

Arranmore Park Rest Home Ltd

Arranmore Park Rest Home

Inspection report

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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

Arranmore Park Rest Home is a residential care home providing accommodation and personal care for up to 35 older people, including people with a physical disability, sensory impairment, younger adults or people living with a dementia, in one adapted building. At the time of the inspection 33 people were living at the service.

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

The service had addressed the medicines issues from the last inspection, with work ongoing due to a new provider now being in place. We found medicines were managed safely across the service, although recommendations have been made to include more person-centred information in records.

Whilst risk assessments, accident and incident records had been completed, they required more details in relation to the findings, actions taken and the lessons learned to support people and reduce risks going forward.

People and relatives told us they felt safe in the service. Staff were recruited safely and people told us there was sufficient staff. Staff had received relevant training, support and supervisions.

The service was clean and tidy and ongoing refurbishment was taking place. The service was homely and bedrooms had been personalised with people's possessions. Relevant professionals were involved in people's care, who were positive about the care provided. Meals for people looked appetising and choices were available. People told us they enjoyed their meals. Records confirmed people had agreed to their care. 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.

All of the people we spoke with were positive about the care people received. People's dignity and respect was considered and staff were observed promoting people's privacy.

Care plans were in the process of being transferred onto an electronic system. Whilst care plans were in place they would have benefited from more detailed information about how to support people's individual needs. Professionals told us about the care and support staff provided to people at the end of life. The communication needs of people were considered. People told us they would know who to go to if they had any concerns. People could not confirm activities were provided, however there was an activity plan on display.

Whilst audits and monitoring were ongoing, not all of these had been completed in full. We received very positive feedback about the registered manager and staff in the service. Questionnaires had been completed. The registered manager took immediate action to ensure retrospective notifications were

submitted to the Care Quality Commission.

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

Rating at last inspection and update

This service was registered with us on 22 July 2021. The last rating for the service under the previous provider was requires improvement, published on 6 May 2021.

Why we inspected

This was a planned inspection.

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

Recommendations

We have made recommendations in relation to the management of risks, ensuring accident and incidents are investigated and acted upon in a timely manner, and lessons learned are shared with the staff team. We also made a recommendation in relation to the operation and management of the service and ensuring care records contained detailed information about how to support people's individual needs, as well as recommendations to ensure medicines records included more person centred information.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 ●

Arranmore Park Rest 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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, one pharmacist inspector and one Expert by Experience undertook the inspection. 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

Arranmore Park Rest Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Arranmore Park Rest Home is a care home without nursing 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

This inspection was unannounced.

What we did before the inspection

Prior to the inspection we looked at the information we held about the service. This included feedback and

statutory notifications which the provider is required to send to us by law. We also asked for feedback from professionals about their experiences of 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 checked whether an enter and view inspection had been undertaken by Healthwatch. Healthwatch 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service, and one visiting relative as well as a further three relatives on the telephone with permission. We also received feedback from two visiting professionals on the day of the inspection and a further three professionals via email and on the telephone. We spoke with seven staff members. These included, four care staff, two senior carers and the registered manager. We undertook a tour of the building as well as undertaking observations in the communal areas. We looked at a number of records. These included four care files and associated documents, staff files, training records and records relating to the operation and oversight of the service. We also reviewed eight medicine administration records and looked at medicines related documentation and we checked medicines storage.

After the inspection

We continued to receive information from the registered manager to support the inspection after the site visit.

Is the service safe?

Our findings

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

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

Using medicines safely

- Medicines were mostly stored safely. However, the medicines fridge could not be locked, and the temperature had been out of range, the provider ordered a new medicines fridge on the day of inspection.
- Medicines training for staff had been completed via e-learning but no recent competency assessments had taken place although new paperwork had been developed that was to be used.
- Topical charts for applying creams were in place, but the body maps that show where to apply the creams had not been completed.
- Some people had person centred care plans. We recommend these are updated to include more information about how the person likes to take their medicine.
- Times for administration of medicines prescribed as 'When necessary' needed to be recorded more accurately, and more detail as to why and how the person takes their medicine needs to be included on the record.
- Medicines audits were completed but only basic information was recorded and did not always identify medicines errors. New audits have been developed but none had been completed.

We recommend the provider seeks nationally recognised guidance to ensure medicines care plans are reviewed to make them more person centred. To improve the recording of medicines administration times for 'when necessary' medicines and that new medicine audits are completed and appropriate action taken, and the provider to take action to update their practice accordingly.

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

- The service had developed environmental and individual risk assessments. Whilst these had some information to manage risks, they were brief and would benefit from more details to support the management of risks. The provider and registered manager gave assurances they would take immediate actions to ensure risk assessment were detailed and reflected people's individual risks.
- Evidence of servicing and appliance checks were seen. However, we noted not all had been signed in full as completed and, one of the records in relation to hoists and slings would have benefited from more details in relation to the checks undertaken on each individual piece of equipment. The registered manager confirmed they would take immediate action to ensure records relating to checks on the environment and the equipment was detailed and individualised.
- Accidents and incident records were in place along with some evidence of root cause analysis. However, we noted they had not always been completed in full to include the actions taken, the management of the incident or lessons learned. One record we saw had guidance for observations for one person. However, this had not been followed in full by the staff team. The registered manager provided a copy of a new system for recording and managing incidents and accidents. They told us they would take immediate action to ensure

accidents and incidents were reviewed and managed in a timely manner.

We have made recommendations in relation to the management of risks, to ensure accidents and incidents are investigated and acted upon in a timely manner, lessons learned are shared with the staff team and the provider takes action to update their practice accordingly.

We recommend that the provider seeks nationally recognised guidance to ensure records confirm detailed servicing, checks on equipment are completed and action is taken to update their practice accordingly.

- Fire safety checks had been completed along with checks on fire safety equipment. The registered manager told us that following the day of the inspection a fire safety advisor had undertaken a review of the service, and recommendations from their findings were acted upon. The registered manager told us they had requested more detailed forms from the fire safety advisor to record fire drills, that would confirm staff knew how to act and manage in the event of a fire. Personal emergency evacuation plans were in place and the registered manager told us these had been updated following the inspection.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People and relatives told us they felt safe living in the service. Comments included, "I feel safe here because I lived alone and was having falls all the time. Here I know there is always someone about" and, "120% in a safe place. My [relative] needs assistance to stand and walk and the staff are always there to help them." Professionals raised no safeguarding concerns. Staff had received safeguarding training, had access to policies and guidance and understood the actions to take if abuse was suspected. One said, "I have never had to raise any safeguarding concerns. If I did I would speak to the [registered] manager and I am confident she would deal with and would go to the safeguarding team" and, "People are safe in the service."
- A log had been completed to record the safeguarding investigations. Information relating to safeguarding events had been recorded.

Staffing and recruitment

- Staff were recruited safely. Staffing numbers were sufficient.
- People and relatives told us there was sufficient amounts of staff, and no concerns were raised about their skills. They told us, "When I use my buzzer the staff come reasonably quickly. I use a stand aid and I always feel confident when the staff assist me", "There are always plenty of staff around" and, "Staff are sometimes thin on the ground, but they seem to have a few more lately."
- Professionals told us staff were available to support people's needs, but they had been busier recently due to the ongoing refurbishment. They said, "They are very busy, but there is enough staff, they always do the best for people" and, "[Registered manager] and the team are always helpful, and the staff understand people and they are good. Staff have always got time for me. They know the people and they follow my guidance." A staff member said, "There are not always enough staff but, new staff are coming. We are able to do our job."
- The registered manager told us an ongoing recruitment programme was in place and new staff were due to commence employment. One new member of staff started on the day of the inspection. Duty rotas had been completed that confirmed staffing numbers for each shift, and changes made to cover any shortfalls.
- Staff files confirmed safe recruitment practices had been followed and relevant checks had been completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The service ensured visits were being undertaken in line with the current guidance. Visitors lateral flow test results were obtained and temperatures checked on arrival to the service.

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

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

- The service design and decoration supported people's individual needs. A programme of refurbishment was ongoing. A relative told us, "There is definite improvements in the Home, the new owners seem to be investing a lot into the building and the residents [people who used the service]."
- Some staff discussed the pressures of the ongoing work. The registered manager told us that the refurbishment was being undertaken in phases. Work was being undertaken during the inspection. This meant one of the communal lounges was temporarily unavailable. The registered manager told us there was a short time scale for when this was planned to reopen. The registered manager provided a copy of the risk assessment for the work in the lounge; however this would have benefited from more detail to ensure risks were considered and managed.
- Bedrooms had been personalised with people's own possessions and communal areas were available for people. Where mattresses were too long for the bases in some bedrooms the registered manager ordered new beds and mattresses to reduce any risks associated with overhanging mattresses. Lift access was available for people to use where their mobility was limited.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team.
- People were confident with the knowledge and skills of the staff. One told us, "The staff are excellent and cater for all my needs. The staff always know what is going on and seem to work as a good team."
- Staff told us they had received relevant training to enable them to undertake their role. One told us, "I am up to date with all the training, we have moved over to online training, this is in progress." Staff records, and the training matrix confirmed that staff had completed training. Supervision and appraisal records were noted which confirmed staff were supported and helped to develop in their roles.

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

- People's individual needs had been assessed and their choices were considered. Relatives confirmed assessments of their needs were completed. One said, "Any changes to my [relatives] care plan, we are notified and asked for input. I can always ask any questions to any of the staff." Whilst we noted records of assessments had been completed in relation to people's needs, these would have benefitted from more detail and completed in full to ensure staff had detailed information. Pre-admission assessment were completed for people prior to moving into the home.

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

- People were supported to eat and drink. We received positive feedback about the food and drinks,

provided and that choices of meals were available. One person said, "The food is very good. It was always nice but since Appetito started it is excellent. We were involved in tasting the food when the supplier was changed and although I was sceptical, I was proved wrong." A professional told us, "Everyone is always eating, the staff make sure people get their diet and fluids well."

- We observed a very positive dining experience. Tables were nicely set, and the atmosphere was pleasant with music in the background. People were seen to be offered choices of food throughout the dining experience and staff interacted positively with them. The service had recently introduced a nutrition and hydration champion to take the lead in ensuring people were supported with their individual dietary needs. The service had recently achieved a food hygiene rating of 5 stars from the food standards agency which demonstrated the hygiene standards were very good.
- Care records contained information about people's nutritional requirements, and we saw evidence of professionals being involved in the management and care of people.

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

- People were provided with appropriate support to ensure their individual health care needs were being met. People were supported to access healthcare services, health care professionals and appropriate support, as was needed.
- The service ensured people and relatives were kept informed about people's individual needs and where referrals to professionals were made. One said, "Generally if anything happens, we are informed straight away, the communication is excellent."
- All of the professionals we spoke with told us good working relationships had been established. One said, "The registered manager has everyone's best interests at heart, they [the service] are open and honest." One professional told us about the positive impact the service had on one person's quality of life and the improvements since they moved into Arranmore park Rest Home. Records confirmed a range of professionals supported the needs of people living there.
- There was a range of information and guidance available to support staff to meet people's individual needs.

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

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

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

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

- People were protected from unlawful restrictions and consent had been considered.
- People told us staff asked for consent before undertaking any care or activity. One said, "They always ask before they touch me to move me or help me wash." We observed staff knocking on people's doors and waiting to be invited in. This was confirmed by people. One told us, "They always knock before entering my

room and wait for me to say, come in."

- Care records contained details of people consenting to a wide variety of scenarios such as care, photographs and sharing of information.
- DoLS applications had been submitted to the assessing authority. There was information and guidance available to support staff with mental capacity and DoLS.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People were involved in decisions about their care. People received good care and their diverse needs were considered.
- We observed staff asking people about decisions and encouraging them to be involved in their care activity. Records confirmed reviews of people's care was taking place.
- All of the people and relatives we spoke with were very positive about the care people received. Comments included, "The staff are very good; they are kind and patient. They always treat me with respect" and, "Staff are really nice they treat me really well."
- Professionals told us about the care and support people received. One said, "I have always found the Arranmore (Park Rest Home) staff to be helpful, friendly, and resident focussed, I have spent many hours on site at Arranmore talking to both residents [people who used the service], and staff and do believe they provide an excellent service. The atmosphere in Arranmore is generally one of a good team honestly trying their best to provide a pleasant environment for their service users [people who used the service]."
- People received good person-centred care. We observed people receiving support according to their needs in a timely manner. Staff were visible in all areas of the service. Some people discussed some delays in staff responding to their buzzers. However, the registered manager provided copies of audits for buzzer response times and confirmed that all of the buzzers were working appropriately in the service.
- Policies and guidance were available to support staff in promoting people's diverse needs. Care files contained information about people's individual needs and choices.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and they were supported to be independent. All of the people told us staff were kind, caring and patient. They said they were treated with dignity and respect, and all said staff knocked before entering their rooms. One said, "I need help to wash and dress, and the staff always treat me with dignity, covering me when they wash me. They always ask before they assist me." A relative told us, "They prompt and encourage [person] when it is required." A professional told us, "I have observed staff engaging with their residents, and I am quietly impressed with the ease of the conversations, this is borne from I believe, a genuine therapeutic bond fostered by the Arranmore team."
- We observed staff promoting people's independence with positive interactions between people and staff. Staff were seen knocking on people's doors and waiting to be invited in. Training for staff in relation to dignity in care had been provided.
- Records contained information to guide staff to consider peoples dignity and respect in the delivery of care.

- Information was stored securely which supported the requirements of General Data Protection Regulation (GDPR) to ensure personal information was stored safely. Staff records contained information to confirm they were aware of GDPR. GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals. The registered manager confirmed they were in the process of transferring care records onto an electronic system.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Assessments of people's current needs were in place. People's end of life care and support was considered. Whilst assessments and care plans were in place these contained basic information and would benefit from more detailed information and guidance to support staff in the delivery of care to people.
- The registered manager told us all of the care records for people were in the process of being updated to provide more detailed information, and these were being transferred onto an electronic system.

We recommend the provider seeks nationally recognised guidance to ensure the care records for people contain individualised and detailed information to support their needs, and to take action to update their practice accordingly.

- The care records demonstrated discussions in relation to death and dying had been undertaken. We received positive feedback from professionals about the support the staff provided to people at the end of their lives. One professional told us, "Families are always in the service. Families know what is going on in relation to end of life care. Families, will stay with people and if not staff will sit with people so they are not alone."

Meeting people's communication needs

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

- People's communication needs were supported. Care files contained information about how to support people's individual needs, as well as confirmation where assessments by professionals had been completed. Examples seen included, eye tests. We observed staff communicating with people according to their needs, speaking slowly and on a level where required. People were seen wearing aids such as glasses and hearing aids where they required them. Relatives raised no concerns in relation to communicating with them. They told us that communication is excellent and they were notified straight away of any concerns with their loved ones.
- We saw a variety of visitors in the service on the day of the inspection. They told us that during the COVID-19 pandemic they kept in touch with their loved ones via window visits and phone calls and that the staff arranged video calls with them to keep in touch. They told us, "Visiting is now opened up and we can take

[person] out to have home visits when we want to" and, "The staff set up video calls when we couldn't visit with COVID-19, they were great."

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

- People were supported to avoid social isolation where relevant.
- There was an activities programme on display, along with photographs of activities being undertaken; however, we could not see that these had been dated to confirm when they had been undertaken.
- Whilst we saw people engaging with each other and the staff team, people were not able to confirm an activities programme was taking place. We saw one to one activities being completed with one person on the day of the inspection. The registered manager told us they were in the process of advertising and recruiting an activities co-ordinator for the service. One person told us, "There are no activities going on, it is quite boring."
- Technology was being used. Wi-Fi was available; however, not all areas had access to this. The registered manager confirmed they were in the process of updating the Wi-Fi to ensure it was available in all areas.

Improving care quality in response to complaints or concerns

- Concerns or complaints were being managed. People told us they felt they could speak with the registered manager or other staff if they had any worries or complaints. One said, "If I had any concerns I would speak to [registered manager], I have no complaints."
- Policies and procedures were in place for the management of complaints. We saw evidence of the complaints received and the actions taken however, these were brief and not all had been signed by the management as reviewed.

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Records were seen in relation to audits and daily walk arounds which had been completed recently. Whilst some of the findings were recorded, they had not always been completed in full to demonstrate the action to be taken as a result. We were provided with the details of a senior audit, which had been completed on the service. This included areas of good practice along with actions required going forward. The registered manager confirmed a number of the actions had already been completed and that a detailed action plan was being developed to address the shortfalls from the audit.
- Some statutory notifications had been submitted to the Care Quality Commission. However, we noted not all notifications had been submitted in a timely manner. The registered manager took immediate action and confirmed these had been done retrospectively following the inspection.

We recommend the provider seeks nationally recognised guidance to ensure the safe operation and management of the service and takes action to update their practice accordingly

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

- A person-centred and open culture which supported good outcomes for people had been developed. We received positive feedback about the new provider and the changes being made. One person said, "There are some improvements being made, it's been a bit of a mither, but it will be worth it in the end." Others told us, "I would recommend this home [Arranmore Park Rest Home] to anyone, Arranmore would be my top choice to put other relatives in if they needed a home" and, "I really love living here and I would recommend it to anyone."
- The staff team and the management were very supportive of the inspection, and information we requested to support the inspection was provided.
- Certificates of registration, as well as their employers liability insurance certificate were on display.

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 service acted when things went wrong and understood their responsibilities. There was some evidence of the actions taken as a result of concerns and complaints. Policies and guidance were available to the staff team. The registered manager was open and transparent throughout the inspection and confirmed the actions to be taken as a result of our findings.

- The registered manager and the staff team were clear about their roles and responsibilities. Staff were seen undertaking their duties in a timely manner and providing care to people.
- We received very positive feedback about the registered manager from people, relatives and professionals. Examples of comments included, "The registered manager is approachable, warm and engaging, families are positive", "I hold [registered manager] in high regard and [senior carer] should also be highly recommended" and, "[Registered manager] is brilliant, every care home should have a [registered manager], she is caring and compassionate to everyone."

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

- People and staff were engaged and involved in the service provided. Records confirming people and staff had provided feedback about the service were on display in the communal areas. This included information in relation to, 'You said, we did', as well as the topics reviewed. These included activities, meals and the policy of the month. Feedback from completed questionnaires were reviewed. This would support improvements in the service going forward. People and relatives told us, "We feel fully supported as a family from Arranmore staff."
- Team meetings were being undertaken. Records confirmed these had taken place and the topics that had been discussed, as well as the involvement of the staff team.

Continuous learning and improving care

- Continuous learning and improving care was considered.
- There was a range of information and guidance on display along with policies and procedures for staff to follow.

Working in partnership with others

- The service worked in partnership with others.
- The registered manager and staff had developed positive working relationships with all of the professionals we spoke with. They told us, "I have always found the Arranmore staff to be helpful, friendly, and resident focussed, I have spent many hours on site at Arranmore talking to both residents and staff and do believe they provide an excellent service." We saw evidence of the involvement of professionals in the records we looked at.