

Quantum Care Limited

Anson Court

Inspection report

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Tel: 01707379700

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Anson Court is a residential care home providing personal to up to 75 people. The service provides support to older people, some of whom are living with dementia, in one purpose-built building. At the time of our inspection there were 70 people using the service.

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

There were robust monitoring processes in place to help ensure a good standard of service. Quality assurance systems identified any areas that needed further development and any remedial actions were implemented. However, the overview of accidents and incidents needed to be more robust to help ensure any themes and trends were identified and if any additional actions were needed.

There had been a high number of falls and incidents in the home. The team were working with external professionals to review people's needs, review medicines, check equipment, provide staff training and referrals to health professionals. They had seen a reduction in falls and incidents due to this work.

The registered manager was away from the service at the time of the inspection visit, the service was supported by manager from another of the provider's locations. They worked closely with the care team and the regional manager to help ensure consistent management and a good service for people.

People felt they were safe and well supported by the service. Individual risks were assessed, and staff were aware of these. Reviews of events and accidents were carried out and any actions needed were undertaken. Medicines were managed well, and staff knew how to report any concerns about people's safety or welfare. People told us there was usually enough staff to meet their needs. Staff communicated well to help ensure needs were met in a timely way.

Infection control was managed well. People were happy that staff no longer needed to wear masks. There was a risk assessment in place should the use of masks be needed.

Staff received appropriate training for their role and people felt they had good knowledge and skills. Staff felt supported by the provider and management team. People told us staff assisted them with eating and drinking as needed and respected their preferences and choices.

People and relatives told us staff were kind and caring, they were happy living at Anson Court. Interactions observed were very positive, staff responded to people in a way that anticipated their needs and demonstrated they knew people well. All observations found staff to be attentive and caring about the people they supported.

People told us they enjoyed the activities available. Observations found people having plenty to do and a positive atmosphere in the home. The building set up enabled people to move around and gave

opportunities for socialising. The building was decorated nicely and felt homely.

Staff enjoyed working at Anson Court and wanted to ensure people were happy and well cared for. Care plans included all information needed to support people safely and in accordance with their wishes and preferences. These were reviewed regularly.

People, relatives and staff felt their views about the service could be sought more often. People and staff told us that the registered manager was often around the home and meetings were held but more opportunities for sharing views would be helpful.

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.

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

Rating at last inspection The last inspection was not rated (published 2 February 2021). The last rating for this service was good (published 14 April 2018).

Why we inspected

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.

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people's safety and incidents. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Anson Court Care Home on our website at www.cqc.org.uk.

Recommendations

We recommend that the management team ensure that staffing levels are amended as needed during times when factors may increase incidents between people or when they may become more unsettled causing them to fall. For example, when people may be suffering from an infection.

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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Anson Court

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 2 inspectors.

Service and service type

Anson Court Care Home 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. Anson Court Care Home 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 26 January 2023 and ended on 7 February 2023. We visited the service on 26 January 2023

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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

We spoke with 9 people and 2 relatives and friends about their experience of the care provided to their family members. We spoke with 13 members of staff including the registered manager, supporting manager, regional manager, care and ancillary staff.

We reviewed a range of records. This included 7 people's care records. We looked at 2 staff checklists in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection

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

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 good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- People had individual risks assessed and they told us they felt staff supported them safely. We saw staff working safely. The team communicated well so they knew where each other were and where support was needed. A relative said, "I do feel it is a safe environment overall. Lifting etc is done with care and appropriate procedure. Medicines distributed accurately. Very hot on procedure and safe practices within the environment."
- Staff were able to tell us about people's individual risks and how they helped reduce these. For example, staff were aware of people's pressure care risks, choking risks and how to manage these. Care plans were detailed to offer guidance.
- There had been a high number of falls in some units. The team had started work with a local provider's association to help recognise and reduce falls risk. This included the use of equipment, muscle strengthening exercise and de-escalation techniques. In addition, for a person who walk around most of the day, when they became tired, they encouraged them to get into bed for a sleep to rest their legs. A staff member told us, "They have been brilliant, helped us see that sometimes people fall, and it's not our fault." There had been medicine reviews and this had also helped reduce falls.
- There had been a high number of incidents between people who lived at the home. Staff were aware of people's signs of distress or possible escalation of distress/challenge and intervened immediately with distraction techniques and reassurance. This was clear at lunch time when 1 person was distracted at the table and intervening with another person's place setting at the table.
- We also observed another person becoming slightly unsettled due to confusion over something, staff were attentive and spoke with the person calmly and reassured them. Their anxiety soon subsided. Care plans in relation to this need were clear.
- The team had been working with the mental health team and reviewing medicines for people. For the people they were working with and had medicines changes, there had been a reduction in falls for those people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. A person said, "They (staff) always say if I am worried about anything, I can tell them, they say we can go somewhere and talk in private if I ever need it."
- Staff knew how to recognise and report any signs of abuse. They had received training and information was displayed around the home.
- The management team had reported any concerns appropriately to the local authority safeguarding team and the Care Quality Commission.

Staffing and recruitment

- People told us there were enough staff to meet their needs. A person did say that at times there could be a delay for support as they used a hoist to transfer which 2 staff were needed for.
- Staff told us that generally there was enough staff. A staff member said, "There is usually 3 of us (on the unit), which is enough." Another staff member told us that the unit they worked on was more manageable currently as they had 3 empty beds. They said, "At 12, it's ok, when it's 15 people we could do with an extra staff member."
- Our observations showed people's needs were met as needed and in a timely way. Most of the time, staff were visible in the communal areas. When they went on a break or took someone to a different part of the home, either a senior staff member or a member of the housekeeping or activities staff supervised the unit. These extra staff members also supported care staff at peak times, such as mealtimes. Colleagues communicated well to help ensure there was good coverage of units.
- There was a robust recruitment process to help ensure staff were suitable to work in a care setting. There was a checklist completed to review the process and check all required information had been obtained. This included proof of identity, employment history, references and a DBS check. Disclosure and Barring Service (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 in accordance with the prescribers' instructions. We reviewed a sample of medicines and found records and quantities to be accurate.
- Staff had received training and competency assessments. There were further assessments in progress.
- Where an error was made, the appropriate action was taken to seek medical advice and help ensure it did not happen again.

Preventing and controlling infection

- 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 PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- There were no restrictions on visitors to the home. People had visitors on the day of inspection and some people were also going out with family for lunch.

Learning lessons when things go wrong

- The management team shared findings from audits, complaints and events with staff to help ensure there was learning from them.
- We found that the outcome of an inspection from another of the provider's locations was also shared with the team to ensure they were aware of the standards expected by them and the regulations.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed before they were supported by the service. Assessments included people's individual needs, risks and preferences.
- People's relatives told us the service was well prepared to meet people's needs.
- Staff supported people to access health or social care professionals as needed.
- Staff knew what to do if a person became unwell or needed additional support.
- We were told by relatives that the management and staff team managed people's health needs well. One relative said, "They are very responsive to needs. And if there is an issue or need something changing, they do so very swiftly."

Staff support: induction, training, skills and experience

- People and their relatives told us they felt staff were suitably trained for their role. A relative said, "In general all the carers are very good as are the seniors, on the ball, very comforting to relatives too."
- Staff told us they felt training was sufficient and they were given opportunities to further their knowledge. A staff member told us about a course they were currently working through to become a champion in skin integrity. They said, "It is really good." Staff told us that these champions courses had boosted confidence and improved standards of care.
- We observed staff working in accordance with their training. We reviewed the training records and saw most training was up to date, and those that were due, were flagged and booked in. In addition, further courses were planned for specific areas such as Parkinson's, diabetes and end of life care. The staff attending first would be prioritised based on the needs on the units they typically worked on.

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

- People told us they enjoyed the food. A person said, "Food is superb." A relative also said, "The food always looks good, [person] loves their food." We observed breakfast and lunch. Food looked and smelled appetising.
- People were verbally offered the meal choices at lunch and shown two plated meals to support their decision making. Most people chose to eat in the lounge area, with only a few meals being taken to people in their rooms.
- People were offered drinks on multiple occasions throughout the morning. A 'round' of drinks and snacks

were prepared mid-morning. This included tea, coffee, milkshakes, juices and squash. There were cakes on offer plus fruit and crisps.

- Staff positioning to support people to eat and drink was good. They sat at the table alongside people. All mealtimes observations were positive. One member of staff was observed explaining to a person their meal, what each food item was, checking it was ok and that they were ok to continue eating. This was a nice interaction and the person appeared to eat well, enjoy the company of staff and the conversation they were having.
- Where people were losing weight, the appropriate advice was sought, and fortified foods were provided. Those required modified consistency foods, received this appropriately.

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

- The building was set up so people could move around their units, and some people used the kitchenettes on their units.
- The bedroom doors were decorated as a front door and most people had their name and photo to help orientate them.
- Communal areas were decorated nicely, and people were enjoying using them. Different seating areas were available to enable people to sit in groups with their friends. A relative said, "The facilities are excellent."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People had their capacity assessed and best interest decisions noted. People had been involved in the process and this was documented.
- Where needed, family members or professionals has been involved in the process to help ensure the right outcome was reached.
- There was an overview of DoLS status for people and if any conditions were attached to authorisations.
- We found staff gave people choices, and listened to their decisions, even when they were assessed as not having capacity. Staff knew about people's decision making abilities and encouraged these.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

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

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

- People were very positive about the staff. When asked how things at the home were, a person said, "There is lots of happiness." Another person said, "I'm very happy, staff are great, get on with them all, we have banter." Relatives were also positive about staff. A relative said, "The staff are lovely, always friendly."
- We saw lots of examples of positive interactions. We heard staff telling people how lovely they looked, we saw staff stopping immediately where a person was upset and hugging them, sitting to see what was upsetting them. We also heard staff asking people before making changes. For example, a staff member was preparing for lunch and said, "Is it OK ladies if I turn TV off and put music on for lunch?" These actions demonstrated that they respected people and it was their home.
- Staff supported people in a way that showed care and attention. For example, fetching cardigans for people who arrived in the room without one and the way they ensured they did not lose their other sleeve when they put it on. Staff were gentle when supporting people, taking their time. A staff member said, "I enjoy working with the residents. They are why I'm here; every day is different."

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

- People told us they were involved in deciding their care. Staff were seen to ask people before assisting them.
- Care plans were developed with people's involvement. The registered manager told us that work was ongoing to ensure people's involvement was captured clearly in plans. A relative said, "Regular reviews of the care plan happen, they are very much on top of this."

Respecting and promoting people's privacy, dignity and independence

- People were supported in a way that promoted their dignity. Doors were closed, and staff knocked and asked if they could enter. A person was walking round the unit in a small nightdress, a staff member went to get a dressing gown and asked would they like to wear that, encouraging them to keep warm. We noted staff spoke quietly and discreetly about people's needs.
- Where people were able, they were supported to do tasks for themselves. Staff assisted if they were having 'a bad day' and were not able to manage it.
- One person liked to walk around most of the day. Rather than constantly asking them to sit down, they walked with them, holding their hand and chatting. They offered drinks and snacks while walking as the person did not like to sit for long periods of time.

- Another person used a doll as comfort. When staff supported this person, they handled the doll with such care, as if it were a baby, passing it back, making sure the head was supported.

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

- People told us staff supported them in a way they liked and preferred. A person said, "They look after me too good." Relatives also felt staff supported people in a person-centred way. A relative said, "[Person] always looks well cared for." Another relative said, "The care my relative receives is of a good standard."
- Staff knew people well. They were able to tell us about individual needs and any changes to their needs. A staff member said, "Care plans in place give us the information needed, but we know people well and talk with each other all the time to ensure people are monitored and we're aware of what's happening."
- People's care plans included information about how they liked and needed to be supported. The plans were person centred and captured the detail that guided staff.

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.

- When the care plan was developed at the start of supporting a person, staff discussed any specific need or preference in which the person communicated. The service can give all relevant documentation in large print, easy-read format or the person's preferred language as needed.
- People and their relatives told us staff communicated well and in a way that met their needs. Our observations found all staff took time to engage with people effectively.
- For 1 person whose first language was not English, their dementia sometimes made them revert back to their first language. A staff member said, "We have one [language] speaking member of staff who works in the day centre. [Person] uses and understands English and is happy to explain any unclear words." The person's care plan was detailed about their first language but there were references to encouraging them to speak English when they 'refer' to speaking first language. Care plan stated there was a phrase book in the person's room and staff were learning language phrases.

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 told us they had plenty to do and had opportunities to join in with a variety of activities.
- People were encouraged by staff to use the colouring, puzzles and magazines available. Two people were

seen with dolls who they were caring for at the table while they read newspapers. Staff were seen chatting and singing with people throughout the morning. A staff member said, "This is a usual day. We try to keep everyone busy and engaged with something."

- People were using communal areas to get involved in group activities. We observed everyone being offered the activity, people's decisions were respected if they did not want to join. This was a hive of activity. Some were crafting, others were watching and chatting.
- For people cared for mainly in bed, or those who liked to stay in their rooms, an activities organiser visited rooms and offered 1-1 activities.
- Care plans included what people liked and enjoyed, and previous interests and past times.

Improving care quality in response to complaints or concerns

- People and their relatives told us they were comfortable to make a complaint if it arose. A relative said, "Any minor issues are rectified very quickly."
- The registered manager had included on the newsletter their contact information, and suggestions for relatives to pop into the office to see them, should they have any issues.
- There was an overview of complaints to help the team identify themes and trends

End of life care and support

- At times, people were supported at the end of their lives. Plans were in place to give basic instructions. This included if a person wished to be resuscitated or not. However, end of life care plans stated 'care to be delivered in accordance with person's wishes. While we found that staff knew people very well and had established good relationships with them and their families, these needed more detail to ensure care plans were accurate and in accordance with people's wishes. The management team were working on this.
- Staff had started to receive training in relating to supporting people at their end of their lives. The team had linked in with the local hospice for further training.
- Feedback seen included comments, 'Thanks for the care [person] received at Anson Court, it was exemplary, probably why they lived until [age]. Nothing was too much for the (staff) on Dove wing, and I am writing to let you know what wonderful staff you have.' And, 'Thank you to the wonderful staff that looked after [person] so well, without their devoted love we're sure they wouldn't have reached their [number] birthday. Anson Court is a remarkable home and [person] appreciated spending their last years there.'
- Thanks were also shared for allowing a person's wake to be held at the home so family members could spend time with their relative's friends and for the support to family members at a difficult time.

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 good. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The oversight of accidents and incidents needed to be more overarching. Currently the manager reviewed each month, across the whole home, in isolation. The management team had advised that they did not consider there to be any themes or trends and staffing levels were the same on every unit, for the same number of people. They told us that oversight of 3 month periods was happening with the enablement team and this was due to be completed for the past 3 months.
- We reviewed a period between September 2022 and January 2023. We noted that of the 5 units, 2 of these had a higher number of incidents. For example, one unit had 56 recorded events, whereas the next highest unit had only 37 events. We also found that within the units, there were peak times where there were a higher number of incidents.
- We discussed this with the registered manager who told us about the action they had taken in response to this. They said, "As the home manager I have identified that there are a high number of fall's and accidents and incidents when completing home manager's monthly audit and analysis. As part of the daily walkarounds, by direct observation, the staffing is monitored closely and can be adjusted according to the needs. Anson Court has started a project with the (local providers association) Enablement team. Training has started. A meeting was held 14.11.22 whereby home manager and a senior care worker discussed the people who have frequent falls with the enablement team. As the home manager I feel that I have done everything possible in terms of support and measures in place for the residents and staff."

We recommend the management team ensure staffing levels are amended as needed during times when factors may increase incidents between people or when they may become more unsettled causing them to fall. For example, when people may be suffering from an infection.

- There were audits across all key areas of the service. For example, COVID-19, staff competency, care plans and medicines. This information was added onto an action plan to give an overview of performance and any areas that needed addressing.
- The registered manager understood their responsibilities in relation to the duty of candour. They reported events appropriately and was in contact with relatives, keeping them informed, as needed.
- The registered manager carried out regular walk arounds to help ensure staff were working in accordance

with standards and regulations. They provided guidance and support for staff.

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

- People, relatives and staff felt their views about the service could be sought more often. One person told us, "I don't think I've been asked lately." People and staff told us the registered manager was often around the home and meetings were held but more opportunities for sharing views would be helpful. The registered manager was working with a local care providers association to complete an impartial feedback survey.
- Staff feedback was sought through meetings, surveys, supervisions and observed practice with the registered manager or a member of the senior team. One staff member said, "My supervision is with [name]. I find [them] really supportive and [they have] helped me before with personal stuff. Very understanding and I can speak freely with [them]."
- Staff were positive the service but some shared mixed views about the management team. A staff member told us, "[Registered manager] is lovely, every shift she comes around." Some staff told us they struggled with the approach of the new registered manager in post. One staff member said, "I don't feel like we are listened too. Team meetings we're talked at and told." Staff knew the registered manager was trying to ensure they were working safely and driving improvements but felt their management style was different to what they were used to. We discussed this with the registered manager who told us how they were trying to build relationships with the team.

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

- People and their relatives said the management team was approachable, friendly and accommodating.
- Feedback about the culture and approach of the service was very positive. A relative said, "I am very pleased. It is a good home. I would happily recommend the home to others." Another visitor told us, "It's not like a (care) home, it's so much more than that. I love coming here." Our observations supported this feedback.
- Staff told us the service had a person-centred approach and they enjoyed working there. A staff member told us, "I enjoy working here, it's normally got a really good feel about it." Another staff member said, "It's a nice team and we all work well together I think."
- However, there were some comments about night-time and whether all of the staff at night were trained to the same standard of those working during the day. We noted that night-time visits had been carried out by the management team and some issues were found. The registered manager addressed these points and gave the night manager guidance on how to ensure all staff worked to the same standard.

Continuous learning and improving care

- The management team reviewed events and shared any learning with the staff team.
- The management team were looking for ways to further improve the service. They were providing opportunities for further training for staff to help build their knowledge and skills.

Working in partnership with others

- The management and staff team worked with other professionals to ensure support and the right care for people. This included district nurses, speech and language therapists and physiotherapists.