

The Orders Of St. John Care Trust

OSJCT Marden Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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: OSJCT Marden Court is a care home that was providing personal care to 24 people at the time of the inspection.

People's experience of using this service:

Risks to people's personal safety had been assessed and plans were in place to minimise these risks.

We saw that further work was needed around the recording of behavioural incidents. Not everyone who displayed physical or verbally challenging behaviour had a care plan in place for staff to follow when supporting them.

People we spoke with told us they felt safe living at Marden Court and staff were available to help them.

We saw that where people had been identified as lacking capacity an assessment had been completed to ensure care was given in line with their wishes and in their best interests. The assessments had clear details recorded on how information was given to people in order for them to try and make a decision.

The service was calm and portrayed a homely environment. People were comfortable in the presence of staff and approached them easily for support, to chat or share a joke.

People had care plans in place that clearly explained how they would like to receive their care, treatment and support. People we spoke with were aware they had a care plan in place and where able contributed to discussions about their care.

The service continued to work towards improving care outcomes for people. An improvement plan was in place which set timeframes for areas that needed focus. The registered manager had implemented new ways of working and was looking forward to assessing the impact these had for people and staff.

More information is in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 27 April 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will monitor all intelligence received about the service to inform when the next inspection should take place.

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 not always safe

Details are in our Safe findings below.

Requires Improvement 

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 

OSJCT Marden Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector 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:

OSJCT Marden Court is a care home. People in care homes receive accommodation and nursing or personal care. 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 service did not receive prior notice that this inspection would take place.

What we did:

Before the inspection, we reviewed the information we held about the service and the service provider. We observed and spent time with people to understand their experiences of the care and support they received. We spoke with 10 people living in the home and five relatives.

We looked at records, which included seven people's care and medicines records. We checked recruitment, training and supervision records for five staff. We also looked at a range of records about how the service was managed. We spoke with the registered manager, area operations manager, a peripatetic manager and 10 staff.

After our site visit we contacted external health and social care professionals to obtain their views about the service.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Risks to people's personal safety had been assessed and plans were in place to minimise these risks. We saw that some people at high risk of malnutrition and low weight had been supported effectively and the risk had reduced. Sensor alarms were fitted to the stairs, so staff could be aware when people accessed these and check if they needed any support to remain safe. For people unable to understand or use their call bell as intended, regular checks were put in place for staff to ensure they were safe and supported as needed.
- For people identified as at high risk of falls a falls prevention care plan was in place. This detailed the measures put in place, such as a sensor mat by their bed and regular checks made by staff. One health and social care professionals told us "They have worked hard to evaluate their falls information and implemented procedures which has reduced the risk and number of falls."
- No one in the home currently had a pressure ulcer. We saw that several people had pressure mattresses in situ which automatically adjusted as required. Staff recorded that these were checked to ensure the settings were correct and told us that they would beep if there was an issue. Not all staff were aware of what the correct setting for each person was when we spoke with them, however this information was available in people's care plans. One staff told us "Staff should know the correct settings of the pressure mattresses, so we can check when we give personal care." A pressure lead role was completed by one staff and this involved checking people's skin integrity needs, ensuring the correct equipment was in place and that people had prescribed topical medicines where needed.
- We saw that further work was needed around the recording of behavioural incidents. Not everyone who displayed physical or verbally challenging behaviour had a care plan in place for staff to follow when supporting them. We saw one person was having regular incidents recorded in their daily records but there was no behaviour support plan in place. We raised this to staff who took action to put this in place.
- We saw that behaviour recording forms were not always correctly completed. For example, one person had become physically aggressive in a communal area. The staff had recorded the event and the support given but there was no recorded consequence to know if this had a positive impact. This meant it would be hard to review what worked for this person and implement a new technique if it was not successful.
- Incidents and accidents were recorded on incident reports and signed off by the registered manager. The registered manager told us they would check the person's care plan to ensure any updates had been added and the appropriate action taken. We saw one person had two bruises recorded on a body map, but the cause was unknown. There was no record of investigation into this. The registered manager told us they would investigate this. Following the inspection, we were informed the person's medicine can leave them vulnerable to increased risk of bruising and this was recorded in their care plan. The person had reported they think they gained the bruise by knocking their arm when going through a door. We asked the registered manager to ensure all incidents of this nature are fully recorded, investigated and where appropriate a

notification made to the Care Quality Commission.

- Maintenance staff were in place to ensure any risks around the environment and health and safety were checked and minimised. This included regular checks around water temperatures, fire alarms and equipment, emergency lighting and call bells. Staff recorded any maintenance jobs requiring attention in a communication book. Where required external contractors would be contacted to complete work outside of the maintenance staff role. We saw that health and safety audits were completed monthly by the registered manager.

Systems and processes to safeguard people from the risk of abuse

- People we spoke with told us they felt safe living at Marden Court and staff were available to help them. Comments included, "It's everything here that makes me feel safe", "I feel safe. I go out and my family are close around. There are people around me in the home. The staff check me. I was offered a room key when I came here" and "My bedroom is secure, and my belongings are safe".
- Staff had a good understanding of how to keep people safe and their responsibilities for reporting any concerns. Safeguarding information was clearly displayed for staff to refer to if required. One staff told us "I have had safeguarding training and I have dealt with safeguarding issues, so I feel confident about this."

Learning lessons when things go wrong

- The service held reflective meetings following events to ensure that staff had the opportunity to take time to discuss how this affected them and any lessons learnt going forward. We saw evidence of these documented. The registered manager told us how they had recently implemented counting tablets that came in a medicines bottle following an incorrect number being dispensed. This was also shared with the pharmacy to prevent a reoccurrence.

Staffing and recruitment

- The home employed sufficient levels of staff to support people and meet their needs. People told us they did not have to wait long for staff to come and support. One person said, "Call bell is by the side of my bed. They quickly arrive for me." Relatives felt reassured that safe levels of staff were available commenting, "There is always a lot of staff available. They look out for them all the time. You can always find somebody. The staff are always visible" and "Plenty of staff. Always see staff around. No long waits for anything to be done. Whatever you ask for is done." The majority of staff we spoke with felt they had enough staff to give unrushed support to people. A minority of staff felt that staffing was not adequate in the home. Comments included, "Staffing is pretty good at the moment, we are busy for a small home but we are ok at the moment", "I don't feel rushed when I give care", "There is plenty of staff, it's a small place we can manage" and "Staffing is not 100 percent, only having three staff is not working, to fit breaks in it's hard and care is rushed."
- The registered manager used a needs led dependency tool to calculate safe levels of staffing in the home. The service was currently piloting a new tool which allowed more insight to be gained. The area operations manager explained it allowed them to look at the actual hours needed for day and night, the skilled staff hours and care hours recorded on an individual basis accounting for nursing care and psychological or physical needs. The tool enabled changes to be made during the month if a person's needs increased or decreased, so the staffing could be adapted to these changes quickly.
- The service followed safe recruitment practices. Records showed that checks had been made with the Disclosure and Barring Service (criminal records check) to make sure people were suitable to work with vulnerable adults. Records seen confirmed that staff members were entitled to work in the UK. Where a gap

had been identified in a staff's previous employment history a risk assessment had been put in place. One staff did not have two employee references in place. A risk assessment was not contained in this staff file. We raised this with the registered manager who addressed this during our inspection.

Using medicines safely

- At our last inspection in April 2018 the service was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not ensured medicines were managed safely. At this inspection we found action had been taken and the service was no longer in breach of this Regulation.
- Safe practices for storing medicines were followed. All medicines were stored safely and in a locked cupboard and fridge and disposed of safely when no longer required. Where people were prescribed medicines to be taken 'as required' (PRN), there were clear procedures in place to inform staff when they should support the person to take the medicine. We observed the administration of medicines and saw staff checked with people to ensure if they had any pain, before medicine was offered. Staff recorded when they had given PRN medicine and the impact this had on the person's symptoms after taking it.
- We reviewed the Medicine administration records (MAR) for people and saw that they were being completed properly at the time of administration and signed by the competent person administering the medicines. We saw that the printed MAR's had an extra space before the date started that month, which staff were signing in. If staff had continued to sign in this way, it would look as if people had not received their medicines for one day that month. We raised this with staff and the registered manager to address. The registered manager told us this would also be raised to the pharmacy to correct.
- Appropriate assessments relating to medicines were in place. This included risk assessments around self-administration of medicines and for paraffin-based creams. A pharmacist visit had been undertaken in September 2018 and had not identified any real concerns with the medicine practice in the home. Staff received annual medicine competency checks and where an error had occurred this would be rechecked, and further training offered if required.

Preventing and controlling infection

- We found the service to be clean. Staff were able to explain how standards of cleanliness were maintained and cleaning schedules were in place to record that all areas of the home were being cleaned. People and their relatives were happy with the levels of cleanliness, but there were some furniture items that were in need of upkeep. The registered manager was aware of this.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- New staff were supported to complete an induction programme before working on their own. Staff spoke positively about their induction commenting "Everyone was friendly, I shadowed each shift to see how the day works and to get used to using hoists" and "I had two weeks of training and six shadow shifts. I was offered more if needed."
- Staff told us they received regular training to give them the skills to meet people's needs. Staff told us "They want us to learn and don't hold us back" and "The training, is good, it helps, learn different ways of doing things." Staff were supported to complete higher level qualifications and some staff were currently doing courses in Dementia and health and social care.
- People and their relatives had confidence in the knowledge and skills staff gained commenting "The staff are well trained, skilled and friendly. I have confidence in them" and "The staff are trained and skilled. All go to training courses and look competent to me. They are trained adequately for what they need to do."
- People were supported by staff who had 'Trust in conversations' (one to one meeting) with their line manager. Staff told us supervisions were carried out regularly and enabled them to discuss any training needs or concerns they had. The registered manager had put in place a self-assessment tool for staff to reflect on their own practice prior to supervision. We saw this asked what help they needed to improve and asked them to describe a magic moment experienced on shift. One staff said, "I think they are a good way of tracking progress and where you are."

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

- People told us they liked the food, there were good choices and fruit, fluids and snacks were seen to be readily available during the day. People's preferences including their dislikes and any allergies were recorded and known by kitchen staff. We observed menus available for people to see and be reminded what the choices for lunch were. People were able to make visual choices about what they wanted to eat, at the time of the meal being served.
- We observed mealtimes for people and although some staff engaged more with people than others, all interactions appeared to be respectful. Soft music was playing in the background and the atmosphere was relaxed. People were given a choice of two main courses and one member of staff had their lunch at a table with one person and chatted easily throughout. People said they enjoyed the pudding of crumble and custard. This was however served together and the opportunity of providing a choice of whether or not custard was wanted did not appear to be given on this occasion.
- The home had recently received a food hygiene rating of 5 from the Food Standards Agency. The kitchen

staff attended residents meeting and were available during meal times to receive feedback directly from people. We saw one person make a comment about having sandwiches for tea and staff told them to raise it with the registered manager if they were unhappy. A kitchen staff overheard and immediately offered the person an alternative to which they declined. We raised this with the registered manager to ensure all staff responded appropriately to people's dietary requests.

- People had nutritional assessments within their care plans and were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing.

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

- The care plans that we reviewed all demonstrated evidence that people were supported to access health services when needed, for example their GP and Community nurses. People told us "If I'm not well they are straight on to it. The paramedics come out. Antibiotics straight away for chest infections. They let the family know straight away. It is managed well" and "The doctor is 5 minutes down the road. There are weekly checks in the home. They got the doctor in who gave antibiotics to ease the pain in my legs".
- Relatives told us they were kept well informed of any health concerns their family member experienced. Comments included, "The staff responded well to my relative's needs. They kept me informed" and "They notify me if a small fall. If anything happens, they let me know."
- During our inspection one person was experiencing a medical incident. Staff took appropriate action informing the GP and calling a paramedic to attend as a precaution. The staff member demonstrated a calm, caring and confident approach, staying with and reassuring the person throughout.

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

- The environment was homely for people and had good signage to help people navigate around. People's bedrooms had door knockers, their name and a picture that was meaningful to them if they chose. We observed that rooms were personalised and furnished with things important to people.
- The home had a good-sized garden and was an accessible space. Work had been undertaken creating a fairy garden and a space with animal ornaments. One person told us their grandchildren loved to spend time in the garden. The service was also home to a cat and budgie, which people had grown very fond of and enjoyed watching.

Ensuring consent to care and treatment in line with law and guidance: Assessing people's needs and choices; delivering care in line with standards, guidance and the law

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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.

- We saw that where people had been identified as lacking capacity an assessment had been completed to ensure care was given in line with their wishes and in their best interests. The assessments had clear details recorded on how information was given to people in order for them to try and make a decision. For example, it recorded that it was completed at a time of day when the person was more alert. Assessments also recorded where external professionals and family members had been involved.
- Staff felt confident in supporting people who lacked capacity and told us "We still try and give them choices and offer things. We have got to know them and can recognise signs in people of what they want"

and "If people lack capacity, we support them to make decisions. You can find a way together to make things happen and explain the risks."

- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. We checked whether any restrictions on people's liberty had been authorised and found that the service was acting appropriately in managing these.

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The service was calm and portrayed a homely environment. People were comfortable in the presence of staff and approached them easily for support, to chat or share a joke. People spoke positively about the staff commenting "The staff are nice and kind", "I'm very happy with the care" and "The care is exceptional."
- Staff demonstrated that they knew people well and spoke about people's preferences and life history. One staff said "It's a smaller home which means it's more personal. I know everyone here, the residents and staff, it's as close as you get to living at home." Staff in other roles including housekeeping were trained to deliver care and able to help out where required. Staff in these roles told us this enabled them to learn more about people's needs.
- External health and social care professionals told us the staff were kind and caring to people commenting "We spoke to staff who clearly knew the residents very well, and clearly enjoyed their work with them. From the interaction I observed between residents and staff and, from the way staff spoke about the residents I feel that the set-up at a Marden Court provides a very person-centred service" and "The team are friendly and approachable and seem to really want to get things right for their residents and are willing to make changes as and when advised or they feel needed."
- The service promoted values that were inclusive for people. A mission statement questionnaire had recently been given out to staff. This asked what the team did well, could improve on and what would they change to benefit people living at Marden Court. The registered manager told us that the pre-assessment paperwork for people now contained information about if people identified as lesbian, gay, bisexual, or transgender (LGBT) so the service could support people as they needed.

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

- People had choice and control in their care, including about the staff who provided their care and support. One person said "I'm comfortable with all staff. Happy with both men and women." Other people confirmed they made choices around when they got up, went to bed and were able to spend time away from people if they wanted some privacy.
- A wish tree was situated in the reception with notes displayed. Staff told us this was available for people to put things they wanted to achieve on and then staff would support them where possible in making these a reality.

Respecting and promoting people's privacy, dignity and independence

- Peoples dignity was respected by staff and we observed staff seeking permission before offering support.

People told us "They always explain what they're doing" and "Staff are caring and respectful." One person told us that staff encouraged them to maintain their independence.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had care plans in place that clearly explained how they would like to receive their care, treatment and support. People we spoke with were aware they had a care plan in place and where able contributed to discussions about their care. People told us "The care plan is discussed with my family if I'm ill and can't speak" and "I'm treated as an individual and supported as I want." We saw that care plans were regularly reviewed and updated where necessary. One person said "I am involved in care decisions. My family is also involved in meetings and care issues."
- We saw good levels of detail recorded around people's communication needs and how they expressed themselves and any requirements they had for accessible information formats. One health and social care professional praised the staff for the communication to external professionals about people's needs.
- The service ensured people's care remained current through a system called Resident of the day. This looked at each person monthly and reviewed their environment, care records and personal care. A red dot day had recently been implemented which incorporated a person having additional one to one time where they could choose what they would like to do. We saw that a lot of this one to one time had been used to give people a bath, which should be a normal care activity. The area operations manager agreed that staff needed further understanding around this and might work better if staff were allocated to this time on the rota.
- The registered manager had also put a new questionnaire in place for staff to complete with people monthly. This asks the person how they feel about all aspects of their care and contained guidance around the questions to ask. The registered manager told us despite being a new tool, it was working well in capturing and involving peoples experience more in the resident of the day process.
- Some people had a monitoring chart in place to record support with repositioning or food and fluid intake. We saw that whilst these were being completed work was needed around enhancing the information recorded to be an effective record. For example, where a space was provided to include information around poor intake or alternatives offered staff were recording the location of where the person had eaten their meal, such as their bedroom. There were also recordings stating ate half, but it was not clear the portion size the person had been given initially. We saw some people's repositioning charts showed longer gaps than what their care plan stated they should receive support. Although there were no current concerns with pressure ulcers in the home we raised with the registered manager to follow up with staff. The registered manager told us that person-centred workshops were being run by the head of care, to encourage staff with recording and documentation around care plans.
- We observed a staff handover and saw good communication between staff about people's needs. One staff told us "There is improved communication, I tell people where I am going, and we have buzzers to communicate with each other."
- People had the opportunity to attend activities provided by activity staff. A programme of activities and

events was given to people and they were reminded prior to an activity starting if they would like to join. People also attended trips to pub lunches, a summer beach trip and mystery tour. Volunteers supported the home and spent time with people. The service was now looking for specific roles that volunteers could offer such as a befriender to people or someone with gardening skills. Quarterly volunteer meetings were held so that they felt as much part of the team as regular staff.

- We observed a morning activity of skittles which was well attended. Everyone was smiling, engaged and enjoying the session. People spoke positively about the activities available saying "I like singing. I come down when music is on and come down for the coffee morning", "I've liked what I've seen. The woman who does it is very talkative." One health and social care professional told us "Residents who spend most of their time in their rooms, either through choice or health needs, are allocated regular 1:1 time to avoid isolation and loneliness."

- During late afternoon and evenings, we saw that most days the activity was film watching as no activity staff were available at that time. The activity staff told us consideration was currently being given to providing activities at this time as some people due to their health conditions could become restless. The area operations manager informed us work was happening around activity provision and focusing on socialising and the recognition of what can be an activity. A day was planned for activity staff within the organisation to look at developing this. Consideration was also being given to providing the same activity sessions for people with Dementia that included more sensory input.

Improving care quality in response to complaints or concerns

- We saw that people's concerns and complaints were encouraged, investigated and responded to. People told us they would raise any concerns with the management of the home and felt comfortable to do this commenting, "No complaints. Anything wrong we'd tell them" and "No complaints. Any concerns I would speak to the manager."

End of life care and support

- People and their relatives were given support when making decisions about their preferences for end of life care. We saw any wishes a person had around their care at this stage were recorded in care plans. The registered manager held reflective meetings with staff following a person's death to offer the opportunity to discuss their experience and feelings around this.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Everyone we spoke with knew who the registered manager was and were happy with the way the home was run. The registered manager had moved their office to the front entrance, so they were more visible to people and visitors to the home. One person told us "The manager is approachable and listens." One health and social care professional told us "The registered manager is extremely approachable and open to constructive criticism, she takes on board advice and implements suggestions regarding best practice. The staff I have met were also approachable and friendly."
- The majority of staff were positive about the leadership of the home. There was a minority of staff who did not feel the registered manager was supportive. Comments included, "I am happy with the management, she is very approachable I feel backed up. It's a lovely home we all know each other", "I feel well supported and get on well with the manager, I am trusted to run my department", "I would go to another staff member rather than manager, I don't think it's confidential when things are raised."
- The registered manager spoke to us about a few staff who were resistant to change. The registered manager said they continued to try and make this work. Senior management confirmed they were involved, and the registered manager was looking at new ways to encourage their involvement and have a role to be proud of. Where staff had gone above and beyond in their work the registered manager wrote thank you cards to acknowledge this and thank the team. One health and social care professional told us "The manager was very welcoming and talked knowledgeably and enthusiastically about Marden Court. She is clearly proud of the service offered there and especially of her staff."

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

- At our last inspection in April 2018 the service was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the registered person had not ensured there were effective systems to assess, monitor and improve the service provided. At this inspection we found action had been taken and the service was no longer in breach of this Regulation.
- The registered manager was supported by a peripatetic manager, the area operations manager and a head of care. Further to this they had the opportunity to engage with other managers and share information and ideas.
- Quality assurance systems were in place to monitor the quality of service being delivered and the running of the home. The registered manager completed a documented daily walk around in the service and

discussed any concerns in a 10am meeting with the heads of department. The registered manager had a checklist in place to ensure regular audits were undertaken in areas including medicines, call bells, catering and infection control.

- The service reviewed falls on a monthly basis, an action plan was in place from this which was clear. The falls analysis considered where a person had fallen, the time, if there was any underlying condition and the improvement and ongoing actions from the last month. We saw that falls had reduced, for example in February there had been 11 falls compared with March when there was seven.
- A resident risk map was in place which focused on people who had experienced weight loss, falls or pressure ulcers. These areas of risk were monitored, and progress and actions recorded. This ensured risks to vulnerable adults were minimised and the service continued to look at any further support they could provide. The area operations manager told us the quality assurance systems allowed them to focus on what they need to focus on and gave more time to mentor managers commenting, "[registered manager] is very responsive and if I ask her to do something it will be done." The registered manager told us "That's not just me it's the whole team, they embrace everything and the reason behind it. They are learning it and doing it."
- Governance meetings had been set up which staff had taken on the roles of. Governance meetings took place every three months and had looked at areas including fundraising for the home and increasing resident involvement in the day to day running of the service. Data was also compared in areas including incident reports and complaints across the providers homes in Wiltshire.

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

- People and their relatives had the opportunity to attend meetings if they wished. We reviewed the minutes of the last meeting and saw they discussed activities, food choices and other events relating to the service. One relative told us "They know us by name. We are invited to functions. They encourage families. One relative's grandchild played the piano for a function." We saw cards complimenting the service were displayed and shared with staff.
- There were internal meetings held for staff. We saw one meeting looked at audits and policy updates, asking staff about their knowledge in areas including mental capacity. Employer awards were held across the provider's homes and three nominations for staff at this service had been put forward.
- Feedback surveys were given to people and staff. We saw that there was not currently a pictorial format available for people who needed it in this way. The registered manager told us it was an older style of tool and did need to be updated.

Continuous learning and improving care

- The service continued to work towards improving care outcomes for people. An improvement plan was in place which set timeframes for areas that needed focus. The registered manager had implemented new ways of working and documents and was looking forward to assessing the impact these had for people and staff.

Working in partnership with others

- The service worked in partnership with other professionals and the local community. The home offered space to and supported schemes including work experience, a toddler group and the Duke of Edinburgh award programme.
- Positive feedback was received about the service and staff with professionals saying "They are very approachable. My colleague and I were both struck that every member of staff we encountered spoke to us

and we gained the impression that they were happy in their work" and "They are extremely approachable, honest and open. Always appreciative of resources and information. The manager uses networking with our resource as way to improve and keep up to date with best practice."