

WT UK Opco 4 Limited

# Anning House

## Inspection report

Cross Road  
Weymouth  
Dorset  
DT4 9QX

Tel: 01305233300

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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

Anning House is a residential care home providing personal and nursing care to up to 70 people. The service is arranged over three floors and specialises in the care of older people including people who are living with dementia. At the time of the inspection there were 57 people living at the service.

This care home is run by two companies: Care UK Community Partnerships Ltd and WT UK Opco 4. These two companies have a dual registration and are jointly responsible for the services at the home.

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

The registered manager and provider had identified that record keeping was an area for improvement. They were taking immediate action to address shortfalls. We have made a recommendation for the provider to continue to develop accurate and up to date records (care plans) to ensure people continue to receive the care they need in a way they prefer.

People felt safe at the service and relatives and professional expressed their confidence in the staff team. Comments included, "It is fantastic here... the staff are excellent", "You couldn't wish for more...the staff are super" and "It is a comfort for us to know my (loved one) is safe and well cared for"

Staff were clear about how to safeguard people from avoidable harm and safeguarding concerns were referred appropriately and investigated. People received their medicines safely. Infection control processes protected people from the risk of infection. Accident and incidents were managed safely. The registered manager had oversight of accidents and incidents and used this information to drive service improvements.

The registered manager ensured sufficient numbers of staff were on duty to meet people's needs and provide appropriate care and support. There was on-going recruitment to fill some staff vacancies. Regular agency staff were used to cover staff absences and vacancies. Safe recruitment practices were followed, and staff were suitably trained and supported to enable them to understand and meet people's needs. Refresher training for staff was being organised.

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's health and wellbeing was monitored, and people benefitted from the good working relationships established with health and social care professionals. People were given the support they required to meet their nutritional needs. People were positive about the food provided. They received a varied and balanced diet in line with their personal choices.

People were supported in a respectful and dignified way, their privacy was respected and their independence was promoted.

Meaningful activities and events were provided for people to take part in and they were supported to maintain relationships with the people that mattered to them. Visitors said they always received a warm welcome. People felt safe to raise any concerns or complaints with the registered manager.

The provider and registered manager monitored the quality and safety of the service and identified areas which could be improved.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Why we inspected

This was a planned comprehensive inspection of a new provider. A new provider registered with us since the last comprehensive inspection of this location. This is the first comprehensive inspection under the new registered provider. A focused inspection was completed on 06 May 2022 and rated safe and well led as good.

The last rating for the service under the previous provider at the premises was good, published on 12 December 2019.

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.

#### Recommendations

We have recommended the provider continue to develop accurate and up to date records (care plans) to ensure people continue to receive the care they need in a way they prefer.

#### 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 ●

# Anning 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 Health and Social Care Act 2008.

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

#### Inspection team

This inspection was carried out by 3 inspectors, 1 being a pharmacy inspector.

#### Service and service type

Anning House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. [Care home name] is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

#### 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

At the beginning of the inspection we asked the registered manager to display our poster asking staff and relatives to share their views.

We met most people who lived at the service and spoke with 11 of them about their experience of the care provided. Some people were unable to share their experience verbally, so we spent time observing the delivery of care and support. We also spoke with 4 relatives or friends visiting the service.

We spoke with 12 members of staff including the registered manager, a provider representative, care and activity staff and ancillary staff, including the chef, the maintenance person, and the administrator.

We reviewed a range of records. This included 4 people's care records and a selection of medicine records. We looked at 3 staff files in relation to recruitment, along with a selection of agency staff records. A variety of records relating to the management of the service, including fire safety, maintenance records, staff rotas, minutes of staff meetings and audits were also viewed.

Following the site visits, we received feedback from 3 relatives. We requested feedback from eight professionals and received a response from 4 professionals who had worked with the service.

# Is the service safe?

## Our findings

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

At our last focused inspection, we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm

### Assessing risk, safety monitoring and management

- Although some risk assessments needed to be updated within the care and support plans, staff were aware of individual risks and were monitoring people to ensure they remained safe and restrictions were minimised. All care plans and risk assessments were being reviewed at the time of this inspection to ensure they were accurate and up to date.
- Reviews took place to ensure people's risks were managed and referred to other professionals when needed. For example, referrals had been made to the speech and language therapy team where people were at risk due to swallowing difficulties. One professional said, "They (staff) are very hot at referring. They are constantly recognising when people need additional support. They don't hesitate to contact us and ensure all bases are covered. They are very thorough".
- Staff respected people's rights to have as much freedom as possible, for example where people were at high risks of falls, staff did not restrict their movements but ensured they had mobility aids or support to remain safe. Some people had sensor mats to alert staff quickly to reduce the risk of falls. Pressure relieving equipment was used where people had been identified as being at risk from developing pressure ulcers.
- There was a proactive approach to anticipating and managing risks. For example, staff were skilled in managing and supporting people when they became distressed. They managed situations in a positive manner which helped to protect people's dignity and rights.
- Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. There was a maintenance person in post who was responsible for overseeing maintenance issues.

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

- People we spoke with said they felt safe at Anning House. Comments included, "It is fantastic here. I was underweight and poorly when I came but they have looked after me so well. I couldn't ask for better"; "Yes, I am safe. The staff do as I ask, when I ask" and "I have no concerns. It's all very nice here".
- Staff were knowledgeable about safeguarding issues and knew how to report any signs of abuse or any concerns raised with them. Staff were confident that action would be taken if they were to report a concern.
- The service had reported safeguarding concerns to the local authority and the Care Quality Commission (CQC) as required.

### Staffing and recruitment

- The provider and registered manager worked to ensure there were enough staff deployed to meet the needs of the people at the service. There had been a high reliance on agency staff since the last inspection due to recruitment challenges. However, where possible regular agency staff were used who knew people

well. Recruitment was underway for additional care and ancillary staff.

- Overall people and staff felt there were enough staff on duty to meet people's needs and preferences. Staff were busy and always occupied but people told us their call bells were mostly answered promptly and they were not left waiting a long time for care. One person said, "They can be short staffed at times, but they are quick to answer my bell"; another said, "The staff work their socks off for us. Staff are always around when I need them". One person reported longer waits for staff at times and explained they did not have the same confidence in agency staff they had in permanent staff. However they added, "The willingness is there from staff".
- The registered manager completed regular call bell response time audits. The provider's preferred response time was between 5-10 minutes. Records confirmed the vast majority of calls were answered within this time. Where response times were longer than 10 minutes, the registered manager made further enquiries and recorded possible reasons as to what had caused the delay.
- Recruitment systems were robust and ensured the right staff were employed at the service.

#### Using medicines safely

- People's medicines were managed safely. They received them as prescribed for them.
- People received their medicines safely in the way prescribed for them.
- There were personalised protocols in place to guide staff when medicines were prescribed on a 'when required' basis.
- There were suitable arrangements for storage, recording and disposal of medicines, including those needing extra security, and cold storage.
- There had been some supply issues and staff were working with the pharmacy and surgery to resolve this.
- Staff had training in safe medicines handling. They also had competency checks to make sure they gave medicine safely.
- Regular medicines audits were completed, and we saw that areas for improvement were identified and actions recorded. Any incidents were reported and investigated to try to prevent a recurrence.

#### 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 supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

#### Visiting in care homes

- The provider was following current government guidelines on allowing visitors into the service. There were processes in place in the event of an outbreak of infection to ensure visits could still take place safely.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and reviewed to identify any causes or trends and to explore whether lessons could be learned to reduce future similar accidents/incident. Staff reported accidents and



incidents on the electronic system and when things did go wrong reviews were held with staff so that lessons could be learnt.

- The registered manager reviewed accidents/incidents regularly and shared any learning with the team. Other professionals were involved where needed. For example, where it was noted a person was experiencing increased falls, a referral was made to the physiotherapy or occupational therapy team for additional support. One professional said, "They are very receptive to advice and any treatment we recommended. They are following treatment plans we suggest".

# 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 comprehensive inspection of this key question for this registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider had systems in place to assess people's needs and preferences before they were admitted to the service. Assessments covered a range of areas such as mobility, eating and drinking and set out people's level of independence and the level of support they were likely to require.
- Assessments were being reviewed to ensure they were more person centred and that care plans were comprehensive with goals and outcomes achieved.
- Care and support was monitored to ensure people received effective timely support. All tasks completed by staff were entered onto electronic monitors. Staff told us the system was easy to use and quickly identified any gaps in care.

Staff support: induction, training, skills and experience

- People and their relatives expressed confidence in the staff's ability. One person said, "All the staff are brilliant, I can't praise them enough"; another said, "The staff are super, they really are". A relative commented, "The staff all seem very well trained and knowledgeable".
- Staff were provided with a variety of training to ensure they were safe and competent to carry out their roles. Some refresher training was overdue, for example some staff required moving and handling updates. This had been arranged with an external provider who had cancelled the original training date. This training, along with other refresher sessions were being planned.
- Additional courses were provided for nurses and clinical leads to ensure they maintained and developed their nursing skills.
- A new staff member confirmed they had been supported with induction training when they first started working. This included some shadow shifts with experienced staff to help them get to know people's needs and preferences. They told, "It is a good team. They are helpful and I can ask if I am unsure".

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

- People were supported to drink enough to keep healthy. People told us they enjoyed the food. Comments included, "The food is excellent, always a good choice and a three-course lunchtime meal. Thanks to them (staff) I have put weight on"; "The food is excellent; beautiful salmon yesterday. Always offered a choice" and "The quality of the food has been a really nice surprise". One person, who required a special diet, was working with the catering team to develop more interesting dishes to suit their preferences.
- People's dietary likes, dislikes and needs were known to staff. Food allergies and intolerances were documented. We saw people received modified diet and fluids where recommended and required.
- The atmosphere in the dining room was sociable and relaxed, and staff were available to support people

as needed. We observed people being shown lunch options and staff clearly knew people well and their preferences were catered for. Some people chose to have their meals in their rooms, and this was respected. Staff were available to support people one to one where required.

- A variety of drinks and snacks were freely available throughout the day to people.

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

- People had access to a variety of health and social care professionals. For example, GPs, speech and language therapists; occupational therapist and nurse specialists.
- Nurses and care staff had good knowledge of people's healthcare needs and knew how to support them. People's health care conditions were documented, and they were supported to manage these. We reviewed people's diabetes care plans. These care plans would benefit from further detail which we fed back to the registered manager.
- One nurse specialist said, "Nurses had escalated concerns regarding the deterioration of (a specific condition). They were open to all recommendations given and appear to have been implementing plans of care..."

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

- The service was purpose built, well maintained and designed to meet people's needs. It was arranged on three levels with ease of access via a passenger lift for people with all abilities. Each floor had different units, which had numerous communal areas for people to use as they chose. There were also kitchenettes and refreshment stations to enable people to make refreshments when they chose. One person said, "I feel very blessed to live in such a lovely home, I love my room and all my personal items. It always smells nice. There is lots of space. In the summer months we go out (in the garden)".
- People were able to walk freely around the service as they pleased, clear written and pictorial signage empowered people to recognise shared spaces and bathrooms.
- People's private rooms were personalised with items of furniture, soft toys and ornaments. Outside each person's bedroom was a memory box which contained items of interest for each person.
- There was a suitable range of equipment and adaptations to support the needs of people using the service.
- People told us they loved the garden in summer.

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

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

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People confirmed staff sought their consent before providing any care and support. We observed staff doing this throughout our visit. This showed staff understood how to support people appropriately when

making daily decisions.

- Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails or support with medicines. Best interest decisions had been made where a person had been assessed as lacking capacity.
- The registered manager had a system in place for making sure DoLS were well managed. An overview of the system was up to date and included details of any conditions applied to people's 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 comprehensive inspection of this key question for this registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were caring, friendly and respectful. Some people were able to describe the improvement to their health and wellbeing as a result of the care and support they received. One person said, "I can't thank them enough for the help they have given me. I love them (staff) all". Another person said, "Staff are very nice here; they are very kind all the time". One person told us that regular permanent staff were "good", as were regular agency staff. However, they felt some agency staff lacked confidence to deal with their particular needs.
- Relatives and professionals also commented on the caring approach of staff. One relative told us they had witnessed staff managing challenging situations while staying calm and caring. They added, "I am so grateful for all the hard work they are doing". Other comments included, "The staff are very caring and know them well" and "Carers and nurses are always caring and considerate to residents".
- Staff were attentive, caring and there were lots of positive interactions with people. They were quick to respond to people when they were seen to be upset or in discomfort. They took swift action to provide the right care and support. We observed staff gently and caring coaxing and supporting people with their daily activities.

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

- People were supported to express their views relating to their day to day care and wider issues within the service. People told us they received the care how they wished and in line with their preferences. One person said, "I know what good care is and we certainly receive it here". Another said, "Other care homes are not a patch on this one".
- People's individual characteristics were considered. We observed staff chatting with people about things that were important to them and respecting their specific preferences.
- Some people liked to take part in the regular activities on offer, while others chose not to, and this was respected. People also appreciated how staff respected their privacy should they wish to spend time alone in their rooms. One person told us, "It's not a prison here! I can come and go and do as I want". Another person said, "I like my own company and the staff respect that, they don't over fuss, I like that about them".

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence. One person said, "I feel that I am treated with respect, they make allowances for the things I can't do".
- Staff supported people to be as independent as possible. Where people had equipment to aid their mobility and safety, we observed staff reminding them to use walking frames and sticks throughout the day.

This promoted their independence and safety.

- People had access to professionals to promote their independence, for example occupational therapists and physiotherapists. One therapist told us, "The service is very responsive. We recommended new chairs for people and these were purchased... we have a positive experience of working with staff in there".

# Is the service responsive?

## Our findings

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

This is the first comprehensive inspection of this key question for this 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

- Staff provided care and support that met people's individual needs. People said, "Staff are so helpful. From day one I felt this was the right place for me" and "They look after me extremely well".
- Each person had a care plan which contained specific information on how they wished their needs were to be met. Staff knew what was important to people and followed the guidance from their care plans.
- The provider was transferring care plans over to a new electronic system. The information in the care plans we reviewed were not always up to date. Care plans were being updated on a regular basis on the providers online system. This work continued.
- Records were updated by nursing staff, and members of the care staff. Records clearly showed people's views and needs were known, in particular what was important to people had been identified and staff demonstrated through talking with us they knew people well.
- Staff worked together well to deliver timely and effective care to people. They received handovers between each shift, which helped inform staff of any changes in people's needs.
- Personal records were stored securely and only accessed by staff on a need to know basis. Staff understood their responsibilities for keeping personal information about people confidential.

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 had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these. For example, care records identified if a person had a sensory loss and what staff should do to improve communication.
- When needed, information was made available to people in a variety of formats.

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

- There was full activity programme at the service which included external entertainers. On the day of the inspection, people were seen to enjoy carol singing from a local school.
- Activities were available to people to engage with at any time of the day, including when the activity staff were not available. This included both individual and group activities. People were able to access activities in different parts of the home; staff ensured all were included.

- People were supported to maintain contact with friends and family.

#### Improving care quality in response to complaints or concerns

- Arrangements were in place to listen to and respond to any concerns or complaints. Complaints were acknowledged and responded to and used to improve people's experiences.
- People said they were given informal opportunities to raise issues either by chatting to staff or by speaking up in resident meetings. One person said, "I would tell someone if I was not happy or felt I needed to complain"; another said, "I have nothing to complain about. If I did, I know the staff would listen to me".
- The registered manager was working with one person to resolve a formal complaint. The person confirmed improvements had already been made and they continued to work with the registered manager to address their outstanding issues.

#### End of life care and support

- The service provided end of life care and support to people if this was needed. Systems were in place for people's end of life wishes to be recorded and acted upon.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- Staff told us they worked in partnership with health professionals to ensure people were well cared for at the end of their lives. A visiting health professional said, "End of life care is always to a very high standard".



# 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 our last focused inspection, we rated this key question good. The rating for this key question has remained 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; Continuous learning and improving care

- Accurate record keeping remained an area for improvement identified by the registered manager and provider's representative.
- Risk assessments were not always completed accurately, and some assessments had not been updated when changes had been made. For example, risk assessments and care plans for some people who had diabetes did not contain sufficient information to ensure staff had all relevant information on how to provide appropriate care. Risks around high/low blood sugars and how to manage diabetic foot care. A senior member of clinical staff told us, "We know they (records) are not as they should be, but it is a work in progress". We did not find any evidence of people coming to harm from this, because staff knew people well.
- There was ongoing work to address and improve records as the provider migrated records to their electronic system.
- Managerial oversight of the service was generally good, and a range of quality audits and checks took place to monitor the service and drive forward improvements. In order to identify and prioritise improvements the registered manager and provider had been working with the local authority quality assurance team to put in place a service improvement plan, which was regularly updated to show where improvements had been achieved.
- Throughout the inspection the registered manager and provider representative were open and proactive in their responses to our findings.
- There was a management structure in place; nurses and care staff understood the responsibilities of their role. Staff said the registered manager and management team were supportive and approachable and were confident in reporting any concerns. Staff told us the service was a good place to work. One staff member said, "It's a really good place to work, the management team are fantastic I can't fault them".
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.
- Performance ratings were displayed within the service and on the provider's website as required.

We recommend the provider continue to develop accurate and up to date records (care plans) to ensure people continue to receive the care they need in a way they prefer.

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

- The culture within the service was open and friendly. People experienced a good standard of care and

support, which resulted in good outcomes for them.

- People were happy with the level of support they received and praised the staff team. Comments included, "They (staff) have helped me with my walking; they help to keep me safe"; "It was a big change for me moving here. But I am so happy to be here. The staff are really excellent and give me all the help I need" and "They staff look after me extremely well. I want for nothing really".
- Health professionals expressed confidence in the staff team and confirmed referrals to them were appropriate and timely.

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 provider and registered manager understood their responsibilities to be open and transparent with people and their families when something went wrong.
- When accidents or incidents had occurred, relatives or those acting on their behalf were informed as soon as possible. No concerns were raised about communication when we spoke with people's relatives or representatives.

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

- The provider and registered manager regularly sought people's views about the care and support provided. Annual satisfaction surveys were used to obtain feedback from people living at the service and their family and friends.
- Regular residents' meetings were held to give people an opportunity to discuss suggestions and ideas for improvements.
- Staff meetings were held, which gave staff the opportunity to raise issues and make suggestions. Staff said they could make suggestions and they felt listened to.

Working in partnership with others

- The service worked well with most external professionals and agencies. Staff took on board advice from other health professionals to review and improve care. Comments from professionals included, "The staff appeared to have a good understanding on the patient and an appropriate plan of care in place" and "My general impression of the place over the years is one of good care and supportive staff".
- One professional told us about the work to improve communication with them and to reduce the number non-urgent referrals to their service. They felt agency or bank nursing staff did not always hand over reliable information. However, they added, "I have seen some improvements start to be made, so I feel that my concerns are being listened to and actions taken to resolve them".