Runwood Homes Limited

Evelyn May House

Inspection report

Florence Way
Langdon Hills
Basildon
Essex
SS16 6AJ

Tel: 01268418683
Website: www.runwoodhomes.co.uk

Date of inspection visit:
09 October 2019

Date of publication:
11 November 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Evelyn May House is a care home providing personal care and accommodation for up to 59 people. On the day of inspection, 58 people were using the service. The service does not provide nursing care.

People's experience of using this service:
People's experience of the service in the main was very positive. This was summed up by one person who told us, "Here is wonderful. I've been here two years now I think, I'm very happy, the staff are fantastic they always help me; I was a bit upset this morning but the nurse came in and helped me, she was fantastic; I like shopping in the town and sometimes we're taken out." Areas identified by people and relatives that required improvement were more meaningful engagement between staff and people, more stimulation and support to access more activities within and outside of the service.

We made a recommendation about activities.

People said they felt safe at the service. Risks to people were assessed and staff knew what to do to keep people safe. People's medicines were safely managed. Good infection control practices were in place. There was sufficient staff who had been safely recruited to keep people safe. Staff received training in safeguarding and knew the signs to look for that people might be being abused and knew how to report any concerns. Staff knowledge around whistleblowing needed strengthening.

We made a recommendation for staff training on whistle-blowing.

Staff enjoyed working at the service and felt well supported. There were a range of mechanisms in place to monitor and support staff to ensure they had the skills and knowledge to provide effective care and support. People were supported to have enough to eat and drink which met their needs and preferences. People's healthcare needs were met in a timely way. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were kind and caring and knew people well. People were included in decisions around their care and support. People's privacy and dignity was respected. Independence was supported and encouraged. The service helped people maintain important relationships and visitors were made welcome at the service.

There were systems in place to respond to concerns and complaint. Staff had received training in end of life care and thoughtful consideration had been given on how to compassionately support people at the end of their life. Information could be provided to people in a range of formats if requested. However, more thought could be given on how to present information to make it easier for people to access and understand.

We made a recommendation about making information accessible.

The service was well-led by a visible and approachable registered manager who was well thought of by the staff team. The service engaged with people and staff to include them in how the service was run. Feedback was invited and acted upon. Quality assurance audits were in place to monitor the safety and quality of the service and drive improvement. The provider had good oversight of the service.

Rating at last inspection: Good. (Last report published March 2017).

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

Follow up: We will continue to monitor the service.

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

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 remained good.

Details are in our Safe findings below.

Is the service effective?

Good

The service remained good.

Details are in our Effective findings below.

Is the service caring?

Good

The service remained good.

Details are in our Caring findings below.

Is the service responsive?

Good

The service remained good.

Details are in our Responsive findings below.

Is the service well-led?

Good

The service remained good.

Details are in our Good findings below.

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

Inspection team
The inspection team was made up of two inspectors and two experts 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
Evelyn May 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 was an unannounced inspection.

What we did before the inspection
Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with 13 people and nine relatives, the registered manager, the regional manager and seven other members of the care staff team and one healthcare professional who worked in partnership with the service. We looked at four people's care records including their medication records and daily notes. We looked at two staff files. We reviewed training and supervision records and documents relating to the management of the service including complaints and compliments, minutes of meetings and quality audits.

After the inspection
We continued to seek clarification from the provider to validate evidence found.

Good

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 good. At this inspection this key question has remained 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 living at Evelyn May House. One person told us, "I do feel safe here, yes definitely, all the doors are coded, and they check on us even at night, we feel nice and safe." A relative said, "[family member] is one hundred per cent safe here, without a shadow of doubt. It's a complete weight off my shoulders, trust me."
- Staff had received training in how to protect people from the risk of abuse and understood how to recognise the signs of abuse and report concerns.
- The registered manager had raised and investigated safeguarding concerns appropriately and notified the relevant authorities including the local authority, police and CQC.
- There was a whistle-blowing policy in place which provides information to staff on how to report concerns about poor practice within the workplace. However, not all staff could demonstrate a thorough understanding of the whistle-blowing process.

We recommend the provider review their systems and processes for ensuring staff have the necessary knowledge and understanding of the whistle-blowing process to protect people from the risk of harm

Assessing risk, safety monitoring and management

- Individual risks to people had been assessed and were regularly reviewed. Guidance was in place for staff on how to manage risks and staff we spoke with demonstrated they knew the risks to people and what to do to keep people safe.
- People's risk of choking had been assessed and the service had purchased a specialist piece of equipment, easily accessible to staff in the main reception, which could be used to remove objects lodged in the throat in event of an emergency.
- Staff had a verbal handover at every shift change where information on people's changing needs was shared including any risks.
- Falls were monitored and analysed and preventative measures put in place to minimise future risk of harm, for example, the provision of sensor mats to alert staff when people stood up unaided.
- The home environment was well maintained. Equipment and utilities were regularly checked to ensure they were safe to use. Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.
- We observed the paving in the garden was uneven in places and could pose a trip hazard and there was also debris in the garden.

We spoke with the regional manager about the garden area. They advised us the need for new paving had

already been identified and there were plans in place to re-pave the patio area in November 2019. They also wrote to us after our inspection to confirm the debris had been cleared.

Staffing and recruitment

● Safe recruitment processes were followed to check staff were suitable for the role. This included taking up satisfactory references, exploring any gaps in employment history and completing check with the disclosure and barring service (DBS). The DBS provides a means of checking that potential staff do not have a criminal record which would make them unsuitable to work with vulnerable adults.

● Staffing numbers were reviewed depending on people's needs. A dependency tool was used to enable the registered manager to determine each person's care needs and staff required to meet these safely.

● On the day of inspection we observed sufficient staff deployed to safely meet people's needs. Most people and their relatives told us there were enough staff. A relative told us, "There's always plenty of staff around when I visit, and on weekends too." Another said, "It's absolutely, safe, there's almost always a member of staff about." Another person said, "I think that there's more than enough staff on this floor." However, one person said sometimes more staff were needed. They told us, "I feel safe, but we could do with some more staff, Once I was asked if I could keep an eye on one another resident whist the carer left the room, so sometimes there aren't enough staff, but I didn't mind."

● Some staff told us they sometimes felt short-staffed. Weekends were identified as potentially problematic if staff went sick and cover could not be arranged. A staff member told us, "We work short of staff sometimes, mainly this is because of annual leave or if people go off sick, we call the other carers. Staff are pretty good and come in when they can."

● We reviewed the staff rotas from the past four weeks and saw there had been some incidents of staff shortages at weekends, though every effort was made to get cover which included the registered manager and deputy working at weekends to make up the shortfall.

We shared our findings with the registered manager who told us they tried not to use agency staff as preferred to get cover from within the regular staff team including a team of bank staff. This meant people benefitted from receiving care and support from regular staff who knew them well. During a later discussion with the regional manager they told us the provider had already identified that an increase in staffing hours was needed to support staff to provide high quality person-centred care. A request for additional hours had been made and accepted which would commence in November 2019.

Managing medicines safely

● People received their medicines safely. Staff were trained in medicines management and had regular competency checks to ensure ongoing safe practice.

● There were suitable arrangements for ordering, receiving, storing and disposal of medicines.

● Some people were prescribed 'as required' medicines for pain relief. There were protocols in place detailing the circumstances in which these medicines should be used.

● Medicine checks and audits were regularly carried out, so any errors could be quickly identified. People's medicine administration records (MAR) were filled out appropriately with no gaps indicating people were receiving their medicines as prescribed.

Preventing and controlling infection

● We observed domestic staff working throughout the day to ensure the premises were clean and smelled fresh and on the ground floor there was no malodours throughout the day. In the afternoon, on the first and second floors we did note a smell or urine in some areas. We checked again later in the day and found this had been remedied.

● Staff received training in infection control to ensure people were protected from the risk of the spread of

infection. Staff had access to aprons and gloves to use when necessary and we observed good infection control practices.
●The home had received an Environmental Health Office (EHO) food hygiene rating of 5.

Learning lessons when things go wrong
● Accidents and incidents and safeguarding alerts were monitored and learnt from by the registered manager and provider to identify any trends and put appropriate actions in place to minimise the risk of re-occurrence. For example, where a safeguard concern had been raised after a person was identified with a pressure ulcer, the service organised additional pressure ulcer training for staff with their local district nurse.

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 good. At this inspection this key question has remained 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 physical, psychological and social needs were holistically assessed before they started using the service. Protected characteristics under the Equality Act were also considered. For example, people were asked about any religious or cultural needs so these could be met. If people had a preference for male or female staff this was known and respected.

● People received care and support from staff who knew them well. Feedback from people and relatives showed that staff were providing effective care and support. A relative told us, "[family member] has been here a short while on respite and hoping to return home soon; they are getting on good here, they are stronger and, loads better, not losing their speech anymore; when they came in they couldn't do anything much, but they can walk again now."

Staff support: induction, training, skills and experience

● New staff completed an induction which included spending time shadowing other experienced staff to learn about people and their needs and reading the homes policies and procedures.

● All staff were required to complete mandatory training as part of their induction in a range of subjects including infection control, health and safety, fire safety and moving and positioning people. Further specialist training was organised to meet the individual needs of people who used the service, for example, training in Parkinson's disease and stoma care.

●Staff received regular one to one supervision, observations of practice and a twice-yearly appraisal. This provided a means of monitoring staff performance and identifying any learning needs and staff goals. Staff felt supported in their roles and told us they could speak to the registered manager if they had any issues.

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

● People were provided with food and drink that met their needs and preferences. People told us the food was of very good quality. A person told us, "We get enough to eat; it's very good, its dished up properly not just thrown on the plate; it makes a difference and we always get a choice."

● Relatives confirmed their family members had access to good quality food and support to eat. A relative told us, "The food they buy is good quality and fresh, there's always plenty for [family member] to eat; and they get choice, [family member] has put some weight back on; there's always fresh fruit around and the chef's cakes are legendary."

● People had access to hot and cold drinks throughout the day which were left within reach. People could use the tea room area whenever they wanted and had free access to water, juices, teas and coffees, as did visiting relatives.

● We observed the midday meal and saw lunch was not rushed but seemed a relaxed and social time for

people. Staff wore aprons and gloves when handling food and provided assistance to people who needed it to help them to eat and drink.

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

● Staff worked with health care professionals to support people's health and wellbeing, such as speech and language therapy, GP and district nurses. A Visiting health professional told us, "Staff are very good here, very caring; with [named person] staff were very vigilant picking up on concerns and calling us and they have followed our advice and guidance."

● We saw people were supported to regularly access health professionals such as the chiropodist, optician and GP.

● People had oral health care plans and were supported to visit the dentist. The service worked with an external company which came in to the home to provide denture repairs.

● Relatives told us the service was good at communicating changes in people's health needs and seeking appropriate treatment and advice. A relative told us, "They rang me because [family member] had a temperature, they called the GP and gave them antibiotics for a chest infection."

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

● The service was clean and in good decorative order and the design of the building met the needs of the people who lived there.

● There were a range of facilities for people to use including a tea room, gardening facilities, hairdressing salon, sensory garden and sweet shop.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where it was identified people were being deprived of their liberty, DoLS applications had been made to the local authority.

● When required, mental capacity assessments had been completed which were decision specific.

● People had signed to indicate their consent to their care plans where able and people we spoke with confirmed staff sought their permission before providing care and support.

● Staff had received training in the MCA and DoLS and were able to describe how they supported people to make decisions for themselves.

Good

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 has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives told us staff were kind and caring. A person said, "They [staff] really do care; a hug or a touch on an arm can make all the difference if someone looks down." We observed a person upset; a member of staff sat beside them talking quietly and offering comfort until they stopped crying. This person later told us staff were always kind and patient with them when they became upset. Another person told us, "I find that some staff are very good, with them I feel loved and wanted."

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

- People's communication needs had been assessed so staff knew how to support people to express their views.
- Throughout the inspection we saw staff involving people in decisions about their care by asking people what they wanted to do rather than telling them. Relatives feedback supported our observations. A relative told us, "[family member] can be themselves, they [staff] don't fuss over [family member]; or try to force them to do things they don't want to do."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service any time. A relative told us, "It's a big family here; everyone is made to feel welcome; we can make a cup of tea and sit and chat."
- Staff understood the importance of respecting people's privacy and dignity. Staff knocked before entering people's rooms and called people by their preferred names. Feedback from people and relatives confirmed staff treated people with dignity and respect. A relative told us, "The staff are nice, they have a joke with [family member] but are always respectful."
- People's strengths and abilities were identified in their care plan so that independence could be supported and encouraged. Staff understood the importance of promoting people's independence. One staff member said, "I try as much as possible to encourage people's so as not to de-skill them."
- Information about people was held securely in locked cupboards to maintain confidentiality.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met.

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

- On the day of inspection we did find a lack of stimulation and engagement with people by staff and little opportunity for activities available. The service employed an activities staff member but they were on annual leave when we visited. This had impacted on people's lived experience. A person told us, "We're just sitting here bored there's nothing to do; the activities lady is on holiday this week; in the past we have done quizzes and making cakes and sometimes we do hand exercises."
- Whilst there were sufficient staff to keep people safe, we observed staffing numbers did not always allow for meaningful and prolonged engagement between staff and people. A relative told us, "They [staff] don't always have enough time to talk to [family member], I think more staff would help."
- We received mixed feedback about the quality and level of stimulation and social interaction available to people. Some people told us they were happy with the amount and quality of activities available whilst others said they would like more to do. One relative told us, "I think [family member] is stimulated enough, they aren't that good at joining in so staff would have to work hard to include them but they try." However another said, "The staff are nice, they have a joke with [family member]; not sure they have enough time to talk to [family member] though, [family member] seems to sit a lot in the lounge."
- Those people who relied on staff support to take part in activities, access the community or even move around other areas of the home did not always have their needs met in the way they would like. One person told us, "Sometimes I would love just to walk about outside for a while but I would need a member of staff to walk with me I think so it doesn't always happen." Another said, "I would love to get out to the shops more but I'm not allowed to go on my own."
- Two people told us they liked to visit friends who lived on a different floor of the home but they could not always do this when they wanted as needed staff support to go upstairs." The regional manager told us risks assessments were completed and those people assessed as safe were given key codes so they could access all areas of the service independently.
- The service recognised meaningful interactions between staff and people could be improved and had introduced a new way of working called 'Tools Down at 11.' This required all staff to stop what they were doing and spend half an hour chatting or engaging in activities with people. Whilst a good idea in principle, we observed 'tools down' in practice and were unable to see a positive impact. For example, one staff member sat at a table with some people but continued to write their notes.
- Consideration had been given to people who stayed in bed to prevent social isolation A note book called 'forget me not' was kept by people's bedsides and staff wrote in the book when they spent time with the person in a meaningful way. We saw entries which showed staff had spent time chatting and comforting people who were on their own. For example, we saw one entry which stated; "[named person] was upset at breakfast and wanted company so I sat with them for 15 minutes."

We discussed our findings with the regional manager. They told us work was in progress to make the 'tools down' process more flexible so that it did not become just another task for care staff to complete. The provider also recognised that more needed to be done in terms of stimulation and the company was investing in improvements in this area. Funding for an additional activities co-ordinator had been agreed plus additional hours for domestic staff to provide support with tasks such as bed making and washing up. This would free up care staff to spend more time with people.

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

● People's life histories, interests, routines and preferences were recorded in their care plans. This information was used to support staff to provide people with personalised care. For example, one person who used to enjoy working as handyman was provided with opportunities to work alongside the maintenances staff doing chores.

● Regular reviews of people's care were undertaken where people and their relatives could have input into how their care and support was provided.

●Many staff had worked at the service for a long time and knew people well. People told us their routines and preferences were known and respected. For example, people could get up and go to bed when they chose and have baths or showers when they wanted.

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 included any sensory impairments was recorded in their care plan. The registered manager advised us they could provide information in a range of formats including braille or large print if required to support people's understanding.

●Information about the service such as the activities programme was displayed publicly on a notice board but we observed the board was overcrowded and placed quite high which would make it difficult for people in wheelchairs to see it. Pictures had been used to support understanding but the images were sometimes unclear and the text was small.

We recommend the provider seek independent advice and guidance to ensure information about the service is presented to people in ways they can easily access and understand.

Improving care quality in response to complaints or concerns

● There were systems and policies in place to manage complaints and information on how to make a complaint was displayed publicly.

● People told us they knew how to make a complaint but most said they had never had to. One person told us, "I've never needed to complain; if there's ever an issue the manager's door is always open, she knows everyone." However, one relative said they had raised a concern with the registered manager which although they did not want logged formally as a complaint, they did not feel it had been fully addressed.

We shared their concerns with the regional manager who phoned the relative immediately and resolved the issue.

End of life care and support

● The service had forged links with their local hospice which supported the service with training and

additional advice and guidance for staff.

● People had end of life care plans if required and people's preferences for their end of life care and been explored and documented if this was their wish.

● Thought had been given on how to compassionately provide care and support to people and their families when people were dying. For example, the service made up 'end of life baskets' for people. In consultation with people's families, these were filled with things the person might like such as particular music and photos of their family. Hand massages were offered and the service had also purchased projection lamps to project light patterns onto the ceiling to give people something relaxing to look at whilst laying in bed.

● Compliment cards sent in from people's relatives showed that people received caring and compassionate end of life care and support. One relative had written, "You showed care, love dignity and respect. The sorrow of mum passing was made more bearable with the end of life care you gave."

Good

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 good. At this inspection this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff were valued and appreciated which contributed towards a positive culture within the service. Compliments received from people and relatives were shared with staff at meetings to thank staff and let them know they were doing a good job. The registered manager told us, "The thing I'm most proud of is the staff, they are so caring; residents come first, they are like our second family."
- The service operated a 'dignity star of the month' award scheme where staff were recognised and rewarded for good practice.
- Staff enjoyed working at the service and were positive about the management team. A staff member told us, "I really love it here, and we have a good team. Since I have been here we have new managers and they are all lovely."
- The registered manager and deputy were 'hands-on' working at the service, covering staff sickness, including working weekends. This meant they were visible and accessible to people and staff. Consequently, staff found the management team accessible and approachable. A staff member told us, "The registered manager is lovely, really supportive and we have team good team work."
- The service used a 'resident of the day' scheme to promote a person-centred approach. When people were 'resident of the day' their rooms were deep cleaned, their care plans were checked and they were asked about the care they received and whether anything could be changed.

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 provider understood their responsibility under 'duty of candour' to be open and honest when things went wrong, for example, notifying relatives if their family member was involved in an accident or incident or became unwell.
- Throughout the inspection, we found the registered manager and provider to be open and transparent. Requests for information were responded to positively and the information was provided in timely manner.

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

- The provider and the registered manager understood their responsibilities and were aware of the need to notify the CQC of significant events, in line with the requirements of the provider's registration.
- There was a clear management structure in place and staff at all levels understood their roles and responsibilities.

● Regular audits were completed by the management team including the regional manager who completed their own monthly compliance inspection to monitor the safety and quality of the service. This ensured oversight of the service at provider level. We found the audits were of good quality as they had picked up on the issues we found during our inspection and action was being taken to ensure the required improvements were made.
● Night visits of the service were completed by management to check the safety and quality of the service people received at night-time including aspects such as cleanliness and whether people had access to food and drink if they were awake at night. Staff performance was also monitored to make sure that staff were not pre-recording their night checks and duties.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Residents meetings were organised, and satisfaction surveys were sent out to involve people in the service and ask for their feedback to drive improvements. We saw evidence that people's views were listened to and acted upon. For example, one person wanted fresh toast so asked to have a toaster available on the ground floor, so they could make it themselves and this was then provided.
● Staff meetings were held regularly. These were used to reinforce good practice and provide staff with opportunities to be involved in the running of the service.

Continuous learning and improving care; Working in partnership with others
●The registered manager showed a commitment to continuous learning as had signed up for various courses aimed at improving the safety and quality of care within the service.
● The service was currently working with their local authority to re-introduce 'Prosper' to the home in a more meaningful way. Prosper is an initiative aimed at monitoring and reducing the incidents of falls, pressure ulcers and urinary tract infections in care homes.
● Lessons were learned from trying different ways of working to improve care. For example, the service identified that having snack trolley worked for people living on the ground floor but not for those on higher floors. This had been changed to a 'snack station' which was originally in the lounge but had since been moved to the corridor to encourage people who liked to walk to grab snacks whilst on the go.