

Clo-Clo Ltd

Bourne Hill Care Home

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

About the service

Bourne Hill Care Home is a residential care home providing accommodation and personal care for people living with autism and learning disabilities.

Bourne Hill accommodates up to five people in one adapted building. At the time of the inspection there was four people living at the service.

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

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the registered manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

We observed throughout the inspection that people were supported by staff who were kind, caring and respectful in their approach.

People knew the staff team that supported them and were observed to be at ease and reassured in their presence.

Care staff knew people well. We saw staff communicate and respond to people using ways and methods which people understood, especially where some people were non-verbal or presented with behaviours that challenged.

Relatives complimented the ways in which their relative was supported by the service and were re-assured

that their relative was safe whilst in the care of Bourne Hill Care Home.

People were supported and encouraged to access the community, participate in activities as well as be involved with daily living tasks where possible. However, we found that the service did not always focus or take a creative approach on activities that took into consideration people's hobbies and interests.

Risk assessments in place were comprehensive and person centred. Assessments provided clear guidance and information to care staff on how to minimise identified risks and keep people safe.

People received their medicines safely and as prescribed. Policies in place supported this.

All staff recruited to work at Bourne Hill Care Home had been assessed as safe to work with vulnerable people. Staffing levels were enough to ensure that people's needs were met.

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.

Care plans were person centred and gave comprehensive information about the person, their needs and how they wished to be supported.

People were appropriately supported with their meals. Identified, specific dietary requirements had been recorded in people's care plans. Care staff knew about people's specialist needs and supported them accordingly.

Care staff told us that they were supported well in their roles. Records confirmed that they received regular training, supervision and annual appraisals.

Complaints were investigated and responded to according to the providers policy.

Management oversight process in place monitored the quality of care people received. Issues and concerns were identified and addressed to further support improvements and learning.

We have made a recommendation about the provision of activities for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 20 September 2018) and there were multiple breaches of regulation. We found areas of concern around risk management, staff support and ineffective management oversight processes. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-

inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Bourne Hill Care Home

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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Prior to the inspection, we reviewed the information that we held about the service and the provider including notifications affecting the safety and well-being of people who used the service. We also looked at the action plan that the provider had submitted following the last inspection in August 2018 which listed the improvements they planned to make. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We also used all of this information to plan our inspection.

During the inspection we spoke with three people using the service and four relatives to obtain their feedback on the care and support that they or their relative received. Only one person we spoke with was able to communicate and respond to the questions we asked. Other people responded through some use of words or through expressions. We also observed interactions between people and care staff. We spoke with the nominated individual, registered manager, and four care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at three care records and medicines administration records and medicine supplies for four people who used the service. We also looked at the personnel and training files of three staff. Other documents that we looked at relating to people's care included risk assessments, staff meeting minutes, handover notes, quality audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also received feedback from one health care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- People's risks associated with their health and care needs had been assessed to keep people safe and free from avoidable harm.
- Care plans listed people's identified risks and ways in which staff were to support them to minimise or mitigate all known risks.
- Identified and assessed risks included risks associated with eating and drinking, behaviours that challenged, refusal to take medicines and self-harm.
- Risk assessments were reviewed annually or sooner where change was noted.
- Care staff understood people's needs and associated risks and supported them appropriately.
- At the last inspection we found that the service was not recording water temperature checks to ensure water temperatures were maintained at a safe level as defined by the Health and Safety Executive. Since the last inspection we saw records confirming that water temperatures were checked daily.
- Appropriate safety checks had been completed for gas, fire, water and electrical safety. Regular health and safety checks were completed on the building and environment.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect and safeguard people from the risk of possible abuse.
- One person told us, "I know that she [nominated individual] is always there for me 24/7."
- Relatives confirmed that they felt that their relatives were safe at Bourne Hill Care Home and that they were assured care staff supported them in a way which ensured their safety. One relative told us, "If I didn't believe that [person] was safe she wouldn't be there."
- Care staff received training about safeguarding people from abuse and whistle-blowing and demonstrated a clear understanding of their responsibilities.
- Care staff listed the different types of possible abuse and demonstrated how they would recognise abuse and the actions they would take to report their concerns. One staff member explained, "The client can talk she may tell me, I would notice through eye contact, through their behaviour I will notice, if I know the client

I will notice. Definitely I would contact the manager."

Staffing and recruitment

- We observed there were sufficient numbers of staff available so that people received care that kept them safe and met their needs. Rotas also confirmed staffing levels to match those we observed.
- Relatives confirmed that there was always staff available and they had, "no concerns."
- Staffing levels were reviewed and increased when required, especially where people were required to attend specific appointments or events.
- Staff continued to be recruited safely. Staff files showed two written references, an application form with any gaps in employment explored, proof of identity and a Disclosure and Barring Service check. This informs the service if a prospective staff member has a criminal record or has been judged as unfit to work with vulnerable adults.

Using medicines safely

- Systems in place ensured that people received their medicines safely and as prescribed.
- Medicines were stored securely. Medicine Administration Records were complete and no gaps in recording were identified.
- Care staff received appropriate medicine administration training followed by an observed assessment to ensure that they were competent to administer medicines.
- The registered manager completed weekly medicine audits and daily medicine stock checks to ensure people received their medicines safely and as prescribed.

Preventing and controlling infection

- The home looked and smelt clean. We identified that there were suitable arrangements to prevent and control infection. All staff had received infection control training. Care staff had access to personal protective equipment to prevent and control the spread of infection.
- We saw that all food preparation and storage areas were clean and appropriate food hygiene procedures had been followed.

Learning lessons when things go wrong

- All accidents and incidents were recorded with details of the actual accident/incident and actions taken as a direct result.
- There was a culture of continuous learning when things went wrong. A team review of the incident always took place where the registered manager provided further guidance and direction to the team on how to best support people and implement any learning or further improvements where required.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to support staff in carrying out their role effectively. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People received care from staff who were trained and supported in a variety of topics relevant to their role
- Care staff told us that they were appropriately supported through supervision and annual appraisals. Records seen confirmed this.
- When we asked care staff about the support they received through supervision they told us, "Yes, we do, every three months. We talk about my team, how I am working, my behaviour. They are helpful because they refresh my memory" and "Yes, good because we plan to do things we can achieve."
- Relatives told us that they felt care staff were appropriately skilled and trained to carry out their role. One relative told us, "Yes I do, there are some well trained staff."
- Records confirmed that care staff received an induction before they started working for the service.
- Regular training was provided to enhance and refresh support staff's working knowledge. Where specific and bespoke training was required in response to people's needs, the provider ensured that this training was available to all staff. This included training on autism, learning disabilities and positive behaviour support.
- Care staff told us that training was always made available to them and that they could always ask for specific training and this would be provided. One care staff told us, "I did all the training, every year, can ask for training, if I need it they would organise it. They will arrange it."

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

- The service had assessed people's needs and choices prior to them moving into the care home, so that they could determine whether they were able to support people effectively.
- The nominated individual explained the pre-assessment process and told us, "On assessment as there are people currently living at the home, they have final say. We meet with family, manage expectations, invite the person to spend a few hours with us and the other residents before any decision is made."
- Once the placement had been confirmed, the service compiled a comprehensive care plan detailing

people's needs and wishes.

- People's needs and wishes were reviewed as required to ensure they were receiving the right care and support.

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

- People were supported to eat and drink as and how they wanted but with a focus on maintaining a balanced diet.
- Where people were able to, we observed them preparing their own meals with support and encouragement from staff.
- Where people had specialist identified needs in relation to eating and drinking, these were assessed and documented within their care plan and care staff were aware of these. People's likes and dislikes around food and drink had been recorded staff were well aware of these.
- People had access to drinks and snacks whenever they wanted and we observed them enjoying their meals. One person told us, "The food is good. You can always have something else if you don't like what's on the menu. [Care staff] he is very good at cooking."
- One relative told us about the support their relative had received and said, "I do know [person] has seen a dietician and I know appropriate steps are being taken to put that into place, we have had some ideas ourselves which the home listens to."

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

- People had access to health and social care services and support which supported them to live healthier lives.
- Health appointments and referrals to specialist services had been documented within people's care plans, with details of the actions to be taken, outcomes and guidance to follow.
- Relatives felt that people's health care needs were appropriately met and that they were always kept updated about any concerns or developments.
- Within the service support staff maintained regular logs of people's health and wellbeing, participation in activities, weight and behaviour charts so that support workers could work together to ensure people received effective care and support.

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

- People were encouraged and supported to maintain and clean their home.
- People could decorate and personalise their own rooms as per their wish. One relative told us about the person's involvement in decorating their room and said, "Her room has been done up. They have taken her views into consideration and asked her what she wanted. She has a bird clock and it rings every hour so helps her to know the time."
- The nominated individual told us about future plans for refurbishment which included the re-decoration of the sensory room for people to use.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

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

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

At our last inspection we recommended the provider find further guidance and training for staff in relation to the Mental Capacity Act 2005. The provider had made improvements.

- The registered manager and care staff demonstrated a good understanding of the MCA and how people were to be supported in line with the key principles of the act.
- Staff descriptions of how to apply the MCA when supporting people included, "If the person has capacity, unless you can prove otherwise, you have to give them support and make correct decision. If they don't have capacity, you have to make best interest decisions with professionals" and "I have to assess my client and their capacity and to decide their risks, I help them decide what they do need, help them choose their own clothes, make their choices, show them pictures."
- Where required the service had applied for DoLS and where authorisations had been granted these had been documented within the person's care plan.
- People had been consulted around their care preferences and where possible, people had signed their care plans to indicate that they consented to their care. Where people were unable to sign, we saw records confirming the involvement of their relative which included details of decisions that had been made in people's best interests.

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 the last inspection this key question was rated as Good. At this inspection this key question remained the same. 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; respecting equality and diversity

- People living at Bourne Hill Care Home were well treated. Staff demonstrated respect for people and their diverse needs.
- We observed people to be happy and content living at Bourne Hill Care Home. We saw people were comfortable with the care staff that supported and saw kind and caring interactions between staff and the people they supported.
- One person told us, "All of the staff here are 100%. They are lovely, caring, supportive, kind, respectful and honest."
- Relatives feedback about the care that people received included, "They [staff] are good, they are better than I was expecting, very nice, very kind. He is happy there", "they speak to me nicely I think they look after him nicely. He is good hands there" and "I would give them a five-star review. The residents always seem happy. The staff are happy and content."
- Staff had developed positive relationships with people which were based on trust. One relative told us, "He look after him like a brother, very good listening at to him."
- Staff demonstrated a good understanding of people's cultural, religious and diverse needs and how to support people accordingly. One staff member explained, "Your duty of care is to care, you are there to care for them and give them the dignity and the respect. We are all human beings."

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

- People were supported to express their views and were involved in making decisions about the care and support that they received.
- We observed people making decisions and choices about how they wanted to spend their day, what they wanted to eat and drink and the level of support they wanted from care staff.
- Care staff knew people well and had good knowledge and awareness of people's likes and dislikes, preferences, personalities and behavioural traits. This enabled them to support people according to their needs and preferences and in response to their wishes which promoted their well-being.
- People were encouraged to be involved with the planning of specific events and activities as well as areas effecting the home and the environment through regular informal discussions.
- Relatives also confirmed that they were always involved in the planning and delivery of care for their relative. One relative told us, "I have been closely involved especially with DoLS, annual review with council which I know about and can get involved."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff and staff encouraged and supported people to be as independent as possible.
- Throughout the inspection we observed staff respecting people by giving them choice, asking their consent before supporting them. Staff were seen knocking on people's bedroom door before entering.
- Care staff also gave examples of how they respected people's privacy and dignity. One staff member told us, "It's very important. Always knock the door, have to close the door, give them privacy."
- All care staff explained ways in which they promoted people's independence. One care staff told us, "If they [people] want learn how to cook I will bring them into the kitchen and let them help, support them to learn as well."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received personalised care and support which was planned and delivered in response to their needs and preferences.
- Care plans were person centred and gave detailed information about the person, their background, their needs, likes and dislikes, behavioural traits and how they wished to be supported.
- Care plans were reviewed monthly or sooner where changes had been noted.
- Relatives told us that they had seen their relatives care plan and were involved in the care planning process. One relative said, "I have seen [person's] care plan and I generally look every time I am there. They [service] welcome your feedback."
- Where people had behavioural traits or behaviours that challenged, care plans clearly defined the behaviours they may present with, early signs to look for and strategies for staff to use to de-escalate the situation and bring the person back into positive well-being.
- The service had implemented the 'resident of the day' scheme where each person on a day was the main point of focus. On the set day care staff ensured that care delivery continued to meet the person's needs. This included talking with the person about their plans and achievements and reviewing care plans in line with this. The nominated individual told us, "The reason for resident of the day is for staff to get deeply involved with a particular resident at the home and review their needs and wishes."

Meeting people's communication needs

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

- People's communication needs and how staff were to respond to those needs, were clearly documented within their care plans.
- Care plans detailed the person's communication methods and gestures or body language they may use, what they mean and how staff should respond.
- The registered manager explained that they had adopted various methods of communication dependent on people's needs. We were told that people responded to visual pictures and signs and were shown examples of menus where signs and pictures had been used.
- The nominated individual told us that a variety of easy read documents were available where required to assist people with their communication needs.

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 maintain relationships and participate in activities to avoid social isolation.
- People's hobbies and interests were documented within their care plans so that staff could support people in accessing and participating in their desired interests.
- For one person who had an interest in horses, the service had found a work placement for them to work at a stable, which was due to start one week after the inspection.
- For another person, the service had supported them to learn how to play a musical instrument. This had led to the person playing their instrument at a local care home at Christmas. The person's relative told us, "[Person] is fully engaged, she is full of it. She played the recorder and she likes to play in front of people. The service helps her with that and they support her to go to places to play."
- People were encouraged and supported to go out as and when they wished. We saw evidence that people went out to various places and people identified as being at risk when going out in the community had risk assessments in place.
- We saw records detailing the types of activities people participated in which included arts and crafts, going for walks, listening to music, educational activities, puzzles and shopping.
- However, we did note that not everyone had access to activities which took into consideration their hobbies and interests. Activities that were provided were those as listed above, and activity records confirmed no variation to this. We highlighted this to the nominated individual and registered manager who agreed that further consideration needed to be given towards the type of activities that were planned and delivered.

We recommend that the service follows current guidance from a reputable source about providing a more creative and person-centred approach when planning, offering and delivering activities for people.

Improving care quality in response to complaints or concerns

- People and relatives knew who to speak with if they had any concerns or complaints to raise.
- Relatives told us that they were confident and assured that if they had identified a concern or issues this would be addressed immediately. One relative told us, "They are very responsive. I go to primarily [nominated individual]. I have no problems they have always responded to any issues I have got. They respond immediately."
- Complaints received were logged, investigated and responded to. Areas for improvement were identified and acted on.

End of life care and support

- Bourne Hill Care Home was not currently supporting anyone with end of life care.
- However, the nominated individual explained that they would work together with the person, their relatives and any necessary health professionals to adapt to people's changing needs when this level of care was required.
- Care plans did record some basic information about people's end of life care and directions for the staff to follow when people were at the end of their life. The nominated individual told us that going forward further consideration would be given to obtaining people's end of life wishes in more detail where possible.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to implement systems and processes to monitor and improve the quality and safety of care provision. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The nominated individual, registered manager and all care staff understood their roles in relation to ensuring that the quality of care people received was of a good standard and that regulatory requirements were adhered to at all times.
- Several checks and audits to monitor the quality of care and support that people received were completed. These included audits of medicines management and administration, health and safety and care planning checks and observations of care in practice.
- Following each check and audit an action plan was developed which listed the issues that had been identified, the actions taken to make the necessary improvements and the date by when the actions had been taken.
- These systems allowed the service to analyse the quality of service provision, continuously learn, identify issues and make the necessary improvements where required.
- The service demonstrated a willingness to learn and reflect to improve the service people received.
- Throughout the inspection we gave feedback to the nominated individual and the registered manager, which was received positively, and clarification was sought where necessary.

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

- The service worked towards ensuring that people received care that was person-centred, open, inclusive and empowering so that they achieved good outcomes.
- A health and social care professional as part of their feedback told us, "I believe the care home has a person-centred approach to supporting their residents."
- People knew the nominated individual and the registered manager well. We observed people were confident in approaching them and that they were responded to a positive and engaging manner.

- Relatives spoke positively about the management of the home and the way in which their relative was supported which had led to an improvement in their health and wellbeing. Relatives feedback included, "He [person] has improved a lot at the home. They are good, they are better than I was expecting, very nice, very kind" and "He [person] is in good hands there."
- Care staff spoke highly of both the nominated individual and the registered manager and the way in which people were supported. Staff told us that they were always learning something new and that both senior managers were always available to listen to them and guide them. One care staff told us, "I can't say nothing about her [registered manager] but I have my best manager I can have, she is very good she does the best for everybody."

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 clearly understood their legal responsibilities in relation to being open and honest with people when something went wrong. Complaints and safeguarding records confirmed this.
- Where required, the registered manager was also clearly aware of their responsibility of informing the CQC and other involved agencies where specific incidents had taken place or allegations of abuse had been made.
- Relatives told us that the home communicated with them on a regular basis and provided feedback about the person, their needs, significant events and concerns. One relative stated, "On a general basis they are quick to let me know about my relative."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were continually engaged and involved to make decisions and give their contributions about the way in which they and their relative was supported. One relative told us, "They welcome your feedback. If you have got anything you can tell them and they listen."
- People and their relatives were asked to give feedback about the quality of care and support that they received through the completion of annual satisfaction surveys. The last completed survey exercise was completed in 2018. Results were positive. One relative had written, 'The staff are very caring as her [person] needs are very special.'
- People were also engaged on a one to one basis through the 'resident of the day' experience as well as at specific planned events throughout the year where discussions took place about the way in which they were supported and areas that may impact the way in which they received care. This included discussions on menu planning, environmental improvements and activities.
- Care staff told us and records confirmed that they were always involved in the management of the home and that various systems were in place which enabled them to share experiences, learn from each other and make suggestions. These included supervisions and regular staff meetings. One care staff told us, "We do meetings every month, we talk about clients, we talk when we do wrong, timekeeping. Its good as we learn about different ways of working."
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, the local authority, local care homes, learning disabilities and mental health professionals.