

Crantock Lodge Limited

Crantock Lodge

Inspection report

34 Bonython Road
Newquay
Cornwall
TR7 3AN

Tel: 01637872112

Website: www.crantocklodge.co.uk

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Ratings

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

Summary of findings

Overall summary

About the service

Crantock Lodge provides accommodation with personal care for up to 20 adults. There were 15 people using the service at the time of our inspection. The accommodation is over two floors with a shared lounge and dining room on the ground floor. Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift. There was a pleasant outdoor space which people could access and use safely.

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

People and relatives were positive about the care and support that they received. Comments included; "I feel safe here. Staff respond to call bells, even in the night. I am happy to be here" and "I'm here for another five weeks, it's the best. I love it here. I am well looked after. I feel relaxed here."

There were enough staff to meet people's needs and ensure their safety. People told us; "Staff come quickly when I call them" and "They are amazing." Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

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, and their relatives were involved in the development and review of their care plans which detailed their needs and preferences. Staff knew people's care needs well. People were supported to engage in activities.

People were involved in the development of the menus at the service and told us; "The food is good." People were supported to eat a balanced diet and drink enough to keep hydrated.

People's medicines were managed safely. Staff responsible had the necessary skills to administer medicines. Oversight was in place to ensure medicines were managed safely.

There were processes in place to prevent and control infection at the service, through access to COVID-19 testing where necessary, additional cleaning and safe visiting precautions.

Staff told us that they had received the training they needed to meet people's needs safely and effectively. The registered manager maintained oversight of training to ensure staff had the necessary training, knowledge and skills to provide consistent care.

Staff were supported in their roles through a plan of supervision. Staff told us they felt supported by senior staff and the registered manager.

Staff were proud to work at Crantock Lodge and had built positive relationships with the people they supported. One commented; "I think the shared values of the team are to treat everyone with the care and respect that we would expect if it were our own family members. We feel our home is a home from home and see the residents as an extended family."

Staff felt supported by the management team. They told us; "They help on the floor with the residents when needed or when we are busy with other things. They come in on their days off to help if something is not quite right or someone is very poorly." People and relatives were complimentary about the management of the service and told us "[Registered manager] is perfect and she keeps the home running well."

The management team maintained oversight of complaints, accidents and incidents and safeguarding concerns. The management team engaged well with health and social care professionals. Systems to assess and monitor the quality and safety of the care provided were in place. They were effective in assessing quality and identifying and driving improvement. The service had clear and effective governance systems in place.

The environment was spacious and there was equipment available to support staff in providing safe care and support. Health and safety checks of the environment and equipment were in place.

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

Rating at last inspection and update

This service was registered with us on 1 December 2020 and this is the first inspection.

The last rating for the service under the previous provider was good, published on 16 November 2019.

Why we inspected

This was the first inspection since the provider registered with the commission.

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

The 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 ●

Crantock Lodge

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

One inspector undertook this inspection.

Service and service type

Crantock Lodge is a 'care home' without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We notified the registered manager 24 hours before, due to the inspection being undertaken outside normal working hours. We needed to be sure essential staff would be available and there was full access to records.

What we did before the inspection

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

We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection

We spoke with ten people who used the service about their experience of the care provided and one visiting relative. We spoke with five members of staff including the registered manager, care staff and cook.

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

We received positive feedback via email from two staff members about their experience of Crantock lodge.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse;

- The service had effective systems in place to protect people from abuse and staff had a good understanding of what to do to make sure people were protected from harm.
- People were empowered and encouraged to report any concerns they may have about their welfare to the registered manager or staff.
- People told us; "I feel safe here," Relatives echoed this view, comments included; "[person's name] feels safe here" and "I'm no longer anxious for [person's name] being on her own at night."
- Staff received training and were able to tell us what safeguarding, and whistleblowing was. Staff understood to report any concerns they had to the management team.
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people and had notified CQC appropriately of concerns.

Assessing risk, safety monitoring and management

- Staff knew people well and were aware of people's risks and how to keep them safe.
- Risks to people's safety and wellbeing were assessed and well managed. Each person's care record included risk assessments considering risks associated with the person's environment, their care and treatment, medicines and any other factors. This meant staff had guidance in how to manage people's care safely.
- Equipment and utilities were regularly checked to ensure they were safe to use.
- Contingency plans were in place on how the service would support people if they had an outbreak of COVID-19.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place. The registered manager purchased a 'grab bag' following the inspection to ensure that safety procedures were more robust in the case of an evacuation.

Staffing and recruitment

- People and relatives told us they felt there were enough staff on duty to meet people's needs. Comments included; "Staff come quickly when I call them" and "Staff come in a reasonable time when you call them and really quickly in the night."
- The staff rota was planned monthly and the number of staff assessed as needed to be on duty was four care staff, plus management support, catering and domestic staff. The services safe levels were for three care staff. Rotas showed that staffing did not go below three care staff. Staff told us; "Management do help us when needed and they work hard to try and cover shifts" and "They help on the floor with the residents

when needed or when we are busy with other things. They come in on their days off to help if something is not quite right or someone is very poorly."

- The registered manager told us that they used agency staff "rarely". Staff absences were covered by existing staff and management. This meant people always received care and support from staff they knew and trusted.
- The provider had satisfactory recruitment practices and staff records confirmed appropriate checks were undertaken before they supported people in the service.

Using medicines safely

- People received their medicines as prescribed by their doctor. Staff were competent in the safe management and administration of medicines. Staff completed relevant records following good practice. This meant where people needed support with their medicines, the support they received was delivered safely.
- People's medicine support needs had been assessed and were recorded in care plans. Care plans included additional risks related to medicines. For example, highlighting allergies and reactions to certain medicines.
- Medicines were ordered, stored and disposed of safely and securely. Staff recorded medicines following administration.
- Some people were prescribed medicines to be taken when required. Staff knew people well and administered these medicines safely and in a caring manner.
- External creams and lotions, to maintain people's skin integrity, were applied during personal care. This was reported on in care plans and then followed up on the medicines record.
- There were weekly audits to provide oversight of medicines management. This would identify if and where further improvements may be required and help ensure action would be taken to implement any improvements. For example, the registered manager addressed with staff that when they transcribed medicines, they needed to ensure that these entries were counter signed by two staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was 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.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The service was supporting visits from families and friends. Systems were in place using current COVID-19 guidance to support these visits

Learning lessons when things go wrong

- The registered manager maintained an effective oversight of incidents that occurred at the service. They used this to identify areas of learning and improvement. They also took action to minimise the risk of reoccurrence where relevant.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

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

- A person, who had been newly admitted, and their relative, were positive about their admission to the service. The relative met with the registered manager who was able to provide them with assurances before their relative moved in. The person told us; "I feel safe here. Staff respond to call bells, even in the night. I am happy to be here."
- People's needs were assessed prior to their admission to the service, so that they could confirm they were able to meet individual needs safely and effectively.
- People and their family, together with reports from health professionals contributed to the assessment, which included their presenting need and people's preferences and routines.
- The needs assessments included information about people's cultural and religious backgrounds to help ensure people's diverse needs were identified and could be met.
- Despite the challenges posed by the COVID-19 pandemic, the service had continued to complete the pre-admission assessments to ensure people's safe admission to the service.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs. People and relatives were complimentary about the staff support and their skills. Comments included; "They are amazing".
- Staff confirmed they had an induction when they started work, which included a period of shadowing experienced members of staff, learning about people's needs and how to support them.
- Staff were being personally supported through the supervision process. Staff told us they had continued to be supported by the registered manager and senior staff throughout the COVID-19 period. Personal supervision took account of staff performance as well as staff wellbeing.
- Staff consistently told us they felt very supported by the management team and had access to a range of training to support them in their roles.
- There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.

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

- People were complimentary about the food and drinks available. Comments included; "The food is good." People confirmed they were involved in the development of the menu choices.
- People's nutritional needs were being met. Staff were aware of people's needs and preferences in relation to what they ate and drank. People were encouraged to eat a varied and healthy diet.

- Some people had specific guidelines in place to support them in this area. The cook was aware of people's individual dietary needs and catered for them. Staff were able to describe the support people needed and understood why this was important.
- People's weight was regularly checked to ensure that their health needs were monitored. Hot and cold drinks were served regularly throughout the day to prevent dehydration.

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

- People told us that staff contacted relevant health professionals for health check-ups and if they felt unwell.
- Relatives felt that the registered manager was quick to identify any health issues and act appropriately. Comments included; "It's amazing how quickly they have got [relative] to see the doctor and district nurse."
- People's health conditions were well managed, and staff engaged with external healthcare professionals including speech and language therapist, occupational therapists, physiotherapists and district nurses.
- Staff supported people to continue to mobilise independently. We observed staff being vigilant in supporting people who required mobility aids. For example, keeping them in eyeline to ensure their path was clear until they reached their destination.
- Staff were proactive in making timely referrals to health professionals when they had concerns around people's health and well-being. Care records were updated to reflect any professional advice given and guidance was available for staff through shift handovers.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance. We heard staff asking people if they wanted assistance with their personal care and waited for the person to reply before supporting the person.
- Staff supported people to be as independent as possible with making decisions about their care and support. Systems within the service supported decisions, made on people's behalf, would be in a person's best interest.

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

- People were involved in the design of 'their home'. For example, they wanted to move the library room

into the main lounge, the library room was then altered to a hairdressing salon.

- People's rooms were personalised to their individual requirements. People told us they liked their rooms and were asked what colours they would like their bedroom to be.
- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There was a pleasant outdoor space which people could access and use safely.
- Access to the building was suitable for people with reduced mobility and wheelchairs. There was choice of access to the upper floor through stairs and passenger lift.
- The service had toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

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 relatives told us that staff cared for people with compassion and respect. Comments included; "I'm much better here, I struggled on my own," "It's good here," "It's the best" and "I'm here for another five weeks, it's the best. I love it here. I am well looked after. I feel relaxed here."
- There was a relaxed atmosphere at the service and staff provided friendly and compassionate support. People had built caring and trusting relationships with staff. We observed people were confident requesting help from staff who responded promptly to their needs.
- Staff knew people well. Staff told us they had the time and support to develop the relationships required to tailor communication and support people in a way that made them feel like they mattered. We saw one person call a staff member "bossy boots" and they laughed together, the person then told us; "She's the best one, she will do anything for you."
- The way staff spoke about people showed they genuinely cared for the people they supported. They talked about people's wellbeing and were focused on providing the right support to improve people's lives. Staff told us; "I think the shared values of the team are to treat everyone with the care and respect that we would expect if it were our own family members. We feel our home is a home from home and see the residents as an extended family" and "I love this place, love the residents. People ask why I do this job and I say it's because I come to work happy, I can make a difference and leave with a happy feeling."
- Equality and diversity was embedded in the principles of the service. Staff received training in this area and understood how people should be protected against discrimination. Staff understood the importance of people's diversity, culture and sexuality and managing their care needs in a person-centred way.
- Staff knocked on people's doors to seek consent before entering. Discussions about people's needs were discreet and conducted in private. People were supported by staff to take pride in their appearance. Personal care was delivered behind closed doors and staff understood people's right to privacy.

Respecting and promoting people's privacy, dignity and independence

- Treating people with privacy and dignity was embedded in the culture of the service. Staff were skilled at identifying when someone was becoming distressed or feeling anxious. They consistently followed guidance in place to help the person feel calm and reassured.
- People could be as independent as they wished to be. One person told us they still liked to make their own bed and tidy their room. We observed one person who wanted to go out for a walk on their own. The registered manager said; "No running away now" and the person responded; "I don't want to run away, I'm cared for too well here." The person and registered manager both laughed. This demonstrated the close relationship that had been developed and that the systems within the service supported people to maintain life skills they had and promoted their independence.

- People's confidential information was kept securely.

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

- Staff supported people to make decisions about their care as independently as possible. Representatives, where needed, were involved in decisions about the care of people they supported.
- People were involved in day to day decisions and had control over their daily routines. People were able to choose how they spent their time and which activities they engaged with. Some people were unable to share their opinions verbally and different methods of communication had been developed.
- The operation of the service was designed to be as flexible as possible. Staff understood and respected people's individual choices.
- Staff supported people to keep in touch with their family. The service had opened up for visitors following guidance for infection control due to the COVID-19 pandemic. The service had also utilised other ways of keeping in contact with family and friends by using technology, a visitor's area and sending weekly written updates from the registered manager.

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 were involved in the development of and the review of their care. Care plans were signed by the person to show that they were involved, and in agreement as to what support they needed and how they would like it to be provided.
- People's care plans included information about their needs, routines and preferences. Staff followed care plans to deliver care and support which was individualised to each person's needs.
- Care plans were reviewed and updated regularly. This meant staff had information which reflected people's current needs. People and their relatives were involved in the development and reviews of care plans.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- Care plans were person centred and had detailed information about people's backgrounds, history, social, physical and mental health needs. Care plans provided information for staff on how to meet people's identified needs, including support people needed to maintain their physical health and well-being, nutrition and personal hygiene.
- Where people had a specific health condition, such as diabetes or heart condition, guidance was in place for staff on how to manage those conditions.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and preferences were identified, recorded and highlighted in care plans. This included reference to the type of communication the person may find difficult and how to support them. We observed people and staff communicating effectively together throughout the inspection.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships that were important to them. Visitors were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic.

- A person, new to the home, had brought in with them a photo album of their family members so that when they talked with staff about their family they could look at the photos, so that they knew who the person was referring to. This would build relationships with the person and staff as they got to know the person and their family.
- There had been some disruption to the activity programme during the COVID-19 pandemic. However, people had restarted some activities both in and outside of Crantock Lodge, following the lifting of lockdown restrictions. During the inspection we saw people reading the daily newspaper, reading, watching Tv, listening to music and socialising with each other and having visitors.
- Planned activities were on display for people to attend if they wished. These included a weekly church service at the home, baking, quizzes, puzzles, singers, chair exercises, foot spa, manicures and hairdresser.
- People had photographs showing what activities they had been involved in and a record kept of how they responded to the activity.

Improving care quality in response to complaints or concerns

- People and relatives told us they would have no hesitation to speak to the registered manager or staff if they were unhappy. They told us they were confident that any concerns they had would be listened to and acted upon.
- There was a complaints policy in place which outlined how a complaint would be responded to and the timescale. There were no open complaints currently being investigated.
- Staff told us they would be able to speak to the registered manager if they had any concerns. Comments included; "[registered manager] has an open door policy so their door is always open for staff and residents with any concerns we may have and they sort out any problems as and when needed."

End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life . The registered manager co-ordinated palliative care with other professionals to ensure the appropriate equipment and medicines were in place for people at the end of their lives.
- Care plans contained information and guidance in respect of peoples' religious wishes and their resuscitation status. Do Not Attempt Resuscitation forms (DNAR) had been discussed and agreed with the person's legal representative and GP.

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

- There was a positive culture within the staff team and staff told us they felt supported by the management team. The registered manager had built an open and trusting relationship with all stakeholders. A staff member told us; "Love it here. I'm not just saying, I've worked in care for 30 years and this is the best one" and "[Registered and deputy manager] are very good at their jobs, they make sure the home is safe for residents and staff. They support and guide us when needed. They keep us all going when times are tough i.e. covid! They are very, very supportive management and I feel we are very lucky to have them. Nothing is ever too much for them".
- People and relatives were also complimentary about the management of the service. One commented; "[Registered manager] is perfect and she keeps the home running well."
- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being.
- People's care plans and risk assessments had been kept under regular review. Records demonstrated a person-centred approach to the care and support provided for people.
- The provider's policies were regularly reviewed and updated to ensure they reflected best practice and the service's current procedures.

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 understood their responsibilities under the duty of candour. People and relatives were kept well informed of any events or incidents that occurred with their family member.
- The ethos of the service was to be open, transparent and honest. Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- The provider had notified CQC of any incidents in line with the regulations.

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

- The service had an experienced registered manager who demonstrated a good knowledge of their regulatory responsibilities. They were supported in their role by the directors and senior support staff who supported them to fulfil their role.

- The registered manager completed a range of quality assurance checks and audits, which they used to monitor the quality of care people received. Their checks and audits identified where improvements were required and they put plans in place to implement them.
- There was a clear management structure in place which staff understood.
- Important information about changes in people's care needs were communicated at staff handover meetings each day.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and relatives were regularly asked for feedback on the service's performance through informal conversations and meetings. All feedback seen was extremely positive. People and relatives were invited to care plan reviews to help ensure people's voices were heard when discussions took place about the organisation of their care.
- Staff team meetings were held regularly and provided opportunities for staff and registered managers to discuss any issues or proposed changes within the service. Staff told us if they made any suggestions about improvements to the service these were listened to and acted upon.
- Registered managers and staff had a good understanding of equality issues and valued and respected people's diversity. Staff requests for reasonable adjustments to their employment conditions had been looked on favourably by registered managers.
- The service had managed effective communication during the pandemic by use of technology and holding interactive meetings and following government guidance on meeting safely in the service.
- Staff had received one-to-one supervision with managers. This provided opportunities for staff and managers to discuss any issues or proposed changes within the service. There were also regular updates through shift handovers.
- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs. This was evidenced in records we viewed. Records demonstrated prompt and appropriate referrals had been made to enable people to access health and social services.

Continuous learning and improving care

- The registered manager and provider were committed to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The registered manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.