

Achieve Together Limited

Oak View

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Oak View is a care home providing accommodation and personal care for up to four people with profound and multiple learning disabilities. At the time of our inspection, four people were living there. Accommodation was ground floor only and the building had been specifically designed to meet the needs of people with physical disabilities.

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

Although there were good quality and governance systems, they had not identified areas in relation to record keeping in a number of areas that needed to improve. Immediately following the inspection, the registered manager sent us information about the improvements they would make. They had also called a staff meeting to ensure all staff were clear about the changes needed.

People were protected from the risks of harm, abuse or discrimination because staff knew what actions to take if they identified concerns. The home was clean and tidy throughout. Staff had received training in infection control and the home had a visiting procedure that was thorough to ensure as far as possible people's safety from COVID-19.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the service. There were safe procedures to ensure people received their medicines as prescribed. Relatives and professionals spoke positively of the care provided by staff.

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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right support:

- Model of care and setting maximises people's choice, control and independence.

People were encouraged to make choices in all aspects of their lives, from what they wore to what they ate and how they spent their day. Staff knew people well and understood how people made their needs known.

They could pick up on subtle clues that indicated people might not be happy or might be in pain and care was planned accordingly. Each person had goals they were working towards achieving. People were supported to go out regularly and to do activities they enjoyed. Bedrooms had recently been or were in the process of being decorated and everyone had been involved in choosing colour schemes and fittings for their rooms.

Right care:

- Care is person-centred and promotes people's dignity, privacy and human rights.

We observed that staff were very caring in their approach and people were very content in their surroundings. Staff respected people's dignity and immediately following mealtimes, people were provided with personal care and if needed a change of clothes to freshen up. We saw that staff responded immediately if people wanted to move to an alternative area of the house.

Right culture:

- Ethos, values, attitudes and behaviours of leaders and care staff ensure people using services lead confident, inclusive and empowered lives.

There was a very positive culture at Oak View. Staff felt supported by the registered manager. All the relatives told us they would have no hesitation in raising concerns if they had any and felt confident, they would be addressed. People were supported to take part in a wide range of activities and throughout the pandemic the staff team had been creative and imaginative in providing additional activities when regular routines had to stop due to shielding.

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

Why we inspected

This service was registered with us on 25 September 2020 and this is the first inspection. The service was previously registered with CQC and was part of a merger. The last rating for the service under the previous provider Aitch Care Homes (London) Limited, was good (published 13 June 2019).

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

Follow up

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

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Oak View

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 could 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

There was one inspector.

Service and service type

Oak View 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

The inspection was unannounced.

What we did before the inspection

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 reviewed the information we held about the service and the service provider, including the previous inspection report. We looked at notifications we had received for this service. We sought feedback from the local authority and professionals who work with the service. Notifications are information about important events the service is required to send us by law. We used all of this information to plan our inspection.

During the inspection

People were not able to share their views of the service due to their complex communication and support needs. Therefore, we observed their experiences living at Oak View and staff interactions with them. We spoke with the registered manager, the regional manager and with four staff members.

We reviewed a range of records. This included two people's care plans, health and safety records, daily records and medication records for everyone.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training records and a wide range of quality assurance records. We received feedback from all the relatives and from one health and social care professional.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were not able to tell if they felt safe, but we observed people to be relaxed and content in their surroundings.
- People's relatives told us their loved ones were safe. One relative responded, "Absolutely, we can go away and know that (Person) will be well looked after." Another also said, "Absolutely" and went on to say that, "Oak View is a big part of (Person's) life, staff looked after (Person) so well."
- Staff had a good understanding of how to make sure people were protected from harm or abuse. We asked a staff member about the reporting procedures for abuse and they gave a very clear response. All staff had received safeguarding training and knew how to recognise signs of abuse.

Assessing risk, safety monitoring and management

- Where risks were identified, there were appropriate risk assessments and risk management plans. These helped people to stay safe while their independence was promoted as much as possible. For example, if someone had an increased risk of choking, a risk assessment was carried out alongside guidance from the local speech and language team (SALT) to determine the safety measures to be taken.
- Each person's needs in the event of a fire had been considered and each had an individual personal emergency evacuation plan that described the support they needed in an emergency. Staff were able to describe the actions taken when the alarms sounded.
- People lived in a safe environment because the service had good systems to carry out regular health and safety checks and checks on electrical appliances safety. Water temperatures were monitored regularly. At the time of inspection there was a problem with the heating system and the home was awaiting a part that was required to fix the system. In the interim they had purchased additional heaters for each room. The home was warm throughout our visit and no one appeared to be adversely affected by the problem with the heating. Hot water was still available throughout this time.

Staffing and recruitment

- There were enough staff to meet people's needs safely. There were four staff vacancies, two appointments had been made subject to recruitment checks. Any vacant hours, annual leave and staff sickness hours were covered through bank staff and regular agency workers. The home had secured two agency staff to work solely at the home throughout January 2022. Everyone had one to one support. When staff were involved in cooking or laundry tasks people either observed or were supported to take part in tasks in line with their abilities.
- There were three waking staff members at night-time. Staff told us there were enough staff to meet people's needs safely. There were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends.

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history. Disclosure and Barring Service (DBS) checks had been carried out for all staff to help ensure staff were safe to work with adults in a care setting.

Using medicines safely

- There were procedures to ensure medicines were managed safely. A detailed medicine's audit was carried out monthly. Where shortfalls were identified actions were taken to address matters promptly.
- Some people took medicines on an 'as and when required' basis (PRN) for example, for pain relief. There were protocols in place that described when they should be used.
- There were safe procedures to ensure medicines were correctly ordered, stored and given appropriately. There was information to guide staff on how each person liked to receive their medicines. For example, some liked to take their medicines with food. Staff had received online training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. Whilst there were detailed records that showed the home was cleaned at night, there were no cleaning schedules for daytime. Shift plans that would also include reference to cleaning had also not been completed. Staff told us daily cleaning was carried out and the home looked clean and tidy on both of our unannounced visits which demonstrated that cleaning was carried out despite the lack of documentation. Following the inspection, the registered manager confirmed in writing, the cleaning plans had been reinstated. Please see the well led key question.
- 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 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.
- People's relatives told us they were happy with the arrangements in place for visiting. One relative told us the arrangements "Are thorough and that gives us confidence that it is safe to visit."

Care homes (Vaccinations as Condition of Deployment)

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency. We checked to make sure the service was meeting this requirement.

- We found the service had effective measures in place to make sure this requirement was being met. All professionals had to sign a declaration that they were fully vaccinated and to show proof of this on arrival at the service.

Learning lessons when things go wrong

- There was evidence the home took action to learn from mistakes and to review and update their procedures. The registered manager told us that one person had some health concerns that were under investigation. Whilst nothing had gone wrong, it was evident that when the person needed medical support this was needed quickly, and staff responded promptly on each occasion. The importance of knowing people well and recognising when people might be in discomfort was crucial to identifying when they needed support.

- The registered manager also told us that when medicine errors had occurred, staff were supported to identify how they had happened and were reassessed in relation to their competency to make sure they were confident and competent in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs, and wishes were regularly assessed and reviewed to ensure they received appropriate care and support. These included various aspects of people's care needs such as how they communicated their preferences, and information on how they liked to spend their time.
- Relatives and professionals were invited to people's reviews and kept up to date with changes to care plans. One relative told us that a formal review had not been possible with their relative's placement authority, but the registered manager was trying to arrange this. In the interim they said they were in constant touch with the registered manager about matters that related to their relative.

Staff support: induction, training, skills and experience

- Staff received a programme of training to ensure they could meet people's needs effectively. This included a mixture of e-Learning and classroom-based training. Essential training included safeguarding, moving and handling and infection control. Specialist training was also provided on subjects such as epilepsy, emergency medicines, dysphagia and catheter care. Due to the pandemic, some classroom-based training had not been possible, but all staff were booked to attend any training that was needed.
- Staff attended regular supervision meetings and told us they were supported well in their roles. One staff member told us the registered manager was, "Very supportive." They said they were very good at, "Listening and understanding and offering solutions that might help."
- The provider had a detailed induction process for all new staff. Each staff member completed an inhouse induction and if they were new to care they went on to complete the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff told us they had opportunities to shadow experienced staff and time to get to know people before supporting them on their own.

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

- People had enough to eat and drink and staff knew how people liked and needed to be supported. At lunchtime one person was not eating their meal. However, a staff member offered a choice of sauce to them. Once they had selected their choice, and the sauce had been added, they happily ate their meal. Another person reached out for another person's plate when they had finished their meal, so staff offered them a choice of snack.
- Food was prepared to meet people's needs, for example some people were at risk of choking, so food was cut up in bite size portions.
- There was a display board on the wall next to the dining room showing the meals planned for the day.

Staff told us that each person took it in turn to choose the meals for the day and if someone did not want what was prepared an alternative would be provided. The home was looking into ways of demonstrating more clearly the choices people made. All staff had received training on nutrition and hydration.

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

- Oak View was purposely designed to meet people's needs. Communal areas consisted of a large lounge and a separate dining room. A former staff member had painted murals on the walls in the corridors. Each person had a wall that was dedicated to them, with a picture of the person at the centre and a mural that depicted their individual tastes and personalities.
- There were plans to remove the wall between the kitchen and dining room to create a more open plan area so that people could move around more freely. The registered manager confirmed that this would be done in the coming months. The sofas in the lounge area were also due to be replaced.
- At the time of inspection, the sensory room was temporarily used to store PPE, however those who enjoyed sensory activities had equipment in their bedrooms and the lounge. Bedrooms had been personalised and all rooms had an ensuite shower with any equipment that had been assessed as needed. There was a programme for redecoration of bedrooms and people had been very much involved in choosing the colour schemes for their bedrooms and any fittings. There was a separate bathroom and we were told that one person often chose to have a sensory bath.
- There was a large garden to the rear and side of the property. Staff told us that people had used the garden more over the past two summers than ever before. There were raised flower beds outside of bedrooms and everyone had been involved in growing flowers and vegetables in the summer.

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

- Referrals had been made for specialist advice and support when needed. Records were kept of visits to see professionals and any changes in support and care were discussed with the staff team.
- A new chiropodist had recently been engaged to provide regular treatment for people.
- Feedback from a health professional included, "I have always found the staff to be caring and helpful, I have no concerns." A relative told us, "Yes, I am kept informed of (Person's) health, this was especially important to me when (Person) had Covid."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Decision specific assessments were carried out to determine people's individual ability to make decisions about their care or how they lived.
- We saw that people's capacity to make decisions had been assessed in a wide range of matters, for

example dental care and support with medical interventions. Where people were assessed as not having capacity to make decisions a best interests meeting was arranged to seek the views of relatives and professionals and a record was kept.

- Where appropriate, DoLS applications had been made and some were awaiting processing.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who knew them very well. Staff used a warm and caring approach and they regularly checked to make sure people's needs and wishes were being met. They knew people's likes, dislikes and backgrounds.
- A staff member told us, "If (Person) doesn't want you there, they will make it very clear, so we give them space. Another staff member will check in to make sure that they actually wanted space or maybe just a change of staff."
- Another staff member spoke about the importance of offering appropriate choices based on the person's preferences and interests. They went on to say that although people might not be able to verbally make their needs known, all were able to indicate in some way when they were happy or not with an activity. Another staff member told us that as everyone received one to one support, people could generally do whatever they wanted to do each day so if a person wanted to go out to the shops or be taken for a walk this could always be done.

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

- We were confident people had regular opportunities to make choices in relation to the food they ate, however, records provided limited information in relation to this. Staff told us and we saw that people made choices in relation to food and activities throughout our inspection. We saw staff communicating very effectively with people, noticing when they wanted to move to a different room, identifying when they wanted a drink or when they wanted to move on to another activity.
- Staff told us that one person always chose to have a particular staff member support them when they were on duty. Whilst they could not verbally choose to have the staff member, they were able to demonstrate their choice by refusing a drink but would then happily have their drink if their chosen staff member supported them.
- One person had not been sleeping well. In the lounge we observed staff had given the person sensory equipment, the equipment used was very relaxing and caused the person to fall asleep. Staff responded by taking the person to their bed for postural relief and to give them the opportunity to catch up on their lost sleep.

Respecting and promoting people's privacy, dignity and independence

- Staff ensured people's privacy, dignity and independence was always promoted. The care plan for one person who was at risk of choking stated that staff should observe the person. However, there was also a note that the person did not like to be watched, so all observations should be done at a discrete distance.
- People's care plans clearly described what people could do independently and the areas they needed

support. For example, one person's goal was to become more involved in brushing their teeth. The care plan detailed the steps the person could do independently and how staff needed to support them to become more independent. Another person liked to put their washing into the washing machine with staff support as needed. Progress with goals was recorded in monthly keyworker reports.

- A staff member told us, "We always knock on people's doors before we go in. We talk to people and let them know what is happening and when we provide care, we always keep the curtains closed for privacy. Another staff member spoke about always ensuring people had a clean top if needed after mealtimes and offering personal care when needed.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person centred care. Each person had care plans and risk assessments that identified and recorded their needs. Care plans were reviewed regularly, and when people's needs changed, they were updated. Staff told us that there was a read and sign document to ensure all staff were aware of any changes. Goals were highlighted in keyworker's reports.
- Each person had one to one support through the day so there was always a staff member available to support the person in the way they wanted. We observed a staff member supporting a person with an activity. Although the staff member set up the activity, the person was very much in control of the activity even down to where the staff member should sit and how long the activity lasted.
- Staff knew people's ways, for example one person liked to wait until others had their meal before starting their own meal. Staff knew not to keep prompting the person to start eating but were there to provide support as soon as it was needed.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people well and how they communicated. Each person had their communication needs assessed and recorded. One person used some Makaton signs (a form of sign language using symbols) to communicate and we observed staff signing with them. They also had an iPad that they used to aid communication.
- Staff were able to tell us how they knew when people were happy, in pain or sad. Whilst some people could make basic choices indicating yes or shaking a head for no, others showed their preferences or feelings more subtly. For example, they told us one person may look away from staff to indicate a 'no' choice, or wriggle in their wheelchair to indicate pain or discomfort. We saw that staff were quick to pick up on people's communication and offer support accordingly.
- A relative told us that staff, "Often tell us things that (Person) likes which we were unaware of. Examples are that (Person) likes to drink tea, a take-away curry and their favourite colour is green." The registered manager told us staff had worked hard with people to establish colour choices for bedrooms when they were redecorated.

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 carry out activities and to be part of the local community. For example, on the first day of inspection one person had been supported to have a walk in the local woods.
- During the pandemic opportunities to do activities such as attend college or to go swimming had been stopped. People were shielding for a long period, so staff were careful in the types of activities that were arranged. The registered manager said that the pandemic did not stop activities but rather they were more creative in when and what they did. For example, trips to the supermarket, cafes or restaurants were now done at times when they knew it would be less busy. Christmas shopping was done very early and this meant that people had been able to be part of the process.
- Staff told us a lot of time was spent in the garden when the weather was good. Vegetables and flowers were grown, and people were encouraged to take part in the care of all plants. The home invested in giant garden games and chalk drawings. Activities inhouse included, pamper sessions, use of foot spa, baking, karaoke and weekly aromatherapy.
- A relative told us, "We feel really lucky to have (Person) there. Staff go over and above what they have to do." Another relative told us, "We remain very pleased that (Person) has a placement at Oak View and do not have the constant worry as we did in the past that (Person) is anything but happy." All of the relatives told us they were very happy with the arrangements for visiting.

Improving care quality in response to complaints or concerns

- At the time of inspection, we were told that no formal complaints had been made to the service. A relative told us that they had no concerns, they said, "If we have a niggles, we have no problem approaching the manager and we know it will be sorted." Another relative also confirmed that if they had any concerns, they would have no hesitation in raising issues with the registered manager.
- There was a detailed complaints procedure, and this was available in an easy read format that was displayed.

End of life care and support

- People living at Oak View were not able to express their wishes in relation to end of life care.
- The registered manager told us that if anyone needed end of life care in the future, this would be fully assessed with people's relatives and professionals involved in their care. The home had written to all relatives to seek their views on the subject but at the time of inspection some had responded saying they did not wish to discuss this subject at the present time.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Although there were systems to monitor the running of the service, some were not effective. There was a lack of detail in daily records. Records were about tasks rather than care and support offered, choices made, how people were, and the activities they took part in. Daily cleaning schedules and shift plans had not been completed for several months. The registered manager acknowledged the improvements that needed to be made.
- The registered manager told us the organisation's quality team visited the home six monthly to carry out an assessment. In addition, the regional manager audited the service six monthly, which meant there were quarterly checks on the home. Following all checks an action plan was drawn up of any actions that needed to be taken, highlighting who had responsibility for addressing them and the timescale. Records showed matters raised had been addressed in a timely manner. However, some of the matters we identified in relation to record keeping had not been identified.
- We saw audits in relation to medicines, health and safety and infection control. Where shortfalls were identified there was an action plan and actions had been completed. Following the inspection, the registered manager wrote to us detailing the actions to be taken to address the shortfalls in record keeping.

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 was aware of the statutory Duty of Candour which aims to ensure providers are open, honest and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required.
- The registered manager understood their role and responsibilities to notify CQC about certain events and incidents.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff told us they felt very well supported. A staff member told us, the registered manager has "An open-door policy, she is very approachable. I like that about here, there is an office and always someone to call on for help if needed." Another told us the registered manager was, "A strong lady who is supportive and approachable and lets you know what she wants."
- The registered manager told us they felt very well supported in their role. They said the regional manager

was very approachable and responded by phone or email quickly when they had any queries. They also told us they popped in regularly to check in with them and to check on the running of the home. Records were kept of each of the visits.

- We talked with a staff member who had recently been promoted to the role of senior. They told us they had been given a new job description and they were clear about the extent of their role and responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were systems to seek the views of people, relatives and professionals on the running of the service. The registered manager told us the surveys to seek the views of professionals had been sent out and the home were awaiting feedback. Staff were encouraged to complete surveys online. An outcome of the relative's survey was to look at the activity planners for people. The registered manager said that this was kept under continual review and it was hoped, depending on the pandemic, people could resume college. Plans to resume swimming were being made.
- Staff told us that staff meetings were held regularly and that all staff had the opportunity to share their ideas on the running of the service. Immediately following the inspection, a staff meeting was arranged to discuss some of the initial feedback from the inspection.
- A relative told us, the registered manager was "Direct, she will tell you it like it is, I like that. She is professional, she has a job to do and she knows her job." They also said they would like to receive a regular newsletter from the service and said, "The home is not good at letting people know just how good they are."

Working in partnership with others: Continuous learning and improving care

- Referrals had been made for specialist advice and support when needed. The registered manager confirmed they had good relationships with all the professionals who supported people. With support from their pharmacy subtle changes to some people's medicines had been made.
- Throughout the pandemic the home received weekly phone calls from a paramedic practitioner. Calls were used as an opportunity to monitor people's medicines and answer any queries they had.
- The registered manager confirmed that staff were offered opportunities to complete healthcare qualifications. One staff member was completing a level three health qualification, and another was considering starting studying. Two senior support workers had signed up to complete training on how to provide supervision for staff.