

Berkley Care Active Limited

Cumnor Hill House

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

About the service

Cumnor Hill House is a purpose-built residential care home providing personal and nursing care to up to 75 people. The home is spread across 3 floors each of which has separate adapted facilities. One of the wings specialises in providing care to people living with dementia. At the time of our inspection there were 55 people using the service.

There had been changes in providers since our last inspection, however, the service management and staff had remained the same.

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

People told us they felt safe living at Cumnor Hill House. Staff knew how to identify and report any concerns. Staffing levels had improved, and the home was using less agency staff. There were sufficient staff deployed to meet people's needs. The provider continued to recruit staff using initiatives such as overseas recruitment. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suited people's preferences. The menu was overseen, and food prepared by an enthusiastic catering team who always looked at continuously improving people's dining experience. Staff supported people to maintain food and fluid intakes. People's feedback on food had been used to improve the dining experience.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied.

People had opportunities to participate in meaningful activities and we saw evidence people were involved in choosing activities and following their hobbies.

The home was well-led by a registered manager who was committed to improving people's quality of life.

There was a clear management structure in place and a group of staff who worked well as a team. The provider had clear oversight of the service and effective quality assurance systems in place that they used to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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 rating for the service under the previous provider was requires improvement, published on 8 June 2022.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

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 well-led.

Details are in our well-led findings below.

Good ●

Cumnor Hill 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 team consisted of 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Cumnor Hill 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. Cumnor Hill House is a care home with 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with 16 people who used the service and 3 relatives. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from 6 relatives. We received feedback from 3 healthcare professionals. We looked at 10 people's care records and 9 medicine administration records (MAR). We spoke with the head of quality and risk, registered manager, deputy manager and 14 members of staff including nurses, carers, the chef and domestic staff. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, 6 staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse living at Cumnor Hill House. Comments included, "I would rather be living as before. I was dancing and going out to the theatre, but I have accepted that as far as I am concerned this is the best and safest place for me to be", "Yes, I do feel exceptionally safe living here. I would not be able to cope at all if I wasn't here" and "I feel very safe, well looked after, people around all the time."
- People were supported by staff that knew how to raise safeguarding concerns. One member of staff said, "I had the training in safeguarding. I can report abuse to manager or safeguarding or CQC." Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks, allowing personalised planning of care.
- People's risk assessments included areas such as malnutrition, falls, skin integrity and choking. Where people had been assessed as requiring regular checks, records seen indicated that these had been completed and we saw staff completing them at the point of care.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People told us staffing levels had improved since the last inspection and there were enough staff to meet their needs. They said, "I think the staffing levels have improved, although I think they probably are still a few short", "There are enough staff, they manage alright, and they get along quite quick. They take their time with the care, don't feel rushed at all" and "I'm independent so don't rely on staff all the time but when I need someone they come along and are very helpful."
- Relatives equally recognised the improvements in staffing levels and said, "There are enough staff we can always find somebody if you need to", "Yes, after a period in which staff numbers seemed to me to have dropped, they now look as though they are back to full strength" and "I do think there are enough staff. I do wish there was more permanent staff but across the care sector more staff are leaving due to low pay and until the government step in to help this will not change."
- Staff told us planned staffing levels were often met and they were using less agency staff. They commented, "Staffing levels are adequate to meet peoples' needs. We manage well and it's okay at nights

as well" and "Staffing levels are much better, and we do not use as much agency staff as before. We have recruited more permanent staff."

- On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. Staff looked very relaxed and laid back when they interacted with people. Records of staff rotas showed planned staffing levels were always met.

Using medicines safely

- People received their medicines as prescribed, and the service had safe medicine storage systems in place. Staff used a live electronic system to manage medicines which allowed real time auditing. However, we found some inconsistencies in recording of temperature checks which coincided with when agency staff were on duty. This had been brought to the agency's attention and staff were receiving training in recording.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines. One person commented, "I take medications- probably not as many as you would imagine, and they are always given on time. I trust them (Nurses) totally."
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

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.
- The provider supported people with safe visitation, and this aligned with government guidance. People and relatives told us visits had been facilitated and encouraged during the Covid pandemic. We evidenced that staff at Cumnor Hill House had taken many steps to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, following the last inspection, staff had worked through an improvement plan and people's care had improved.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and people's records showed a streamlined process from first contact to admission. People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing opportunities of experienced members of staff. One member of staff told us, "This is my first day shadowing and everyone is so supportive and keen to show me how things are done. I will shadow until I am comfortable to work without supervision."
- Staff had access to supervisions and appraisals which were used to develop and review their practices and focused on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was home cooked and well-presented by an enthusiastic catering team who had attained a 5-star food rating.
- The service provided good quality food with a variety of different options to choose from each day. People told us their feedback was sought and used to improve their dining experience. Staff were aware of people's individual preferences and patterns of eating and drinking.
- People told us they enjoyed the food and said, "The food is excellent here; a good choice and I like most of it", "I am not eating so much at the moment. There is a big choice each day. They have made me something special. They know I like omelettes and make them for me. I had a special birthday, and they made a cake and fine dining, treated really well" and "The food really is lovely, anything you want they will try to get for you. Someone always helps me to eat."
- On the day of the inspection we observed a positive dining experience. Some people chose to have meals

in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.
- Where referrals were needed, this was done in a timely manner. One healthcare professional commented, "They refer to us regularly, I don't think there is a high number of falls. Things seem to be running well there generally, the GP visits weekly and knows the residents well. I don't have any concerns at present."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making. One relative commented, "A recent hospital stay and her [person's] re-admittance to the home was dealt with efficiently and effectively, with excellent communication between the hospital, myself and the care team at Cumnor Hill House."

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

- Cumnor Hill House was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences.
- Each floor had adapted facilities which included kitchenettes and cosy lounges. There were different sitting areas around the home where people could spend their time.
- The home was well lit with dementia friendly effects which aided easy navigation around the home. People had access to a bar, spa room, cinema room, gym, a library as well as planned fine dining experience with family and friends. which were constantly used.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful, landscaped gardens with several sitting areas.

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 were supported in line with the principles of the Act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out. Where capacity was not evident to make specific decisions, best interest decisions had been made and management and staff followed the correct process to do so.

- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use photographs and documents were signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We assume capacity in the first instance and support people in their best interest."

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.

This is the first inspection for this newly registered service. This key question has been rated 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 positive about the caring attitude of the staff. People said, "The girls are all very pleasant, they are of all colours and nationalities and come from all over the world. They understand me and are mostly very good", "Carers come along when you need them. They are kind and helpful and we can have a laugh" and "Very kind, helpful carers. Good sense of humour, you can have a laugh and a joke with them."
- Relatives told us staff were caring and provided compassionate care. They explained how staff showed they cared and said, "I have witnessed several carers sitting quietly and talking with someone who is upset, they know the people they are looking after", "The staff show warmth and, in my view, genuine care and concern. I have personally witnessed [person] being comforted kindly by staff" and "They know her [person] by name, which immediately puts her at her ease. Mom calls them all 'dear' as she would family members. Such warmth from my mother suggests a reciprocal response to the care the staff show her. At times staff members go well beyond this. One member actually took mom to his children's school Christmas play during the holiday season. I was so touched by that gesture."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Yes, we are involved with my mother's care plan. We are sent a copy when it is due for review and after the review so that we can check for any inaccuracies or have queries dealt with."
- The service did all they could to ensure staff focused on building and maintaining open and honest relationships with people and their families, friends and other carers. People had also built relationships with others. One person said, "I am lucky I have a good family around me. I'm very well looked after and have made a good few friends and I'm quite happy here."
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One relative commented, "Staff are knowledgeable and professional. They know my mum's needs very well."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. People told us, "Staff knock on my door and ask if it's alright to come in. Nice and respectful when they are doing my care. They listen to what I want" and "Carers do treat me respectfully, ask me what I want, listen to me if I

have a worry. They are careful with any care."

- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent. One relative commented, "On occasion when the door to my mother's room has been closed as she is being washed, moved, toileted etc. I have waited outside the room to respect her privacy and can hear the carer 'working' with her. Every time this has happened, I have heard nothing but kind words, encouragement and gentle persuasion, this is despite the fact that they are receiving the opposite from my mother."

- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in locked offices and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 received care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. We saw evidence people and their relatives were involved in the planning of care.
- People had care plans in place, and we saw evidence these were reviewed when people's needs changed. The provider was in between changing electronic recording systems and this resulted in some duplications. However, staff knew people's needs and as such, this did not impact on their care.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and daily update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.

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

- Activities at Cumnor Hill House were facilitated by a dedicated activities team who supported people to undertake hobbies and activities that were meaningful to them.
- People had access to a variety of activities which included individual and group activities some of which were linked with public holidays such as Christmas and Halloween. Activities also included, arts and crafts, cinema days, games and outdoor activities.
- People told us they were involved with the activities and said, "Activities are good, can go downstairs if you want to join in, if not you don't have to", "There is a programme of activities, they come in and let me

know what is happening and ask what I would like to go to. I do go to quite a few things, music, art things. Activity people remind us. There is enough to do but no pressure" and "The Activities are pretty good, we have a book club which I really enjoy. I taught one of the other ladies to play scrabble."

- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. We saw complaints raised had been addressed in line with the provider's policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "I would go to [registered manager]. I have no complaints about anything." There were many compliments received regarding good care.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to their support at the end of their lives. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us one person was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death. Staff had received training in end of life care and records showed people had anticipatory management plans in place.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us the management of the home had continued to improve in the last year and the registered manager was visible and available. They said, "The situation here is improving now under [registered manager's] influence", "Very approachable managers, very nice people. Chat to you when they are passing by" and "You can absolutely talk to the manager, very good manager."
- Relatives were equally complimentary of the improvements made and told us, "The new management is trying hard and is turning things around. Yes, have got a relationship with the management", "We have been on a journey with Cumnor Hill House. Over the last months I feel the aspects of care and safety are now at the forefront supported by a solid management team who have not been afraid to hold up their hands when things are not right and who commit to getting them right" and "[Registered manager] supported by her deputy and team of managers, has brought a sense of professionalism and purpose through a systematic approach to care at the home. The home has been through a tricky period, but I am confident that under [Registered manager's] management things are on the right track."
- Staff were complimentary of the support they received from the management team. They said, "We have had some really positive changes with the manager. She listens to us", "Things are getting better, and we have better leadership and direction. Manager is supportive" and "The manager is very approachable and supportive, and things have improved in the home particularly now that more permanent staff have been employed. Both managers lend a hand if we're busy."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had been in post for a year. They were supported by a knowledgeable deputy manager as well as the provider. There was a clear management and staffing structure, and staff were aware

of their roles and responsibilities and had confidence in the management team.

- There was emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service. This meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys as well as comments from meetings.

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

- People and relatives had had opportunities to raise any comments via an open-door policy at any time as well as meetings. Meeting attendance included face to face as well as virtually to allow availability flexibility. People acknowledged the importance of meetings. One person commented, "Yes, there are regular residents' meetings. The last one was very useful, lots of people raised quite a few matters."
- Feedback through meetings were used to improve people's care. Meeting minutes showed discussions of all aspects of people's life including communication, recruitment, food provision, activities as well as improvement plans. The service had been open about the challenges they faced regarding staff recruitment and the strategies they were introducing including an international recruitment initiative. People and relatives told us communication had improved following discussion in meetings.
- Staff had opportunities to provide feedback through team meetings as well as a dedicated provider's live feedback app platform. This allowed the provider access to real time concerns and enabled them to address them in a timely manner. Staff told us they were still getting used to the system and they valued the platform.

Working in partnership with others

- The service was transparent and collaborative with relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals and the commissioners to support care provision, service development and joined-up care. We received positive feedback from healthcare professionals on the improvements made in the home in the last year.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.