

Healthcare Homes (Spring) Limited

Ladymead Care Home

Inspection report

Moormead Road
Wroughton
Swindon
Wiltshire
SN4 9BY

Tel: 01793845065

Website: www.healthcarehomes.co.uk

Date of inspection visit:

07 December 2021

16 December 2021

Date of publication:

03 February 2022

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

Ladymead is a residential care home providing personal and nursing care in an adapted building. At the time of the inspection 31 people aged 65 and over were living at the service. The service can support up to 40 people.

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

People living at Ladymead received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values of 'Together we respect, with compassion we care, through commitment we achieve'.

Risks to people's safety and well-being were managed through a risk management process. Peoples care plans provided staff with the information they needed to manage the identified risks.

Recruitment checks were robust to ensure staff were suitable to work with vulnerable adults and staffing arrangements met people's needs. There were sufficient staff deployed to meet people's needs.

Medicines were managed safely, and people received their medicines as prescribed. Staff had the necessary skills to carry out their roles. Staff had regular training and opportunities for regular supervision and observations of their work performance.

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 had access to other healthcare services, ensuring a holistic level of support was provided.

The registered manager and staff demonstrated a commitment to people and displayed strong person-centred values. 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 were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a long-standing registered manager who was committed to improving people's quality of life. They and the new provider had plans to continuously improve people's care. The service had a clear and stable management and staffing structure in place and staff worked well as a team. The provider had 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.

Rating at last inspection

The last rating for the service under the previous provider was good, published on 14 February 2018.

Why we inspected

This was a planned inspection.

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

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.

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

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 ●

Ladymead Care 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.

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 two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Ladymead 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. 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 prior to this inspection. This is information providers are required to send us with key

information about their service, what they do 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We looked around the home and observed the way staff interacted with people. We looked at six people's care records and five medicine administration records (MAR). We received feedback from two relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, deputy manager, nurses, care staff, the chef and administration staff. We looked at five recruitment and training records and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We requested and received feedback from three healthcare 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 were protected from the risk of abuse and harm and they said they trusted staff to keep them safe. People told us, "Absolutely safe! Many staff bend over backwards to keep us all safe" and "Feel totally safe, I know I could get to the toilet by myself in the night but they say just call and we will take you to be safe."
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm. One member of staff said, "We can report any abuse to the management team. We can also report to CQC, police and safeguarding team."
- 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.
- People's risk assessments included areas such as nutrition, choking and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced recently to increase existing procedures.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- Ladymead had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they were using minimal regular agency staff due to slow recruitment, but good progress was being made with prediction to fully eliminate the use of agency in the new year.
- People told us there were enough staff to meet their needs. One person said, "When I need help, I can always find it. Loads of staff and always have time for you." Another person commented, "Carers come quickly, sometimes if they come down from upstairs it can take a bit longer. Can hang on so it doesn't affect me."
- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. One person said, "Medication is on time, and they wait till I have taken it. Nurses very good like that."
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- 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. Thorough checks were in place prior to visitors crossing the threshold into the service.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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. Staff were observed to put on and take off PPE correctly and there were designated PPE stations for staff to use.
- We were assured that the provider was accessing testing for people using the service and staff. Regular testing was in place to maintain staff and people's safety.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. People were supported to access spacious, communal seating areas, while maintaining social distancing.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed. Management plans, policies and procedures were in place, implemented in practice and observed to be followed by staff.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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, issues had been identified during initial period of admission and reflections on practice had resulted in increased manager oversight. As such, there was a more streamlined process was established which effectively improved people's experience.
- 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 tailored care and support that was centred around their assessed needs, choices and decisions. This was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Ladymead.
- 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.
- People and relatives told us they were involved in the assessment and care planning process.

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 training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus 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.
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, the Care Home Assistant Practitioner (CHAP) role as a care staff development pathway.

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 well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable 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.
- Most people told us they enjoyed the food and that they were always offered choices. They said, "Very nice food-eat my dinner every day, good variety, empty plate. Fish on Fridays, roast dinner Sunday" and "Fantastic food can't get enough of it. Anything you want you just let them know. I always like cheese on toast for my tea, they know that and that's what they do for me." However, some people felt the quality of

food could improve and commented, "Food on the whole pretty good. Meat very poor you could sew your boots with some of it. My Daughter will bring in things [food] for me if I want anything" and "Food is a bit of an issue. This is to do with the quality of the raw ingredients. Meat and fish very poor quality." Records of meeting minutes also showed food options were discussed with people. We discussed these concerns with the registered manager, and they assured us they were addressing these concerns.

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 told us, "If needed the nurses at Ladymead will contact me proactively during the week, for issues they feel will not wait for the weekly round. From my experience with the nurses, they are responsive and contact me appropriately about concerns for their residents."
- 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.

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

- Ladymead was a purpose-built home which had been decorated to a good standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were several sitting areas around the home where people could spend their time.
- The home also offered double rooms where couples were supported to continue living together whenever possible.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had big, beautiful and well-maintained gardens and 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 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 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 people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents 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, "MCA principles allow us to always assume people have capacity. We support them to make decisions. And we support them in their best interests and in the least restrictive way."

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 consistently positive about the caring attitude of the staff. People said, "Find staff absolutely wonderful-get on well with them. I have a wicked sense of humour they know me", "Everything in here I need I have found to be excellent. Staff very caring, couldn't ask for a better place" and "Absolutely brilliant here like a home from home. They look after me with everything. If I hadn't got these [carers] I would be dead."
- Relatives told us staff were caring and provided compassionate care. They commented, "The individual carers that we have met have been helpful in advising of mum's requirements. Mum seems fond of one or two of them and the feeling seems to be reciprocated" and "From an external viewing, although this is very limited, again due to restrictions, the staff seem professional and courteous."
- 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.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way. One person said, "Carers stop and have time for you. Don't rush you off your feet. I'm treated as an individual not just a statistic."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- People told us staff treated them respectfully and maintained their privacy. One person said, "They do ask for permission and respect your privacy. When they take me to the toilet they wait outside. They are there if you need them. Respectful, very polite and very caring." Another person told us, "They do ask for consent,

very respectful when giving care." People's care plans highlighted the importance of respecting privacy and dignity.

- Staff knew how to support people to be independent. One person commented, "I lost all my confidence and the carers got me back. Lots of confidence back with their help. We are one big happy family."
- 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 the main office 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 personalised 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. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- 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 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 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.

- 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 use simple language, emphasise words, ask yes or no answers and to maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages.

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 Ladymead were organised and run by staff since the activities co-ordinator had left. A full programme was advertised and showed a good range of activities on offer. These included, singing, quizzes, card games, craft activities and basic exercises. In addition, the chef has held cake making sessions and encouraged people to bake.
- People told us they had access to activities. They said, "You can choose what you do, involved or sit in your room. Carers doing games, cards, have played Dominoes. There is something going on most days, watch a film like that" and "Watch a film, singing, cooking with the chef. Lots of things to do. A lady comes in with a dog, lovely. [Pat Dog]."

- On the day of the inspection we saw people enjoying a Christmas song singing session. It was fully inclusive with people enabled to come from all areas of the home. People were really enjoying the session run by a group of carers.
- Records showed people had access to a variety of activities including external visits. However, these had reduced since the pandemic. The registered manager told us there was a plan to reintroduce these as soon as it was allowed to do so.
- 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. Since registration, the provider had received non-formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One person told us, "Know the management well, would tell them if there was anything I didn't like." 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 support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us only one person was receiving end of life support at the time of our inspection. The team worked closely with other professionals to ensure people a had dignified and pain free death.
- 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. We saw many compliments from relatives regarding end of life care.

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 provider's imaginative values of 'Together we respect, with compassion we care, through commitment we achieve' were at the heart of the service. The registered manager told us they met these values through focus on people's dignity and ensuring staff were compassionate, caring and worked together. They said, "Very proud to be part of Ladymead. The team is amazing. Relatives and residents are happy. Staff go above and beyond their duties. Great teamwork."
- There had been no changes in the management and staff structure since the provider took over the service. It was clear there was a stable management and staff structure which created a general sense of calm and pleasantness in the home. Staff looked happy.
- People told us the home was well led and said, "I know the deputy manager very well and the manager. Very good people. Come around to talk to you, well run place", "[Registered manager] can't fault him, talk about a gentleman 100%. If I need to talk about anything, he says come to my office and we will talk about it" and "Know [Manager] very well and he comes in most days."
- Relatives were complimentary of the way the home was managed and left comments such as 'Excellent leadership and management', 'Would definitely recommend the home' and 'Manager positive, attentive and available' during review of care.
- Staff were complimentary of the support they received from the management team. Staff said, "Manager is very good, approachable, door always open. I can discuss any problems", "Great manager who listens to us. Deputy is the same" and "The manager has been here for 10 years. This has allowed continued staff consistency. Been through stressful times. Great support from management team."

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

- The registered manager had been in post for six years with the previous provider and had developed from a deputy manager, a post they had held for four years. They were a knowledgeable and established registered manager with lots of experience. They had created a clear management and staffing structure and staff were aware of their roles and responsibilities.
- The registered manager was supported by a deputy manager and an operations manager. Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider.
- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through audits. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.
- The registered manager also completed night visits to ensure consistency in quality of care.
- The provider had a 'You said, We Did' approach to improving care. For example, people and relatives had identified communication as big issue both amongst staff and with relatives. The registered manager had introduced a newsletter and several communication channels with staff. As a result, communication was improving.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time.
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and care reviews. The information gathered was used to improve the service. For example, a survey had indicated that quality of food was not always to required standard. A new menu had been introduced by the kitchen staff. They continuously sought feedback regarding the new changes.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. They said, "Very supportive and appreciative. The provider gives thank you presents", "New provider takes care of us, they ask for our feedback" and "We are heavily involved. We contribute through staff meetings and daily handovers. We make suggestions and are taken on board. For example, suggestions around activities.

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression. One member had been supported with completing the Care Home Assistant Practitioner (CHAP) training. There were plans to support more care staff through this development pathway.
- 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.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- 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.