

Merling Care Limited

Glebe House Care Home

Inspection report

Glebe House
The Broadway, Laleham
Staines-upon-thames
TW18 1SB

Tel: 01784451643

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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

Glebe House Care Home provides accommodation, nursing and personal care for up to 24 older people, including people living with dementia. There were 22 people living at the home at the time of our inspection.

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

There were enough staff on each shift to meet people's needs and keep them safe. Staff turnover was low and the service did not use agency staff, which meant people received consistent care from staff who were familiar to them.

Staff attended safeguarding training and knew how to recognise and report abuse. People were protected by the provider's recruitment procedures, which included making pre-employment checks and obtaining references.

Assessments had been carried out to identify any risks to people. Where risks were identified, plans had been developed to mitigate these. Accidents and incidents were reviewed to identify learning, which was shared with the staff team.

Staff maintained the safety of the building and any equipment used in providing people's care. Staff minimised the risk of infection through their practice and maintaining good standards of hygiene.

People's medicines were managed safely. Staff supported people to maintain good health and to obtain treatment if they needed, including access to specialist healthcare professionals where necessary.

Staff attended an induction when they started work and had access to appropriate training for their roles.

People enjoyed the food at the home. If people had needs in relation to eating and drinking, these were assessed and recorded.

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

Staff demonstrated kindness and compassion in the way they cared for people. People's religious and cultural beliefs were respected. Staff treated people with respect and maintained their dignity when providing their care

People and their relatives were involved in the development of people's care plans. Staff provided care that met people's individual needs and reflected their preferences.

People had access to activities and families were encouraged to be involved in the life of the home when COVID-19 restrictions allowed.

The management team maintained a good oversight of the service and had implemented effective quality monitoring systems. The registered manager provided good leadership and ensured staff received the support they needed to do their jobs well.

The registered manager and staff communicated effectively with people's families and other professionals involved in their care.

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

Rating at last inspection

This service was registered with us on 17 December 2020 and this is the first inspection under the current registered provider. The last rating for the service under the previous provider was Good (published 21 April 2018).

Why we inspected

This was a planned inspection based on the date the service was registered with us.

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

Follow up

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

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 ●

Glebe House Care Home

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

One inspector carried out the inspection.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this

report. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who lived at the home, two relatives and six staff, including the registered manager, the deputy manager, three care staff and a member of domestic staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We checked recruitment records for three staff, records of staff training and supervision, and staff and residents' surveys. We also checked accident and incident records, the complaints log, quality monitoring checks and audits, and the arrangements for managing medicines. We reviewed two people's care records, including their support plans and risk assessments.

After the inspection

We received feedback from five relatives and two professionals about the care provided at the home. The registered manager sent us further information to support the inspection, including quality assurance checks and confirmation of scheduled training.

Is the service safe?

Our findings

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

This is the first inspection for this service under the current registered provider. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People said they felt safe at the home and when staff provided their care. Relatives told us staff cared for their family members in a way that maintained their safety. One relative said they were, "Confident that [family member] is in good hands." Another relative told us, "I feel totally confident with the knowledge that [family member] is looked after very well and that he is in a safe and pleasant environment."
- One relative said their family member had been at risk when living on their own before moving into the home and benefited from living in a safe environment with support available. The relative told us, "Knowing [family member] is safe here gives me peace of mind."
- Risk assessments had been carried out to identify any risks to people, for example the risk of falls and of choking. Where risks had been identified, plans had been put in place to minimise the risk of harm to people. This included guidance for staff about how to support people safely.
- Accidents and incidents were recorded and reviewed to identify any measures that could be put in place to reduce the risk of further incidents occurring. Learning from accidents and incidents was shared with the staff team.
- Staff maintained the health and safety of the building and any equipment used in the delivery of people's care. Regular checks were carried out on hoists and slings, pressure-relieving equipment, sensor mats and the call bell system. The service had a business contingency plan, which recorded the actions needed to ensure people's care would not be interrupted in the event of an emergency.
- There was a fire risk assessment for the home, a review of which had been booked for 16 March 2022, and personal emergency evacuation plan (PEEP) had been developed for each person. All staff received fire safety training, including evacuation procedures, and some staff attended additional fire marshall training.

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

- People told us staff were available when they needed them. They said staff responded promptly when they used their call bells. One person told us, "They are always around when I need them. They help me with everything I need." Another person said, "They are always on call, day or night. I have a buzzer to use if I need them."
- If people required additional staff support due to their individual needs, the home provided this to maintain people's safety. For example, one person received one-to-one staff support for 12 hours each day due to their dementia. This support had been effective in ensuring the person remained safe from avoidable harm.
- Staff turnover at the home was low and the service did not need to employ agency staff. There were no vacancies on the staff team at the time of our inspection. This meant people received consistent care from staff who knew them well and who people were familiar with.

- The provider's recruitment procedures helped ensure only suitable staff were employed. Prospective staff had to attend an interview and provide proof of address, proof of identity and evidence of their right to work in the UK. The provider obtained references and a Disclosure and Barring Service (DBS) certificate. The DBS helps employers make safer recruitment decisions and includes a criminal record check.
- Staff attended safeguarding training in their induction and regular refresher training. The staff we spoke with understood their responsibilities in protecting people from harm and knew how to recognise and report abuse.

Using medicines safely

- Medicines were managed safely. People told us staff helped them take their medicines as prescribed and that they could have pain relief when they needed it. There was guidance in place for the use of medicines prescribed 'as and when required' (PRN).
- People's medicines were reviewed regularly by healthcare professionals, such as the GP and mental health team, to ensure their prescriptions remained appropriate for their needs. No one was receiving their medicines covertly, that is without their consent.
- Medicines were stored, administered and disposed of safely. Staff who administered medicines received training and a competency assessment before doing so. The deputy manager completed a medicines audit each month and the home's supplying pharmacist carried out an annual audit. The most recent pharmacist audit took place on 14 December 2021 and had identified no concerns.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

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 service under the current registered provider. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People and their relatives were confident staff had the knowledge and skills they needed to provide good care. One relative told us, "I have every confidence that the staff are well trained and know what to do to keep [family member] safe and well." Another relative said, "I have never had any doubts about the capability of the staff and the care that they provide. Their skills have been demonstrated by the quality of the care provided and in discussions with me."
- Some relatives told us some staff did not have a good command of English, which could make communication difficult. We shared this feedback with the registered manager. The registered manager explained relatives had raised this issue with them previously and that, in response, a tutor now visited the home twice a week to provide English lessons for staff who needed to improve their language skills.
- Staff attended an induction when they started work at the home, which included mandatory training and shadowing experienced colleagues.
- Staff had access to the ongoing training they needed to meet people's needs. Nurses attended training relevant to their roles, including venepuncture, syringe driver management and catheter care. However, the home's training record indicated some staff had not attended all aspects of the training they needed and that some staff needed refresher training.
- Following the inspection, the registered manager provided evidence of training booked for staff in the coming month, including moving and handling, diabetes, dementia, Parkinson's disease and supporting people with eating and drinking difficulties.
- Care staff met regularly with the registered manager for one-to-one supervision, which provided opportunities to discuss their performance and training and development needs. Nurses received supervision from the deputy manager, who was the home's clinical lead.
- Staff told us the supervision process was useful and that their managers responded to any issues they raised. One member of staff said, "[Registered manager] asks if we have any problems, if we need any more training." Another member of staff told us, "If we need something, if we need any training, [registered manager] will organise it."

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

- Professionals told us staff monitored people's health effectively and supported them to access treatment if they needed it. One professional said, "They have procedures in place [to monitor people's health] and maintain a good relationship with their GP, even in the difficult COVID period." Another professional told us, "Glebe House works with health/social service professionals and the GP in achieving better outcomes for the residents."

- The registered manager told us accessing GP input had been difficult at times during the COVID-19 pandemic but had improved in recent months. People who lived at the home were registered at one of two GP surgeries used by the home, both of which held twice-weekly video calls. The registered manager said a GP or a nurse practitioner would visit the home if people needed a face-to-face assessment.
- People's healthcare needs were monitored by specialist healthcare professionals where necessary. For example, people with Parkinson's disease were reviewed regularly by the Parkinson's disease nurse. Although no one at Glebe House had pressure ulcers at the time of our inspection, input from a tissue viability nurse had been obtained when people had developed pressure ulcers in the past.

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

- People's needs were assessed before they moved into the home to ensure staff had the necessary skills to provide their care. Initial assessments considered people's needs in areas including mobility, nutrition, continence, oral health and maintaining the integrity of their skin.
- In addition to their physical and psychological needs, assessments also recorded people's likes and dislikes, skills and abilities, and religious and cultural needs.
- The home regularly reviewed people's needs using nationally recognised assessment tools. This included monitoring and assessing people's needs in relation to nutrition, continence, oral health and skin integrity.

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

- People told us they enjoyed the food at the home. One person said of the food, "It is very good." Another person told us, "The food is lovely." A relative said, "The food standards are very good."
- People's needs in relation to eating and drinking were assessed and recorded. If people had needs in relation to eating and drinking, the service had made referrals to the speech and language therapy (SaLT) team.
- The SaLT team had accepted the referrals but advised the home that, due to high demand, people were on a waiting list for SaLT assessment. In the meantime, the home had sought the advice of people's GPs about their eating and drinking needs and implemented this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's care and treatment was provided in accordance with the MCA. People were encouraged to make decisions about their day-to-day care. For complex decisions, assessments had been carried out to establish whether people had the mental capacity to make an informed choice about their care.
- If people lacked capacity to make decisions, appropriate procedures had been followed to ensure decisions were made in people's best interests. This included consulting with people's relatives and any

relevant professionals.

- If people were subject to restrictions to keep them safe, such as being unable to leave the home unaccompanied, applications for DoLS authorisations had been submitted to the local authority.

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

- While the property was safe, some of the relatives who shared feedback with us said the home would benefit from redecoration. One relative told us, "It could do with some refurbishment and paint to make it more attractive and brighter."
- Since taking over the management of the service, the current provider had invested in refurbishments, which had improved the appearance of the home. Relatives had noted these developments and told us this had improved the environment in which their family members lived.
- One relative said, "I know that they are in the process of refurbishing many of the rooms and this goes to show that they are interested in making the environment a happier one." Another relative told us, "Alterations to improve the environment for the residents are being made, which is very nice."

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 service under the current registered provider. 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 told us staff were kind and caring. One person said of staff, "They are very nice people, very friendly. They are good to me. They try their best to help me." Another person told us, "I am happy here. They are nice people. They look after me well."
- Relatives told us staff cared for their family members in a way that demonstrated kindness and compassion. One relative said of staff, "They are kind and caring. They have the best interests of their residents at heart." Another relative told us, "The staff at Glebe house are very caring and have always been very friendly and helpful towards myself and [family member]; they really do try their best with him."
 - When asked what the service did well, one relative told us, "The combination of high standards of competence, care, and respect shown in professional and personal terms." Another relative identified the strengths of the home as, "The friendliness of the staff and managers, the kindness, the way they communicate and their readiness to help."
- Professionals also noted the caring approach of staff. One professional told us, "The home implements a compassionate nursing style as opposed to adopting a systematic, routine approach."
- A professional told us the registered manager ensured the home recruited staff who demonstrated a caring and compassionate approach. The professional said, "[Registered manager] is very aware when recruiting staff that a compassionate nature is a key element to the caring role."
- People's religious and cultural beliefs were recognised and supported. A professional told us, "[Registered manager] supports and respects other faiths and religions and has personally been involved in taking residents to their church and on one occasion, temple."

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with respect when providing their care and in their day-to-day lives. They said staff understood and respected their wishes and preferences about their care.
- Relatives said staff treated their family members with respect and maintained their dignity. One relative told us, "I have consistently observed a praiseworthy degree of concern, kindness, and compassion including treating [family member] with dignity and respect. This has been demonstrated by all members of staff. My [family member] seems very comfortable, relaxed, and at ease." Another relative said of staff, "They have always shown [family member] and her family complete respect, care and compassion."
- People told us staff supported them to manage aspects of their own care where they were able and wished to do so. For example, one person told us staff encouraged them to wash the parts of their body they could reach and to brush their teeth without support.

- Professionals told us staff encouraged people to develop and maintain their independence. One professional said, "The home encourages independence and builds on the limited ability that the resident may arrive with."
- People told us they could have privacy when they wanted it and that staff respected their wishes if they wanted to spend time undisturbed.

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 service under the current registered provider. 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 and their relatives were consulted about and involved in the development of people's care plans. One relative told us, "The team know everything there is to know about [family member's] illness and always keep me involved in his care plans." Another relative said, "I am involved in [family member's] care. The staff are always open to discussion."
- Relatives told us staff knew their family members' needs well and provided care that met these needs and reflected people's preferences. One relative said, "Because [family member] has lost the capacity to communicate, all her needs, of whatever type, have to be anticipated. It is clear that the staff address these matters with a combination of professional expertise and personal care." Another relative told us, "They have really got to know [family member]. I know how well they work with her."
- Professionals told us the service ensured they knew and understood people's needs, history and preferences about their care when they moved in. One professional said, "The home reads the notes sent by the hospital/locality team and then talks to the residents to get to know them. The home meets, when possible, with the family to find out about the person's history, likes and dislikes, cultural beliefs and food requirements."
- Another professional told us the home held, "Discussions with family support to get to know the new resident and ensure that their special requirements regarding their diet, for example, are catered for."
- Professionals confirmed they had observed that staff knew the people they cared for well and provided care in a way that was responsive to people's individual needs.
- One professional told us, "Those staff that I spoke to appeared knowledgeable about the resident they were with at the time." Another professional said, "Glebe House have a degree of flexibility in their nursing regimes to allow for individual requests and requirements."

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

- The home employed an activities co-ordinator who arranged a programme of activities. Staff told us this formed the basis for organised activities but that people were given choices on a day-to-day basis. They said the provision of activities people enjoyed was the responsibility of all staff.
- One member of staff told us, "We have a lady who organises the activities rota, but all of the staff do activities. It depends on the resident. We offer them choices about what they want to do." Another member of staff said, "We do quizzes, skittles, board games. Some of them like music and we dance with them. We have a lady from outside who comes to do exercises each week. Every day is different."
- COVID-19 restrictions had limited opportunities for people to enjoy outings but staff had supported people to go out locally. For example, staff had accompanied people to the riverside when the weather

allowed, and to local shops.

- Relatives told us the registered manager and staff encouraged people's families to be involved in the life of the home when COVID-19 restrictions allowed. One relative said, "We love the fact they organise events which the families can take part in." Another relative told us about a party at the home to which staff had brought their partners and children. The relative said, "It's a lovely family atmosphere here."

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's communication needs were considered in their initial assessments and recorded in their care plans.
- Where people had specific communication needs, these were understood by staff. For example, one person had no verbal communication but used gestures and facial expressions to communicate their needs and wishes. Staff were familiar with the person's communication methods and used their knowledge of the person to anticipate their needs.
- Staff also understood people's sensory needs. For example, one person was reluctant to eat in a communal environment but more likely to eat in a calm environment. In order to encourage the person to eat, staff created a conducive environment, typically a quiet room with music playing.
- Another person was sensitive to high noise levels. This was recorded in the person's care plan and staff ensured the person was not exposed to this type of environment.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which set out how any complaints would be managed. None of the people we spoke with had made a formal complaint but all told us they would feel able to do so if necessary. People said they were confident any complaint they made would be taken seriously.
- One relative told us, "I have never had reason to complain about anything but I'm sure if I did it would be handled without any problems." Another relative said, "If there was anything we were concerned about, we would talk to the manager or the appropriate member of staff but we have not had to do this in the time [family member] has been a resident."
- CQC had received one complaint about the service in March 2021. We forwarded this to the registered manager, who investigated the concern and used the complaint to improve the service people received.

End of life care and support

- No one at Glebe House was receiving end of life care at the time of our inspection, although the service had provided this in the past.
- Staff had access to training to ensure they had the skills they needed to provide end of life care in a person-centred and dignified way.
- The registered manager said anyone receiving end of life care would be encouraged to express their wishes about their care and that these would be recorded in an advanced care plan.

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 service under the current registered provider. 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.

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

- Relatives told us the home was managed well. One relative said, "It seems a competently and smoothly-run organisation."
- Professionals told us the management team maintained a good oversight of the service and that the provider was committed to improving the service. One professional said, "The manager and deputy are well established in the home. The home has relatively new owners. The new owners are keen to make as many improvements as possible and the manager advised they are very supportive of herself and the home."
- The provider, registered manager and deputy manager had implemented effective quality monitoring systems, which helped ensure people received safe and consistent care. This included auditing key aspects of the service such as medicines, IPC, wound care and support plans.
- The registered manager completed a weekly management report which addressed any critical incidents, staffing issues, complaints and safeguarding. The provider carried out quality monitoring visits which checked the environment, health and safety, recruitment records, and that supervisions and team meetings were taking place.
- The registered manager understood their responsibilities under the duty of candour and ensured families were informed about any incidents affecting their family members.
- The registered manager notified CQC about any significant incidents that occurred.

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

- Professionals told us the registered manager provided good leadership for the home and ensured staff maintained good standards of care. One professional said, "In my view the home has strong leadership. [Registered manager] has been the manager at the home for many years. She is well-liked and trusted by her staff and has a great deal of experience and knowledge. The staff know what is expected of them and learn from reflective training and discussions with [registered manager]."
- Relatives told us the home communicated effectively with them and kept them up to date about their family member's health and well-being. One relative said, "There has been one occasion where [family member] was ill and we were informed immediately. We were there to discuss with the home the appropriate care she needed." Another relative told us, "Communication has definitely become better over time. We are very happy with how the system works now and are regularly given updates."
- Staff communicated information about people's needs well. Staff received a handover at the beginning of

each shift to ensure they were up to date with any changes in people's needs. A member of staff told us, "We discuss the residents, how they are feeling, their appetite, who is not eating, who we need to monitor, who is on medication."

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

- People had opportunities to give feedback about their care through satisfaction surveys. We saw from completed surveys that people felt safe at the home and had given positive feedback about the quality of care they received and the staff who provided it.
- Staff had also been invited to share their views through surveys and had spoken positively about the support they received to do their jobs.
- Team meetings took place regularly and staff were encouraged to speak up about any concerns they had and to contribute to improving the service. The registered manager told us, "I tell them we are like an extended family and we need to discuss things together. I ask for their suggestions."
- Staff confirmed they felt well-supported by the management team. One member of staff said of the registered manager and senior staff, "They always ask if we need any help. They are understanding." Another member of staff told us, "[Registered manager] always asks if she can help us, if we have any problems. She is very open with us."

Working in partnership with others; Continuous learning and improving care

- The registered manager and staff had established effective working relationships with other professionals involved in people's care. This included healthcare professionals, local authority care managers and commissioners.
- Professionals told us the registered manager and staff worked co-operatively with them to ensure people received good quality care and support. One professional said, "I find the home very responsive."
- The service had an improvement plan which outlined the actions planned to develop and ensure quality and safety was maintained. This included reviewing policies and procedures to ensure they reflected current best practice, refurbishment of the home, further implementation of digital record-keeping, and further training to improve the knowledge and skills of staff. Progress with completing the actions outlined in the plan was monitored by the registered manager and the deputy manager.