

Down Hall Care Limited

Down Hall Residential Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Down Hall is a residential care home providing personal care for up to 38 people of all ages, some who may be living with dementia. There were 20 people living at the service at the time of the inspection. The accommodation is on two levels, with three units, Ash, Cedar and Oak.

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

People told us the management and staff were admirable and went the extra mile to provide outstanding personalised care. The service was exceptionally responsive and distinctive in how they involved people and the community together for mutual benefit. People's end of life care was individualised, comfortable, and dignified and people's families received empathy and understanding.

People were safe, and well cared for. There were systems in place to protect people from abuse and avoidable harm. Staff understood how to raise concerns and knew what to do to safeguard people.

Risks to people's safety and wellbeing were assessed, recorded and monitored. People were protected by the prevention and control of infection. Lessons had been learned and improvements made as a result. People received their medicines as prescribed and in a timely way.

Staff were provided with an induction to the service and training suitable for their role and responsibilities. They felt valued and supported by the management team and received formal supervision. Staff recruitment and employment practices and procedures were safe. There were enough members of staff to support people living at Down Hall.

People received enough food and drink to meet their needs and meals were of a good size and quality. People were supported to attend appointments and were referred to health and social care professionals and healthcare services for their ongoing health and wellbeing. 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. People had a clean and well decorated environment in which to live.

People were treated with care, kindness, and their dignity and privacy maintained. They were involved in their care and offered choice and support to be as independent as possible. Staff had a good rapport and relationship with the people they cared for and their families. Staff were aware of people's changing needs through their care plan and effective communication within the service.

The service was very well-led and managed by an experienced manager. Quality assurance arrangements enabled the provider and registered manager to monitor the quality of the service provided, staff performance and health and safety of the building. Complaints were well managed and a record of compliments to capture the service's achievements was maintained.

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

Rating at last inspection

This service was registered with us on 4 March 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was very responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Down Hall Residential Home

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 Care Act 2014.

Inspection team

The inspection team consisted of an inspector and assistant inspector.

Service and service type

Down Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection such as notifications, safeguarding concerns and information shared with us by the public. We sought feedback from the local authority as to their involvement with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took

this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with six people who used the service and two relatives about their experience of the care provided. We spoke with ten staff including three care staff, a housekeeper, the cook, the activities coordinator, the deputy manager, registered manager and the owners. We talked with two professionals who regularly visited the service. We also used observation of people's care to inform us about the level and quality of care provided.

We reviewed three people's care files and four staff personnel files. A sample of the service's quality assurance systems, medicines administration, staff support, and complaints and compliment records were also looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three relatives and two volunteers by phone and received email information from two professionals.

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 for 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 living at Down Hall. One person told us, "Oh yes, they look after me well. Safe as houses." Another said, "I do feel like I'm safe here, I don't need to worry about anything." A family member said, "I leave knowing they [family member] are safe and well cared for."
- Staff had an awareness of the different types of abuse and how to respond appropriately. They told us the registered manager would take their concerns seriously and act on their views.
- The registered manager was aware of their responsibility to notify CQC and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were being assessed and monitored. This included risks relating to people's mobility, falls, eating and drinking, moving and handling and pressure care. The staff were provided with information, guidance and actions to take to keep people safe.
- The health and safety of the internal and external environment was monitored and managed. This included maintenance checks, fire equipment and fire drills and the testing of equipment. Records showed all relevant legal and good practice guidance was in place to ensure the service remained safe.

Staffing and recruitment

- People and their family members told us there was enough staff to meet their needs. Comments included, "They [staff] usually come when I need them, I don't have to wait too long." Another said, "If I need staff to help me with anything, they come." A family member said, "There is enough staff to chat with [relative]. I think [relative] is very happy when they have a little chat and a cuppa with the staff."
- Staff told us staffing levels were currently appropriate to meet people's needs and there was a consistent staff team. One staff member said, "We manage okay, and we all work as a team, a senior floats between the units and comes when we need an extra pair of hands." Another said, "We don't really struggle. Lunch time can be a bit hectic though."
- Staff recruitment processes were in place. However, we noted that not all the required information had been completed in the staff files we looked at. The registered manager agreed to audit the staff files and confirmed, following the inspection, these were now up to date.

Using medicines safely

- Arrangements were in place to ensure the proper and safe administration and management of medicines. Staff who administered medicines were trained and had their competency assessed.
- Observation of staff practice over lunchtime showed staff undertook this task with dignity and respect for

the people being supported.

- The medicine administration records were completed correctly. Regular checks were undertaken to ensure people received their medicines at the right time and in the way. The correct procedures were followed for people who needed their medicines given covertly (hidden in their food and drink) and those who had medicines as required for pain relief.

Preventing and controlling infection

- The service was clean, tidy and fresh. Non touch hand sanitisers were available by all doors.
- Staff used personal protective equipment such as gloves and aprons to help prevent the spread of infection and told us there were enough supplies readily available.
- Staff had received suitable infection control training.

Learning lessons when things go wrong

- The registered manager demonstrated lessons had been learned and improvements made as a result of accidents, incidents and events. For example, a high number of falls for one person had resulted in preventative measures being put in place for others. This included a review of people's risk of falls and the purchase of equipment such as pressure mats and alarm pendants for those moving around so they could call for help more easily.

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's physical, mental health and social care needs were assessed prior to their admission to the service and regularly reviewed.
- People's protected characteristics under the Equalities Act 2010, such as age, disability, gender, religion, ethnicity and sexual orientation were identified as part of their need's assessment. Staff were able to tell us about people's individual characteristics.

Staff support: induction, training, skills and experience

- Newly employed staff received an induction relevant to their role and according to their level of experience. They completed the Care Certificate (a set of standards for new care workers) as part of the induction as well as shadowing experienced staff.
- Staff were supported to complete mandatory training at regular intervals. This was to ensure they had the right knowledge and skills to carry out their role. Staff told us the training provided enabled them to meet people's needs. One staff member said, "Training is good, even though we already know a lot there is always something new."
- Staff told us they felt valued and supported by the management team. They received formal supervision to discuss their work and performance. One staff member said, "[Registered manager] and [deputy manager] are good to talk to if you have problems. You can always get hold of them if you need them, they are always about."

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

- People's comments about the food were very positive. One person said, "Very nice food, I enjoy every mouthful." Another said, "Lovely and tasty, and usually hot." A third said, "I love the beautiful gravy."
- Staff made the mealtime an enjoyable experience. For example, one person had some difficulties in relation to eating their meals. Knowing the person's favourite meal was chicken burger and chips from McDonald's, the staff purchased McDonald's packaging to put their favourite food in. This had a significant positive effect to their eating habits and their overall wellbeing. People were assisted to sit at the table and were given the choice of where they would like to sit. One person said, "You can go into the dining room and help yourself to whatever is in there, including the fruit."
- Where people were at risk of poor nutrition or choking, referrals to healthcare professionals were made. Staff followed the advice of the dietician or speech and language therapist if for example, a person had difficulty with swallowing and needed food prepared in another way such as soft textured. The chef told us, "We have plenty of plate guards and cutlery with special handles for those who need them. We are hoping to buy some food moulds so that we can present pureed food in a lovely way for people."

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

- The service worked with other organisations to ensure they delivered joined-up care and people had access to healthcare services when needed. Referrals were made in a timely way.
- Relatives confirmed they were kept up to date about their family members needs and the outcome of health-related appointments. One family member said, "Communication is very good, especially with the management. Generally, I feel part of the team." Another said, "[Relative] had a fall, and they called me and told me what had happened. The district nurse and doctor saw to [relative] and the physio came out. Staff have now put a sensory mat by the bed, which has helped." A healthcare professional said, "I will give my thoughts, make referrals and advise the staff. The staff follow all the advice I give and always ask if there is anything they need to know or do."

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

- There was clear signage around the building and it was decorated to a high standard. People had access to comfortable communal areas, private spaces and well-maintained garden areas. The service was set in a rural area with extensive views of the countryside.
- The service met people's needs and promoted their independence. People had personalised rooms with their name on their door. Memory boxes had been introduced (this is a box placed outside their door with personal items and photographs) so that people could find their way to their room. Some were still empty. The deputy manager told us, "The memory boxes are still a 'work in progress' to ask families to help with creating them."

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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make day to day and significant decisions was assessed and recorded. Staff were aware of people's abilities and how people's capacity to make decisions could change and fluctuate.
- People signed their consent to their care and support. Staff were proactive in asking for people's consent before undertaking tasks. If people were unable to make their own decisions, their representatives such as a Lasting Power of Attorney were involved to ensure their rights and freedoms were respected and upheld.
- Where people were deprived of their liberty, applications had been made to the local authority for DoLS assessments to be considered for approval and authorisation.

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 and their family members told us the management and staff were very kind and caring. One person said, "They are very good to me, always there." Another said, "The staff are so friendly, they do your laundry for you and they entertain you, and it's lovely here." A third said, "[Registered manager] is wonderful and lovely. All the staff are lovely. This is a nice home."
- People received person-centred care and had a good rapport and relationship with the staff who supported them. Staff were focussed on people, whether it was supporting a person with their personal care and comfort needs, to eat and drink, to mobilise within the home environment or just sitting and talking to people.
- Where people could be anxious or upset, staff were attentive and supportive. They had skills in helping people to focus on positive things, distracting them from their anxiety and calming them in a warm and sensitive way. A family member said, "Staff have got to know my [relative] and they are really attentive." Another told us, "The cleaners are delightful, [relative] lights up when they come in to the room. They are all friendly, respectful and polite."
- Particular care was given to people who had to be in bed. They had dedicated time spent with them and we saw details of the time spent, the interaction and the benefits this gave.
- People and staff were relaxed in each other's company and it was evident staff knew people's needs well. A volunteer told us, "It is a very happy warm place, I think the staff are wonderful and everyone gets on so well together." Another said, "The home is always spotless, and people all appear very happy. There is always lots going on for people to have good social interaction with others and also the excellent staff on duty."

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

- People and their family members were supported to express their views and to be involved in making decisions about their care and support. One family member told us, "Communication is good, especially with the management. I feel part of the team." Another said, "I have had a lot of paperwork. I have filled in all [relatives] preferences and history so they know more about them."
- One to one and organised meetings were held with people and their families to gain their views. These included discussing the quality of the service in general, food, entertainment, news and events.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected. People received support with their personal care in private and when professionals came to visit for an appointment.
- People were supported to maintain their personal appearance to ensure their self-esteem and sense of

self-worth. People were observed to wear clothes and costume jewellery of their choosing and suitable for the weather. Where people did not always wear clothing that look cared for, the staff explained the reasons behind this.

- People were supported to remain as independent as possible. Some people managed their personal care with limited staff support. One person said, "I help myself most of the time, but they are there when I need them." Another said, "The staff make it such a nice atmosphere and I go around and visit everyone in the different units and have my lunch in different places."

- People were supported to maintain and develop relationships with those close to them and with others who visited the service. Family members, volunteers and visiting professionals told us there were no restrictions when they visited, and they were always made to feel very welcome. A professional told us, "I think this is a very good, friendly and helpful home. It has a good environment, it's easy for us to work in, we are always welcomed, and provided with privacy." A volunteer said, "I have witnessed [registered manager] interacting really well with staff and people and their visitors. If any of my family needed residential care, I would absolutely want them to move into Down Hall."

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 Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care and support was exceptionally individual and tailored to their needs and personalities. Staff used innovative ways of involving people as partners in their care and they felt consulted, empowered, listened to and valued.
- Staff responded openly and positively to people's cultural diversity and embraced their cultural differences. For a person with dementia, whose first language was not English, the staff had gone above and beyond to involve, promote and enable them to be part of the service. The staff worked with the family to create a list of words in English and the person's language to enable them to communicate. The staff spent time learning and testing each other and could speak and understand some of the person's wishes and respond to their needs more appropriately. One staff member said, "[Person] is starting to get to trust me and I use both the English words and their words as sometimes they say both. It's great when they respond to what I am saying."
- To help plan one person's personalised care, the staff had looked at many methods of helping them with their distress and introduced the person to 'doll therapy'. We were told by the registered manager that holding the doll regularly and interacting with it had, "Dramatically calmed the person and given them a lot of joy." Staff had reported that they were able to provide care easier as the doll provided distraction and comfort. Family members had embraced the staff's approach and added a wicker basket to the walking frame, in order to carry the doll.
- We observed staff displaying strong values and beliefs in the way they responded to people in their care. They were naturally responsive in what they said and did in their interactions with people. Their language was calm, positive, appropriate, and respectful. One person said, "I choose everything I do, there are no rules." Another said, "They [staff] go above and beyond for me, like when I had run out of face soap, the staff member bought me some while they were doing their own shopping. That was really sweet of them." A family member said, "Care is amazing and so personalised, it is all about [relative], their care and their quality of life."
- Care plans covered people's individual care and support needs, including how the delivery of care and support was to be provided by staff. Staff had an excellent understanding of people's needs and an insight into their history, personalities, likes and preferences. For example, the activities coordinator was immensely respectful in the way they introduced a new person to other people so they could get to know them. They prompted a discussion encouraging people to remember and share their backgrounds, work and family histories. The person told us, "This was good, nice people to talk to."

The service supported people to develop and maintain relationships to avoid social isolation; support to

follow interests and to take part in activities that are socially and spiritually relevant to them.

- The service was outstanding in its focus on people. The registered manager worked extensively with the community and sustained an excellent reputation in the local area. Professionals and volunteers told us the service achieved exceptional results for people.
- A local nursery, known as 'Diddy Dots', visited the service twice weekly. These visits provided an opportunity to play, learn, read and engage together. The benefits included a significant improvement in people's mood, people saying they felt happier and more energised and people and children ate better when they shared lunch together. One person said, "Helping with the children has given me a purpose again. It's reignited my old passion for childcare and given me a new lease of life. Each time they visit I wait in reception ready to greet the children." The registered manager had also offered the use of space at Down Hall for a mother and toddler group which met weekly. A professional said, "Feedback from the parents and children has been so positive. They have said it has made them feel less isolated and that they always feel welcomed by staff. It has been a real privilege to be a part of it all."
- The Down Hall luncheon club continued to be very popular where people from the community had lunch with people who used the service. This provided conversation and engagement with different people. A volunteer told us, "I started attending the luncheon club and got so hooked, that I started to come once or twice a week, to help out, have a laugh and try to keep people smiling. It works wonders for me, and I hope them." The service utilised the local radio to advertise their events such as offering free lunch to anyone alone at Christmas.
- Members of the local voluntary service had formed a group with people who used the service who liked knitting to provide the forget me knots for people's doors. This group provided stimulation, important conversation and purpose. One professional said, "The work Down Hall do for people in the community is excellent and well respected." Another told us, "[Registered manager] goes well above for the community and the people who use the service. They are always focused on making sure the service and people are embedded into the community."
- The service utilised the skills and expertise of the people who used the service. The sensory garden, including the bird feeder, was maintained by people who used the service. One person who had had their 100th birthday, held exercise classes three times a week to help people stay fit and feel energised. They had, the day before the inspection, appeared on national and local television talking about their career and their work at Down Hall. They said, "I am very proud to live here and give something back." One person said, "I try to keep fit, but I can't get my leg over my head like they can, however hard I try." The registered manager said, "Everyone enjoys taking part. It's great fun and there's always lots of laughter."
- There was a range of activities available. This included talks, indoor games, flower arranging, entertainment and a tea dance. People's spiritual needs were catered for with visits from the local vicar and Sunday visits to church. Entertainers, such as singers and magicians visited the service and there were visits to the pub, local shop and trips out. A volunteer said, "[Activities coordinator] goes above and beyond to ensure people have a great programme of things to do and also does things spontaneously, so people don't get bored."

End of life care and support

- People were cared for by exceptionally responsive staff at the end of their life. One family member said, "I couldn't fault the staff and what they did for my [relative]. They [staff] always talked with them about things going on and were attentive to the end. The staff were so very kind to me as well, checking I was okay and drinks and meals provided, whatever I wanted."
- Care plans were in place detailing people's wishes and preferences; and the care to be provided by staff. People's family members were involved in providing information where the person was unable to. One family member said, "I completed all the preferences for [relative's] care plan and their end of life decisions. They put plans in place to minimise hospital admission as they would not have wanted that. It's all about

making sure [relative] is comfortable."

- The registered manager was aware of how to access local palliative care and end of life support and services. Open and sensitive discussions were held about arrangements for the person's care and family members told us communication was excellent especially for those living some distance away. Rooms were available for family members to stay should they like to. One family member said, "The managers and staff were so incredibly sympathetic, kind and caring. They had always treated my [relative] like a unique human being with dignity and that continued till they died. Staff came to the funeral and they felt part of our family and Down Hall was an extension of our home. I can't thank them enough."

Improving care quality in response to complaints or concerns

- The service had an effective complaints procedure in place. Any issues raised were responded to and dealt with quickly.

- People and their family members felt able to raise issues of concern with the service. One person said, "I have no complaints at all, but I know if I had a niggle, they [staff] would sort it out". A family member said, "If I have concerns, I can tell any staff member and they will all pass it on." Another said, "My [relative] wouldn't be here if I had any concerns. They have been very attentive, and the appropriate actions have been taken to resolve my issues."

- Compliments were maintained to capture the service's achievements. One family member wrote to the registered manager saying, "It is a beautiful care home, the management and care staff, cleaners, cook, everybody they are so loving and caring, always fresh and clean. It was a hard call to put my [relative] in a care home but I could not have wished for a better home from home and knowing that my [relative] has someone there all day for them. Excellent."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication and sensory needs and staff knew how to support people to be able to participate in the life of the service. This approach helped to ensure people's use of glasses, hearing aids and information in any accessible format was known and met.

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

- The management team were visible and approachable. There was a positive culture of respect and everyone was valued.
- Everyone spoke highly and was very complimentary about the management team, staff and owners. They told us the service was well managed, well led, always an open door and good quality care was provided. One person said, "I am included in everything, and I don't feel shut away as they bring so much in." A professional said, "Whatever is suggested to [registered manager] and the team, they are willing to consider and take on board as long as people's wellbeing is enhanced. [Registered manager] is an excellent manager and is well respected amongst her staff team. I have witnessed her interacting really well with everyone."
- Staff were extremely positive about working at the service. One staff member said, "It's a nice place to work. I really get a lot from it." Another said, "I would not be anywhere else." A third said, "I never imagined I would be learning another language at my age but that's what makes Down Hall different!"

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; Continuous learning and improving care

- The registered manager and deputy were open and transparent about making ongoing improvements to the service.
- The service sent notifications to CQC as required by the regulations about specific incidents that occurred at the service. Safeguarding concerns were raised and dealt with in a timely way, with lessons learnt put in place from the outcomes.

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

- The registered manager understood the importance of their role and responsibilities. They demonstrated a strong commitment to providing person centred care for people using the service, providing support to staff and ensuring they followed regulatory requirements.
- The quality assurance arrangements monitored the experience of people being supported and how risks to people using the service and the quality of the service were managed. The requirements relating to the recruitment of staff had been updated.

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

characteristics

- The service had a good history of involving people, their family members and representatives in the service and respected a wide variety of different views and experiences. This included the development of the plan of care, reviews of people's changing needs and daily checks of satisfaction with life in the service.
- The results of annual surveys and discussions in the monthly meetings of people and their family members provided ways in which people had a voice in the development and improvements to the service.
- Meetings were held to give all staff and management the opportunity to express their views and opinions on the day-to-day running of the service. Records of the meetings showed issues, concerns, solutions and actions had been taken.

Working in partnership with others

- There was extensive evidence of partnership working with a range of health and social care professionals, the voluntary sector, the local community and organisations including CQC. There were ongoing improvements to the service, to people's wellbeing and to the local community as a whole.