

Aspire Life Care Limited

# Westdene House

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Westdene House is a residential care home providing personal care to up to 14 people. The service provides support to people living with dementia and age-related frailties. At the time of our inspection there were 12 people using the service.

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

Quality assurance processes were in place; however, audits of care records had not always identified some inaccuracies in some people's care records. The inaccuracies had no negative impact to people and were rectified during the inspection. The registered manager told us of their plans to increase further monitoring of records. Other quality assurance processes were effective in identifying areas for improvement, such as, environmental checks and audits.

People told us they felt safe at the service. People appeared relaxed and spoke freely with staff and the registered manager. Staff understood their responsibilities to safeguard people from the risk of potential abuse and knew how to report concerns internally and to external professional bodies. One staff member told us, "If I saw something, I would tell the manager. If nothing changed, I would contact social care."

People's needs were assessed, and risks associated to people's health were mitigated. Where people had healthcare equipment, such as, catheters in situ, staff followed care plans to ensure they were supported safely and kept well hydrated. Staff received training relevant to their roles and demonstrated knowledge on how they provided safe care to people.

People received their medicines by staff who were trained and assessed as competent to administer them. Medicines were administered safely, staff carried out checks to ensure storage, documentation and administration was completed correctly. Relatives told us they were kept informed of their loved one's changes to health and medicines. One relative said, "Staff keep me informed of any changes in [person's] care or medication, or if they are unwell, communication is good usually by phone."

People were supported by enough staff who knew them well. Staff told us there was enough time to spend with people, our observations confirmed this. A visiting social care professional told us, "The residents tend to be out in the social areas which is a positive. Interactions I've seen are positive, they (staff) have a good rapport with them (people), calling them by their first names. No concerns at all, the home is clean, it's a small home so staff can be very individualised with the care they give."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were enabled to go out for walks, the local café and seafront. The registered manager had risk assessed trips out to ensure people were safe.

People were empowered to make and maintain relationships with friends and family. This was achieved by visits inside the service or people going out with their loved ones, where needed, people could contact relatives using video technology. People and their relatives told us staff and management listened to them and their opinions mattered. The registered manager held meetings and gathered views from feedback surveys. One person told us, "It's all pretty much nice. I am happy and if there were any queries, I would raise them."

People had access to health care professional advice, staff sought advice in a timely way and followed professional's directions. One healthcare professional told us, "They know the residents very well and they are very involved in their care. They are appropriate and reasonable with their requests. There doesn't seem to be a huge staff turnover which is a positive sign. They are very welcoming; they follow appropriate processes."

People were supported by a consistent staff team, led by a committed registered manager and management team. The registered manager told us they were proud of the commitment and resilience of the staffing team throughout the COVID-19 global pandemic.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 11 December 2019) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulation.

#### Why we inspected

We carried out an unannounced comprehensive inspection of this service on 15 and 16 October 2019. A breach of legal requirements was found in relation to quality assurance checks of equipment, medicines and infection prevention and control. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions of safe, responsive and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westdene House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Westdene House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector and an Expert 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

Westdene House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Westdene House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced. Inspection activity started on 11 October 2022 and ended on 14 October 2022. We visited the location's service on 11 October 2022.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection including the action plan submitted. We sought feedback from Healthwatch - Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection we observed support people received throughout the day. We spoke with three people who used the service about their experience of the care provided and eight relatives of people who use the service. We spoke with four health and social care professionals who regularly visited the service. We spoke with seven members of staff including the nominated individual who was also the registered manager, the operations manager, care staff and kitchen staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was clean, however, some surfaces in the laundry area were impermeable making them difficult for staff to fully sanitise. The registered manager shared plans during the inspection to immediately upgrade the laundry area. Relatives commented, "Everywhere is kept very clean and tidy, no nasty smells ever." And, "It's a very clean home, one reason why I chose Westdene, is it always smells lovely."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using (personal protective equipment) PPE effectively and safely. Staff were observed to wear and dispose of their PPE appropriately. There were PPE stations and bins available throughout the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were enabled to welcome their visitors into the service or go out with their loved ones without restrictions.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. People told us they felt safe. They said, "I feel safe enough, if I didn't, I'd say something." And, "I feel safe here, I can't think of anything wrong here." A relative told us, "I feel very positive about [person's] safety, they are not troubled or worried, nice atmosphere, relaxed but you know the staff are professional, never any sign of any form of abuse ever."
- Staff received training and understood how to prevent and report potential abuse. Staff told us they would speak to the registered manager if they had any concerns. Staff knew they could contact outside agencies to report safeguarding concerns if required. One staff member said, "If I was worried or something happened, I would speak to my manager, they are always available. I can call and they always answer, anytime. If I needed to go out of the home with worries, I would call the CQC and also the social services, we have the number displayed on the staff board."
- Safeguarding concerns had been responded to appropriately. The registered manager demonstrated an understanding of their responsibilities to investigate and report safeguarding concerns to the local

authority.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks were managed safely. People were involved in their risk assessments and were enabled to take risks. For example, people were supported to go out with their friends, families and staff. People who wished to smoke cigarettes were enabled to do so safely following a risk assessment.
- Risks to people were assessed and mitigated. Where people had a catheter in situ, care plans guided staff on how to support the person with the catheter, to minimise the risk of complications, and when to contact professionals for advice. The person was encouraged to maintain a healthy fluid intake to reduce infections and complications with their catheter, staff recorded the person's fluid intake and output to identify any concerns.
- Where people lived with health conditions, such as diabetes, health risks had been assessed. Care plans guided staff on how to respond to high or low blood sugars and people were supported by staff to follow a healthy diet. People's oral health needs had been assessed, where people needed reminding or assistance with their oral health, staff followed care plans to support them.
- Environmental risk assessments were in place and safety checks were carried out. For example, the fire risk assessment and associated checks on firefighting equipment and emergency lighting. A fire safety engineer was present during our inspection to carry out servicing of the fire panel. People had personal emergency evacuation plans (PEEPs) to guide staff of support people required in the event of an emergency.

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

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. People were being supported in the least restrictive way; for example, people were enabled to go out in line with imposed conditions to their DoLS authorisations.

Staffing and recruitment

- There were enough staff to safely support people. Staffing levels were determined by people's needs. Where people required additional support, for example, to go shopping or for walks, staff were deployed to meet their needs. Some staff had been trained to perform a dual role, for example, the maintenance person was trained to deliver care and a senior care worker was trained to cook.
- People's relatives told us they felt there were enough staff on duty. One relative told us, "There always seem to be enough staff around, they all know [person] so well." A staff member said, "There are enough staff, we don't have many residents who need a lot of help, most can walk on their own, but it means we have time to talk with people and get to know them."
- Staff appeared relaxed and unhurried during the inspection and were available to assist people as requested. People were offered drinks and snacks by staff and requests were promptly met. For example, one person asked for a cardigan and staff retrieved their cardigan straight away.



- Staff were recruited safely. Applications forms were completed appropriately, pre-employment checks such as references and Disclosure and Barring Service (DBS) checks had been obtained prior to staff starting their employment. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People received their medicines safely. Staff received medicine training and their competencies were assessed by the registered manager before they were permitted to administer medicines to people. People's relatives told us staff kept them up to date with changes. Comments included, "We are informed of any changes in medication." And, "Communication is via email or phone regarding any issues or changes to [person's] care or medication."
- People told us they received their medicines on time and were confident staff administered them correctly. One person told us, "They have details of what we need for our medication and are on the ball with doses."
- Some people were prescribed 'when required' (PRN) medicines and protocols were in place to guide staff on when the medicine would benefit the person. One person had PRN medicines prescribed for when they showed emotions of distress, the medicine had not been required within the month as staff used effective prevention and distraction techniques.
- Where people required their medicines to be covertly administered (without their knowledge but within their best interests), mental capacity assessments had been carried out and records of best interest decisions were kept and regularly reviewed. Staff had liaised with family members and appropriate professionals to make sure this was completed in a lawful way.

#### Learning lessons when things go wrong

- Lessons were learned when things went wrong. For example, where professionals raised concerns about lack of staff knowledge on catheter care, the registered manager spoke with staff, updated care records and arranged additional training with competency assessments to confirm their understanding.
- Incidents and accidents had been dealt with on an individual basis and action taken to reduce the risk of reoccurrence. Intervention had been appropriate, such as, a review of the equipment used to support the person and referrals to the person's GP and falls prevention team.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans contained their choices and preferences. People were in control of their lives and support on a day to day basis. One person told us, "I'm a light sleeper and wake up when I'm ready. We go up (to bed) when we are ready." The registered manager told us, "We don't have set routines for anyone."
- People's care plans detailed their preferences. Staff told us they found care plans to be informative and relevant. Where any changes to a person was noticed, they would inform the registered manager who would update the care plans accordingly.
- People's care and support was based around their preferences. For example, one person was observed to eat small portions of food and components of their meal were served in individual pots. Staff told us this was the person's preferences as they would likely decline if their meal was served on one plate. We observed the person eating from the different pots as staff had described.
- Staff knew people well; many had worked at the service for a long time and confidently described people's histories and preferences. Staff told us how they cared for people in a personalised way and knew what was important to people. One staff member told us, "Some (people) have their very strict routines as it is what they prefer. Other residents like to go along with how they feel on the day." A visiting professional told us, "It's very much a big family, carers talk with them how they like to be spoken to, they have good banter, they know their people inside out."
- People and their relatives were involved in the care planning process. The registered manager told us when planning people's care, they are asked for their wishes and preferences. Where people were unable to recall their life histories, staff would collate information from people's family members to contribute towards care planning.
- During the inspection the service was not supporting anyone at the end of their lives. Some people had end of life care plans in place which they and their relatives had contributed to. The care plans contained people's wishes such as, religious or spiritual wishes and practical arrangements. One relative told us, "Another relative was involved with updating [person's] care plan, they have a DNAR and end of life plan."
- Not everyone had end of life care plans in place, the registered manager told us some people were not ready to discuss their plans, so their wishes had been respected.

Meeting people's communication needs

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

- Staff met people's communication needs; care plans contained people's preferred way of communication. We observed staff supporting people appropriately, staff knew people well and how they preferred to be communicated with.
- People had a 'This is me' document which contained their communication preferences which would go with them should they need to go to hospital. The document would guide professionals on how to best communicate with the person.
- The registered manager told us any documentation could be made available for people in large print if required. Staff were available to read documents aloud to people if they wished.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were encouraged to maintain relationships with their loved ones and received visits in the service without restrictions. Relatives described how they were made welcome when they visited and told us, "We see my relative in the hallway, garden, or a nearby café near the seafront which they enjoy." And, "Nice atmosphere, always made welcome."
- A programme of activities was available for people to join. During the inspection people attended bingo and for people who did not wish to join in, they could choose between reading, watching TV or chatting amongst themselves. One person told us, "I like to read, there are plenty of things about."
- Relatives told us they felt activities were good, comments included, "[Person] enjoys activities that are music based in particular apparently." And, "My relative loves music and dancing, staff have sent me pictures and videos which I appreciate." We observed people engaging with a sing-along in the afternoon.
- People were able to forge friendships within the home. People made friends with others, we observed lunch time to be pleasant and relaxed where people were laughing and joking with each other. One person told us, "I have made friends here, I try to be sociable." Another person said, "They are all friendly here, I haven't made any special friends, but we have a good laugh."
- Two people living at the service developed a close relationship. One of the people had left the service to return home but missed their partner and staff supported the couple to correspond by post. The person decided to return to the service to live and the couple continued their relationship. A visiting professional commented, "The home have really worked hard to facilitate this and uphold their rights, they take them out together, they go for walks just like you would expect to do if you did not live in a care environment. They are thriving and happy."
- The service had links with a local church, due to the COVID-19 pandemic, the church groups were unable to visit the service through their own choice. No person had a strong religious belief at the time of the inspection. The registered manager told us they hoped to be able to recommence the visits soon, in the meanwhile, people were able to watch religious television programmes if they wished.

Improving care quality in response to complaints or concerns

- People and their relatives were given copies of the complaint's procedure, so they were able to direct any concerns to the registered manager. One person told us, "I can't think of any complaints, I would ask for the boss if I had a problem." Relatives commented, "No we have never had to complain, we would go to the manager." And, "I have only complained once several years ago when the curtain rail fell down, it was fixed immediately, I would go to the manager, there is always someone in charge you can see."
- At the time of our inspection the service had not received any recent complaints. The registered manager described how patterns and trends in complaints would be established and gave examples of how the analyses would be used for ongoing learning.
- We saw a range of compliments and thank you cards for relatives. Mostly thanking staff and management for the care given to their loved ones and compliments of the management throughout the COVID-19 global pandemic. The registered manager told us they shared complaints with staff for learning and compliments

to maintain staff morale.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, the provider had failed to ensure systems were in place or robust enough to assess, monitor and improve the safety and quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. The provider was aware of further embedding required to systems to improve documentation.

- At our last inspection, quality assurance processes were not always effective in respect of safety checks on equipment, medicines and infection prevention and control. At this inspection improvements had been made.
- Quality assurance processes were in place; however, audits of care plans had not always identified some inaccuracies in some care records. One person's malnutrition universal screening tool (MUST) score had been incorrectly calculated, (the MUST is a tool used to ascertain weight loss within people). The person was not at risk of malnutrition and there was no negative impact to them. Another person's care records stated they had bedrails in place although they did not; this did not impact negatively on the person. The registered manager told us they planned to upskill a staff member to provide further oversight of care records.
- Although internal audits had not identified some inconsistencies within documentation, the operations manager was in the process of rewriting every person's care plan using a new format. The care plans which had been written to the new format were informative and person-centred. The registered manager told us they were prioritising reviewing care plans for people with the highest support needs.
- There were checks in place to ensure the safety of equipment and premises. The registered manager told us following a recent review of the service, they planned to upgrade the kitchen and laundry area. A staff member said, "I can't think of any improvements needed, maybe the kitchen needs changing, perhaps a bigger oven, I know there is a plan in place to get a new kitchen in."
- Medicines were audited on a regular basis to include storage, administration and documentation. Staff checked medication administration records (MARs) at each shift handover to ensure there were no omissions and gaps in administration. Staff told us this had worked well to prevent errors and quickly identify if there were any gaps in administration.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager demonstrated a knowledge of the duty of candour. They described the duty of candour as being open and transparent when things went wrong and to provide an apology to those concerned. The duty of candour was considered for incidents, accidents, complaints and safeguarding matters. One relative told us, "A couple of months ago there was an issue, [registered manager] managed it confidently and was open and honest."
- The registered manager understood their regulatory responsibility to send CQC statutory notifications of events within the service. We saw these had been completed appropriately and in a timely manner.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager created an inclusive culture for people. People were given opportunities to express their views through casual conversations and meetings. People had given feedback at residents' meetings and were able to contribute to the running of the service. Minutes of residents' meetings covered varied topics and captured peoples' opinions on the activities and the staff. One person told us, "They ask if I want this or that, but I don't really mind. I can't think of a time where I have asked for something specific."
- People, their families, staff and visiting professionals were invited to provide feedback through surveys. The results were collated, and where needed, an action plan was developed to address concerns. The latest feedback results were positive with no action points to address. Relatives told us, "Questionnaires and suggestions would be acted on, and any ideas for different activities, they have had a pianist visit which the residents enjoyed." And, "I have completed a few questionnaires, communication is by email, excellent during Covid."
- We observed kind interactions and received positive feedback about the registered manager and management team. People, their relatives and staff told us they were approachable and listened to them. Comments included, "The manager runs the home very well, they have continuity of staff and my relative is happy." And, "It's not like a manager/staff feel there, they are treating everyone as equal."
- Staff meetings were held bi-monthly; various topics were discussed, one staff member told us, "Staff meetings are good. We talk about maybe who needs encouraging to eat and drink. When it was hot, we were reminded to encourage people to drink." The staffing team's suggestions were valued by the registered manager. One staff member said, "I have gone to [registered manager] about changes to the home, I have suggested a staff break area. I have gone to them about menu ideas, they have taken on some of my ideas, the residents enjoyed the change."
- Relatives told us they were kept up to date with any changes of people's needs or health conditions. Relatives and staff commented on the person-centred, homely feel of the service and many said this was due to the service being small. Comments about the staff included, "I feel really happy with [person's] care and my family all feel the same, my relative is happy which is the most important factor and gives us peace of mind." And, "Staff have a good sense of humour and [person] enjoys banter with them, they get the balance just right."

Working in partnership with others

- The service worked in partnership with health and social care agencies in a timely way to promote good outcomes for people. People had external professional involvement including, GPs, the falls prevention team, the dementia crisis team and occupational therapists (OTs).
- Relevant referrals for people had been made appropriately and staff knew where to access support for people. Staff had contacted the falls prevention team for a person using the service who experienced frequent falls. Staff had also liaised with the person's GP for a medicines review and to check for other

potential reasons of the falls, for example, a drop in blood pressure. Advice from professionals had been documented in the person's care record and followed by staff.

- Health and social care professionals spoke highly of the staff and of the service provided to people. Comments included, "They are very caring, they are responsive in the sense they will highlight when someone is off their base line, they know when they can't meet someone's needs, they know their limitations." And, "I find them really proactive; they usually call the GP and mental health team and then they call me afterwards to keep me in the loop. [Registered manager] has always been really approachable, they will often be the one to call if there were concerns."

#### Continuous learning and improving care

- The registered manager was keen to ensure their staff delivered the values of the service. The registered manager told us, "Our ethos is 'Voice, Choice, Control'. I have tried to make sure staff know this is our vision. Staff are working well with me to achieve this. In the meetings we discuss quality assurance, improvements, lessons learned. At the start of their induction we give them (staff) an understanding of our ethos and vision."

- The registered manager told us they were developing their workforce. They told us, "We are trying to have a balanced staff and an inclusive culture, we have staff at any age and from any nation. We are trying to build a healthy workforce with knowledge, to inform our sustainability as a care home. Recruitment has been difficult; we want to give skills and education as well as planning their career path."

- The registered manager continually learned to improve care. They had researched care planning documentation before introducing it to the service.