

Aria Healthcare Group LTD

Belmont House Nursing 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

Belmont House Nursing Home is a care home providing personal and nursing care to up to 60 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 51 people using the service.

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

People were safe. Staff understood how to safeguard people from abuse and reported safeguarding concerns to the relevant people and agencies. Risks to people's safety and wellbeing were managed well. There were enough staff to support people and meet their needs. Recruitment checks were undertaken on staff to make sure they were suitable to support people. The provider undertook regular checks and audits to make sure the premises and equipment were safe. The premises were clean, tidy and hygienic. Staff followed current infection control and hygiene practice to reduce the risk of infections.

People were involved in planning and making decisions and able to state their choices and preferences for how their care and support was provided. Staff knew people well and how to meet their needs. They received relevant training to help them do this. Staff were well supported and valued by managers and encouraged to learn and improve in their role. They were encouraged to put people's needs and wishes at the heart of everything they did.

People were supported to stay healthy and well. Staff understood people's healthcare needs and how these should be met. They made sure people could access support from healthcare professionals when this was needed. The service worked proactively with healthcare professionals and acted on their recommendations to deliver care and support that met people's needs. People were encouraged to eat and drink enough to meet their needs and to take their prescribed medicines.

Staff were kind and caring. They treated people well and people were happy with the care and support they received. Staff supported people in a dignified, respectful way which maintained their privacy and independence. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People could take part in a wide range of activities and events at the service based on their choices and preferences. Relatives and friends were free to visit the service without any unnecessary restrictions. The home had been designed and decorated to meet people's needs. People had a choice of spaces to spend time in at the service, to build relationships and socialise with others.

The service was managed well. The registered manager had the skills and experience to perform their role and had a clear understanding of how people's needs should be met. They undertook checks at regular intervals, to monitor, review and improve the quality and safety of the service. The service had a good track

record in trialling and implementing new ways of working, to help improve the overall quality of care and support people received.

The service obtained people's feedback about how the service could be improved and these were acted on. There were systems in place to ensure accidents, incidents and complaints were investigated and people were involved and informed of the outcome. Learning from these was shared with the staff team to help the service improve the quality and safety of the support provided.

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

Rating at last inspection

The last rating for the service was good (published on 1 March 2018).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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, 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 ●

Belmont House Nursing 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 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

Two inspectors carried out this inspection.

Service and service type

Belmont House Nursing Home 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. Belmont House Nursing Home is a care home with 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people using the service, 5 relatives and a visiting healthcare professional. We asked them for their views about the safety and quality of care and support provided at the service. We observed interactions between people and staff to understand people's experiences. We spoke with the registered manager, the regional support manager, 2 registered nurses, 3 care support workers, a member of the housekeeping team, the health and wellbeing coordinator, the chef, 1 kitchen assistant and the maintenance person. We reviewed a range of records. This included 6 people's care records, records relating to medicines management, 3 staff recruitment files, staff training and supervision information and other records relating to the management of 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 inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safe at the service. People's feedback indicated they felt safe and comfortable at the service and with the staff team supporting them.
- People told us their needs, wishes and preferences for how they wished to live their lives at the service were respected and met by staff.
- Information about how to report concerns about abuse was available and accessible to people and visitors.
- Staff received relevant training and were well supported by the registered manager to safeguard people from abuse. Staff understood how to recognise abuse and how to report their concerns about this. A staff member told us, "We have a process to follow for any safeguarding concerns."
- The registered manager liaised with the relevant agencies when a safeguarding concern was reported to them. Records showed the registered manager took appropriate action when safeguarding concerns had been raised, to reduce the risk of further harm to people.

Assessing risk, safety monitoring and management

- Staff supported people to stay safe at the service and managed risks to their safety well.
- People's records contained current information about identified risks to their safety so staff had up to date information about the action they should take to manage these risks and keep people safe.
- Staff were vigilant when people were moving around the home or undertaking activities and made sure people remained safe.
- The provider undertook health and safety checks of the premises at regular intervals. They dealt with any issues arising from these checks promptly.
- Safety systems and equipment used at the service was maintained and serviced at regular intervals which helped to ensure these remained in good order and safe for use.
- Staff had been trained to deal with emergency situations and events if these should arise so that they would know what action to take, to keep people safe in these circumstances.

Staffing and recruitment

- There were enough staff to support people. The registered manager reviewed staffing levels at regular intervals to make sure there were enough suitably skilled and experienced staff to meet people's needs.
- Staff answered call bells promptly and responded quickly to people's requests for assistance. One person told us, "They always come if I push the call bell."
- The provider operated safe recruitment practices. They carried out checks on staff that applied to work at the service to make sure they were suitable to support people. This included checks with the Disclosure and

Barring Service (DBS) who provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely and as prescribed. People's records contained current information about their medicines and how staff should support them to take them in a timely and appropriate way.
- Our checks of medicines stocks, balances and records showed people consistently received the medicines prescribed to them.
- Medicines were stored safely and appropriately. Medicines stock, records and staff's competency were checked and audited at regular intervals. Issues identified through these checks were dealt with promptly and appropriate support was provided to staff to reduce the risk of these issues reoccurring.
- Staff were required to refresh their training in medicines administration at regular intervals to make sure their skills and knowledge remained up to date.

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.
- Staff had completed food hygiene training and followed correct procedures for preparing and storing food.

Visiting in care homes

- The provider made sure visiting arrangements at this service were in line with government guidance. One relative told us, "I just turned up and they let me in. I don't think there are any times for visiting." Another relative said they visited their family member every week and there were no restrictions placed on when they could come.

Learning lessons when things go wrong

- The provider managed accidents and incidents at the service well. There were systems in place for staff to report and record accidents and incidents and staff understood when and how to report these.
- The registered manager investigated accidents and incidents and made sure action was taken to reduce the risk of these reoccurring. They reviewed outcomes from investigations to check for any overall trends or themes.
- Learning from investigations was shared with all the staff team, to help the service improve the quality and safety of the support provided.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 and processes in place to ensure people's care and support needs could be effectively met by the service.

- The provider undertook detailed assessments of people's needs prior to them using the service.

Assessments were carried out with people and others involved in their care and took account of people's life and medical history, healthcare conditions, their care needs and their choices for how and when their care and support was provided.

- Records showed the information obtained through these assessments had been used to plan and deliver care and support people required, in line with their choices and preferences.

Staff support: induction, training, skills and experience

- Staff received relevant training to help them meet the range of people's needs. Training was refreshed at regular intervals so that staff stayed up to date with current practice. A staff member told us, "We do eLearning, face to face training and do refresher courses. I learn a little bit more each time."

- New staff could only support people unsupervised after they had successfully completed a period of induction and the provider had assessed they were competent to meet people's needs and keep them safe.

- Staff had regular supervision meetings and an annual appraisal with their line manager to support them in their role and to identify any further training or learning they might need. A staff member told us, "They [registered manager] are always supportive of me learning new things."

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

- People were supported by staff to eat and drink enough to meet their needs. One person told us, "The food is good, our bellies are getting bigger!" Another person said, "The food is very good. Very pleasant food. There always seems to be plenty. Yesterday I asked for more but that was because it was so nice."

- We observed the lunchtime service. People were supported by staff to make choices about what they wanted to eat. People were served as and when they were ready and given time to eat and enjoy their meal. Meals were served hot and looked appetising. Portion sizes were based on people's individual preference. Outside of mealtimes, people could have drinks and snacks of their choice, whenever they wanted.

- The chef sought people's feedback about meals which they used to help improve the mealtime experience to meet people's needs. They had a good understanding of people's dietary needs, and any specialist needs due to their healthcare conditions, and took this into account when planning and preparing meals.

- Staff monitored people were eating and drinking enough. When they had concerns about this, they sought support from the relevant healthcare professionals and acted on any recommendations they made.

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

- People were supported to manage their healthcare conditions and needs. People's records contained detailed information for staff about how these needs should be met.
- Staff understood people's conditions and how they should support people with these. A registered nurse told us, "[The staff team] are very helpful and they make sure all the residents are looked after...the communication is very important and we need to work as a team. They would come to me and let me know if a resident is not feeling well or is in pain."
- People's healthcare conditions and needs were reviewed weekly by senior clinical staff at the service. This helped them to check whether the support being provided was effective and to identify any further support people might need.
- Staff shared the information from these meetings with the GP, who visited the home once a week, which helped the GP make decisions about which people needed to be seen, based on their needs.
- The service was well supported by other healthcare professionals. The service worked proactively with tissue viability nurses, speech and language therapists and dieticians, as well as the local authority care home support team, when required. Staff acted on their advice and recommendations to support people in the most appropriate and effective way to help them stay well. A registered nurse said about healthcare professionals, "They provide clear advice and instruction about what needs to be done and we incorporate that in [people's] care records."
- When people needed to go to hospital, staff made sure the person's electronic records were up to date with information about their current health, existing medical conditions and their medicines. This information could then be accessed electronically by hospital staff which helped inform their decision making about the person's care and treatment.

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

- The design, decoration and layout of the home was meeting people's needs. Thought and attention had been given to making the environment suitable for people living with dementia.
- People's bedrooms had been individualised and furnished in line with their choices and preferences.
- There were comfortable spaces where people could spend time when not in their room including the communal lounges, dining rooms and specially designed spaces such as the cinema which encouraged and supported people to build relationships and socialise with others.
- There was signage around the premises which helped people identify important areas they might wish to access such as the lounges, dining rooms or toilet.

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.

- Systems were in place to assess people's capacity to make and consent to decisions about specific

aspects of their care and support. If people lacked capacity to make specific decisions about their care and support the provider would involve people's representatives and healthcare professionals to ensure decisions would be made in people's best interests.

- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. Authorisations were regularly reviewed to check that they were still appropriate.
- Staff had received training in the MCA and associated codes of practice and understood their responsibilities under this Act.

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- Staff looked after people well. One person told us, "I am very happy living here. The staff come and look in on me during the night and day." Another person said, "You cannot fault the staff." Another person told us, "The staff are very nice, very helpful. They are always in and out. They really do make an effort if you ask for something special." A visiting healthcare professional said, "The atmosphere is nice for the residents."
- We saw people were relaxed and comfortable with staff and asked for their support with no hesitation, which staff were eager to provide. Conversations between people and staff were warm and friendly. Staff were caring and showed genuine concern for people and their wellbeing.
- Staff were kind and patient when supporting people. People were not rushed or hurried and could take as long as they wanted doing activities, talking to others and when moving around the home. Staff were quick to comfort and reassure people when they became anxious or upset.
- People's wishes in relation to how their social, cultural and spiritual needs should be met were recorded so that staff had access to information about how people should be supported with their needs.
- Staff received equality and diversity training as part of their role to help them make sure people were not subjected to discriminatory behaviours and practices. The registered manager, as part of their audits and checks of the service, undertook regular checks of staff's understanding of the rights of people who identify as LGBTQIA+, to ensure people's needs were being met in an inclusive, welcoming environment.

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

- People and others involved in their care could express their views and were involved in making decisions about their care and support.
- People's care records reflected the choices and decisions they had made about how their care and support should be provided. People told us staff respected these choices.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity. Staff were respectful, listened to people and responded to people's requests in an appropriate way.
- People's right to privacy was respected. Staff made sure people could spend time alone in their rooms and staff sought their permission first, before entering. One person told us they preferred to stay in their room, which staff respected, but staff checked in with them at regular intervals to see if there was anything they needed.
- Personal care was carried out in the privacy of people's rooms or in bathrooms and staff sought people's consent before carrying out any care. A staff member told us, "Before I get people up, I say, 'good morning'

and explain 'I've come here to support you with your personal care if you want it now or I can come back later on'. I won't force them if they don't want it. I leave and come back to them [later]."

- Staff made sure people were clean and dressed appropriately for the time of the year. One person told us, "They make sure I am clean when I'm handed over from the night staff to the day staff."
- Staff prompted people to do as much as they could and wanted to do for themselves. People's records contained information about their level of independence in the key tasks of daily living and the support required from staff where people could not manage these by themselves. Staff only helped when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 had choice and control about how they wanted to receive care and support from staff.
- People's records informed staff how people's care and support should be provided. This included information about their likes and dislikes, their preferred routines and how they wished to spend their day. Staff understood people's needs and how these should be met. One person said, "It's free and easy. You get up and go to bed at times you want to." Another person told us, "I have breakfast in bed every day. Then, they [staff] come in and help wash us and get us dressed. They go through the wardrobe and we choose what we wear."
- Staff recorded the care and support they provided to people which helped the provider make sure people received the care and support planned and agreed.
- People's care and support needs were reviewed at regular intervals to check this was continuing to meet their needs.

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 and recorded in their care records so that staff had access to relevant information about how they should be supported with these. For example, for people who had aids to support their sight or hearing, staff were prompted to make sure these were always easily accessible to people and in good order.
- The provider could make key information available to people in accessible formats if needed. For example, information was available in large print to make this easier to read.

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 encouraged to have an active life at the service. People were supported to take part in a wide range of activities and events that were planned and delivered in line with their choices and preferences. This included daily activities at the service, visits out in the community and social events to bring people together to mark important dates and celebrate special occasions. A relative told us, "[Family member] only came in on Thursday and what a difference in [family member]. They're much more alert. They've started to watch sport again."

- The service had good links with the community and arranged social activities for people to meet others from wide, diverse backgrounds to share stories and experiences and build new friendships. For example, the service hosted a monthly coffee club where people from the community visited the service and had tea, coffee and cake with people. Members of a local biker club had also recently visited the service with their motorbikes and people were able to ask them about their hobby and interact with the motorbikes on the day.
- People received support to maintain relationships with the people that mattered to them. During our inspection, people received visits from relatives and friends throughout the day and staff encouraged them to spend time together and supported them to do this by offering private spaces if needed and plenty of refreshments. A relative said, "The staff are welcoming and we sit and have a cup of tea together."
- Where people were unable to take part in family occasions or celebrations, staff supported people and their families to do something special at the service, to help people feel part of the day or event. We saw a moving example of this for one person whose relative was getting married. Staff arranged for the person and their family member to have their hair and make up done together at the service on the wedding day so that the person could feel included.

Improving care quality in response to complaints or concerns

- There were arrangements in place to deal with people's concerns and formal complaints.
- People had been provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider.
- People told us they would be comfortable raising a concern or complaint if they needed to.

End of life care and support

- People were supported to state their wishes for the support they wanted to receive at the end of their life. This helped to make sure staff would know what to do to make sure people's wishes and choices were respected at the appropriate time. Where this was appropriate, 'do not attempt resuscitation' orders (DNARs) were in place and records showed people and those important to them had been consulted.
- The service had recently achieved accreditation to the Gold Standards Framework (GSF). The GSF programme supports services to provide high quality care to people in the last years of their lives, to ensure "people live well in their final years and die well, in the place and manner of their choice." Staff had received training in the GSF to help them provide high quality support to people at the end of their lives, in line with the GSF standards.

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 inspection we rated this key question good. At this inspection 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had clear expectations about the quality of care and support people should receive from the service. The registered manager encouraged and supported staff to put people's needs and wishes at the heart of everything they did. A staff member told us, "The manager is very helpful, kind to all the staff. He comes around every day to teach us and tells us if there is anything we haven't done...he advises you, it's all about the residents."
- Staff enjoyed working at the service and caring for people. One staff member told us, "It's good working here...we work together as a team...this is the best nursing home that I've ever worked in, which is why I'm still here. I like to help and I love my residents." Another staff member said, "The manager and the staff are really nice. The residents are lovely. It's really nice working here."
- The registered manager was welcoming and available to people and visitors and took a genuine interest in them and what they had to say. They greeted people and visitors warmly and there was genuine kindness and respect in their interactions. A relative of a person who had just started to use the service, told us, "[Registered manager] is lovely. It's been a really positive move. When [family member] came in, they had a hand written welcome card and gift pack. On their first day [registered manager] invited relatives and a friend in for [family member's] first lunch. I thought that was a nice touch."
- Staff were rewarded for demonstrating excellence in their roles through the employee recognition scheme. They told us they were well supported and valued and they felt able to raise concerns with the management team, without fear. One staff member told us the registered manager was, "Very good, lovely, friendly and approachable. I know I can always go to him with anything. He is very nice, very understanding."
- People's feedback and views about the service were sought and used to plan how the service could be improved for them. For example, menus had been planned based on people's feedback about the meals they would like to eat at the service.
- Staff were provided opportunities through supervision and staff meetings to give their feedback about how the service could be improved for people. A staff member told us, "I feel able to make suggestions...we have meetings and we always talk about if anything needs improving and the management take it from there."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care; 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 was managed well. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs.
- The registered manager had good oversight of the service. They used governance systems to monitor and review the safety and quality of the service and took action when needed to address any gaps or shortfalls at the service.
- The provider undertook their own checks and reviews of the service at regular intervals to make sure the service was meeting required standards.
- Staff were focused on meeting people's needs and helping them to achieve positive outcomes in relation to their care and support. They delivered good quality support consistently. One person told us, "I'm happy as things are. I came in not with the intention of staying and I then asked if I could stay. They have this lovely room and I just love it." Another person said, "We are very well looked after." Another person told us, "It's fine here. The staff are good...It's brilliant. No worries. I'm quite happy."
- The registered manager understood and demonstrated compliance with regulatory requirements and best practice guidance
- The registered manager gave honest information and suitable support, and applied duty of candour where appropriate.

Working in partnership with others

- Good relationships had been developed with a range of healthcare professionals involved in people's care and support. The service acted on their recommendations and advice to plan and deliver care and support that met people's need. A visiting healthcare professional told us, "The staff are very receptive to advice and they are proactive in using us...we work together...I enjoy coming here and we have a good rapport...it is a very good working relationship."
- The registered manager regularly attended local care provider forums and other networks and shared the learning from these events with the staff team. This helped to support their knowledge and understanding of current practice, and about forthcoming changes in the health and social care sector and how these might impact their roles.
- The registered manager was proactive in volunteering for new health and social care projects and initiatives. The service had a good track record in trialling and implementing new ways of working, to help improve the overall quality of care and support people received. For example, the service was the test site for NHS digitisation of the 'red bag' scheme. Under this scheme, when people need to go to hospital, hospital based staff can electronically access key information and documents they need about the person rather than this being sent with the person. The registered manager told us this had led to a better experience for people as less time was spent on getting all the paperwork needed together to go with the person, which meant they could get to hospital more quickly and efficiently.