

Terrance House Care Limited

Terrance House

Inspection report

7-19 Belgrave Road
Margate
Kent
CT9 1XQ

Tel: 01843224879

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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

Terrance House is a residential care home providing accommodation and personal care for 48 people living with long term mental health issues. At the time of the inspection there were 45 people living at the service. Terrance house is also the office location for a supported living service for six people with mental health needs who can live more independently with staff support. The supported living property is attached to the main house. There were six people living at the supported living when we visited.

Not everyone who used these services received personal care. CQC only inspects where people receive personal care. This is tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 32 people in Terrance House and two people in the supported living needed staff support with their personal care.

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

People spoke positively about living at Terrance house. People within the supported living also commented positively about the support they received. People told us that they felt that staff understood how to support their differing mental health needs and showed kindness and respect towards them.

People were supported by staff who had been recruited safely. Staff received training necessary to give them the skills and knowledge to understand and support people with long term mental health conditions. People and staff told us that there were enough staff to be available to people when they needed support. The atmosphere was relaxed, and staff were able to spend time to sit and talk with people. Staff were mindful of how vulnerable people in Terrance house and the supported living service were, they understood how to protect people from the risks of abuse, discrimination and avoidable harm from others. Medicines were managed safely. Staff ensured people received their medicines regularly and on time to help maintain a stable mental health.

People told us that staff supported them with their health needs and helped them to access appointments. Staff monitored people's health and sought advice from health professionals as needed. Care plans were personalised to reflect people's specific needs and preferences, and these were kept updated when changes occurred. People were given a choice of meals and told us that they enjoyed these, there were opportunities for them to get regular drinks.

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 were treated with understanding and compassion. People told us that they able to express their concerns to preferred staff and that resident meetings were held at regular intervals. People told us they felt listened to. People had keys to their bedrooms and staff provided support for personal care discreetly to

protect people's privacy and dignity. Levels of motivation varied but where people showed interest staff supported them to develop skills and independence and a programme of activities was provided to aid stimulation and reduce isolation. People had access to all communal areas of the service and could go into the garden which included a smoking shelter which was important to people.

People and staff confidentiality were maintained. People were given important information in a format that suited them best, such as in larger print, pictorial or in a verbal form.

The registered manager promoted an open and inclusive culture where everyone was valued for their contribution. There were systems and procedures in place to monitor service quality. People, relatives and professionals were invited to give feedback about the service which was used to inform future service development.

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

Rating at last inspection

The last rating for this service was Good (Report published 6 March 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

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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 ●

Terrance House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by 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

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

Terrance House also operates a Supported Living scheme from the same office location. This service provides personal care support to people living in their own tenancies in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission who managed both the Care Home and the supported Living 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.

Notice of inspection

This inspection was unannounced. However, we gave notice at the inspection that we wished to visit the supported living as the service is small and people are often out, we wanted to be sure there would be people and staff available to speak with us.

What we did before the inspection

We looked at the information we had received about the service since the last inspection. This included details about any accidents or incidents that the provider must notify us about, such as safeguarding alerts, serious injuries or incidents that effect the operation of 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.

Before the inspection we also invited feedback from the local authority commissioning team and health watch. Health watch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with nine people using the care home service and four people who lived in the supported living accommodation. We asked them about their experience of the care provided. We observed staff engagement with people in the communal areas of the service, so we could understand people's experiences. By observing these interactions, we could determine if people were comfortable with the staff supporting them. We spoke with the registered manager, nominated individual (The nominated individual is responsible for supervising the management of the service on behalf of the provider), deputy manager, and two support workers in the main house and a senior support worker and support worker in the supported living accommodation. We also spoke with the maintenance person and a member of the kitchen staff who had dual activities as a support worker.

We sampled a range of specific information from five care plans across the care home and the supported living service which told us about people's specific care needs in some areas and how these were managed. We also looked at two staff recruitment files, made observation of medicine administration and sampled medicines administration records. We reviewed staff training, supervision and appraisal information. We looked at accident and incident records, premises checks and equipment servicing, complaints information and the quality assurance checks and audits carried out to provide assurance that the service was operating safely.

After the inspection

We continued to seek clarification from the provider to validate evidence found by requesting contact details of other professionals who visit the service who we invited to comment. We also received clarification on a staff employment history gap.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse, harm or discrimination. This was because staff completed regular training to understand how to recognise and respond to any concerns they may have.
- Staff understood their responsibilities under duty of candour to report concerns to senior managers or to relevant external agencies where necessary to protect people from harm.
- People told us they felt safe living in both the main house and the supported living service.
- There were no open safeguarding alerts at the time of inspection, although the registered manager and other senior staff were familiar with the process for alerting safeguarding suspicions.

Assessing risk, safety monitoring and management

- People continued to live in a safe environment and their freedom of movement around the premises was respected. Terrance house itself was subject to ongoing upgrading of bedrooms and communal spaces and all necessary checks and tests of equipment continued to be carried out to ensure people remained safe.
- People living in their own tenancies shared communal lounge and kitchen space. The supported living premises were well maintained by the landlord, although we discussed the importance of enhanced health and safety premises checks such as ligature point checks. This was to mitigate risks posed by those who could self-harm.
- Assessment of risks from people's health and welfare needs were well managed. For example, guidance was in place to inform staff how to de-escalate behaviour that could be challenging to staff and other people. People thought that staff managed these situations well. One person said, "They do whatever needs, a few people can kick off, they get them out of the way quickly, so it doesn't affect other residents." Another person told us "If it is threatening it is dealt with, so you feel safe."
- Personal emergency evacuation plans had been developed to guide staff in the support each person may need to evacuate the building safely. Staff practiced evacuations through fire drills and recorded the attendance of people and staff.

Staffing and recruitment

- People continued to be supported by a safe system of staff recruitment. This helped to ensure the suitability of staff working at the services. Checks included a criminal record check, proof of identity and previous employment history in addition to suitable references.
- People in Terrance house told us that there were enough staff available when they needed them. Staff rotas matched the numbers of staff on duty and showed this level of staffing was maintained with few exceptions for sickness.
- Staff said they thought staffing was enough to provide people with the support they needed, gaps in shifts

were filled from existing staff or from trusted agency staff to maintain continuity for people where possible.

- People in the supported living service were supported by a dedicated staff team. People were allocated staff hours to help with support needs and skills development. A waking night staff member was currently provided in the supported living to support a person with high levels of anxiety. A staff member told us if lone working they had access to a nurse call and mobile phone if they required support from staff in the main house.

Using medicines safely

- Peoples medicines were managed safely. People told us they got their medicines on time and received them how they preferred.
- Arrangements for ordering receiving, storing and disposing of medicines remained appropriate. Medicines requiring safer storage were stored, administered and recorded in accordance with current guidance.
- Medication was administered by trained staff whose training was kept updated and their competency reviewed annually.
- When people were prescribed 'as and when required medicines' such as pain relief, or medicines for anxious behaviours. Guidance was in place to inform staff in what circumstances these medicines could be given, how often and what dosage. Staff recorded when these medicines were given.
- Medicines for people in the supported living were stored in the main home for safety. These were taken to the supported living each day. People were supported to take these in accordance with their preferences and the prescribing instructions.

Preventing and controlling infection

- People lived in a clean odour free environment. They were happy with the standards of hygiene, and what staff did, or they did for themselves to maintain good standards. One person told us "I see to myself. I keep an eye on hygiene levels."
- People were protected from the risks of infection. Staff wore gloves and aprons when carrying out personal care, cleaning and food related tasks.
- Staff had received training to understand good infection control standards and to maintain good food hygiene standards. Housekeeping staff worked to set cleaning schedules to ensure all areas of the service were cleaned on a rota.
- The laundry was well equipped, and some people were enabled and supported to do their own laundry. Soiled laundry was managed appropriately with good practice around separation of soiled from normal laundry.

Learning lessons when things go wrong

- The registered manager and staff reflected on accidents and incidents and analysed these to identify trends and patterns. They could evidence appropriate action was taken to keep people safe. Where things had gone well or gone wrong this was used as learning for staff to try and mitigate future risks of a similar nature.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff continued to undertake assessment of new people prior to their admission. This helped ensure identified needs could be met by the service. Information about prospective residents was gathered from a range of sources such as relatives, existing placement staff and health and social care professionals to inform the admission decision.
- The assessment process took account of people's physical, mental and social care needs, and any special lifestyle choices they may need support with to continue to live the life they chose. Plans provided staff with guidance and direction in line with current good practice guidance
- Where possible transition arrangements were made for people to spend time in the service before they moved in and this was undertaken at a pace to suit the person.
- The needs of everyone in the service were routinely reassessed and reviewed to take account of new changes. This informed staff as to whether each person was receiving the right support for their needs.

Staff support: induction, training, skills and experience

- Staff continued to receive and appropriate induction to the home and their role. They completed a probationary period and during this time completed the Care Certificate. This is a nationally recognised basic care qualification to give staff the understanding, knowledge and skills to successfully carry out their role safely.
- All staff continued to be offered a programme of training that was kept updated and provided areas of specialism specific to the needs of people using this service. For example staff received conflict management training, during inspection we observed staff monitoring and supporting someone experiencing anxious behaviour that could impact on others this was carried out calmly, patiently and with respect.
- Care staff were also offered opportunities to complete formal care qualifications during their employment.
- Staff told us they felt the new registered manager had brought about change and things had improved. Staff said they felt supported and received regular supervision and annual appraisal around their job role and performance. Staff said these were opportunities to discuss further training opportunities and development.

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

- People told us that they liked the choice of foods they were offered. They told us "I accept it, I like it there is a choice. Another said, "The food is good, excellent." And a third person told us, "Its lovely, its fresh every day.

- In Terrance house a daily menu was displayed in the dining area for people to see. People knew the times of meals and came to the dining area for these but could eat elsewhere, for example, a small private room was available for those who preferred to eat alone or in quieter surroundings.
- In the main house one person told us they had opportunities to cook their own food, and several people spoke positively about how they were able to help in the main kitchen. In the supported living service people were enabled to plan and cook their own meals.
- The cook for Terrance house was familiar with people's dietary preferences and needs. They provided options that people were happy with. Staff were aware of those people who could be at risk from not eating or drinking enough and monitored any risks related to this.
- Weights were taken at regular intervals with people's agreement. Where weight losses or gains were identified these were discussed with the person if there was cause for concern and professional advice was sought if needed.

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

- People were reminded and supported to attend routine health reviews and appointments and to attend for specialist health appointments. People told us "They keep it in a diary and remind you". Another said, "They take me in a taxi to my appointments." A third person told us, "Yes, I had a scan the boss took me there!"
- Staff had acted to implement new oral health standards their needs were assessed, and oral health care now formed part of their care plan. Staff ensured people had toothpaste toothbrushes or fixative for dentures where needed.
- People continued to be involved in discussions about their health. Service staff referred people for health support as and when needed to help ensure people remained healthy.
- Records were maintained of when people saw health professionals and the outcome of these visits. This provided assurance that people's health and wellbeing was being appropriately supported.

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

- The size of the service lent itself to being functional rather than homely. There were ongoing decorative improvements to improve this and the overall appearance. A smoking shelter had been provided for people who found smoking helpful in managing their anxieties.
- The supported living setting provided people with quieter and modernised communal kitchen and lounge space where they could meet each other and other visitors.
- People had been supported to personalise their own bedrooms in a way that was culturally relevant to them, with possessions that were important to them and reflected their hobbies, interests and personal taste.
- There was a maintenance person who knew people well and could consult with them if they needed to access their bedrooms. People were consulted and informed about important changes to the premises and staff took account of when it would be best to undertake works to cause the least upset.
- There were enough bathing, toilet and communal spaces to support people's needs. People made good use of all the communal spaces, to sit and chat with others or occupy themselves with things of interest.

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). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service Terrance House and the supported living service were 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.

- Peoples capacity to make everyday and more important decisions continued to be assessed at point of admission to the service and kept under review. Staff were trained to understand the MCA and how this impacted on people's decision making. They supported people based on consent and sought people's involvement and agreement in all aspects of their daily lives.
- Many people had full capacity to make their own decisions and this was respected by staff. Where people did not have the capacity to make some decisions best interest meetings were held and applications for DoLS authorisations made.
- Some restrictions were in place for the protection and safety of everyone in the house for example, no smoking in the personal bedrooms or communal areas.
- People understood the rules and routines governing the way the service operated and felt they could live their lives how they wanted with the least restriction in place. They told us, "I'm allowed to do whatever I like. I smoke as well, but not allowed in the building." Another said about restrictions "If there are I don't see them. I get up when I choose and choose when I go to bed." Another told us, "Not as far as I am aware. I get up, go to bed when I want, do my washing when I want."
- We checked with the registered manager if there were any conditions on the DoLS applications authorised and were informed there were not. The registered manager notified CQC appropriately of any authorised DoLS applications.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated well. Staff showed them respect and kindness.
- People's equality characteristics were supported. For example, those whose first language was not English were supported to maintain their cultural identity with information translated for them. Adjustments had been made for those people with mobility issues, so they could access all areas of the main house.
- Staff showed that they understood people's characters and personalities well, their individual needs and what was important to them. This information was translated into their care records to inform all staff.
- Staff were mindful of the abuse and discrimination people with mental health needs can face and were committed to protecting and championing their rights. For example, informing and guiding them away from areas where they thought they might be targeted.

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

- People were supported by staff to be actively involved in making decisions about their everyday care.
- Where necessary staff sought external professional help and the input of people important to the person to help make decisions involved in their care.
- People had opportunities to express their views about the service through individual discussions with staff and through resident meetings. People in the supported living attended tenant meetings where they could discuss issues affecting all the tenants such as the support provided by support staff and the running of the supported living house.

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated commitment to the people they supported and were passionate about giving them good quality care. They respected people's privacy and supported their personal care needs discreetly to maintain their dignity.
- People could be private when they wished to be. They had a key to their bedroom, so this could be locked when they went out this provided reassurance their personal space remained private.
- People were encouraged to learn skills to support greater independence for example, cooking and doing their own laundry. People told us, "Yes, they show me how to spend money, show me how to cook. An example, I have cooked for myself!" Another said "They make sure I get up washed, change, have breakfast, tell me about spending money.
- In the supported living service several people told us about how staff were helping them with regaining skills they told us "I go out once a week with a care worker for shopping." And, "I do my own cooking." Another person told us they got support with their shopping from a relative, but staff helped them with

budgeting.

- People continued to be supported to develop, maintain and regain relationships with people who were important to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Peoples assessed support and care needs continued to be met. People were involved and consulted about their support needs through routine reviews of care, to ensure that support plans were still effective.
- Staff were knowledgeable about individual people and how their mental health need impacted on them. Staff understood people's characters, individual preferences and routines around their support. Staff offered support flexibly to take account of how people may be feeling from day to day or at any given time. Staff listened to people and respected their differences. This helped staff to offer personalised care and to support people's diverse needs.

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.

- People were happy with the way in which information was presented to them. Staff said they took time to explain and help people understand if they needed it. Communication needs were assessed as part of the admission assessment.
- The service had experience of working with people whose first language was not English, previously they had supported a Russian speaker and used a tablet with a translation application to translate information.
- At the present time the service was supporting a French speaker and used the same application to translate information from and to English. For example, we saw resident meeting notices translated into French to aid the persons inclusion.
- Important information such as peoples care plans were presented in a way people could understand. For example, some people preferred to receive information verbally from staff due to their mental health needs, and their medication impacting on their ability to concentrate and absorb information.

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 and encouraged to maintain relationships with the important people in their lives.
- People told us that the activities on offer had improved following the employment of two activities coordinators. People were supported by staff to participate in these.
- Activities provided stimulation for people and lessened isolation by encouraging people to engage with others. Staff were keen to build on the activities programme and recognised boredom was a big issue for people

- People were consulted about their interests and a programme of at home activities, and activities that took place in the community were developed to suit a wide range of needs and wishes. A person told us, "I do activities which are interesting, museums, parks, concerts, all enjoyable."
- People had free choice about whether to join in or not with activities. Some people told us they preferred their own company or liked to just spend time in the communal areas

Improving care quality in response to complaints or concerns

- People were provided with information in formats they could understand about how they could make a complaint. There was a complaints policy and the complaint procedure were displayed openly in the service.
- People said they felt able to express concerns if they had them but had not needed to.
- Some people said they had good relationships with staff who they would approach with concerns if they had them. Others told us they had raised concerns previously and had been listened to, "Yes, I do feel I will be listened to!" Another told us, "I got aggressive, I thought another resident was going to punch me. Staff calmed me down."

End of life care and support

- People had been supported by staff to make known their end of life wishes. A record of these was included in their individual care records. This informed staff how people wished to be cared for at the end of their life and their wishes and preferences in respect of their funeral arrangements.
- Staff worked with health professionals when required to ensure people received good care at all stages of their life and when necessary were helped to experience a dignified and pain free death.
- At the time of inspection no one was diagnosed as end of life.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a new registered manager in post since the last inspection, this is a condition of the providers registration.
- The registered manager had worked in the service a long time before taking up the current post. Therefore, they were able to provide guidance and leadership to staff from a position of familiarity with the operation of the service.
- There was clear management structure in place and staff were familiar with the lines of accountability. The registered manager received support from the nominated individual and there was a strong commitment to taking the service forward and improving the experience of people living in the service
- Staff thought things had improved and that the registered managers leadership style was promoting a more inclusive and open culture. One told us that staff morale was very high and they loved working at the service. Another told us communication between staff was excellent, "so jobs get done."

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 was aware of their responsibilities to alert CQC of important events in the service.
- People, relatives and professionals were kept informed if things went wrong. When this happened the registered manager and staff reflected on this and how they could mitigate risks of recurrence in future.
- Steps were taken to ensure people and staff confidentiality was maintained, paper records were kept securely locked away and electronic records were password protected.

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

- The provider and registered manager conducted audits to monitor the service and effectively identify areas of improvement. They listened to what people said for example, people had identified they would like somewhere they could buy toiletries and sweets. A tuck shop was developed and this has also provided occupation for some people living in the service. People continue to be asked to contribute ideas to the development of the shop such as the stock carried.
- The last inspection rating was appropriately displayed in the service as required by law
- The registered manager ensured that staff received ongoing training and supervision so that they delivered support to people from a basis of knowledge and professionalism.
- The nominated individual had a quality assurance role in checking audits conducted by the registered

manager and staff on behalf of the provider. This helped to ensure good quality care was sustained.

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

- People, relatives and professionals were invited to comment on service quality through regular questionnaires. Responses were analysed and helped inform service development. We discussed how the service might improve the way outcomes from surveys were publicised to people. The registered manager agreed to look at how they could take this forward.
- People and staff had opportunities to express their views through resident and staff meetings, and thought their comments were listened to. "People told us about resident meetings "Yes there are about four a year. I always go. I feel ideas are listened to." One person in the supported living told us "We are always communicating, I'm very happy here, it's a new start."

Continuous learning and improving care

- Staff complied with training and their supervision and appraisal was monitored to ensure this was kept updated.
- The provider used an external organisation to help keep policies and procedures updated to reflect any changes in legislation or guidance. Staff were provided with updates to read and the registered manager was able to monitor that they had done so to ensure all staff remained informed and aware of important changes.

Working in partnership with others

- The registered manager ensured that health and social care professionals were contacted for advice and guidance where necessary.
- Peoples quality of life was enhanced by the good relationships and partnership working staff had with other professionals such as care managers, community nurses, GP's and mental health professionals.