Surrey and Borders Partnership NHS Foundation Trust

Rosewood

Inspection report

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Date of inspection visit:
21 March 2018

Date of publication:
09 May 2018

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

This unannounced inspection of Rosewood Care Home took place on 21 March 2018. Rosewood 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. Rosewood care home accommodates eight people with learning disabilities in one adapted building. There were eight people using the service when we visited. The service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection of Rosewood in December 2015, the service was rated Good. At this inspection we found the service remained Good.

Rosewood had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safe at the service. Staff had been trained in safeguarding people from abuse. Staff demonstrated that they understood the signs of abuse and how to report any concerns in line with the registered provider's procedures. The managers took appropriate actions to safeguard people from abuse. People's needs were met by sufficient number of staff who had undergone safe recruitment checks. Risks were assessed and comprehensive management plans developed to mitigate risks identified.

Medicines were administered to people in a safe way. Records for the administration of medicines were maintained and medicines were stored safely. The environment was safe, clean and hygienic. Health and safety systems of building and environment were well maintained. Staff followed good infection control procedures. Staff kept record of incidents that occurred at the service. These were reviewed by the registered manager and actions were discussed with staff so that lessons could be learned.

People's individual care needs had been assessed and their support planned with input from their relatives and relevant professionals. Regular reviews took place to ensure support delivered to people continued to meet their needs.

Staff were trained, supervised and had the skills and knowledge to meet the needs of people. People had food and drinks to meet their nutritional and dietary needs. Staff worked effectively with health and social care professionals to ensure a well-coordinated service for people. People received support to attend health appointments and to maintain good health. The service had systems in place to enable smooth transition when people moved between services. There were suitable facilities and adaptations in the home for people to use.

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 had completed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training. The service ensured appropriate consent was obtained before a decision was made for people. When required relatives were involved in decision making about people's care and support. Staff and the registered manager understood their responsibilities under MCA and DoLS.

Staff understood people's needs and treated them with respect, kindness and dignity. Staff communicated with people in the manner they understood and in an accessible format. Staff supported people to express their views. People's relatives were involved in their care planning and their views respected.

People received care tailored to meet their requirements and preferences. People took part in activities they enjoyed and were encouraged and supported to socialise. People were supported to maintain relationships which mattered to them. People knew how to make a complaint if they were unhappy with the service.

The service sought feedback from people and their relatives and used them to improve the service. Staff received the support, direction and leadership they needed. There were a range of systems in place to monitor and assess the quality of service provided. The service worked in partnership with both internal and external organisations to develop and improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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

Rosewood

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook this unannounced comprehensive inspection on 21 March 2018 and it was carried out by an inspector.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us about incidents and events that occurred at the service. The provider completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection we communicated with one person, two relatives, service manager, registered manager, new manager, deputy manager, three support workers, one registered nurse and the cook. We looked at four people's care records, the medicine management records for the eight people using the service; and five staff files including their recruitment and supervision records. We also reviewed other records relating to the management of the service such as health and safety, complaints and quality assurance. We carried out Short Observational Framework for Inspection (SOFI) to check how staff cared and interacted with people. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.
After the inspection, we spoke with four relatives to obtain their feedback about the service.

Good

Is the service safe?

Our findings

People indicated by their gestures and facial expressions that they felt safe at the service. Relatives we spoke with told us their loved ones were safe at the service. One relative told us, "[Loved one] is most definitely safe. The staff are brilliant in making sure [loved one] is safe. They never leave them on their own because of their condition. Staff know it could be very dangerous so they ensure there is someone looking after [Loved one] all the time." Another relative commented, "We have no concerns whatsoever about safety, never. Staff are very vigilant and know how to keep [loved one] safe. Staff know how to operate their wheelchair and hoist. I watch the staff sometimes and can see they are very careful and gentle with people."

People continued to be protected from the risk of abuse. The registered provider had a safeguarding policy and procedure available which staff were familiar with. Staff had completed training in safeguarding adults from abuse and they had refresher training annually to keep them abreast with the provider's procedure. Staff knew the various forms of abuse, signs to recognise them and what actions they would take to protect people.

Staff told us they would report any concern to their manager if they suspected abuse. One staff member said, "If I have any issues I will go to the person in charge of the shift to report. If I feel they are responsible or connected to the incident, I will take it to their manager and so on. We have a protocol to follow and it is discussed always." Another staff member told us, "There are numbers to contact if we have safeguarding concerns. The first thing to do is to report to any of the managers. If I do not trust that they will handle the matter properly, then I will report to higher authorities. I will be confident to raise concerns at any level to protect people. It is about doing the right thing to protect people who cannot protect themselves. In my role, I have duty to do so." All staff we spoke with said they trusted their managers and felt confident that they will take steps to protect people. The registered manager, manager and service manager understood their responsibilities to protect people from abuse including raising an alert, investigating concerns and reporting to CQC. Safeguarding procedures were regularly discussed at staff meetings and management meetings so staff were up to date with what actions to take if they had concerns.

People continued to be protected from the risks associated with their physical health conditions, mental health, moving and handling, eating and drinking, personal care, travelling in the community and other activities of daily living. There were comprehensive risks assessment and management plans available for staff to follow to mitigate harm to people. People who suffered from epileptic fits had sensor alarms fitted on their beds to alert staff when they were in danger when they were asleep in their rooms. People at risk of choking had input of professionals such as speech and language therapists (SALT) in developing management plans. We saw staff followed the recommendations of the SALT. People had pureed diets, thickened fluid, sat in an upright position while eating and they received one-to-one support. Staff demonstrated they understood risks connected with people and management plans to reduce such risks. We observed staff following the plans. Relatives also confirmed that staff knew how to manage risks to people and ensure their safety. One relative said, "They [staff] never leave loved one on their own because of their condition. They know it could be very dangerous so they ensure there is someone looking after them all the time. They ensure loved one is safe always." Another relative said, "Most of them there use wheelchair, I

see staff know how to operate it and avoid any risks."

The service maintained staffing levels sufficient to meet people's needs safely. One relative told us, "Oh, yes, I do think the level of staff available is adequate. There are always staff around people to support them." Staff told us they were sufficient to meet people's needs safely. One nurse said, "We are surely enough. There is at least one nurse on duty day and night and we work with the support workers. I believe the staffing arrangements are suitable and safe. We know that there are some people who cannot be left on their own so there is always staff around them to make sure they are safe." One support worker commented, "Staffing levels is enough to support people safely. It is busy but we get through it. If we have specific things going on extra staff is booked." The registered manager explained that staffing levels were planned in line the provider's rostering and working time regulations policy and procedure. People's needs and dependency level were also used to determine staff numbers.

We observed that people received support from staff adequately and promptly. Some people had one-to-one support all the time and some during activities. People were not left on their own throughout the period of our visit. The rota showed that the service was adequately covered. The provider's staff bank system or approved agencies provided staff to cover shortfalls or extra staff when needed.

Staff recruited to work at the service were suitable to do so. The provider obtained each applicant's full employment history including explanations for any period of unemployment. Satisfactory references, criminal records, proof of address and identity and the right to work in the UK were also checked. Records showed that registered nurses had up to date registration with the Nursing and Midwifery Council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.
People received their medicines as prescribed and these were managed in a safe way. Only qualified nurses and care workers trained and assessed as competent were allowed to administer medicines to people. We reviewed the medicine administration record (MAR) sheets for three weeks period prior to our visit and they were completed fully and correctly. Gaps were filled using appropriate codes and an explanation provided. For example, when people were on visit to their families.

Medicines were stored in a locked trolley in the medicine room and only authorised staff had access to the trolley. The room temperature was monitored to ensure the potency of medicines was kept at a safe level. There were effective systems in place for checking medicines received into the home and for returning unused medicines. Senior staff and qualified nurses carried out medicine audits and checks to reduce the risk of mismanagement. Audit reports showed medicines were accounted for.

The service had adequate procedures to reduce the risk of infection. Staff had received training in infection control and food hygiene. They knew to use personal protective equipment (PPE) where required, such as gloves and other items of clothing that protected people from the spread of infection. Each person had their personal sling used for hoist transfers. This also reduced the risk of infection. There were hand-washing facilities, paper towels, and alcohol hand sanitisers in the toilets and at various points throughout the service.

The kitchen was clean. Food was stored correctly and at the right temperature. Colour coded chopping boards were used to prepare meals to reduce the risk of cross contamination.

Lessons were learned from incidents. Staff knew how to report incidents, accidents and near misses. The registered manager reviewed these and devised an action plan to reduce the risk of recurrence. Lessons learned from incidents were discussed at handover and team meetings. Senior management also collated and completed an analysis of incidents quarterly, reviewed actions taken and their effectiveness. We saw an

example where staff practices had changed as a result of an incident that occurred. For example, a person missed their medicine because of delays in the transport they could not get back home. The registered manager agreed that a member of staff trained in medicine administration must accompany people when out in the community. People's medicines would be taken along with them so in the event they could not get back to the service at the time their medicine was due, staff would administer. This showed that the service ensured they learned from incidents and took actions to reduce the chances of similar incidents happening again.

The service continued to ensure that the environment, premises and equipment were safe for people. Staff carried out risk assessments of the environment in areas such as fire, gas safety, infection control, water and electricity. Health and safety equipment was checked and serviced regularly by professional contractors. The maintenance staff also conducted regular health and safety checks of the environment including testing of the fire safety systems. Staff knew what actions to take in the event of a fire to keep people safe. There were clear evacuation procedures displayed around the home on how to evacuate the building safely. Staff told us and records showed that the fire safety procedure was practiced regularly through fire drills to ensure staff felt confident to apply it in emergency.

Good

Is the service effective?

Our findings

Relatives told us staff were experienced and competent in their roles. One relative told us, "They [Staff] are very much on ball with everything. They understand [loved one's] conditions and look after them really well." Another relative commented, "The service is very good. [Loved one] is well looked after medically, socially and physically. It puts my mind at rest. I can sleep at night." A third relative commented, "I find staff to be really experienced. It seems like the job is part of them. They are natural in the role and do it well."

Comprehensive assessments of people's need were carried out which covered their physical, mental health, communication, mobility, skin integrity, nutrition, social participation and personal care needs. The service used scoring tools such as the Malnutrition Universal Screening Tool (MUST) to assess people nutritional needs and the Waterlow assessment tool to establish people's needs with regards to maintaining their skin integrity. Staff involved relevant professionals such as psychologist, occupational therapist (OT) and speech and language therapist (SALT); where required in assessing people's needs and developing care plans on how identified needs would be met. Staff showed good understanding of the needs of the people they supported and how to provide appropriate care to them.

Staff continued to be trained, supported and supervised to be effective in their roles. One staff member told us, "I have completed all my mandatory training courses. We benefit from a lot of training programmes with this organisation, which is really helpful. We have one-to-one supervision every four weeks but I can speak to the manager anytime if I need support." Another staff member said, "We do mandatory training every year. Mine is up-to-date. I have supervision roughly once a month. I found I can discuss any issues I have with the manager or seniors anytime." Notes of supervision meetings showed discussions about people, health and safety concerns and other matters relating to service. Actions from previous supervision meetings were also reviewed. Training records showed staff had completed courses the provider considered mandatory and essential to supporting people appropriately such as safeguarding, medicine management, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff also completed training in epilepsy, catheter care, basic life support, autism and learning disability awareness and managing challenging behaviour. Training needs were also discussed with staff during supervision and appraisal meetings. Appraisals were conducted annually where staff received feedback on their work performance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).We checked whether the provider was working within the principles of the MCA.

People's liberty and freedom remained protected at the service. The registered manager and staff understood their responsibilities to maintain this as required by law. People had valid DoLS authorisation in

place and the conditions of were complied with by the service. We saw that authorisations were reviewed regularly to ensure they remained valid.

People consented to their care before it was delivered. People's relatives were also involved in making decisions about people's care where required. Relatives we spoke with confirmed that the service consulted them in decision making about their loved ones care and support. One relative said, "I'm always and constantly involved. They go through every decision with me. They are very good with that." Another relative mentioned, "I am involved in loved one's care and in decisions made always. They take my opinion into account and act on it." Appropriate professionals or independent advocates were involved in making decisions for people who did not have relatives to support them. Staff understood their responsibilities in enabling people make their own decisions and respecting their choices in line with the MCA.

People's nutritional and dietary requirements were met by the service. Relatives made positive comments about the food. One relative said, "The cook puts a lot of effort into what they are doing. She prepares fresh food every day and lovely cakes." Another relative told us, "The food is always well presented. People seem to enjoy it." People's care plans showed their individual needs and preferences in relation to eating a healthy balanced diet. During our observation at lunchtime staff offered choices to people and gave them the support they required to eat and drink enough. People were offered food and drinks at regular intervals throughout the day. The menu had a range of options including vegetables, fresh fruits and desserts. The manager told us that they involved a dietician in planning the menu to ensure that the food provided to people was nutritious.

The service had systems in place to ensure people received consistent, effective and individualised support within and outside the service. Each person had 'My Care Passport' which contained a summary of their personal profile, care and support needs, medical conditions, communication requirements, allergies, next of kin and GP details. Staff ensured people took their 'My Care Passport' with them when they went to the hospital or other care settings. This helped in ensuring people received well-coordinated care and support when they used other services.

The service supported people to maintain good health. People's day to day health needs were met by a team of health care professionals such as GPs, dentist, dietician, physiotherapist, SALT, OT, dietetics, psychologists and specialist nurses. Staff supported people to attend hospital appointments and arrange their visits from their GPs and other health professionals. Records confirmed the involvement of these healthcare professionals in peoples care and the support provided by staff. Record also showed that staff followed recommendations given. We saw ensured people had pureed diets as recommended by the SALT.

The service had facilities suitable for people. Each person had their own furnished bedroom. People's rooms were decorated with personal items such as photographs. There were large communal areas for people to socialise and relax. There were other rooms available where people and their relatives could spend private time. There were grab rails in the toilets; suitable hoists available for people to use for safe transfer. People had their personal wheelchair to use to mobilise. The service had a sensory room where people can relax and stimulate their senses.

Good

Is the service caring?

Our findings

People remained cared for by staff who were caring and compassionate. One relative told us, "Staff are all really good. They are kind and welcoming. The staff have been hand-picked to work there. They are very caring." Another relative said, "The staff are so welcoming, approachable and friendly. They are very caring and nice to talk to. I can't fault them really." A third relative commented, "Staff attitude is great, they are brilliant. You can talk with them as friends. From their attitude you can tell they enjoy the job."

We observed that people felt comfortable with staff. The atmosphere was pleasant and relaxed. Staff showed interest in the people they supported and understood their needs. Most of the staff team had worked with people for several years and knew what people liked and disliked. This also ensured continuity and consistency of care and enabled positive relationships to be established. Relatives we spoke with made positive remarks about staff approach and commitment to people. One relative said, "They [staff] have a relationship with each person living in the home. They muck about with each other like friends – joking and laughing. It's nice to see that." Another relative mentioned, "They [staff] know loved one well and know how to look after them. You see good interaction going on between staff and people. Staff and people get on very well."

People were supported with their emotional well-being. Care plans indicated what made people anxious, agitated, frustrated and uncomfortable; and staff showed they understood these. Staff provided people comfort and reassurance in appropriate ways. We saw staff hold a person's hand and massaged it gently to help them relax. We also saw staff spend one-to-one time with a people making sure they were relaxed.

Staff understood people's communication needs and supported people appropriately. People had communication dictionary which detailed how they expressed themselves and what people might indicate with various signs, facial expressions, body language and gesture. One person expressed their contentment through vocal sounds and facial expressions. Another person had some verbal communication but required staff to be patient, maintain eye contact and follow their lip pattern to understand them. One relative told us, "They [staff] understand people - how they communicate and the gestures they made. They [staff and people understand each other." We saw staff communicate with people in various ways to ensure they understood using both verbal and non-verbal means. Staff were observant and attentive. Staff also responded to both verbal and non-verbal hints from people.

People, and where required their relatives continued to be involved in decisions about their care and support. Care plans provided guidelines to staff on how to involve people in decisions about their care. For example, communicating with them in the way they understand, presenting options and giving them time to decide. Records showed and relatives confirmed that staff involved them in the care of their loved one. One relative told us, "I am very involved. They give me regular update and inform me of changes." Another relative said, "The [staff] involve me in [loved one's] care always. When there are changes they contact me. The staff always update me and we relate very well." Staff also supported people to express to their views in meetings; and where required, they involved an independent advocate.

People's privacy and dignity remained supported by staff. Staff knock on people's doors before entering and we heard them sought permission from people before going into their rooms. We observed staff support one person to the toilet. The closed the door and waited outside to give the person privacy and respect their dignity. People were appropriately dressed and smart. One relative commented, "[Loved one] is always well dressed and neat." Another relative told us, "They [staff] speak to the residents with respect - in a loving and dignified manner. It gives me pleasure to see that." Staff gave us various examples of how they ensured people's dignity. One staff member said, "Treat people the way you would like to be treated. Everyone would like to be spoken to in a polite and respectful manner. Everyone would like to be given consideration and want their privacy respected." Confidential and personal details about people were discussed in private rooms to maintain confidentiality.

Staff supported and involved people in activities and tasks to encourage them to maintain their independence in the areas they could. People had adapted cutlery so they could feed themselves independently. We saw staff support a person to do their laundry. The person carried the laundry basket while the staff member put them in the washing machine. This showed people were encouraged and supported to do what they could do for themselves.

Good

Is the service responsive?

Our findings

As we found at our last inspection, people received support appropriate to their needs. Each person had a person centred plan (PCP) and a care plan which contained detailed information about people's history including their background, childhood, family, education, likes, dislikes, preferences and daily routines. People's individual needs such as those relating to their mental and physical health, interests and goals they wanted to achieve were also detailed in their PCP. Staff supported people to manage and maintain their personal care as required. We saw staff supported one person to manage their physical health condition as detailed in their PCP. They responded promptly to stabilise the person's condition and they reassured them as indicated in their PCP. This showed staff followed people's care plans and provided them individualised care and support appropriate to their needs. Staff told us they found PCP documents useful in understanding people's needs and tailoring care provided specifically to the individuals. Care plans and PCP documents were reviewed and updated as required to ensure it continued to reflect people's needs.

The service provided information to people taking into account their disabilities or sensory needs. Menus, activities plans, hospital passports, and complaints procedure were available in pictorial and easy read formats to ensure they were accessible and easy for people to understand.

Care plans included information about people's religion, disability, gender, ethnic, sexuality and ethnicity. The service supported people to maintain these in line with their choices. Staff told us they supported people if they wished to attend religious services. The service celebrated various religious festivals in line with people's preferences. The home was adapted and suitable to people's disability needs. Staff had all completed training in equality and diversity and showed they respected people as individuals.

People continued to be supported to maintain relationships important to them. One person expressed their excitement about their planned visit to their family during the Easter celebration. Relatives told us staff always welcomed them in the home and made their time with their loved one valuable. Staff supported people to arrange visits to their relatives and friends and for relatives and friends to visit too. Where needed transportation was arranged to enable this. We saw two relatives spending some private time with their loved one. They told us they visited their loved one often and staff gave them the space and time they needed.

People were supported to do the things they enjoyed. Each person had an individual activities plan in place. People participated in various activities outside the service such as trips and visits to places of interest. Special events and occasions such as birthdays and Christmas were celebrated which gave people the opportunity to enjoy themselves and socialise. People attended day centres. On the day of our visit three people were at the day centre. There was a karaoke songs session in the morning of our visit which people took part in. From the expression on their faces we could tell they enjoyed it. One person told us they enjoyed the session because they enjoyed music and singing. The service had a well-equipped sensory room where people could spend time relaxing with friends and stimulate their senses. A Sensory Room is a specially designed room which combined a range of stimuli to help individuals develop and engage their senses. These could include lights, colours, sounds, and sensory soft play objects, aromas all within a safe

environment that allows the person using it to explore and interact without risk. We saw two people spent some time in the sensory room. They appeared to enjoy the time. People also enjoyed one-to-one activities such aromatherapy, massages and reading books and magazines.

Relatives we spoke with all knew how to express their concerns or complaint about the service. One relative said, "I most certainly do know how to make a complaint. We are always informed of how to do so. I will do so if I need to and I trust the managers would take issues/concerns seriously." Another relative told us, "I have never had to complain but I know how to if I need to. I pray that day never comes because we are so happy with everything now." A third relative commented, "I have done my bit of complaining and they resolved it. If it goes wrong again, I will surely complain again. When I complained they manager made sure they contacted me regularly to give me update. They handled it very well. It was a good experience at the end." There was a complaint process available in pictorial and easy read format so people could understand and make a compliant if they needed. We saw the registered manager had responded to complaints made about the service. They had acknowledged, investigated and responded to the complainant and in line with the provider's procedure.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. At the time we visited a new manager was undergoing induction and would be registered with CQC to manager Rosewood. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service manager supported the manager to run the service by the service manager who oversaw other similar services. The service had a deputy manager who also provided support to staff and the registered manager. The registered manager understood their responsibilities in providing effective care service to people, leading staff teams, fulfilling the requirements of their CQC registration. Members of the provider's management team held meetings regularly where they gave support to each other, shared information and discussed plans to improve the service.

Relatives we spoke with spoke highly of the service and the way it was run. One relative told us, "The service is excellent. All the managers and staff are approachable and involved in the care of people. It has helped them know the need and personalities of the people they care for. I really like that about the service." Another relative commented, "Rosewood Care Home is an exceptionally good home. The old manager and the new one are fantastic. They are brilliant at running the place. They are lovely people. there are not a lot of them around." A third relative mentioned, "The managers are experienced and run the place very well. I am very happy with the way the home is managed. It is one of those places you feel safe, happy and relaxed when you go into."

The service was open to feedbacks and suggestions. Relatives told us that the service sought their views and used it to improve the service. One relative said, "They [management] are open to suggestions and interested in what family are saying and take it on board. They communicate with us well." Another said, "The home keeps us up-to-date with plans and what's happening. They ask for our opinions and act on it." Relatives told us and record confirmed various events that had taken place in the service which were used to consult, update and involve relatives and friends. These included meetings, social evenings like barbecues and Christmas parties. Relatives had contributed in planning activities for people. They were also updated about changes in the service such as recruitment, staffing and building and maintenance work.

There was visible leadership and management support available to staff. Staff told us that they knew who to go to for support and advice. One staff member of staff, "Managers are approachable. The structure is there and if I have concerns or need support, I know who to go to." Another staff member, "I enjoy working here. The management here is really good and supportive. I know where to get management support if I need to. We [staff] have a good network of people to go to for support if I need to." Regular team meetings took place to discuss issues regarding people and other matters relating to the service. Staff told us that they were listened to and were able to discuss matters freely and as a team they found solutions together. One staff member told us, "They [management] are quite good in taking our opinions on board. They make necessary changes if necessary. You are never made to feel you are asking a silly question. We listen to each other,

consult and share ideas well too." Daily handover meetings also took place where updates and information were shared about people's care to ensure continuity. Staff demonstrated they understood their roles and responsibilities and the aims and objectives of the service. Staff had worked in the service for many years; they showed interest and commitment in the job.

The service had systems in place to regularly assess and monitor the quality of service provided. Health and safety checks and audits were conducted by internal staff and by external personnel. We saw that improvement was made to the building to make it safer for wheelchair users following a health and safety inspection. Infection control system was audited periodically too. It ensured the risk of infection was properly managed. Medicine audit took place weekly also by senior staff members. The local pharmacist also visited periodically to audit the medicine systems. There were no actions for follow up identified in the last audit.

The provider conducted an annual review of the service titled 'Care Excellence'. It covered all areas of the service and checked if the service was safe, effective, caring, responsive and well-led. We reviewed the report of the last visit and found recommendations made had been completed.

The service worked in partnership with internal and external organisations such as social services, clinical commission group (CCG) Local authority commissioning and monitoring teams and day centres. People were able to use the local day centres to socialise. The CCG conducted monitoring visits to check that the service met the needs of people in a safe and effective way.