Indigo Care Services Limited

# Lansbury Court Nursing Home

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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

# Summary of findings

## Overall summary

This inspection took place on 8 September 2017 and was unannounced. This meant the provider and staff did not know we were coming.

This was the first inspection of Lansbury Court Nursing Home since Indigo Care Services Limited became the registered providers in October 2016.

Lansbury Court provides accommodation for up to 56 persons who require nursing or personal care. Some people using the service were living with dementia. The service is set in its own grounds in a residential area.

The service had a registered manager in place. '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 provider had a robust recruitment process in place to ensure only appropriate staff were employed to work at the service to support people safely. Staffing levels were appropriate to the needs of the people using the service. The manager used a dependency tool to ascertain staffing levels.

Risks to people and the environment were assessed and control measures in place to mitigate against risks. We found these were reviewed regularly or when there was any change in circumstances. The provider ensured appropriate health and safety checks were completed. We found up to date certificates were in place which reflected that fire inspections, gas safety checks and portable appliance tests (PAT) had taken place.

The provider had a business continuity plan in place for staff guidance in case of an emergency. People had Personal Emergency Evacuation Plans (PEEPS) in place which were updated regularly. Accidents and incident were recorded and analysed regularly to identify any patterns or themes that may need to be addressed.

There were systems in place to keep people safe. We found staff were aware of safeguarding processes and now to raise concerns if they felt people were at risk of abuse or poor practice.

Medicines were managed safely by staff who were appropriately trained and had their competency to administer medicines checked regularly. This meant the provider had systems in place to ensure the people who lived at Lansbury Court were safe.

Staff received an induction on commencement of their employment, which included shadowing experienced staff. The manager kept an electronic matrix to monitor staff training. Staff training was either

up to date. Staff received regular supervision and an annual appraisal to support with their development.

People had access to health care professionals to maintain their general health and wellbeing. People's nutritional needs were assessed on admission and reviewed regularly. Staff supported people to eat a healthy varied diet. Records of nutritional intake were maintained where necessary.

Steff were caring in their approach with the people they supported. Staff knew people's abilities and preferences, and were knowledgeable about how to communicate with people. Staff supported people to maintain relationships with relatives as part of their caring role.

Information about advocacy services were accessible to people and visitors. At the time of inspection no one was using an advocate.

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.

The provider used an electronic care planning system. Care plans were personalised focussing on people's assessed needs. Plans were reviewed and evaluated regularly to ensure planned care was current and up to date. Where appropriate people had emergency health care plans in place. People were supported to attend appointments designed to promote their health and well-being.

The provider had an activity planner with a range of different activities and leisure opportunities available for people, for both inside the home and out in the community.

The provider had a policy and procedure in place to manage complaints. No formal complaints had been received by the service in the last 12 months.

The provider held regular meetings with staff, people and relatives. Minutes were readily available for those not able to attend meetings.

The provider had a quality assurance process in place to ensure the quality of the care provided was monitored. People and relatives views and opinions were sought and used in the monitoring of the service.

The manager submitted notifications to CQC in a timely manner.

## 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.

Recruitment processes were thorough with appropriate checks made to ensure prospective staff were suitable to work with vulnerable people.

The provider had a safe systems and processes in place to manage medicines.

Staffing levels were appropriate to meet people's needs. The provider used a dependency tool to monitor staffing levels.

Risks to people and the environment were assessed and control measures were put in place to militate against identified risks.

### Is the service effective?

Good

The service was effective.

People's nutritional needs were assessed to identify any risks associated with nutrition and hydration.

Staff felt supported and received training required to meet the needs of the people using the service. Staff regular supervision and an annual appraisal.

Staff had an understanding of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. (DoLS). People's rights were upheld and protected by the service.

### Is the service caring?

Good

The service was caring.

People who used the service and relatives felt the staff had caring attitudes.

Staff had genuine relationships with people, ensuring they were aware of likes, dislikes and preferences to support their care.

People were supported and encouraged to have personal items

in their rooms to make them more homely and comfortable.

The provider had advocacy information readily available for people.

## Is the service responsive?

Good

The service was responsive.

People's care records took into account their individual needs, preferences and choices. The provider worked with people and their relatives so that their care needs were appropriately planned.

People enjoyed a varied range of activities and were supported to access the local community with trips and outings.

The provider had a complaints system and people knew how to raise concerns.

## Is the service well-led?

Good

The service was well led.

There were systems and processes in place to monitor the quality of the service, plans were in place to drive improvement in the service.

People and relatives felt the service was well managed with an approachable manager and team.

Opportunities were available for people, relatives and staff to meet on a regular basis.

# Lansbury Court Nursing Home

**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.

The inspection took place on 8 September, and was unannounced. This meant the provider did not know we were coming.

The inspection was carried out by one adult social care inspector, one specialist professional advisor (SPA) and an expert by experience who spoke to people and relatives to gain their opinions and views of the service. A SPA is someone who has professionalism in a particular area for example, a nurse. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed other information we held about the service and the provider. This included previous inspection reports and statutory notifications we had received from the provider. Notifications are reports about changes, event or incidents the provider is legally obliged to send to CQC within required timescales. The provider also completed and submitted a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We also contacted the local Healthwatch, the local authority commissioners for the service, the local authority safeguarding team and the clinical commissioning group (CCG). Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During our inspection we spoke with ten people who lived at Lansbury Court. We spoke with the area manager, registered manager, one nurse, the administrator, four care workers, the activities coordinator, chef, catering and ancillary staff who were all on duty during the inspection. We also spoke with three relatives of people who used the service.

We looked around the home and viewed a range of records about people's care and how the home was managed. These included the care records of ten people, the recruitment records of three staff, training records, and records in relation to the management of the service. We walked around the home and gardens.

Good

# Is the service safe?

## Our findings

We asked people and relatives if they felt the care and support provided at Lansbury Court was safe. Comments included, "Oh yes, the staff are great", "[Name] is safe and well looked after", "I feel safe in the home, no fear of falling", "Feel as safe as a pin" and "After my second stroke I took the decision to go into a home and feel safe now."

Staff were able to give us examples of how they kept people safe. Comments included, "We make sure the environment is safe, fire exits are clear", "Hoists are checked before we use them" and "We do falls risk assessments." The ancillary staff member told us, they understood the need for good hygiene within the home."

We checked the provider's recruitment procedures and found they were robust with all necessary checks being made before new staff commenced employment. For example, applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a disclosure and barring service check (DBS) obtained. These are carried out before potential staff are employed, to confirm whether applicants have a criminal record and are barred from working with vulnerable people. Personnel files also contained interview questions and responses demonstrating a thorough check of prospective employees' knowledge. We found interviews covered a range of scenarios such as what action applicants would take if they came across a person who had fallen.

We found risks to people were entered on the electronic care recording system and reviewed regularly with control measures put into place to mitigate against any assessed risks. Staff had access to these via smart phones. This meant staff had up to date information and guidance to keep people safe when carrying out support. One care worker told us, "We can log on and see if there have been any changes with people's risk assessments if we need to." Environmental risks were assessed to ensure safe working practices for staff. For example, to prevent slips, trips and falls.

We found the management of medicines within the home was safe. People told us they had their medicines when they needed them and in a safe manner. Comments included, "I get my medication in my room, on time and when I need it" and "They always make sure I have a drink and they are bang on with tablet times." Staff had received training in the safe handling of medicines and had annual checks to ensure they remained competent to administer medicines. We saw medicine administration records (MARs) were completed correctly with no gaps or anomalies. MARs contained photographs of people as well as a record of any allergies.  We observed the nurse carrying out a medicine round and found this was done safely.

Medicines were stored securely in a locked medicine room. Fridge temperature were checked and recorded and were within safe limits. We found were people were prescribed 'as and when' medicines, records were held within the MAR file so staff had guidance and support for when to administer these medicines. Staff recorded the application of topical medicines on topical MAR charts, body maps were in place for staff guidance on where to apply the cream or ointment. Topical medicines are creams and ointments which are prescribed to be applied to the skin.

We did find the medicine room was untidy and the floor was in need of cleaning. We discussed this with the manager who advised the boxes of supplements and medical equipment stored on the benches had been gotten ready for people who were being discharged from the home. The cleaning of the floor was a job which night staff were supposed to carryout. The manager arranged for the supplements to be returned to a locked cupboard and the floor cleaned. This was carried out on the day of the inspection.

There were enough staff to support people's needs, with dedicated numbers on each unit. People told us their buzzers were answered in a timely manner. Comments included, "I ring the buzzer and they come straightaway – within two minutes" and "Carers come very quickly if I need them." During the inspection we saw staff were visible in the different areas of the home supporting people. We found call bells were responded to promptly with people's needs being met in a timely manner. On the day of the inspection there was one nurse on duty, one unit manager, seven care workers as well as the activity coordinator. The manager was also available for support and guidance. Staffing levels were regularly monitored using a dependency tool. This included information about specific areas of people's needs such as mobility needs which were assessed to ascertain the number of staff required.

The provider used an internal maintenance team who ensured appropriate health and safety checks were completed. Following a visit from the team a report was generated with any outstanding actions recorded for the manager's attention. We found actions were addressed and signed off when completed. We found up to date certificates to reflect electrical installation checks, gas safety checks and portable appliance tests (PAT) had been carried out.

People had up to date Personal Emergency Evacuation Plans (PEEPS) in place. Staff had access to the provider's business continuity plan for the service. This meant staff had access to support and guidance in case of an emergency.

Policies and procedures for safeguarding and whistleblowing were accessible for people and staff which provided guidance on how to report concerns. Staff we spoke to had an understanding of the policies and how to follow them. Staff were confident that nurses, senior carers and the manager would respond to any concerns they raised. One care worker told us, "I would go straight to the senior carer, if they were busy I would speak with [manager]."

We found the service managed accidents, incident and safeguarding concerns in a timely manner. Investigation records were available and other records showed that 'lessons learnt' from incidents and situations were disseminated to staff during flash meetings or supervisions.

We found people's rooms and communal areas within Lansbury Court were clean with no malodours. Ancillary staff were visible in the home. We saw they carried out a deep clean of a different person's room on a daily basis. This meant over the month every room was thoroughly cleaned. Comments from people included, "Oh, always cleaning, mopping and dusting" and "It is clean, my room gets tidied every day."

We observed staff following infection control procedures with appropriate use of personal protective equipment (PPE). Gloves and aprons were readily available for staff. We observed people were supported with hand hygiene prior to eating and drinking. Antibacterial soap dispensers were located throughout the building and we observed staff used these frequently. We noted staff were not permitted in the kitchen without the correct PPE. The laundry was well organised and tidy with separate areas for dirty and clean linen.

Good

# Is the service effective?

## Our findings

People and relatives felt staff had the skills and experience to provide effective care and support. Comments included, "Staff are well trained and know what to do to make me feel safe", "Very well trained, know what they are doing and offer help to other residents" and "Staff are great."

We found new staff completed an induction into the home which covered the provider's policies and procedures and basic housekeeping, such as fire exits, tour of the building and explanation of the call system. Staff were supported by a mentor when they commenced work. One care worker told us, "I did some shadow shifts when I started which really helped."

The manager kept an electronic training matrix which demonstrated staff had received the training they needed to meet the needs of the people using the service. The provider used a blended approach to learning including ELearning, face to face sessions and workbooks. By using an electronic method of training this allowed staff to access their own training platforms whilst at work or at home using a secure password. Essential training included moving and assisting, safeguarding and health and safety. We found where care workers had not achieved Level 2 or 3 in Health and Social Care they were required to complete the Care Certificate as part of their learning and development.

The manager had an annual planner in place for staff supervision and appraisal. We found records to demonstrate staff received their appraisal and had supervision on a regular basis. Staff told us they received supervision on a regular basis. One care worker told us, "We get them every couple of months, I have mine with the senior (carer). We talk about any issues I have, if my training is up to date." Another said, "I have had my supervision, [senior] asked if I was happy and if anything was concerning me."

The Mental Capacity Act 2005 (MCA) providers a legal framework for making particular decisions on behalf of people who 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty 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).

Where people lacked capacity to make decisions MCA assessments and best interest decision meeting records were available. The manager kept a log of all DoLS applications made along with copies of authorisations. The log included a date when people's DoLS expired so the manager could ensure a new authorisation was submitted in a timely manner.

Staff we spoke with understood the importance of supporting people to make as many of their own decisions and choices as possible. They told us about the strategies they used to support people with

decision making. These included explaining options to people and anticipating needs for some people by observing facial expressions and body language. This meant people's independence was maintained and they retained control over aspects of their lives. We observed staff supporting people to make decisions regarding where they wanted to spend time, if they wanted to join in the activities and food choices throughout the inspection.

We found people were offered a varied and nutritious diet. People gave positive comments about the meals. Comments included "I have egg sandwiches, dinner and tea, happy with the choices of meals and I get them on time", "I don't eat much but there is load to eat and choose if I want to." Where people had nutritional needs these were assessed and plans were in place to support people with their dietary needs. For example, specialised diets or supplements were available to people who needed them. One relative told us, "Our [relative] is not a bit eater but she gets supplement drinks, and thick and easy." Thick and easy is a powder added to fluids to make them thicker for people with swallowing needs. We observed iced water dispensers were available throughout the home and staff regularly asked people if they wanted a drink. We saw mid-morning and afternoon trolleys were taken around the home these contained tea, coffee, juice and milk, along with a selection of snack type food. This meant that people had access to food and fluids on a regular basis to support their nutritional needs.

We found the chef was knowledgeable about people's nutritional needs. They were able to describe specific diets required for people using the service, for example, pureed or soft. Diet notification records were kept in the kitchen detailing people's likes, dislikes and preferences. These were updated whenever there was a change in a person's nutritional needs.

The chef told us about the technique they used designed to enable food to be presented in its usual state even though it had been blended. The chef explained how a food thickening starch was used to mix with pureed food. The mixture was then poured into food moulds, such as meat and vegetable shapes. The chef told us, "I freeze the moulds, then when needed they are just reheated in the microwave. I can do anything with this method, puddings and sandwiches whatever they would like really." This meant the provider was using innovative methods to provide appetising and visually pleasant food for people who required specialised diets.

Where people were assessed as requiring their food and fluid intake recording we found staff recorded this using their smart phones. We observed this information was uploaded to the electronic care record so the information was available to any staff member accessing the records. The manager told us, "The amount of food and fluid is seen on a tab on the person's record so there is quick reference to what they have had that day." We reviewed some records and found these were completed regularly.

Staff were aware of how to refer to health care professionals to support people's health and wellbeing. For example, staff told us they would contact the GP if there were any concerns with people's dietary and fluid intake, requesting a referral to the dietician or speech and language therapist (SALT). People, relatives and care records confirmed people had access to external health and social care professionals when required. For example, district nurses, advanced nurse practitioners and chiropodists.

Lansbury Court was bright and spacious with ample space for people who used wheel chairs and other mobility equipment. Communal areas were set out with easy chairs and televisions, The provider had developed the areas in the home for people living with dementia. Small areas were decorated and furnished in various themes, for example, one area was decorated with a seaside theme, with pictures and ornaments relating to the sea and beach. We found one room decorated as an American dinner complete with two seating booths and a juke box. We noted that the seating would be pose difficulties for people with mobility

needs. Staff told us that people can be assisted into the booths or could have a different seat brought in. Staff told us that people sometimes used the room to dance in when the juke box was on.

The provider had considered the needs of people living with dementia in relation to the environment. Signage was in place, such as toilet, hairdressers and bathroom signs along with exit signs. Handrails were painted a different colour to aid people who were living with dementia to navigate their way around the home. Bedroom doors were brightly painted with numbers and a photograph of the person whose room it was also fixed to the door. We saw memory boxes were hung next to people's bedroom doors. The manager told us, "These are quite new so we are just getting relatives to bring things in to put inside." We noticed some people who liked bingo had bingo cards and pens in their boxes, with others having wedding photographs and family pictures inside.

Good

# Is the service caring?

## Our findings

People and relatives told us they felt staff were caring in their approach. Comments included, "It's all good, I receive lovely care", "Carers are really nice and treat [relative] fairly and with dignity", "Always knock on the door before coming in and I'm very comfortable in their company" and "Carers are lovely, very nice."

People were cared for by staff who knew their needs well. We observed people were treated with dignity and respect. Communication needs were acknowledged, we saw staff used eye contact, body language and touch when speaking with people. We asked staff how they ensured people's human rights were promoted. Comments included, "We make sure doors and curtains are closed when we are supporting people to get washed and dressed", "Visitors and relatives are welcomed and we take people to their rooms for privacy" and "I always make sure residents are given choices about everything, such as meals, what they want to do." We observed staff explained what was happening when they were supporting people and gained consent before helping them.

We observed care workers showed genuine affection throughout their interactions with people. They were friendly, caring and kind in their conversations with people, crouching down to keep eye contact, using gestures, facial expressions and when appropriate touch to communicate with people. Staff clearly explained options which were available to the person and encouraged them to make their own decisions such as whether they wished to join in activities, or to have a drink and snack. We saw staff promoted independence was part of their caring role. Staff supported people to use mobility aids and encouraged people to do things for themselves such as eating and drinking independently and maintain their personal hygiene.

We joined people at lunch time. The surroundings were pleasant, with music playing at a low volume. On the day of the inspection lunch consisted of a picnic type meal with a choice of sandwiches, crisps, fruit and cakes. People were asked if they wanted to have protection for their clothes during lunch and were supported with protective aprons. We observed staff demonstrating respect for people by offering choices and alternatives.

People told us staff were caring and helpful at meal times. One person told us, "I need some help sometimes and the girls are lovely and cut up my food, they really are caring like that." Staff supported people to eat and drink in a pace appropriate to their needs which ensured people were support to be as independent as they could be. We saw where staff needed to support people to eat and drink who were being cared for in their rooms, time was taken when to ensure they had finished one mouthful before being given another.

Staff had received training in end of life care and attended courses at the local hospice. We found people had care plans in place which captured their wishes in the event of them requiring end of life care. The manager told us, "It's important we have this information for residents and families and that the staff are trained."

People's rooms were comfortable, some with pieces of their own furniture and items which were personal to

them and each room reflected the person's interests and character. Where people spent time in communal areas staff made sure they had things which were important to them close by such as spectacles, drinks and tissues.

Good

# Is the service responsive?

## Our findings

People and relatives told us they felt the service was responsive. Comments included, "Whenever I need to see the Doctor they ring up," and "If [relative] is not well, they always act and let me know as well."

We found the provider used an electronic care recording system. The manager told us, "We have had this system in place for several months now and are piloting it. It is a good system and covers everything we need." We were able to review the care records using the provider's computer.

We found people had an initial assessment carried out before they were admitted to the home. Once admitted a more detailed assessment process took place allowing staff to work with the person and family members to plan personalised care and support. We saw care plans and risk assessments were reviewed on a regular basis so staff had detailed up to date information and guidance to provide support relating to people's specific needs and preferences. For example, what time they wanted to go to bed, how many pillows they liked, whether they preferred a bath or shower. Staff were issued with smart phones which they use to access the system remotely to either add information or to review people's care.

We found there was a mixture of involvement of people about the activities on offer. Some residents told us they participated regularly where some preferred their own company and just like to relax. Comments included, "I do all the activities", "[Relative] likes to reminisce with [activities coordinator], and uses the I-pad to show pictures of pigeons and other interests", I like to go in the garden, love roses and the simple scented flowers too," "I used to the do the activities but don't now" and "I don't take part in activities, but I like to do the big jigsaws."

We found planned activities included entertainers coming in to the home, music, games and crafts as well as trips out. Where people enjoyed the television they were made comfortable in the communal areas. The activities coordinator kept a file containing pictures of entertainment and trips out. People had enjoyed a fish and chip day, virtual reminiscence sessions using headsets with videos of the local beach, the headset gives the feeling that the person is actually at the beach. Music student from the local university had visited the home to entertain people, and over the recent bank holiday students from the 'Princes Trust' had spent time with people as part of their 'give something back' part of their award. The home had Easter, summer and Christmas fayres, special birthdays were celebrated with cakes and cards. The manager told us about a recent 100th birthday celebration and how the town Mayor had joined the event, and diamond wedding celebrations where the home provided a high tea for families.

We found resident and relatives meetings were held regularly and provided an avenue through which the provider could gather feedback about the service. Minutes of 'residents and relatives' meetings' were available in the reception area for anyone to view.

We found the provider had a process in place for people, relatives and visitors to complain and give comments or raise issues. No formal complaints had been reviewed in the last 12 months. People we spoke with said they felt they would be able to complain to staff or the manager if necessary. Relatives knew how

to complain and felt comfortable to discuss their worries or concerns with the managers. Where minor concerns had been raised the manager kept and record of these with any action taken.

Good

# Is the service well-led?

## Our findings

People and relatives felt the manager was approachable. Comments included, "The manager is great, if we had any concerns we would go straight to her", "The manager and senior managers are very supportive" and "Yes, it is well led and managed".

The manager told us the provider had an open door policy in terms of access to the manager, this meant people who used the service, their relatives and other visitors were able to speak with the manager at any time. Staff we spoke with were clear about their roles and responsibilities. They felt supported in their role and told us they were able to approach the manager or to report concerns. One staff member told us, "[Manager] is lovely and easy to speak with about anything." The unit manager commented, "I get on fine with [manager], she does walkarounds every day and we meet at 11 o'clock for meetings to catch up."

The provider had a quality assurance process in place which was used to ensure people who used the service received the best care. We looked at the provider's system, which included completed audits of health and safety, medicines, care plans, mattresses, fire alarm and extinguishers, gas safety, hoists and slings. Audit records included action plans for any identified issues. We saw the fire audit had identified areas of improvement, the provider's development plan contained evidence to demonstrate quotes had been obtained for remedial works. The manager told us, "They will be starting the work shortly, I request anything that is needed in terms of maintenance electronically and head office are quick to respond.

The area manager discussed the improvement plans for the service in terms of dementia care. The provider had developed a dementia strategy which is being rolled out to all the homes in the area. The area manager told us, "It's important that we look at how best to support people with dementia. The strategy will help us develop further."

Senior carers also carried out daily checks of the home, to cover health and safety, security and observation of the premises. We found some gaps in the recording of these checks. The manager had oversight of these checks and also had responsibly to sign these off as completed. We found the manager had not completed checks during September with some gaps in previous months. We discussed this with the manager who advised the daily checks were also completed as part of her walk around so areas had not been missed. We viewed records of daily walk-arounds to evidence this. The manager assured us that this would be addressed and the gaps in recording would be raised with senior staff to ensure it is kept up to date.

The provider had a comprehensive set of policies and procedures which were easily accessible for staff if they wished to refer to them. The area manager told us, "We are constantly trying to improve the services we provide and as a part of that policies and procedures are reviewed regularly to keep up to date with legislation and best practice."

People who used the service and their relatives told us they were regularly involved with the service in a meaningful way. They told us they felt their views were listened to and acted upon and that this helped to drive improvement. Staff we spoke with told us they had regular staff meetings and this was confirmed when

we looked at the minutes of meetings held.

We found staff were able to discuss any areas of concern they had about the service or the people who used it. Staff we spoke with told us "We have meetings and flash meetings" and "I have supervision with the senior and we discuss all sorts of things". This meant that the provider gathered information about the quality of the service from a variety of sources and had systems in place to promote continuous improvement.

The provider ensured that there was an emphasis on consulting health and social care professionals about people's health, personal care, interests and wellbeing. People who used the service had access to healthcare services and received on-going healthcare support. Care records contained evidence of visits from external specialists. This meant the service ensured people's wider healthcare needs were being met through partnership working.