

OakRay Care (Trent House) Limited

Trent House

Inspection report

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Cowes
Isle Of Wight
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Tel: 01983290596

Date of inspection visit:
19 June 2019
21 June 2019

Date of publication:
10 July 2019

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Trent House is registered to provide accommodation for up to 19 older people with personal care needs, including people living with a cognitive impairment. There were 18 people living at the home at the time of the inspection.

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

People were supported by staff who were kind, compassionate and caring and who understood their likes, dislikes and preferences. People were happy living at Trent House and told us they felt safe.

Recruitment practices were effective and there were sufficient numbers of staff available to meet people's needs. People were protected from avoidable harm, received their medicines as prescribed and infection control risks were managed appropriately.

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.

People were supported to access health and social care professionals if needed, received enough to eat and drink and were happy with the food provided. Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

The management team were open and transparent. They understood their regulatory responsibilities. People and their relatives felt the management team were open, approachable and supportive. Everyone was confident the provider would take the necessary actions to address any concerns promptly. The providers had effective governance systems in place to identify concerns in the service and drive improvement. They were responsive to feedback from people, staff and professionals and took action to make improvements in the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 21 June 2018).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

There is no required follow up to this inspection. We will continue to monitor all information received about

the service to understand any risks that may arise and to ensure the next inspection is scheduled accordingly.

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?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Trent House

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 conducted by one inspector.

Service and service type

Trent House 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

Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. 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.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with 12 members of staff; including a director of the service, the registered manager, the

deputy manager, the service manager, the cook, a domestic staff member, head of maintenance, the activities coordinator and four care staff.

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

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.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "I do feel very safe here." A relative told us, "I think [person] is very safe, I don't worry."
- The registered manager and staff knew what constituted safeguarding. Staff had received safeguarding training, which was updated annually.
- All staff understood their responsibilities in relation to safeguarding people and reporting concerns. A staff member said, "If I saw poor care I would definitely report it."
- There were robust processes in place for investigating any safeguarding incidents. Where these had occurred, they had been reported appropriately to CQC and the local safeguarding team.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- Risks assessments had been completed where required. Completed risk assessments identified possible triggers and actions staff needed to take to reduce risks to people.
- Some people were at risk of developing pressure injuries. Where equipment was in place to mitigate the risk of injuries occurring, systems had been implemented to ensure the equipment remained suitable for the person. For example, where a person required a pressure relieving mattress that needed to be set in accordance with the persons weight, the setting was checked daily and the persons weight was check monthly to help ensure the mattress remained at the correct setting.
- People who were at risk of malnutrition and dehydration had clear and up to date information within their risk assessment of how this should be monitored and managed by staff. Food and fluid monitoring charts were in place, where required. These were robustly completed and demonstrated that people's intake was closely monitored, and actions taken were needed.
- Equipment such as, hoists, lifts and fire safety systems were serviced and checked regularly. Environmental risk assessments, general audit checks and health and safety audits were completed. Actions had been taken where highlighted, to help ensure the safety of the environment.
- Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency. These were updated in a timely way.

Staffing and recruitment

- There were sufficient numbers of staff available to keep people safe. Staff were observed to have the time they required to provide people with responsive and effective care in a relaxed and unhurried way. All staff spoken to agreed they had sufficient time to spend with people. A staff member said, "We have enough time

to just sit with people and interact." A person told us, "The staff are always in and out [of bedroom] to make sure I am alright."

- Staffing levels were determined by the number of people using the service and the level of care they required.
- The registered manager used a dependency tool to help determine the number of staff required which they reviewed weekly. The registered manager said they also observed care, spoke with staff and people and worked alongside staff to ensure that staffing levels remained sufficient.
- There were thorough recruitment processes in place.
- Some people living at Trent House were involved in the interview process of potential staff.
- Recruitment checks were completed before staff were appointed, which included obtaining references and investigating any employment gaps. This helped ensure suitable staff were appointed to support people.

Using medicines safely

- People were supported to take their medicines safely.
- Medicine administration care plans provided clear information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- Medicines were administered by suitably trained staff who had been assessed as competent to do so safely.
- Medicines administration records (MAR) were completed correctly and indicated that people received their medicines as prescribed.
- There were suitable systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- There was a robust system in place to ensure that the management of medicines remained safe. This system included a full medicines audits completed monthly, a two weekly interim medicine audit and daily checks. This system helped to ensure that medicines were always available to people and given as prescribed.
- Controlled drugs were stored in accordance with legal requirements and safe systems were in place for people who had been prescribed topical creams.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection via regular and systematic cleaning. The home was observed to be clean and people spoke positively about the cleanliness of the home.
- Staff had completed training and were knowledgeable regarding infection control. Staff used personal, protective clothing and equipment safely.
- In the kitchen the cook was able to demonstrate cleaning schedules were being followed as well as the correct storage procedures of food to prevent cross contamination. Temperatures of fridges and hot food were taken and recorded consistently.
- The laundry room was clean, organised and measures had been taken to ensure the risk of infection was minimised. For example, there was a dirty to clean flow for laundry, which helped to prevent cross contamination.
- Infection control audits were completed regularly by a member of the management team and saw that actions had been taken where required.

Learning lessons when things go wrong

- All incidents, accidents and near misses were recorded, acted upon and analysed.
- There was a system in place to check incidents, accidents and near misses. This system was used to aid learning to prevent future occurrences. Risk assessments and care plans were reviewed following incidents

to prevent reoccurrence.

- Monthly audits were completed for all incidents and accidents that had occurred within Trent House and also other homes owned by the provider. These were reviewed by the wider management team to help ensure that any trends or themes were identified and acted upon appropriately to help mitigate risk and prevent reoccurrence. This system also allowed shared learning between all the locations owned by the provider.

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.

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

- People felt the care was effective.
- People's needs were assessed prior to their admission, to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals.
- Staff applied learning effectively in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
- Where appropriate, there was guidance for staff in people's files which reflected good practice.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's risks of developing pressure injuries and to monitor people's weight.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats to allow them to have privacy in their rooms whilst maintaining their safety.

Staff support: induction, training, skills and experience

- Throughout the inspection staff demonstrated they had the necessary knowledge, skills and experience to perform their respective roles.
- Staff had undertaken appropriate training in areas such as, fire safety, health and safety, infection control, moving and positioning, challenging behaviour, pressure area care, the mental capacity act and dementia. All staff spoken with, told us that they received training in a timely way and could request additional training where required.
- New staff completed an induction to the service and a probation period before being permitted to work unsupervised. A new staff member who had recently started working at Trent House said, "The induction was very thorough, we covered everything."
- Staff received one to one supervision with a member of the management team and an annual appraisal. This gave them an opportunity to discuss their progress and any concerns they had. These one to one supervisions and annual appraisals were recorded in detail. Staff told us they felt supported by the registered manager, who they could approach at any time.

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

- People were supported to eat a varied and nutritious diet based on their individual preferences. People were supported to make informed choices about what they ate, and this was supported with the use of pictures of meals were required. Alternatives were also available if people didn't want the offered options.

- A range of snacks, including fruit was offered in between meals.
- People were happy with the food provided and confirmed they had enough to eat and drink. People's comments included, "I'm on a special diet, but I still get enough to eat", "The food is good, I can always say if I don't like something and they will get me something else" and "The food is not bad at all."
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- Individual dietary requirements were recorded in people's care plans and staff knew how to support people effectively.

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

- Some areas of the home and furnishing were in need of decoration or replacement. The management team confirmed that plans were in place to address these areas.
- Some decoration throughout the home supported people living with dementia or poor vision, which included signs on toilet, bathrooms and bedroom doors.
- Floors could be accessed by a lift and stairwells. The provider was in the process of changing floor covering throughout the home to make it more suitable for people with mobility needs and also allow appropriate levels of cleanliness to be maintained.
- People's rooms were furnished and adapted to meet their individual needs and preferences. Paintings, pictures and soft furnishings evidenced people were involved in adapting their rooms.
- There was a garden available for people to use however, this was difficult for people to access freely due to uneven ground. Staff told us that people would be supported to access the garden if they chose but would require constant supervision to ensure people's safety was maintained. This was discussed with the management team who were aware of the issues around the safety of the garden and demonstrated that this area was on the service action plan to address.

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

- People's care records contained clear and detailed information on their specific health needs and how these should be managed and monitored.
- People confirmed they were supported to access doctors, specialist nurses, dentists and chiropodists where required. A person said, "They [staff] have and will get the doctor to me when I need them to; they are very good like that."
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay. People's care files contained an up to date 'hospital admissions pack' which was sent with them should they require a hospital stay. These packs contained all relevant information about the person and the support they needed. Additionally, receiving services would be provided with a verbal handover, either face to face or over the telephone.

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.

- During the inspection, we observed staff seeking people's consent before assisting them with all aspects of their care.
- Where people were able to, consent forms had been signed and recorded in their care plans regarding the

care and support they received.

- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
- People's right to decline care was respected.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.

- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.
- The registered manager and staff understood their role and responsibilities in relation to the MCA and DoLS.
- The registered manager had a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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

- Feedback from people reflected they felt that the staff were caring. Comments included, "They [staff] are wonders", "The staff are very good, we have a laugh", "The staff are very nice and kind, you can always talk to them" and "I think they respect and listen to me, I only have to ask and they will help." A relative said, "The staff are very amenable and listen to what I have to say. It's really nice to see the way they look after people, they are very calm and relaxed."
- Staff were friendly and polite. Interactions between staff and people were natural and showed positive relationships had been developed. Throughout the inspection we heard staff speak to people respectfully and with kindness and check with people frequently that they were comfortable, warm and happy.
- Staff spoke fondly of the people they cared for and positively about their job. Staff comments included, "I like it here, I love the residents and the staff" and "I love everything about working here; the residents, management and staff."
- The provider recognised people's diverse needs. There was a policy in place that highlighted the importance of treating people equally. Information about people's life history was recorded, which staff used to get to know people and to build positive relationships.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their need's assessments.

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

- We observed staff regularly interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit.
- People were given the opportunity to express their views, both on a one to one basis with staff or the registered manager and during resident's meetings. Resident meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care.
- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do as much as they could for themselves. For example, one-person self-administered their medicines and had secure storage for this.
- Care staff described how they promoted independence. One told us, "If I am supporting someone with personal care I will wash the areas they can't reach but encourage them to wash the areas they can."

Another member of the care staff said, "I might cut someone's food for them or provide them with a beaker or straw if it meant that they could feed themselves."

- Staff respected people's right to privacy. Staff were seen knocking on bedroom and bathroom doors before entering. A person said, "They [staff] will always tap on my door before coming in; even if my door is open." Staff described how they supported people's privacy and dignity. This included listening to people, respecting their choices, closing doors and curtains and keeping people covered as much as possible when providing personal care.
- The provider ensured people's confidentiality was respected. People's care records were kept confidential, staff had their own password logins to access electronic records.

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 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 told us their needs were met in a personalised way. Staff knew the people they supported well and had a good understanding of their needs which enabled them to provide person centred care.
- Comprehensive care plans had been developed for each person. Information in care plans included details about people's life history, likes and dislikes, specific health and emotional needs and a 'snap shot' of the person which included details of people and events that are important to them. This information provided staff with guidance of topics of conversations they could have with people.
- People were empowered to make their own decisions and choices and people confirmed they could make choices in relation to their day to day lives. For example, what time they liked to get up or go to bed, what they ate and where they spent their time in the home. This was observed throughout the inspection.
- Staff received a verbal handover between each shift. This helped inform staff of any changes in people's needs. We observed the handover on day one of the inspection and found staff were provided with clear and up to date information about changes in people's needs and actions to take.
- People had access to a range of activities, including, crafts, games, arm chair exercises, quizzes and bingo. Other activities were provided by an external company who visited the home to provide music. People confirmed they liked the activities provided. A person said, "We have something on every day, it is usually something I am interested in."
- An activities co-ordinator was employed by the service who formulated a weekly activities program which was then displayed in the home to ensure that people were kept informed about the activities on offer. The activities co-ordinator said, "The activities programme is a guideline and can be changed to suit people's preferences." They also told us that they met with people when they came to the home to discuss their particular interests and preferences to help ensure that the activities offered met people's interests.
- Where people's needs meant they received all their care in their bedrooms, staff personalised activities to be inclusive and used sensory and therapeutic approaches to engage people in stimulating activities.
- People were supported to maintain important relationships. Relatives were welcomed at any time. A relative said, "They [staff] are always welcoming when I visit." Important events were celebrated, and relatives were invited to celebrate these with their loved one.

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 were identified, recorded and highlighted in their care plans. This helped ensure that staff were aware of the best way to talk with people and present information. For example, one person's care file stated, '[Name of person] has poor hearing and does not want to wear any hearing aids. If you speak into her left ear she is able to understand.'
- The registered manager was aware of the Accessible Information Standard (AIS). Documents were provided to people in a variety of formats, for example, easy read, large print and pictorial, if required.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was understood by staff.
- A complaints procedure was available to people and visitors, which was also displayed in the main entrance of the home. This could be provided to people in an easy to read format if required.
- One complaint had been received since the previous inspection. The person making the complaint had been supported by the service manager to put their complaint in writing. The registered manager was able to demonstrate this had been investigated robustly and appropriate action had been taken.
- Any complaints received by the registered manager would be shared with the wider management team to ensure that effective and appropriate actions were taken.
- People told us they knew how to make a complaint and were confident that any concerns raised would be dealt with effectively.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. Care records demonstrated that discussions had taken place with people and their relatives, if appropriate and their wishes were clearly recorded. Although there were no people identified as having any specific cultural needs at the time of inspection, the registered manager and staff described how they would resource information on particular faiths and cultures if required to ensure that people's specific end of life needs could be met.
- Staff had received training in end of life care and were aware of good practice and guidance around how to deliver safe and compassionate care to people to meet their needs.
- The registered manager told us they aimed to provide people with high quality end of life care, to help ensure they experienced a comfortable, dignified and pain free death. Furthermore, they told us they would work closely with relevant healthcare professionals and people's families and they wouldn't want the person to be alone and would ensure that their end of life wishes were respected.

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

- There was a clear management structure in place which included the directors, a service manager, a quality manager, registered manager and deputy manager. All had clear roles and objectives. The registered manager felt well supported by the management team and described them as fully involved, supportive and responsive.
- Management and staff were clear about their roles and requirements and communicated effectively to ensure people's needs were met and changes or concerns were shared. Staff understood the provider's vision for the service and they told us they worked well as a team to deliver support that met the needs of individual people.
- There were robust quality assurance procedures, which included audits of care plans, cleaning records, medicine administration and stock, environmental audits, training and food safety. The directors had established systems to record outcomes of audits and reviews electronically, which they could view remotely and make changes to the actions required if necessary. The directors felt this had given them a greater oversight of the service and actions being taken to drive improvements.
- Extensive policies and procedures were in place to aid the smooth running of the service. For example, there were policies on equality and diversity, safeguarding, whistleblowing, complaints and infection control. These policies were also provided to staff in shorter summaries of the most important and relevant details that staff needed to be aware of.
- The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- People and their relatives spoke positively about the management of the service and told us they would recommend the home to others. One person said, "I wouldn't be here if I wasn't happy, It's all very good." Another person told us, "It's a really nice place and everyone works so hard." A relative said, "It's so improved, it's in the detail. I think it's down to the management style and I think the manager has worked really hard to get the right staff in."
- There was an open and transparent culture within the home. People, relatives and staff were confident about raising any issues or concerns with the management team. A relative said, "The manager will always stop and talk to me and ask if I am happy with the care provided."
- The registered manager was aware of their responsibilities under the duty of candour, which is a

requirement of providers to be open and transparent if things go wrong with people's care and treatment. The registered manager provided evidence that this had been followed as required.

- The management team demonstrated they were committed to providing person-centred, safe and effective care to people. One of the directors told us, "We are person orientated, people always come first, they are our priority."
- A director told us, "We have a changing culture and feel that we are on the right track; we need to embed this. We, as an organisation need to come up with solutions not make excuses."

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

- All the staff spoken to were very positive about the running of the service and spoke highly of the management team. Staff comments included, "The manager had done really well, things have definitely improved since she's been here. There is more structure now and there has definitely been an improvement in staff morale", "They [management team] really are doing a good job, they clearly care about the people living here and the staff" and "The manager is really passionate and supportive. There has definitely been an improvement in the last 12 months, in the environment, food, decoration and staff morale, it's made such a difference."
- The management team and registered manager consulted people and relatives in a range of ways; these included quality assurance surveys, one-to-one discussions with people and resident and relative meetings. There was also a monthly newsletter provided to people which provided them with up to date information about changes in the organisation and events and activities that were due to take place.
- Feedback surveys were given out annually to people, relatives and health and social care professionals. Following feedback action plans were developed and required actions were carried out.

Continuous learning and improving care

- Complaints, accidents, incidents and near misses were robustly recorded and monitored. These were recorded on the services electronic tracking system which could be accessed remotely by members of the management team. This allowed continual oversight of the service as well as robust monitoring to help identify any themes and trends. If a pattern emerged, action would be taken to prevent reoccurrence.
- The registered manager attended a monthly manager meeting which was attended by all the managers who also worked for the providers. The provider said that this provided managers with support and gave them an opportunity to share ideas and good practice. They also told us that outside speakers were invited to these meetings such as the fire service or a representative from the Clinical commissions group (CCG).
- Staff performance was closely monitored by the management team. The registered manager and deputy manager worked closely with staff, completed regular spot checks and observed staff perform their daily tasks. The outcomes of these were recorded and shared with staff.
- All learning was shared with staff during staff meetings, handovers and supervision.
- The service had a quality improvement plan in place which was updated and reviewed regularly. This was used to enhance service provision.

Working in partnership with others

- Staff had links to other resources in the community to support people's needs and preferences. This included links with local church communities and nearby schools.
- The service worked in collaboration with all relevant agencies, including health and social care professionals. The registered manager was clear about who and how they could access support from should they require this.

