

Somerset Care Limited

# Rowden 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Rowden House is a residential care home providing personal care to 33 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

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

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was an active resident group who planned and organised activities with staff. A mural in the dining room had involved all people living in the home and continued to be a conversation piece with people reminiscing about the part they took in its creation.

The registered manager and staff were passionate about ensuring people were at the centre of their care and support and that the home was more reflective of a large family.

There was clear guidance for staff on how to support people in line with their wishes. People's end of life wishes were recorded, and the home worked with other healthcare professionals to ensure people were comfortable and pain free.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People received care and support that was safe. The provider had a robust recruitment programme and staff had received training in recognising abuse and safeguarding people.

There were enough staff to look after people safely and take time to sit and chat or join in an activity. Plans for a flexible working team with more staff were being put into place, this would mean a ratio of one staff member to four people enabling a more spontaneous approach to providing care and support. Risk assessments were in place with guidance for staff about how to keep people safe.

People received effective care and support that was focused on the person. Staff demonstrated a very good understanding of people's needs and received training relevant to their role and the needs of people living in the home. People enjoyed a healthy balanced and nutritious diet based on their preferences and health needs.

People received care from staff who were kind and caring. Staff always respected people's privacy and dignity. People told us they felt respected and valued. People were supported to express an opinion about the care provided and were involved in the day to day running of the home.

People were supported by a team that was well led. The registered manager demonstrated an open and

positive approach to learning and development. Everybody spoken with said they felt the registered manager was open and approachable. All staff said they felt valued and respected. Systems in place meant the registered manager was able to retain staff so they could develop relationships with people living in the home.

There were effective systems in place to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and learnt from issues raised.

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

#### Rating at last inspection

The last rating for this service was Good (published 28 June 2017).

#### 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?

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 exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Rowden 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 Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Rowden House 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

The inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. 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. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used this information to plan our inspection.

#### During the inspection

We spoke with ten people and two relatives/friends about their experience of the care provided. We spoke with six members of staff as well as the registered manager, and operations manager. We observed how staff interacted with people in the home.

We reviewed a range of records. This included four people's care records, three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service. We also looked at the storage of medicines, reviewed medicines administration records (MARs) of people within the service. We reviewed a sample of recent medicines related audits and incidents reported.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 with staff in the home. One person said, "I always feel safe why wouldn't I?" Another person said, "I am happy here if that means I feel safe I guess it does."
- The registered manager and staff understood their responsibilities to safeguard people from harm. Concerns and allegations were reported, and action taken in a timely manner. One staff member said, "I think I would be first there, always ready to speak up. I am more than confident [registered manager] would act immediately."
- All staff received training in safeguarding vulnerable people and could discuss how to recognise potential signs of abuse.

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to their needs. All the care plans reviewed included the actions staff should take to promote people's safety and ensure their needs were met. Care plans included risks assessments related to nutrition and hydration and preventing pressure ulcers and falls.
- Where a risk was identified, action was taken to reduce the risk. For example, people at risk of falls had been assessed for the use of pressure mats to alert staff to when they might be moving around their room. People also had pressure relieving mattresses and cushions in place when they had been identified as at risk of developing pressure ulcers.
- To ensure the environment for people remained safe, specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks.
- There were risk assessments in place relating to health and safety and fire safety. Records showed the appropriate safety checks had been carried out following current good practice guidance. During the inspection the company who maintained fire doors was ensuring automatic door closures were installed and working properly.

Staffing and recruitment

- Risks of abuse to people were minimised because the provider had a robust recruitment procedure.
- There were enough staff to meet the needs of people. Everybody spoken with said there were plenty of staff. During the inspection bells were answered promptly and staff had time to sit and talk with people and join in activities. One person said, "Plenty of staff and I like them all." A relative said, "Always seems to be plenty of staff around when I visit, and they are all very welcoming."
- We observed staff were not rushed and there were enough staff to support people at mealtimes and during activities.
- The registered manager told us they were in the process of introducing a new innovative way of looking at staffing in the home. They were going to introduce flexible working and training up staff, so they could have

a ratio of one staff member to four people. Staff spoken to were excited about the proposed changes and had already thought of ways this would enhance people's lives.

#### Using medicines safely

- Systems were in place to ensure people received their medicines safely. All staff administering medicines had received relevant training and were assessed as competent. Clear risk assessments and agreements were in place to show how and when assistance was required.
- One person told us, "I know when I need my tablets and they are really good, usually on time."
- Medicines were stored safely, and the ordering and disposal of medicines was managed effectively. There was a clear protocol in place for the use of 'as required medicines.' These gave staff very clear instructions on how and when they could be used.

#### Preventing and controlling infection

- Staff were aware of the importance of minimising people's risk of infection when providing care and support. Staff received regular training and were supplied with personal protective equipment (PPE) such as gloves and aprons.
- We observed staff using PPE throughout the inspection. When asked if the home was kept clean one person said, "It's spotless, can't find fault."

#### Learning lessons when things go wrong

- Accidents and incidents were reviewed to identify any trends which may help to prevent a reoccurrence. The time, place and any contributing factor related to any accident or incident was considered to establish patterns and monitor if changes to practice needed to be made.



# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- Each person had a care and support plan which was personalised to them. These plans set out people's needs and how they would be met.
- Before a person moved into the home the registered manager visited them and talked to them about their needs and goals. The registered manager told us how they had been asked to assess a person, who they found to be living in unsafe conditions. They had arranged for the person to move into the home immediately. We spoke with the person who told us they were so happy they had made the move and they were considering staying.
- Some people could tell us about their care plans and how they had been involved, others were unclear about what a care plan was. One person said, "Well we talk about what I need or want then we agree how it is done." However, another person said, "I don't know what you are talking about." When prompted they confirmed they spoke with staff about the support they received.
- Staff were supported to deliver care in line with best practice guidance. Information on supporting people living with specific health conditions was available. This helped staff to provide appropriate and person-centred care whilst respecting individual needs.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- All staff said they received an induction which was linked to the Care Certificate. The Care Certificate was introduced in April 2015 and is an identified set of standards that health and social care workers should adhere to when performing their roles and supporting people.
- Training for all the organisation's mandatory subjects was reviewed and up-dated as necessary. The service supported staff to take career related courses and training relevant to people's needs. One staff member said, "One thing you get plenty of here, always reminded when it is time to top up on the knowledge."
- The registered manager told us of the new training being rolled out to enable them to introduce the new flexible working system.
- The service had introduced a care workshop for staff to ensure consistent care and support would be provided. The feedback from staff was very positive with, "I want to do this training every year." And "I feel a lot more confident."
- All staff demonstrated a good knowledge of people's individual needs. They were able to discuss how they supported people and what people preferred. One relative told us, "When I come to visit they [staff] all know

what [the person] has been doing and how they have been."

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

- People were very positive about the range of food they were offered. One person said, "The food is always very good." Another person said, "Nothing is a problem if I don't like the choices I just say, and they come up with something I do like." Another person said, "We have resident meetings when we discuss the food we would like to see. They changed the menu and added things we wanted."
- On birthdays and special occasions people were offered their favourite foods. For example, one couple celebrated a wedding anniversary and staff served them with salmon and a bottle of wine. The table was decorated with roses and the couple felt like they were in a restaurant. One person said to staff they were very touched by what they had done.
- We observed the lunchtime experience, and saw people were enjoying a social occasion with a very relaxed and cheerful atmosphere.

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

- People's changing needs were monitored and were responded to promptly. Staff supported people to see health care professionals according to their individual needs. People were supported to attend regular health checks.
- Where specialist advice was needed staff referred people to other healthcare professionals to ensure they received the support they required. For example, people had been referred to the Speech and Language Therapy team [SALT] for advice when they had eating and swallowing difficulties. Staff also consulted tissue viability nurses when they required advice on preventing pressure damage for people considered at risk.

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

- People were encouraged to personalise their rooms, we saw people had bought in their own pictures and ornaments.
- All areas of the home were accessible with very clear signage to enable people to mobilise around the home independently.
- Areas of the home had needed redecoration. The registered manager had asked the works team to provide wallpaper samples and paint colours for people to choose the décor. These had been shown to people and they voted on how they wanted the areas to be decorated.
- One wall in the dining room had needed redecorating but was not on the urgent list. The registered manager discussed this with people at a residents meeting. One person suggested a mural. So, staff and residents designed a country scene and painted it. One person commented. "I don't know how anyone could be miserable in here. We've got that lovely wall to look at, it should be enough to put a smile on anyone's face."
- People and staff would make changes or add to the wall to represent the seasons through the year.

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.

- Records showed the service had liaised with the local authority to monitor the progress of existing DoLS applications and to renew those that may have expired.
- Staff spoken with were aware of the need to assess people's capacity to make specific decisions. Care plans included assessments of people's capacity to make certain decisions and where necessary they had involved family and professional representatives to ensure decisions made were in people's best interests.
- Consent forms were signed, or best interest decisions recorded for the use of bed rails and sensor mats.
- People only received care with their consent. One person said, "I am really happy, I say what I want to do, nothing is dictated here."

# 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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

- We observed people were treated with kindness and care by staff. Staff spoke respectfully to people and showed a good awareness of what people liked to talk about.
- People were relaxed and cheerful in the presence of staff. One person said, "I am really happy staff chat with me and I never feel lonely, we can all have a good laugh." We observed one person laughing and chatting with staff throughout both days of the inspection.
- We observed staff taking time to talk with people. One activities coordinator said, "It is really good care staff take time to sit and talk with people. We will have so much more time with the new working patterns."
- We observed care staff support one person to move using a hoist. Staff explained the process and ensured the person was kept informed through-out the process. They were also aware to preserve the persons dignity whilst in a communal area.
- People with religious and cultural differences were respected by staff. The local church supported people with Holy Communion in the home regularly. The registered manager was also aware of how they could access community links for people with other religious or cultural needs.

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

- There were ways for people to express their views about their care. People and relatives told us how they had been involved in making decisions when care needs changed.
- People contributed to decisions about the activities they attended or wanted to attend. People were clear about what they wanted to do and trips they wanted organised. There was a very active resident group who attended resident meetings and took part in organising parties and activities.
- A record of compliments was kept and any received were shared with staff.
- Compliments received included, "We would like to thank you for your kindness and love that you gave to [the person] when she lived at Rowden House." And, "Thank you for all your care and friendship...I will miss you."

Respecting and promoting people's privacy, dignity and independence

- Staff told us how they supported people's privacy and dignity. This included respecting people's private time, listening to people, and upholding people's dignity when providing personal care. For example, we observed staff approach people in a very dignified manner when reminding them to visit the toilet or offering assistance.
- Staff spoke warmly and respectfully about the people they supported. They were careful not to make any comments about people of a personal or confidential nature in front of others. Staff understood the need to

respect people's confidentiality and to develop trusting relationships.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good at this inspection this key question has now improved to outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- There was a wide a range of stimulating activities, ranging from parties, revisiting hobbies, visiting entertainers to virtual reality sessions.
- People were very active in arranging and planning activities with staff. The home held a regular themed party to which they invited other care homes within the organisation. They also hosted various events for the local community to attend. For example, last years themed party had been 'tropical'. People enjoyed a garden party, and some chose to wear grass skirts to add to the occasion. The registered manager said some people with memory difficulties were talking about the party for days after.
- One person said, "We are always busy. We plan the next party and they [staff] pull it off every time. We are now planning a Chinese New Year." Another person said, "I enjoyed the baby chicks. We have said we want our own chickens in future."
- One themed party was on St Andrew's Day. This was held with a bagpiper in full Scottish regalia, haggis, neaps and tatties. One person told the registered manager, "I have loved today. Thank you so much. You made me proud to be Scottish."
- One community event had been an Easter Egg Hunt for local school children which was well attended.
- The registered manager told us how they had worked together to produce a mural in the dining room. People had been asked what they wanted to do with the wall which needed redecoration. One person suggested a mural and a countryside theme was agreed. One staff member created a large painting by numbers picture and everybody living in the home took part in the painting. Some people with memory problems could still tell you which part they painted. One person who did not want to take part saw a rabbit and picked up a brush to paint it.
- The painting did not just encourage people to join in but also invoked memories. One person said how it reminded them of when they had learnt to 'tickle trout', [this is a way to catch a fish with just your hand in the water] and started to teach staff. Another person remembered they had a famous artist in the family, so a member of staff researched them and gave the person all the information they found. The person and a relative spent the whole day reminiscing.
- Many people who rarely came out of their rooms for activities started to take interest. One person with Parkinson's and very shaky hands picked up a brush and started painting. The concentration meant they did not shake once holding the brush. Their relative was almost moved to tears when watching them join in.
- People asked that photographs be taken of the finished wall and sold as postcards to raise funds for their next project.
- Staff also used innovative ways to engage with people to achieve their goals. One person wanted to visit Buckingham Palace. Staff used a virtual reality head set and the person spent ages standing looking at a

view of Buckingham Palace. The person was so excited that they did not stop talking about the experience for days. Staff told us of plans to use the head set for one lady who wanted to go Canada. They had planned to finish the session with a face time [an online computer application that enables people to talk over long distances in real time] chat with a relative who was living in Canada.

- The first day of the inspection people asked us if we were coming to the 1920's themed party the next day. The registered manager explained they always had a party just for people, relatives and staff in the lull after Christmas. People had chosen a 1920's theme as we had entered the, "new 20's." On the second day we observed people enjoying their party some were dressed up for the occasion and all were joining in with singing and dancing.
- The home also had links with a local nursery and school. On the first day of the inspection the local nursery visited, and people entertained the children. One lady was happiest holding a baby and talking about what it was like to look after the baby. On the second day children from a local special educational needs school arrived and we observed one person happily teaching the children jokes and talking about what they "got up to" when they were young. The registered manager told us how during one visit a child did not want to engage with the activity and sat alone. One of the ladies living in the home went to the child and spoke with them. They told them they knew exactly how they felt as they felt that way too. The child became more engaged and relaxed. The headteacher had written to the registered manager to thank them for the positive impact the engagement with the person had had on the child. The registered manager said the impact on the person had been just as positive as they had been a teacher and really connected with the child.
- The home had four activities coordinators, they were passionate about ensuring people had meaningful activities that enabled them to continue with interests and hobbies. For example, one care worker had said they wanted to learn to knit so one person was teaching them to knit and they sat together knitting. This had a positive impact on both the person and the care worker.
- The activities coordinators told us how they produced a newsletter every month with plenty of photographs of what people had done. It had been agreed at a resident meeting that they shared the newsletter with relatives. One relative had fed-back, "My [the person] has appeared 12 times this month. I am going to send this to the rest of the family, so they can see what a lovely life she has got."
- Staff told us they were looking forward to the new flexible working project. They explained it would enable them to be more responsive to people's aspirations to go out more or pursue a hobby further. One staff member said, "We will be able to be more spontaneous, if someone says I fancy going out for lunch we will be able to just up sticks and go."

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

- People received care which was personalised to meet their needs and wishes. Care plans included very detailed life histories and people's likes, dislikes and interests.
- People were actively encouraged to talk about what they wanted and their aspirations for the future. One person said they wanted pink wafer biscuits, so the kitchen staff bought them. Another person wanted ice cream, so this was also purchased.
- One person said they would only move into the home if they could bring their cat. Staff looked at the possibilities and the person as offered a ground floor room with a door onto the garden. When they moved in a cat flap was installed so their cat could continue to live with them.
- Staff told us they looked at what was important to people rather than day to day tasks.
- The registered manager said they wanted to change the model of care so that people and staff could be more spontaneous and more like a large family.

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.

- Information was shared with people and where relevant the information was made available in formats which met their communication needs in line with the AIS.
- People's care plans included how people preferred information to be shared with them.
- The registered manager and staff had looked at ways to enable one person to communicate more. The person very seldom spoke and never held a conversation. However, the registered manager found that when the person danced with them they didn't stop talking. The registered manager ensured that they danced regularly with the person, so they could have a good talk about how they felt and what they wanted to do.

Improving care quality in response to complaints or concerns

- There was a concerns and complaints procedure in place. This detailed how people could make a complaint or raise a concern and how this would be responded to.
- People and their relatives had access to the policy and knew who they could talk to. One person said, "I have nothing to complain about, but I know the boss she will sort anything out." Another person said, "If I wanted to complain I would talk to the manager she is good."
- Records showed the provider responded to complaints within the time frame of their policy and procedure and sought feedback once completed.

End of life care and support

- People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. People were supported to make choices about the care they received at the end of their life.
- Care plans showed that people had a Treatment Escalation Plan (TEP) in place. These showed that matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- Staff worked with local healthcare professionals to ensure people's comfort and dignity at the end of their lives was maintained.
- Following the death of one person the family asked for copies of the photographs displayed on the walls of activities the person had been involved in. Staff realised that families tended not to have photographs once a person moved into a care home. From discussions with people and staff they decided to create photo memory books for people which they could give to relatives when they passed. This had a significant impact on families giving them happy lasting memories to take away. These memory books were not just memories for families to have but they were also used as one to one material to promote memories or at reviews with relatives.



## 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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 registered manager and all the staff spoken with were passionate about how they worked to ensure the care and support they provided was person centred and reflected the needs, likes and dislikes of the people. One staff member said, "It is interesting times. We work very hard to make sure the residents are at the centre of what we do. But with the new project we will be able to do that so much better."
- The registered manager led by example, they told us how they wanted to change the model of care that was so "Out dated." They said the new project would enable staff to be flexible about the way they worked and look at fresh ideas. They also told us it meant staff would feel more valued.

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 promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong.
- The register manager had been very open and honest with people when they discussed the redecoration of the dining room. They told them it would not be done quickly and asked them for their suggestions. This reflected their philosophy of being open and honest in their communication with people.

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

- People and staff told us the service was well managed. One person said, "The boss [the registered manager] is brilliant she laughs at all my jokes." Another person said, "We see a lot of the manager she is very approachable and listens. I think she runs a good ship." One relative said, "The home is very well managed, staff are happy and that has an impact on [the person]. They are so relaxed and happy here."
- There were effective quality assurance systems to monitor care and plans for on-going improvements. There were audits and checks in place to monitor safety and quality of care. If specific shortfalls were found these were discussed immediately with staff at the time and further training was arranged.
- Staff at all levels were aware of their roles and responsibilities. Senior staff were always available or on call if advise or support was needed.
- A contingency plan was in place to make sure people continued to receive a service if adverse weather was experienced during the winter.
- Staff felt supported and received regular supervisions and appraisals. Staff told us they had regular meetings and could discuss working practices and their plans for future development.

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

- People and their families could comment on the service provided. The registered manager and provider carried out satisfaction surveys and met with people at resident and relative meetings.
- The registered manager also carried out themed conversations with people and staff. Records showed that people had been able to comment, and action had been taken. For example, staff had said they felt they did not have the time to sit and talk with people or do things with people. This had resulted in discussions about a flexible working project which would ensure there were more staff so they supported just four people each during the day.

Continuous learning and improving care

- The registered manager demonstrated an open and positive approach to learning and development. The management team kept their skills and knowledge up to date, through research and training. The registered manager also attended meetings with other managers within the organisation. This meant they could share what worked well and what had not worked well and how they had managed it.

Working in partnership with others

- The service had good working links with other resources and organisations in the community to support people's preferences and meet their needs.
- We saw records that evidenced the service worked with other healthcare professionals to achieve positive outcomes for people.