Farrington Care Homes Limited

Wainford House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

Wainford House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and care provided, and both were looked at during this inspection. Wainford House provides accommodation and personal care for up to 28 older people some living with dementia. At the time of our inspection there were 27 people living at the service.

This unannounced comprehensive inspection took place on 22 and 23 November 2017.

There was a registered manager in post when we inspected the service. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 overall rating of this service was Requires Improvement at our last inspection of 6 July 2016. The key questions Effective, Responsive and Well-led were rated as Requires Improvement. Safe and Caring were rated as Good.

There had been some improvements made in the service but not sufficiently in Effective and Well-led which remain at Requires Improvement and therefore the service rating remains overall at Requires Improvement.

We undertook this unannounced inspection to provide a rating for the service and to check that the service was now meeting legal requirements. There had been a breach in regulations regarding the implementation of the Mental Capacity Act 2005 (MCA). We found that improvements had been made but that further improvements were still required with documentation.

People were not always fully involved in the writing and review of their care planning. Staff had been trained in the MCA and Deprivation of Liberty Safeguards. We observed that they put this training into practice when providing day to day care. However, the principles of the MCA were not always put into practice with regard to recording information in people's care plans about mental capacity assessments and best interest decisions

People felt safe living in the service. There were systems in place designed to protect people from the risk of harm. Individual risk assessments were in place and covered key risks specific areas to the people such as personal emergency evacuation plans, moving and handling and falls.

The staff demonstrated a clear understanding of the actions they would take if they suspected or witnessed any concerns about people's safety. Risks were assessed and management plans were in place to minimise the risk to people's safety. Medicines were managed safely and sufficient numbers of staff were deployed to

meet people's needs.

Staffing levels were calculated using a dependency tool and there were sufficient numbers of staff to support people to meet their individual needs. Safe recruitment practices were followed. Staff had received training and support to enable them to provide people with appropriate support.

Staff had received infection control training and used this information for the storage of food and cleanliness of the accommodation.

The registered manager learned from incidents or accidents within the service and made the necessary improvements. They shared this information with the staff through supervision and staff meetings.

Staff were provided with a wide range of training appropriate to the various needs of the people living at the service. People were provided with a healthy and well balanced diet and their choices had been taken into consideration.

Other professionals worked with staff so that people had access to healthcare services and on- going healthcare support.

People were involved in the running of the service. They had been asked to give their views about the decoration of the premises. The decoration and signage within the service had been updated and improved.

People were supported to have maximum choice and control of their lives. However this information had not always been recorded.

People were treated with kindness and compassion. It was evident that positive relationships had developed between people and the care staff. People expressed their views to staff about the support they required and their dignity and privacy were respected.

Care plans were person-centred and preferences were clearly documented regarding individual choices of food. People were supported to raise concerns.

Staff, people living at the service and relatives spoke positively about the registered manager and the support they received. Staff viewed that the registered manager was approachable and would listen to suggestions made in how to improve the quality of care provided. Regular reviews of the quality of care were carried out and the service worked in partnership with other agencies for the benefit of the people living there.

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.

People felt safe as there were systems and processes in place to minimise the risk of harm and staff were clear about their role in safeguarding people.

There was a robust recruitment process.

There were effective, organised systems in place for the safe administration of medicines.

There were infection control systems in place designed to protect people from risks.

Is the service effective?

Requires Improvement

The service was not always effective.

Consent to care was not recorded in line with legislation and guidance.

Staff were provided with training, supervision and a yearly appraisal.

People had choices of what to eat and drink.

There was a programme of decorating on going in the service.

Is the service caring?

Good

The service was caring.

People were listened to and there were systems in place to obtain people's views about their care.

People's rights to privacy and dignity were valued and respected.

Is the service responsive?

Good

The service was responsive.

People received a personalised service which was responsive to their individual needs.

People were encouraged to provide feedback on the service and felt they could raise concerns.

There was a complaints process in place.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Quality assurance processes were not sufficiently robust to identify and resolve issues.

The culture of the organisation was open.

Wainford House Residential Care Home

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 inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced comprehensive inspection took place on 22 and 23 November 2017 and was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR). 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. We checked the information that we held about the service, including the previous inspection report.

We observed the interaction between people who lived at the service and staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who may not be able to verbally communicate their experience of the service with us.

During our inspection we spoke with seven people at the service and four relatives, the registered manager, the deputy manager, three care staff and observed interactions between people and staff.

We looked at five care records, three staff recruitment and training records, medicines records and records relating to the management of the service such as audits, policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

People told us that they felt safe living at Wainford House. One person said, "Staff make me feel safe because they know me." A relative told us, "The staff keep [my relative] safe they sit with them and reassure them, this means a lot to both of us."

Training records informed us that every member of the staff team had received safeguarding training within the last year. Staff knew about their role in safeguarding people. One member of staff told us, "I am confident the manager would report any safeguarding matters but I know how to report as well from my training."

Risks had been thoroughly assessed and actions had been taken to reduce them. The registered manager explained to us they had written a personal emergency evacuation plan for each person from undertaking an assessment of their needs. This was confirmed in each of the care plans we viewed. We also saw that a person had been assessed at a high risk of falling and the falls team had been consulted for advice. The staff had recorded in another person's care plan the support they required with moving and handling. This included the type of hoist and details about the sling including which coloured loops were to be used.

Senior staff had responsibilities allocated to monitor various aspects of the service, these included dementia care, health and safety, fire safety, care planning, medicines and maintenance. We saw that external contractors carried out annual health and safety checks on the environment, which ensured that all necessary checks such as gas, fire and electrical checks were carried out and maintained to keep the premises safe. The passenger lift was serviced regularly and there was an emergency call out plan in place.

There were enough staff available to meet people's needs, respond to requests for support and keep people safe. One person told us, "This has never been a concern to me, we do have enough staff." The registered manager told us about the dependency tool used and how from this information staffing levels were determined and staff rotas comprised. Records showed that staffing requirements were monitored and adjusted in response to changes in people's needs. A relative said, "A reason for [my relative] coming here is that we thought when visiting there were enough staff to care for people and the staff are very kind." A member of staff told us, "Some days we are busier than others but we do have enough staff to look after people." From our observations during the inspection we saw the staff responded to people's request and checked their needs were being met. We also noted that some people were not able to use their call bell to summon assistance. The staff were aware of this and checked upon these people regularly to attend to any needs they had.

There were effective recruitment practices in place. The registered manager informed us about the recruitment process including questions asked of candidates regarding their caring and empathetic qualities. Appropriate checks were obtained to ensure staff were suitable to work with the people living in

the service. We checked the recruitment records to verify this information. A member of staff informed us that they had completed an application form and their references and disclosure barring service (DBS) check had been completed prior to them commencing work at the service. DBS checks verify whether applicants have any criminal records and whether they are barred from working in care services.

People received their medicines on time and as prescribed. One person told us, "The staff are very good they bring my tablets on time each day." Medicines were well organised and stored safely and medicine records were completed accurately. Each person had their own medicines administration record (MAR). We saw that staff had recorded any allergies and there was an up to date photograph of the person on their MAR. It is important to have this information if the person is
taken ill or has to go to hospital so that the doctors can identify the person and know exactly what medicines the person is prescribed. The doctors need to know about allergies to prevent them from prescribing medicines that may react with the allergy and cause the person harm. There were protocols in place to guide staff when people were prescribed medicines on an 'as and when required' basis (PRN). This information guided staff at what point these medicines should be considered for administration. This reduced the risk of inappropriate administration of PRN medicines.

We saw staff administering people's medicines and this was completed safely. Staff were trained in the safe administration of medicines and had their competency assessed on a regular basis. A member of staff informed us about their medicines administration training and how important it was to be aware of why the medicine had been prescribed and any possible side-effects. We also saw from people's care plan notes that the service staff had worked proactively with the general practitioners to ensure medicines were reviewed regularly. This was to make sure the medicines were appropriate for that person.

We saw there were cleaning schedules of the communal areas and of people's bedrooms. These were checked by the registered and deputy manager to see that the cleaning had been carried out. The service was clean and free from any offensive odours. A person told us, "My room is lovely and clean as is the rest of the place." Staff had received infection control training and we observed that appropriate hand hygiene was followed to ensure the risk of spreading infections was minimised. Staff informed us that they had never ran short of gloves and aprons which are used to reduce the risk of cross infection.

The registered manager informed us they tried to be pro-active, as well as learning from when things went wrong. They had also put in place improvement actions to drive the service forward. Accidents and incidents were discussed in team meetings so that lesson could be learnt. The registered manager had sought advice about improving the service for people with dementia from the local authority. This had resulted in new signage being installed to help people to find their way around the service and additional training for staff in dementia.

Systems were in place and staff had received training to report any concerns to appropriate organisations for information and advice. We noted that that the registered manager had sought advice from professionals for tissue viability and dietary requirements to support people. The registered manager sought to speak with relatives on a regular basis to determine if they had any concerns about people's well-being.

Requires Improvement

Is the service effective?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have rated Effective remained at 'requires improvement'. This is because further improvements are needed to documentation around consent.

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

At our last inspection of 6 July 2016 we found that the principles of the MCA were not always correctly applied. For example, a person had been assessed as having capacity. However their care plan recorded that a relative had given permission for personal information to be shared with a friend. The registered manager confirmed this information had been shared. In addition the service was not aware of which people had a power of attorney in place to cover financial affairs or care and welfare matters. This meant that they shared information or took action inappropriately.

The registered manager sent an action plan to the Care Quality Commission informing us that by 3 June 2016 they would have completed a one day training course MCA. All staff would have completed on line training in the MCA. Staff would have attended a face to face training course so that they would have relevant and sufficient knowledge of how to apply the MCA.

At this inspection we saw from training records that staff had received training in MCA. Staff were able to tell us about the people living at the service, their care needs and from this information we gathered they knew people well. Staff told us about how they helped people to make everyday decisions. For example showing them different clothes and asking which they wanted to wear that day.

However we could not find any capacity assessments forms or best interest decision forms in people's care plans. We discussed this with the registered manager and they confirmed that no record of a mental capacity assessment had been recorded. The registered manager and staff were providing care to people from their observations of their needs, but no information had been recorded when a person did not have capacity to determine how to support them with washing and dressing for example.

Some people living at the service had a diagnosis of dementia. As information had not been fully recorded

we could not identify the people living at the service who had been assessed as having or not capacity to make decisions. There were no best interest decisions to show if any multi-disciplinary teams or families had been involved in discussions about people's care. The service's care records did not prompt staff to establish who had enacted lasting power of attorney for care, welfare and finance. This meant the records of people living at the service did not have the necessary information recorded that they had consented to the care provided to them.

At this inspection we found that the registered manager had applied appropriately for and sought advice regarding DoLS, as we found at the previous inspection. The management and staff team had a good understanding of DoLS and had made applications where appropriate to ensure that people were not being deprived of their liberty unlawfully.

As the previous MCA training had not been fully effective with regard to informing staff about completing MCA records and best interest meetings. The registered manager informed us they had arranged training upon MCA for 20 December 2017 for the staff. Once completed they would set about resolving the issue identified regarding MCA.

Within each care plan the registered manager had identified the person's needs. We saw that templates were used as an aide memoire to check that all needs were covered and that the assessments reflected the individual needs of the person. Some people required assistance with daily living tasks while other people had no physical needs but were supported with issues about their short term memory. We heard staff engaged with people to discuss their choices about how they wished to spend their time and what they wanted to eat that day. We saw that the care plans were reviewed by the staff on a monthly basis and with the person every six months or more frequently as the need arose.

We discussed with the registered manager how people with a diagnosis of diabetes were supported by the staff. The individual care plans contained detailed information about the person. The plans explained the actions the staff would take if the person became unwell through symptoms of hyper or hypoglycaemia. The staff we spoke with were knowledgeable about the people they supported and what they would do in such circumstances. They informed us that they had learnt this from specific training they had received as arranged by the registered manager. The registered manager informed us they would discuss and review the care plans with the people concerned so that this information would also be fully covered in the risk assessments.

People and their relatives told us they trusted the staff and felt they were well trained. One person told us, "I think the staff are well trained, they are confident and you can only get that from knowing what you are doing." One relative informed us that they had used other services before this one. They were highly impressed by the level of knowledge that the staff had at this service regarding their relative's condition and how to care for them.

All new staff were provided with an induction period when starting work at the service. One member of staff told us, "My induction was really good, detailed and covered all you need to know." New staff had completed or were in the process of completing the Care Certificate. The Care Certificate is a nationally recognised set of standards for staff working in health and social care to provide them with the knowledge and skills to provide safe, compassionate care and support.

People were supported by staff that were trained and given opportunities to develop their particular interests in care and then become service champions in this area. As a service champion they continued to be supported to develop skills and knowledge in this area and to share this information with colleagues.

Records showed that a wide range of training was provided and staff also had training relating to the specific needs of people living at the service.

All staff had regular supervision and a yearly appraisal. Supervision was based around themes which provided a forum for staff to further develop their knowledge. Staff told us they felt supported by the registered manager who related supervision sessions to their practice. The service also used other professionals to provide training for staff and subjects covered included diabetes by district nurses and skin integrity by tissue viability nursing staff.

People were complimentary about the food provided in the service. One person told us, "The food is very, very good and if you don't like what's on they'll make you an omelette or something." We saw staff taking time to support people with their meal who required assistance while engaging in conversation with other people to check they were enjoying their meal. One person told us, "This is my favourite time." People were provided with a choice of home cooked foods and there was a relaxed and sociable atmosphere.

People's nutritional needs were assessed continuously and plans put into place if there were any concerns. This included weighing the person more frequently than monthly and the use of food and fluid charts. At the time of the inspection there was one person who required additional support with their dietary intake. We saw that a food diary was in place and reviewed to check that the person was eating sufficiently and what actions to take to continue to support the person with their dietary needs. In the past the service had sought the advice of GP's and speech and language therapists as deemed necessary.

The registered manager and the senior staff had developed links for the benefit of the people living at the service with community health care professionals such as GP's chiropodists and district nurses. We saw in records that all of these professionals visited the service as required. All of these professionals had been consulted and involved with the support of people at various times and for specific needs. A relative told us, "They are very good at getting help quickly for [my relative] when needed and they tell me what they have done." We saw that after consultations with professionals this information had been recorded in the person's care plan. This meant the staff knew what to do to support the person as a result of the consultation.

At the time of our inspection the service was undergoing decorating and refurbishment. The registered manager had attended courses on the care of people with living with dementia and had used this knowledge to influence the decorating. Increased and larger signs were in use as were large clocks and calendars. Light coloured paints had been used in the corridors to encourage people's mobility in those areas where they could see more easily than before. One person told us, "I like the improvements."

Good

Is the service caring?

Our findings

At the last inspection this key question was rated as 'good'. At this inspection we have judged that the service remains 'good'.

The staff knew people well, and people appeared relaxed in their company. We observed kind and respectful interactions where people were given time to express themselves fully. Members of staff were responsive to requests for support and provided sensitive reassurance. One person was highly upset at the time of our visit due to distressing news. Staff provided emotional support and spoke with them when they wanted to talk and suggested various things they would like to do to comfort the person.

One person told us, "The staff are very nice, they never rush me and they are kind and considerate. Not all people here are as well as me but I know they treat everyone with understanding and compassion."

Staff were responsive to requests for support and reassurance. For example, we saw a person appearing lost and confused. A member of staff approached them and quietly asked if they were looking for their bedroom or the lavatory, they then assisted them to where they wanted to go. A relative explained to us that moving into a care service had been difficult for them and their relative. They spoke highly of the kindness that the staff and registered manager had shown to them and their relative.

The staff supported people to express their views. After lunch staff asked individuals what they wished to do, some people wanted to watch television, others wished to lay down for a nap and other wanted to take part in the activities. We observed the staff supporting the requests people had made. Later in the afternoon staff offered people a choice of drinks and asked if they were hungry and offered biscuits. We saw staff taking time to talk with people to listen to their views and check upon how they were. We also saw staff ensuring nobody was missed out and all people were approached and staff spoke with them.

The registered manager informed us that the staff had an understanding how important the person's personal appearance was to them. They supported staff not to be rushed and to take their time to support people to dress and wear personal items such as ear-rings of their choice. A member of staff told us, "This is one of the ways we show respect for people ensuring their make- up is done and they are wearing personal items." One person said, "I can have a bath whenever I want, the staff help me with that."

One person had just celebrated their birthday at the time of the inspection. We saw the staff talking with the person about the birthday cards and balloons they had received. The person had expressed their views to the staff about how they wanted to enjoy their birthday and they spoke with the staff about the arrangements the staff had made for them.

People were treated with dignity and their right to privacy was respected. Staff had attended dignity and respect training with regard to the care of older people and those living with dementia. Staff had a good understanding of how to ensure people were safe whilst respecting their privacy. Each bedroom that we had been given permission to see had been personalised with pictures and keep sakes. We saw staff knocking on

people's bedroom doors and waiting to be asked to enter. One person told us they were pleased with the laundry and that great care had been taken to look after their clothes. Another person informed us that they liked to get out into the garden area and appreciated the service had placed seating in various places for them to sit and enjoy the scenery. During our inspection we saw some of seating was wet and before the person sat in the garden the staff were attentive to provide them with a dry chair.

People told us that their choices and preferences were respected and listened to by staff. One person told us, "I get up when I want and go to bed when I want, staff are supportive of this and give you as much help and company as you want."

Good

Is the service responsive?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection we have judged that the service has improved to 'good'.

At our last inspection on 6 July 2016 we found that people's care plans did not always contain sufficient detail to enable staff to provide consistent support when people lived with a specific condition.

The registered manager supplied to the CQC a detailed action plan which included information about staff training, information which would be included in the care plan and a timescale for completion. This included dementia training for staff and ensuring people's likes and dislikes were recorded in their care plan. Some specific care plan development included stoma care, tissue viability and repositioning as assessed as required by the person.

At the time of this inspection no person required support with stoma care, tissue viability or repositioning. We did see from training records that dementia training had been provided for the staff as stated in the action plan. Also further dementia training had been delivered and more dementia training was planned in the future.

We did see information about people's likes and dislikes in particular with food in their care plan. We also noted that staff had spent time talking with people and recording their life histories and significant events. This information was used to support people. We were aware that one person was upset at the time of our inspection but were quickly reassured by the knowledge a member of staff had about their family. They were able to speak to the person and reassure them about their children. We saw that this detailed information had been recorded in the person's life history.

People received care which was in line with their needs and preferences as detailed in their care plan. There was a detailed assessment process in place which required the registered manager to speak with the person and family to identify their needs and determine if the service had the necessary resources to meet them.

The service was flexible and responsive to people's individual needs. Staffing levels enabled people to access support as and when they needed. For example one person told us, "I get up when I want to and that varies from day to day but the staff understand and help me when I am ready." Another person told us, "I like watching television but if nothing of interest is on I will go to bed earlier than the night before, the staff fit in with me."

There was a varied programme of activities in the morning and afternoon. We saw people enjoying playing games together. From our observations we heard all people in the lounge and dining room being asked if they wished to partake in the activity and people's wishes were respected. The activities were based upon collecting information from people about what they would like to do. One person told us, "I enjoy all of the quizzes." Another person told us, "I like games especially bingo." Another person informed us they liked the summertime and the trips out especially the boating trip.

People were given the opportunity to provide feedback about their experiences of the service in a number of ways. A suggestion box was available in the reception area and people were encouraged to give feedback at community meetings. People also had the opportunity to meet with the registered manager to discuss any issues of concern. A relative told us, "There are relatives meetings and I do attend them." They also informed us they had no complaints about the service.

People could be assured that complaints would be taken seriously and acted upon. There was a complaints policy and procedure on display in the service. People told us that they knew how to make a complaint and would feel comfortable doing so. One person told us, "I have no complaints it is very nice here." Another person told us, "I know how to make a complaint but have none the manager is very good and would sort out any problems."

The registered manager had arranged training for staff to support them and increase their knowledge about end of life planning. This had included training from a local funeral director. Members of staff informed us they wished to know how a person's body was cared for with dignity once leaving the service. A staff member told us, "You get to know someone very well having cared for them for some time and you want the right thing done for them at that time." This training had helped the registered manager to develop people's care plans regarding discussing and recording their end of life wishes.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection this key question was rated as 'requires improvement'. At this inspection Well-led remained at 'requires improvement'.

At our last inspection of 6 July 2016 we found that the service had made improvements since the previous inspection of 16 February 2016. The registered manager informed us at the inspection of 6 July 2016, that having the new deputy manager in post would allow them to develop the audit system further. At this inspection of November 2017 the registered manager informed us they had plans in place to audit and update the care plans. But they had been unable to action these as regularly as they wished as they had not had time while working upon other matters.

We saw recorded information that the registered manager did audit the care plans on a monthly basis to check that they were up to date. However these audits were not sufficiently effective regarding identifying information such as MCA recording and then acting upon that information.

The audits of peoples care plans had not identified that information regarding people's mental capacity assessments had not been recorded. Therefore we could not be sure that all of the people living at the service had consented to the care being provided to them. The service had not carried out best interest meetings with families and other professionals.

Audits of medicines records and stock checks were carried out regularly and these were partially effective in identifying issues. The service had not acted upon the audit that the medicine fridge was not displaying a temperature reading. The medicines fridge although not containing any medicines was recording error, where the temperature should have been displayed. The staff were checking the temperature daily with a thermometer and the maximum reading was eight degrees centigrade. The registered manager arranged for the medicine fridge to be repaired within five days which was the fastest time they could arrange with the supplier. They also purchased a new fridge the next day which would be used as a reserve should there ever be a problem again with the main medicine fridge.

The clinical waste bins at the service were open and had not been secured. Auditing of the service had not identified this issue and therefore the auditing of the service was not always effective. The registered manager took action on the day after our visit to secure the clinical waste bins and made arrangements for the bins to be emptied that day.

The director oversaw the audits and management reports carried out by the registered manager and gave advice and support as required. However the issues above had not been identified and support provided to the registered manager to address the matters at the time.

The registered manager informed us they had an open door policy for anyone to meet with them. This was confirmed by people living at the service and staff. People we spoke with gave positive feedback about the service and registered manager. One person told us, "The manager is very nice, they have made a real

difference since being here, I can talk to her." A relative told us, "The manager is approachable and nothing is too much trouble for them to help." We saw the registered manager set the example to the staff by working with people and supporting people to take their time. A relative told us. "I honestly cannot think of how the place can be improved, the manager has worked very hard since being here and turned the place around."

The registered manager told us they wished to continue to create a culture of openness and transparency and this included that all staff had received training in whistle-blowing on poor practice. They informed us that the director of the service visited regularly and was always available by telephone to provide support. The registered manager and deputy manager took turns to provide on-call support for the staff when they were not on duty at the service. In their absence the service was managed by senior staff who been appointed to that role.

There were clear mechanisms in place to ensure that feedback from people who used the service, relatives and staff informed future developments of the service. Surveys were used by the registered manager to learn lessons from the feedback and take actions to improve the service. This included information which had been acted upon about staff shift patterns and starting times. The staff had also worked on the menu plans and place settings at meal times in response to suggestion being raised.

The registered manager told us they were passionate about providing a culture of continuous learning and development to continually improve the service. These included on-going support of supervision training and annual appraisals for the staff and regular reviews of people's care.

People living at the service and their relatives had been engaged and involved through regular meetings and this included consultation regarding the decorating of the service.

The staff worked in partnership with other professionals. This included seeking advice and guidance from the local authority safeguarding team. Accidents and incidents which occurred at the service were recorded and analysed. The time and place of any accident was recorded to establish patterns and monitor if changes to practice needed to be made.

Staff were knowledgeable about people and noted any changes in their condition and well-being. Changes were recorded and this had resulted in the action of discussing with the person's GP to see if any action was needed to be taken to keep them safe. We saw that medicine reviews had been carried out and other professionals such as the speech and language team advice had been sought.