Weyspring Limited

# Weyspring Park

## Inspection report

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31 December 2021

## Ratings

| Overall rating for this service | Requires Improvement |
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| | |
|---|---|
| Is the service safe? | **Requires Improvement** |
| Is the service effective? | **Good** |
| Is the service well-led? | **Requires Improvement** |

# Summary of findings

## Overall summary

About the service

Weyspring Park is registered to provide nursing care and residential care for up to 34 people. People had a range of care needs, including people living with dementia, Parkinson's disease, schizophrenia and other mental health conditions. At the time of our inspection, 31 people were living at the service.

The service is a country house in a remote location. It has been adapted and extended to ensure it is fully accessible. People have their own bedrooms, and some have en suite bathrooms. There are communal areas and extensive grounds.

People's experience of using this service and what we found
Improvements had been made to the way staff supported people to manage their behaviour. There were improved practices to ensure medicines were managed safely. People were working with staff to ensure their care plans and risk assessments were person centred and provided guidance to meet their needs and preferences. These processes need to continue and become fully embedded into practice.

Systems were in place to protect people from the risk of abuse and improper treatment. Staff knew how to identify potential harm and report concerns. People told us that they felt safe

The culture of the service was positive, and people and staff were complimentary of the management and provider. Improvements had been made to systems and process that monitored the quality of the service being delivered and accuracy of records. These improvements need to be sustained and become fully embedded into practice.

People were treated with kindness and compassion and staff were friendly and respectful. People and their relatives told us they were happy with the service they received. Their feedback included "The staff are lovely, and they keep things going". And, "They are very nice people. I like it very much". People were encouraged to make decisions about the care they received. 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.

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 Inadequate (14 June 2021). 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.

This service has been in Special Measures since 15 June 2021. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This was a planned inspection based on the previous rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 22 March, 8 April and 5 May 2021. Breaches of legal requirements were found in the following regulations. Safe care and treatment, Safeguarding service users from abuse and improper treatment, Staffing and Good governance. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements. The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Weyspring Park on our website at www.cqc.org.uk.

Follow up
We will continue to monitor the service through the providers monthly report on conditions. We will speak with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?**

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

**Is the service effective?**

Good

The service was not always effective.

Details are in our effective findings below.

**Is the service well-led?**

Requires Improvement

The service was not always Well-led.

Details are in our Well-led findings below/

# Weyspring Park

**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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was undertaken by two inspectors, one bank 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.

Service and service type
Weyspring Park 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 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
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, assistant manager, Human Resource Manager, care workers and the chef.

We reviewed a range of records. This included 15 people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. We viewed 13 agency staff profiles. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found with regards to their policies and management of epilepsy. We used feedback from professionals who have visited the service since the last inspection.

Requires Improvement

# 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 inadequate. At this inspection this key question has now improved to requires improvement. New processes had been implemented and improvements had been made, however these needed to be embedded and sustained. Failure to do so could mean the service would not always be safe and there could be an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure processes and working practices provided an adequate level of scrutiny and oversight that was needed to ensure people were protected from the risk of harm, abuse and improper treatment. This was a breach of Regulation 13 (safeguarding people from abuse and improper 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 13.

● At the last inspection people were not protected from the risk of inappropriate restraint. At this inspection this risk had been mitigated by staff undertaking positive behavioural support training. People's care plans, daily notes and our observations did not reflect that physical restraint was being used or considered.
● At the last inspection people's freedom to move around the building was restricted using coded keypad doors in the corridors. At this inspection the provider had addressed this, and we observed people had freedom to move around the building. Doors were held open by fire safe electronic door guards and there was clear signage about this. Keypads remained in place for the outside doors and lounge. These had been risked assessed and DoLS were in place. Deprivation of Liberty Safeguards (DoLS) is the procedure prescribed in law when it is necessary to deprive a person of their liberty in order to keep them safe.
● We observed positive interactions between people and staff. People and relatives told us they felt safe with the staff and care provided. A person told us they felt staff because of their surroundings, the building and the staff, and, "The staff are always there for you". A relative told us, "It's a safe place here and the care goes with it. There are staff around all the time".
● Staff had completed safeguarding training and were aware of their responsibility to report any concerns they may have about people's safety. Concerns were raised in line with the providers safeguarding policy and local authorities safeguarding guidance. Staff were able to identify the different types of abuse and knew how to recognise and report concerns appropriately. One staff member told us, "We get training every year. It's more of a refresher but it's very useful". Another staff member said, "I would always report abuse to the manager, and I know they would do something".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider had failed to assess and manage risks relating to people's health and

welfare. Lessons and not been learnt when things had gone wrong. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken measures to improve practice in these areas. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● At the last inspection care plans lacked guidance to manage and support people's behaviour safely. At this inspection staff had received training in behaviour support and had begun to develop individual behaviour support plans with people. These were personalised and provided guidance to support people's behaviour in a safe and consistent way. The behaviour support plans we reviewed described each person's behaviour and guided staff to consider the reasons for it and the support the person would require.
● Guidance was provided for staff to implement support techniques before considering the use of 'as and when required' (PRN) medicines to manage a person's behaviour. Care records showed where this consistent approach had been applied it had been effective in reducing people's behaviour and avoiding the need for PRN medicines.
● Support plans provided guidance to enable staff to support people in a safe and consistent way. Since the last inspection support plans were in the process of being updated and provided more detailed and accurate information. We saw improvements in guidance to ensure people's epilepsy was managed safely and where people had significant allergies. Staff demonstrated a good understanding of people's needs and were knowledgeable about people's individual preferences.
● Risks to people were assessed, and measures were taken to mitigate these. This included how people moved and any equipment they needed to do this safely. Falls risk assessments had been undertaken and people had falls prevention care plans. We observed people being supported to mobilise in a safe and dignified way.
● Since the last inspection improvements had been made to the way accidents and incidents were monitored. Action was taken following accidents or incidents to help keep people safe. The registered manager monitored all accidents and incidents and undertook an analysis of trends. This ensured robust and prompt action was taken and lessons were learnt.
● Staff told us incidents and accidents were discussed with them. Staff were encouraged to provide feedback on the circumstances that may have led to the incident and how a further occurrence could be avoided. Relatives told us they were kept informed of accidents and incidents affecting their relative. Learning outcomes from these, and measures taken to mitigate any further risk, were discussed and shared with people and their relatives.
● Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use. Since the last inspection the provider had arranged a meeting with Fire Safety inspectors. From this, an action plan had been drawn up to ensure the premises was compliant with fire safety regulations. All action points had been addressed by the day of our visit.

Using medicines safely

At the last inspection there was a failure to ensure the proper and safe administration of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider had taken measures to improve medicine practices. Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

● At the last inspection we identified a large percentage of people being administered PRN Benzodiazepine medicines on a regular basis. The National Institute for Health and Care Excellence (NICE) describes

Benzodiazepines as being used in the short term to treat anxiety and insomnia. Since the last inspection the provider has been required to send CQC a monthly audit of Benzodiazepine administration. Monthly audits received have shown a significant reduction in the number of Benzodiazepines administered. Regular medicine reviews led by health professionals have been taking place. The reduction of Benzazepines usage has been attributed in part to improved behaviour support.

● At the last inspection there were some inconsistencies in the way people received their medicines. This was in relation to PRN medicines and medicines that were administered covertly. Covert administration is when medicines are administered in a disguised format. At this inspection we found the provider had taken measures to improve practice in these areas. Where medicines were administered covertly decisions had been made following the principles of the Mental Capacity Act 2008.

● PRN protocols were in place and provided information and guidance to ensure PRN medicines were administered appropriately. We looked at people's Medicine Administration Records (MAR), care plans and PRN protocols and information was consistent across these. When PRN medicines had been administered the reason for this was recorded as well as the outcome for the person. This ensured people received their PRN medicines as intended by the prescriber

● Medicines were administered by nurses. On the day of inspection, we observed that the breakfast medicines were still being administered at 11.15am. We also observed that people were not always administered medicines in a personalised or compassionate way. The process was very task oriented, and we observed that people were administered their medicines in the lounge in front of other people. We were informed the delays and lack of personalised support was due to the medicines being administered by an agency nurse who was new to the service that morning. We checked people's MAR's and saw that provision had been made to ensure people who required medicines to be given at a specific time, such as those to treat Parkinson's disease, had received their medicines at the correct time.

● At the previous inspection concerns had been raised about some medicines being out of date and there was an excessive amount of medicines held in stock. At this inspection processes had been implemented to address this. Medicines sampled were in date and there was no excess stock. Processes were in place to ensure a more robust process for ordering and disposing of medicines.

Staffing and recruitment

● There were enough staff on duty. At the last inspection the provider was not using any formal method to assess and monitor staffing levels. At this inspection the provider was using a staffing dependency tool and was able to demonstrate what safe staffing levels should be. A review of staff rotas showed that staffing hours were consistently above safe staffing levels.

● The provider made regular use of agency staff. Following the last inspection, the provider implemented more robust employment checks on agency staff. We looked at thirteen agency staff profiles to ensure the staff used by the provider were fit to work at the home. All contained relevant information, such as Disclosure and Baring Service (DBS) status, previous training and experience, up to date information about staff's eligibility to work in the UK and evidence of registered nurses' professional registration.

● People received care and support in a timely way. We observed staff taking the time to sit and talk to people. Call bells were answered promptly and people we spoke to confirmed this was usual. The rota reflected the staff that were on duty.

● People were protected by safe recruitment processes. New staff were appointed following pre-employment checks which ensured they were of good character to work with people who had care and support needs. This included undertaking appropriate checks with the DBS and obtaining suitable references. Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.

Preventing and controlling infection

● Prior to the inspection we received concerns about the providers processes for ensuring staff were working in line with government guidelines for vaccinations of people working or deployed in care homes. From the 11 November 2021 anyone working or volunteering in a care home are required to be fully vaccinated against COVID 19 unless exempt. We inspected the service on the 9 November 2021. The provider was fully aware of the requirement that was due to come into force on the 11 November 2021 and had planned for this accordingly.
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

Good

# 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 remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

At the previous inspection the provider had failed to ensure staff received appropriate support, training, supervision and appraisal. This was a breach of Regulation18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection some improvements had been made and the provider was no longer in breach of Regulation 18.

- Since the last inspection the provider had improved processes to provide staff with regular supervisions and appraisal. Records reviewed evidenced staff supervisions and appraisals were up to date and in line with the providers supervision policy. Staff told us they received supervisions. One staff said, "I can approach them at any time with an issue. I'm never told that it will have to wait for supervision". Other staff told us they received good support from the management team if they requested it.
- At the last inspection the provider had not ensured staff had received training relevant to the needs of people. The provider had taken action to address this and staff had access to a comprehensive training programme relevant to the needs of the people they were supporting. This included training in epilepsy, diabetes, dementia and positive behaviour support. Staff told us that improvements in staff training were one of the positive outcomes from the last inspection. Staff said they felt more confident and knowledgeable about aspects of people's care since they had received training.
- New staff received an induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides staff new to care with the expected level of knowledge to be able to do their job well. A staff member new to care described a comprehensive induction that included shadowing experienced staff as well as training and time to feel confident in their role.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 the last inspection restrictions had been placed on people's liberty without the provider ensuring these were lawful in accordance with the MCA and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 13 (Safeguarding people from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection the provider had taken action to address these concerns and there was no longer a breach of Regulation 13.

● At the last inspection consideration had not always been given to ensuring practices reflected the least restrictive options for people. At this inspection improvements had been made to MCA assessments and the way that DoLS were applied.
● We reviewed people's DoLS which were subject to conditions and found that these had been implemented and reviewed appropriately. For example, since the last inspection DoLS had been applied for and granted for people who had prescribed Benzodiazepine medicine PRN to manage their behaviour. The conditions applied to the DoLS were for people to have their medicine regularly reviewed by health care professionals. These reviews were taking place and we saw that the use of Benzodiazepines had reduced because other least restrictive options had been considered and successfully implemented.
● Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff told us that since the last inspection they had undertaken training in the MCA and felt more confident about applying the principles of the act. One staff said, "I had not considered the door keypads to be a restrictive practice but now I understand that it was". Another told us "I always ask people's permission before I provide any support".
● Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way. Staff described when and how decisions would be made in people's best interests.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Since the last inspection the provider had worked with other agencies to drive improvements with people's care. We saw evidence of reviews undertaken by health and social care professionals such as consultant psychiatrist, DoLS assessors and health and social care teams. Advice and guidance from these reviews were reflected in peoples care records.
● Care records showed that people had access to routine and specialist health care appointments and a GP visited or undertook telephone consultations weekly. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.
● People told us they had access to healthcare when they required it. We saw evidence that medical advice and attention had been sought in a timely and appropriate way. One relative told us that when staff had identified a medical concern with their loved one, they had made an immediate doctor's appointment and the concern was dealt with straight away.

Adapting service, design, decoration to meet people's needs
● At the last inspection we identified that the environment was not always reflective of good practice guidance. The Social Care Institute for Excellence (SCIE) identifies important factors in a "dementia-friendly environment" and this recommends consideration of creating a relaxing environment, awareness of noises,

a range of activities, access to the garden and a safe quiet place for people to be alone. We observed that there was some signage around the building to assist people with dementia to orientate themselves. At this inspection further improvements in this area would benefit people living with dementia.

● The service has been adapted to meet the needs of people with physical disabilities and reduced mobility. An accessible lift served both floors and there were handrails and gentle sloping floors. The removal of keycodes doors in the hallways meant that people could be independent with moving through the building. Bathrooms were adapted to meet people's mobility needs and people's bedrooms were personalised.

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

● People's needs were assessed before they started to receive support from the service to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diversity was considered and promoted within their care.

● People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, the Malnutrition Universal Screening Tool (MUST) was used to monitor people's risk of malnutrition and WaterLow assessments had been completed to assess people's skin integrity. This information was reflected and recorded in their care and risk management plans.

● Staff followed guidance from assessments undertaken by health care professionals such as physiotherapist and from Speech and Language Therapists (SaLT) to ensure that peoples' needs were delivered in line with professional standards.

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

● Nutrition and hydration needs were met, and people had enough to eat and drink and. People had access to drinks, fruit and snacks throughout the day. We observed meals look appetising nutritious and well presented. People told us they had a choice of meals and the food was very good and plentiful. We observed people receiving food consistent with their support needs. For example, one person who was on a weight reducing diet asked for fruit for dessert and was provided with a range of diced fruit.

● Peoples support plans identified what types of food they could eat and what support they might need to eat and drink. People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). We observed people having modified and fortified diets. These were prepared to the correct International Dysphagia Diet Standardisation Initiative (IDDSI) levels identified within their SaLT assessments. This reduced people's risk of choking.

● People were encouraged to maintain their independence as much as possible and staff were respectful and discreet when offering help. Support was personalised and flexible, and staff adapted to each person's level of need throughout their meal.

Requires Improvement

# 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 inadequate. At this inspection this key question has now improved to requires improvement. New processes had been implemented and improvements had been made, however these needed to be embedded and sustained. Failure to do so could mean inconsistencies in leadership and management. It would also increase the risk people care would not be high-quality, person-centred.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection the provider had failed to establish systems and processes to assess and improve the quality and safety of the service provided or to assess and monitor risks. This placed people at risk of harm. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection the provider had taken action to address these concerns and there was no longer a breach of Regulation 17.

- At the last inspection, the providers systems and processes for quality monitoring had failed to identify the significant concerns raised at inspection. This was in relation to keeping people safe, medicines, person centred care, provider oversight, management, staffing and the culture of the service. Enforcement action was taken against the provider and conditions were placed upon the providers registration.
- At this inspection we did not review the conditions. This is because they had only recently been placed upon the providers registration and the provider needed further time to address the required actions and embed service improvements.
- Following the last inspection an independent consultant was engaged to support the provider by undertaking monthly audits of governance and to develop an action plan. We reviewed this action plan and the monthly audits at this inspection, and these showed some improvements.
- The provider had improved their oversight of the service and had driven quality and service improvements. This included processes to ensure the principles of the MCA were being followed. Staff had received training and the service was more focused on providing person- centred care and support. This needed further time to become embedded in the culture of the service.
- Staff were working with people to develop care plans which provided personalised information about people and their preferences for how they liked to be supported. Improved auditing systems had been implemented to ensure information contained in people's care records was up to date and enabled staff to provide support appropriate to people's needs and wishes.
- There were improved systems and processes to monitor and analyse accidents and incidents and analysis

was used to identify key issues and mitigate risks. This ensured there was management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence.
● The provider had acted to improve processes for medicine management. More robust medicine auditing ensured systems and processes were in line with best practice guidance. Processes had been developed to ensure people's medicines were reviewed in line with DoLS conditions.

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 understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop.
● The registered manager understood their responsibility to notify us of significant event, as they are required to by law. Notifications had been sent to us in a timely manager and were completed in line with requirements. The manager understood their responsibility to notify local authority safeguarding of concerns. Records showed that this had happened appropriately and in line with safeguarding guidance

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People were encouraged to make decisions about the care they received. People told us that they had been involved in developing their support plans, they felt listened to and were given choice and control in the way their care was delivered. One relative said "It's important we're involved. They update me. I feel I get input. Things are going on more now and you can be part of it". We observed people being offered choices such as food and drink and what activities they wanted to participate in.
● There were positive relationships between people and staff; interactions were warm, friendly and pleasant. Relatives told us staff treated their relatives with kindness and compassion. Feedback from relatives included "It's fantastic. I can't knock it. They're kind to him and to me". And, "You generally hear people laughing, which is good, and you hear the staff laughing too".
● Staff told us that since the last inspection the changes the provider had implemented had impacted positively on the service. Staff told us they felt able to approach the registered manager with ideas or concerns and were confident they would be listened to. Staff felt empowered by being asked for their input in people's care plans. One staff said, "It's good to know that my advice has been sought and I am valued for my knowledge of people I support".
● People felt able to raise concerns. The service had a complaints procedure, and people said that they knew how to complain and who to complain to. Records showed that complaints were responded to appropriately and in a timely way. The registered manager told us that complaints were shared, and outcomes used to make improvements to the service.

Working in partnership with others
●The service worked in partnership with other agencies. These included healthcare services as well as local community resources. Since the last inspection the provider had worked with health and social care partners to drive service improvement. There was evidence of social and healthcare professionals visiting the service rather than undertaking telephone consultations. This is something that had not been happening at the last inspection due to the global pandemic. Visiting professional's fed back that the service was improving and responding to advice and support.
● Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.