ensure people were not left unattended. For example, despite the allocation of two team leaders who worked across the service, these 'floating' staff were not always utilised to ensure staff presence in communal areas at times such as when personal care was being provided or lunch was being collected.

These issues were brought to the attention of the registered manager who informed us that she had identified positive behaviour support as an area for improvement and had already arranged for practical training in this area to be delivered by the provider's new dementia specialist. She also reviewed the allocation of staff on duty to ensure a good skill mix of staff across the units and the regional director confirmed following the inspection that she would be monitoring the effectiveness of this. We will follow up on the impact of these improvements at our next inspection.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. In addition to formal learning, new staff also shadowed more experienced staff. New staff that had been recently recruited told us that they felt they had been well supported and inducted into their roles.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People told us that they were involved in discussions about their care and that staff respected their choices. One person informed us, "They always ask me what I need help with. They ask if they can help me with personal care, doing personal things, I get a choice." Appropriate steps had been taken to manage restrictions on people's freedom and DoLS referrals made as required. As part of this process mental capacity assessments had been completed which considered what decisions people had the capacity to make and thus ensuring that capacity assessments were decisions specific.

The registered manager had a sound knowledge of the MCA and staff understood the importance of giving people choice and control over their care. Consent was sought before staff delivered support and where people lacked capacity; appropriate best interests decisions had been made. Care records contained information to evidence who had the legal authority to act on people's behalf when people could not make a decision for themselves.

People's needs and choices were appropriately assessed and information used to inform their care. One person told us, "I have a care plan and we chat about it quite often." Likewise, a family member informed us, "I get invited to reviews and we talk about the level of care required and how he likes to spend his days."

Prior to admission, people had been assessed to identify their needs and preferences. Subsequent care plans had been formulated on the basis of the information gathered at the assessment stage. For example, people's wishes around daily routines, mealtimes and interests had been transferred into support plans to guide staff in the delivery of personalised care.

People had choice and control over their meals. People were complimentary about the food provided and told us that they could choose where and when to take their meals. For example, one person commented, "The food is very nice, lots to choose and always something to nibble on. They make you something else if you don't fancy it when it comes like a baked potato, omelette, and sandwiches. There is always fruit around." Likewise, another person commented, "I like that we can choose from a few things and they are decent choices. You do get offered seconds or alternatives." We saw that people had constant access to drinks and people and relatives confirmed this was always the case. For example, one person said, "I can have a drink when I like. If I am in the lounge I never run out. They give you choices and in my room I have a jug of water and squash right where I can reach it."

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet. Staff were knowledgeable about people's dietary needs and preferences which were also documented in care records. For example, one person was a vegetarian and this was reflected in both their care plan and the specialist diet list maintained by kitchen staff. At lunchtime we saw the person being offered a vegetarian choice of meal.

Where risks had been identified in respect of people's eating and drinking, these were appropriately managed. We noted that one person was at risk of malnutrition and had been losing weight. There was a clear plan in place and staff were monitoring the person's food and fluid intake closely and liaising with the relevant professionals to ensure adequate nutrition and hydration were maintained.

The registered manager worked in partnership with other healthcare professionals to secure the best outcomes for people. We noted feedback from a hospital social work team that commended the registered manager for the way in which she supported effective discharges from hospital. People told us that they had access to other professionals such as the doctor, dentist or optician as necessary. For example, one person said, "The doctor comes round regularly, sometimes daily. Staff help you to arrange to see people like the dentist, opticians and I sometimes see people from my feet and they make sure I can walk in my shoes still

and everything is comfortable."

The environment of Tiltwood was suitable for people's needs and the Registered Manager was continuously developing the sensory areas around the service. The layout provided people with brightly lit rooms, level access and handrails to promote safe movement around communal areas. As a dementia specialist dementia service, it was equipped with tactile objects and personalised memory boxes to help orientate people around the units.

Is the service caring?

Our findings

Tiltwood had a relaxed and friendly atmosphere where people repeatedly praised the kindness and compassion of staff. For example, one person told us, "I feel I can talk to anyone, they listen to me and make me feel important." Similarly, one relative said, "They are really caring and they include me too. They really care about families and make us feel very welcome and part of it." Likewise, another family member commented, "They are very kind and the care is lovely here, they have gone out of their way to do things to make sure she is settled."

Staff took the time to provide support in a way that made a difference to people and enable them to retain their independence. For example, one person told us, "They are very caring. They arrange things that make me happy like feeding the birds; they have bought lots of new feeders and put them near to the path where I can reach them without help." Likewise, another person said, "Staff are really nice and they have time for me. They help me do things and ask me to do things for myself. I know this is to help me stay independent." Two guinea pigs had recently been brought into the home in response to a person asking for a tactile pet. It was clear from our observations that the new additions to the Tiltwood family had brought a lot of joy to the people living there.

People were involved in making decisions about their care and staff encouraged people to express their views. One person told us, "My beliefs are definitely respected and I like being here with people like me who feel the same." Similarly, another said, "I am comfortable here because they listen to me and write down my wishes for my life."

We saw lots of positive engagement between staff and people, with staff including people and seeking their permission before providing support. Staff crouched down to speak with people at their eye level and put a reassuring arm round them to offer comfort or show support. We saw occasions when people became anxious and staff remained patient and calm in their approach. Staff used opportunities to engage in a meaningful way with people. For example, at lunchtime lamb hotpot was on the menu and this was used as a lever to discuss different meals that people had enjoyed growing up.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. Personal care was provided discreetly in a way that involved the person and minimised embarrassment. We observed staff knocking on people's doors and waiting to be invited in. One person reflected, "They knock on my door and callout and they tell me who it is and ask if they can come in. If I'm in the bathroom and they knock and then wait outside because I don't always need them to help me. I think I get privacy and I feel I have dignity still. I can lock my door if I want to." Relatives also commented that staff respected their family time. For example, one family member told us, "We are very well respected here as a family. I think families are very important to them" and another said, "They give us privacy when I'm sitting with her wherever we are."

Is the service responsive?

Our findings

Our last inspection of 15 March 2015 identified that people did not always receive person centred care. As such we made a Requirement under Regulation 9 for the service to improve. Following that inspection, the provider wrote to us to outline the steps they would take to make the necessary improvements. At this inspection we found that the provider had taken the action they told us they would and as such the Requirement had been met.

People experienced a more personalised approach to care because staff had good understanding about their needs and wishes. One person told us, "Staff know me well and make time for me so that's why they know me." A relative also said, "They know him well and what he likes. There is always a member of staff to chat with and they record everything."

Each person had a plan of care which provided information about their support needs. Care plans contained information about people's care needs and the actions required in order to provide the outcome people wanted to achieve. For example, one person's care plan documented that they usually liked to go to bed at 10pm and the staff on duty knew this and the daily records reflected the same. Another person liked to go to the shops independently to buy a newspaper and we observed staff encouraging them to do so.

Staff responded to people's changing needs. For example we saw information that showed staff had promptly responded to changes in people's weight, mood or general health and sought specialist medical support as needed. Relatives told us that staff reacted quickly if people needs changed and kept them informed. For example, one family member said that their mother had developed an infection and staff immediately spotted the signs and called the doctor to provide appropriate treatment.

End of life care enabled people's final wishes to be respected and allowed people to pass with dignity and peace. Staff had taken time to sensitively speak with people and their families about their wishes for end of life care. People expressed that they appreciated the way in which these discussions had been handled. One relative told us, "We have talked about end of life and his wishes especially if he becomes ill."

One person's health had recently deteriorated and staff had acted immediately to arrange palliative care for them. We saw this being provided during the inspection and appropriate steps were being taken to ensure the person remained as comfortable as possible in their last days. The person's care plan reflected their advanced wishes. We noted that pictures had been used to support a discussion about resuscitation as the person was no longer able to communicate verbally.

People had opportunities to participate in activities that were engaging and meaningful to them. Tiltwood has an onsite day centre which is accessed by some of the people who lived at the service in addition to being open to the wider community. The atmosphere within the club was once again vibrant and chatty and people were fully engaged with the game of bingo we observed taking place. One person told us, "I try to join in most things. I like the artwork and even though I am old they work my brain and I learn new things all the time. I like the singing and entertainment here and they celebrate birthdays very

well. I felt very special on mine."

People had regular opportunities to participate in outings and social events. For example, people had recently enjoyed a trip to London where they went on the London Eye and visited Buckingham Palace. The registered manager worked hard to create links with the local community and as such in addition to the Day Club, Tiltwood hosted other events such as a Mother's Day buffet which was well attended by family members. One relative commented, "There is always something going on and no one is forced do anything they don't fancy" and another said, "They do some lovely things. Mum likes music and the dogs coming in. They always take the animals to her because they know she likes them."

For those that didn't like to take part in formal activities, the home environment had a lot of items to engage with. A number of old postcards, film posters and adverts were up in the home for people to reminisce. There was an 'Olde Shop' with familiar items and old packaging to take people's minds back to. There were also old style sewing machines and typewriters for people to interact with. There was also a car in the garden people could sit in.

There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care. People were given information about how to make a complaint and there was evidence that when they did, their concerns were listened to and investigated. The complaints procedure was prominently displayed and people and their representatives told us that they felt comfortable to raise any issues with the registered manager. For example one person told us, "If I needed to complain I will tell the manager. When I have complained before she gets things done." Similarly, a relative informed us, "They address things quickly and the manager gets things done. She seems proactive."

Complaints records were well documented and showed that issues had been responded to appropriated. For example, where concerns had been raised, the person had been provided with a full explanation, apology and details of the actions taken to address their concerns. There were no significant complaints about the quality of the care and there were many more letters of compliment and thanks than those raising concerns.

Is the service well-led?

Our findings

People, relatives, staff and other professionals were positive about the way Tiltwood was managed. For example, one person told us, "The care is excellent and they always have time for you here, I am always entertained and have independence still. I cannot fault it, it is lovely." Likewise, a family member commented, "Mum is so well cared for and she has so much independence still, we could not give her such excellent care at home and I am very happy with it."

People and their families had confidence in the registered manager and her leadership of the service. People repeatedly praised the 'hands on' style of management adopted by the registered manager and appreciated how approachable and visible she was within the service. One person told us, "I know who the manager is she is very nice and definitely in charge" and another commented, "I like her she is jolly and livens up the place. You can always talk to her she's very approachable. She wears funny hats and sings a lot." Throughout the inspection day, we saw that the registered manager was actively involved in the day to day running of the service and had good relationships with all stakeholders.

People were empowered to be involved in the running of the service. In addition to the daily contact the registered manager had with people and their families, she also held more formal meetings to explore new ways of improving and developing the service in ways that were important to people. One person told us, "We have little meetings and usually cake and tea and they ask us what we would like and dislike about things and then we can make requests like menu changes and outings and they let us know what they will do about it." Similarly, a relative commented, "I feel well informed and come to the resident meetings. I like to meet other relatives to and have a chat and a cup of tea." Minutes from these minutes showed that increased cooked breakfast options and more frequent visits from popular entertainers had been introduced as a direct result of people's feedback.

Regular surveys were used to give people the opportunity to anonymously share their views about Tiltwood. The results of this were positive and confirmed that there were overall high levels of satisfaction with the management and delivery of the service.

Daily handovers and regular staff meetings ensured effective communication of information and minutes evidenced that best practice was shared and discussed. Staff spoke positively about their experiences of working at Tiltwood and the support they received. For example, one staff member told us, "It's definitely open door management here and a good team to work with."

Systems for auditing were effective at monitoring and developing quality within the service. Each month an identified key area was the subject for review and the registered manager or other delegated person completed a full audit and actions were set to ensure shortfalls were addressed. For example, a health and safety audit in January 2018 highlighted that moss on an external pathway required treating and staff training needed updating. As a direct result, the pathway was treated and additional fire safety and moving and handling training was completed by staff in February 2018.

The provider also had a number of systems for monitoring the quality of services provided at Tiltwood and ensuring improvements were ongoing. For example, a full regulatory governance review that was completed in January 2018 identified actions in respect of the recording and storage of medicines. As a result, new prn protocols had been implemented and a new medicines room was being renovated at the time of our inspection.

The registered manager was an excellent role model for staff, fostering an open and inclusive atmosphere across the service and championing personalised support. Feedback from other professionals highlighted that she positively embraced partnership working and through the practice of open listening and reflective learning, the service was continually moving forward.

The registered manager was also aware of the legal requirement to report significant events. As such, good quality and timely notifications were submitted to us.