

# Sussex Housing and Care Woodlands

## 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

Woodlands is a residential care home providing personal care to up to 40 people aged 65 and over. At the time of the inspection the service was supporting 35 people some of whom were living with dementia. Woodlands is split over three floors with a garden, and enclosed courtyard.

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

People were safe at the home and people and their relatives told us they felt safe. The provider had robust recruitment policies and staff were well trained and confident in their roles. There were enough staff to support people when they needed help. The home was clean, and risks were regularly assessed and minimised. The home had clear safety policies which staff were trained in and which were followed. Trained staff administered medicines according to clear policies. Effective quality assurance systems were in place to monitor the quality of care.

The décor was dementia friendly and corridors were decorated in themes with input from people that lived at the home. There was space for people to walk about the home easily. People were encouraged to personalise their spaces. A relative told us "Mum thinks of this as her home, she had to go to A&E but she talked about going home [to Woodlands]." People spoke extremely highly of the food. The menus were accessible to all, and the chef was led by people as to what to cook. People told us "I like the food, there's nothing to complain about here." And a relative told us "She loves the food, it's restaurant quality at times. I wouldn't mind coming here myself."

Relatives told us that staff were very caring in their attitudes, "I heard staff with mum and they were so patient with her. I was impressed with the care. If everyone was as good as that I'm happy."

The registered manager was proud of the home and keen to ensure the best individualised care for people. Pre-admission assessments and care plans helped ensure people had person centred care. People's likes, and dislikes were catered for.

People could choose how to spend their time. There was a dedicated activities coordinator who ensured there were always plenty of things for people to do.

The registered manager was involved in all aspects of the running of the home and provided their team with skilled leadership. They promoted the values of the home and the staff reflected the attitude in their treatment of people. The home was actively involved with the local community, including people in a local dementia choir, hosting a dementia café and having a lunch club that anyone could attend, sharing food and activity time with the people that lived at Woodlands.

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.

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

#### Rating at last inspection

The last rating for this service was Good (published 17 November 2016)

#### Why we inspected

This was a planned inspection based on the previous rating.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was exceptionally responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was exceptionally well-led.	<b>Good</b> ●

# Woodlands

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

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

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included notifications, which are information about important events the service is required to send us by law. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection. We also looked at online reviews.

#### During the inspection-

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, activities

coordinator, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

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

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were policies and guidance in place for staff to protect people from the risk of abuse. Staff told us they knew how to recognise and report abuse. A staff member told us "I would report [to the registered manager] anything that concerned me." People told us they felt safe and a relative said "Yes, staff are safe."
- Staff were taught safeguarding as part of their induction and safeguarding training was continued as part of the yearly training that the provider deemed essential.

Assessing risk, safety monitoring and management

- Risk assessments were regularly completed and reviewed. For example, there were pet rabbits in the courtyard. We saw clear risk assessments around the courtyard environment and people were encouraged to sit with the pets and interact with them.
- The environment was kept safe. Maintenance checks were carried out as necessary by external companies; for example, fire safety checks, electrical testing and gas and water safety checks.
- People's care plans included risk assessments. The risk assessments were clear in how they should protect people without restricting their choices. For example, where someone needed encouragement around eating and drinking to avoid dehydration, there was advice on which things the person liked and how to offer them.
- Care plans were stored securely in the office at the home. The care plans were available to visiting healthcare providers so that risks were shared across services.
- Staff told us there were policies in place to record accidents, and that they knew where the accident book was, and how to record accidents. A staff member said, "Yes we have forms, we complete them with the senior member of staff on shift, we do it together and document it in the care plans."
- The registered manager and senior staff carried out audits to look for patterns of accidents so that any changes that would reduce risks could be put in place.

Staffing and recruitment

- Staff were recruited safely and the provider had robust systems in place to ensure staff were safe to work with people before they started working at the home. Staff references were checked, and the Disclosure and Barring Service (DBS) was used before staff were able to work at the home. The DBS allows employers to find out if a potential staff member has any criminal convictions.
- Staff carried out a probationary period and were assessed before starting work permanently at the home. We saw clear records of the application process, the induction training, and feedback at the end of the trial

period.

- The registered manager had recently created a new post of general carer to aid other staff. This new post was as an extra pair of hands and could work where extra help was needed during the day. For example, they might help at lunchtime with people that needed extra support or take the tea and biscuits round to people.

#### Using medicines safely

- Trained staff administered medicines to people at the prescribed times. The medicines were stored securely in a medicine trolley that could be brought to people.
- A pharmacist from a local pharmacy checked the storage of the medicines and the safety of the medicine's policy. The most recent review was in January 2019 and the pharmacist found no problems.
- We saw medicines being administered to people by trained staff. Medicines were checked, and charts filled in appropriately. People were asked discreetly if they required pain medicines that had been prescribed on an 'as required' basis.
- A GP reviewed people's medicines every six months. Medicines reviews are important to ensure people are not taking unnecessary medicines and to check they are not having any negative side effects to the medicines they need.

#### Preventing and controlling infection

- The home was clean and uncluttered. Keeping a home free from clutter ensures that trip hazards are avoided, it also makes cleaning and infection control easier. A cleaner was employed to keep the home clean.
- Staff understood the importance of infection control and used personal protective equipment such as aprons and gloves when carrying out personal care.
- In the recent survey for people using the home 93% of people agreed the home was clean and tidy.
- Furniture was designed to be easy to clean, and there was a laundry service for people onsite.

#### Learning lessons when things go wrong

- The registered manager carried out audits on any incidents or accident in the home to enable them to spot patterns, so that changes could be made to prevent repeated incidents in the future.
- The registered manager learned lessons when things went wrong and was keen to prevent repeated mistakes. For example, when the registered manager saw that a person had slipped from their chair several times, changes were made and recorded in the care plan to keep the person safe.

# Is the service effective?

## Our findings

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

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager told us she carries out pre-admission assessments with people and we saw these recorded in people's care plans. During the assessment, people were free to discuss any protected characteristics under the Equality Act so that their needs could be met by the service.
- Care plans included notes about people's hobbies, likes and dislikes as well as medical history and needs.
- People had care plans designed with their needs as the most important aspect. Care plans were read and followed by staff. A relative told us "[Woodlands] is much better than the previous home, we can talk to dad's carer whenever we wish and have regular case reviews."
- People had electronic care pendants which could be used to summon help in an emergency. This enabled people to be independent but still have access to immediate help.

Staff support: induction, training, skills and experience

- Staff were well trained and supported by the registered manager. A member of staff told us "It's one of the best jobs I've had, the nicest place to work, very supportive."
- A member of staff told us they had been trained in the use of hoists and as part of the training had experienced being hoisted themselves, so they could understand what it felt like from the person's perspective.
- Staff completed a full induction program to ensure they were ready to work with people.
- The registered manager ensured that staff had the right skills for the job by a clear application process and ongoing training.
- There were clear training records for all staff. Staff were trained using a mixture of online training, face to face training, and shadowing of other trained staff. Regular supervisions and one to one meetings were also recorded in the staff files.

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

- Woodlands has a chef to prepare food for the people at the home and people told us the food was excellent. A person told us "The food is lovely." And a relative told us "She loves the food, it's restaurant quality at times."
- People's care plans included any nutritional needs and whether people were at risk of malnutrition or dehydration. People at risk had their weight monitored and fluid charts in place.
- To ensure food looked good as well as tasted good the chef used food moulds for those people that were

on a pureed diet. "We have special moulds, peas look like peas, chicken looks like chicken." This meant that people retained dignity at mealtimes as their food looked the same as everyone else's, it also helped to encourage people to eat.

- We observed staff supporting people to eat, they used encouragement or assistance as necessary. Staff were polite and discreet, and no one was rushed.
- People were always offered choices for meals and if neither of the usual options for the day were wanted they could ask for something else. We saw a person request a sandwich rather than hot food as it was a warm day. People were able to request snacks and drinks at any time. Water and cold juice was available to people via dispensers in the home twenty four hours a day. There was fruit available, and regular tea, coffee and cold drink rounds to encourage people to drink during the warm weather.
- Special meals were provided as needed, including for people with allergies or swallowing difficulties. While there was currently no one who had requested a specific religious diet the chef said that would not be a problem and if necessary they would ask for extra training to ensure they could provide exactly what was needed.

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

- The building was purpose built as a care home and so was spacious and well lit, with railings where appropriate and plain carpets or non-slip vinyl floors. This enabled people to move independently around the home.
- There were clear signs around the home, and large images on the walls to act as memory aids for reference, for example stickers on the wall themed around woodland and birds in the hallway leading to the courtyard where the rabbits lived.
- There were memory boxes outside people's doors, these enabled people to recognise their own rooms and also to share with staff and visitors a little about themselves. The boxes contained photos and mementos from people's lives and interests.
- Some forms of dementia can affect people's vision. Where there were glass doors there were stickers on the glass at head height to make the door visible so that people would not walk into them.
- Chairs were colour coordinated to rooms but with differing shades of colour to aid visibility. People could use them easily and they were easy to keep clean.
- The dining area was well lit, and people could use it at any time during the day, the lounge area opened on to had a bar which was open at set times of the day. People liked to use the bar, one person told me "I like a glass of beer."
- Notice boards and posters informed people and relatives about activities in the home. People had been involved in some of the wall decorations, including creating a 'dignity tree' full of compliments written on pictures of apples, the apples had been drawn by a resident of the home.

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

- Staff improved a person's quality of life and enable them to become independent again by encouraging daily exercise to build up muscle. After staff prompted the person to go to the toilet frequently they retrained their bladder and no longer needed a catheter or had urine infections, they became more independent and interacted with other people again.
- People were encouraged and supported when they needed help from other agencies. Staff understood that people's needs changed and were happy to ensure people received care. For example, staff helped a person to get a new hearing aid when hers stopped working. A relative told us "Mum's hearing aid packed up and I was constantly moaning to [registered manager] although it wasn't her fault; But [registered manager] helped and never made me feel bad."
- A GP visited the home once a week so that people were able to have access to medical care if they wanted

it. The registered manager told us "The GP visits every Wednesday, or we can call the surgery. Some families don't want to be involved but we have one-page updates we can pass onto relatives."

- Care plans were kept up to date with notes of visits to hospital or changes in nutritional requirements so that staff and any visiting professionals were always aware of amendments to people's care 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 Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The registered manager clearly understood the MCA and applied it accordingly. Care plans noted things that people did and did not have capacity for. If a person was shown to lack capacity for something it was also stated in the care plan things the person did have capacity for. Staff understood people were able to make decisions for their care and where necessary help was given for them to do this.
- Where people were deprived of their liberty it was done in as discreet a way as possible. Locks on external doors were key coded and the key code was hidden in pictures on the wall. This enabled those people who were free to leave unaccompanied to do so.

# Is the service caring?

## Our findings

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

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Staff were very caring. We saw good care, for example a staff member sitting with a person for over 15 minutes holding the person's hand and comforting them as they were distressed. The physical comfort was calming, and the staff member decided to stay for as long as needed with this person.
- Staff were extremely calm and polite with people. A relative told us "All staff are polite and fun, nothing is too much trouble. I admire the staff's patience with difficult people." And a person told us "The staff are very courteous." A member of staff told us "I never talk down to anyone, I just talk to everyone like people."

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

- Staff encouraged people to be actively involved in choices about their care and their day. People were asked about their choice of food at mealtimes and the menus were available in large print, or with pictures to help people with communication difficulties to decide.
- People were able to decide on activities within the home. Staff told us "People suggest things and tell me if they like a particular entertainer."
- Staff enjoyed their roles within the home and found caring to be satisfying. A staff member told us "I do like it, it can be very rewarding. It can be sad too, but we are supported by our manager."
- Staff involved people in decisions, people were asked how they would like to decorate their rooms. A person we spoke to said, "I like being involved, I brought my own things in with me."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and were discreet when helping people. A relative told us "Staff use screens for privacy and do everything by the book."
- People were encouraged to be independent where possible. Staff spoke to people as friends and the mutual respect was clear within these interactions. A person told us "I haven't met any staff I haven't liked, I get on with them all."
- People were encouraged to manage their own days. There were no restrictions to visiting the home and relatives and friends were encouraged to visit when they wanted to. The registered manager told us, "I feel very strongly that people that come here should feel this is their home."

# Is the service responsive?

## Our findings

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

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

This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood the responsibilities to follow the AIS and provided clear information for people in ways they could understand it. Noticeboards in the home were uncluttered and bright so that information was easy to find.
- The menus in the dining room included large print and pictures so that people with communication difficulties could understand and make their own choices.
- Staff spoke to people and explained which activities were planned so that everyone could join in if they wanted to.

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

- People and their relatives were actively involved in both pre-admission assessments and care plans. Pre-admission assessments were carried out to ensure staff knew what people wanted and needed for their care. Plans were made to ensure people could bring in their own possessions to make them feel at home. One person had brought his own armchair.
- Care plans were written in collaboration with people and their relatives. Medical histories were included in the care plans. Care plans also contained people's likes and dislikes, their hobbies and things that were special to them in the past. These details enabled care staff to personalise care in the way people liked.
- Some activities were planned to take place in people's rooms if they did not want to, or could not, come down to the lounge.

### 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 get to know other people within the home. Staff knew that even within a home people could feel lonely. A staff member told us "I introduce people to each other as loneliness can be an issue."
- People looked forward to regular visits from Artytime 'Young at Heart'. These sessions involved families with children under five years old visiting the home to join the people there in art activities. The visits also a chance for people to talk, and to play with the children. People enjoyed the interactions with the children,

especially the babies. The home had printed books of photos to share with relatives and to remind people of the visits. The registered manager told us about one person who had rarely interacted before the children visited and had remained isolated. Since the children's visits she had become animated and looked forward to seeing them. The registered manager told us "She usually prefers her own company in her bedroom, but she really comes out of herself and seems very excited, happy and content when with the children, with a beaming smile and engages well throughout the morning."

- Woodlands also had a dementia choir based on the popular television show. The choir met every other Wednesday for an hour, and people with dementia and their friends and family of all musical abilities from the local community were invited in, including musicians. This meant that people were not only able to participate in a fun event, but they were able to feel part of the wider community.

- People also enjoyed visits from a pet therapy team. Visits had included animals as diverse as a Shetland pony, goats and lambs. The animals wore nappies within the home which amused staff and people at the home.

- There was an activities coordinator who ensured there was plenty to do each day in the home. There were two or three activities planned daily, including music, art, and quizzes. People told us, "I love quizzes, if they tell me, I go" and, "There's always things going on, it's busy here, there's always something to do." We saw the activities coordinator asking people which things they had liked in the past and asking them for suggestions as to what they would like to do in the future.

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

- A clear complaints procedure was displayed on notice boards around the home. There was guidance on next steps people could take if they felt the registered manager had not dealt fully with the complaint, including speaking to the social care ombudsman.

- Few complaints had been received but when they were they were dealt with sensitively. People were also regularly asked for their opinions on the home and to suggest improvements.

- A 'You asked, we listened' poster on one notice board showed where people had suggested changes to the service that had then been implemented. For example, people had suggested the food had become boring, so the chef had updated the menu. People had suggested buying some toys for the visiting children and the registered manager had bought and filled a toy box.

#### End of life care and support

- People had their wishes with regards to end of life clearly written in their care plans. We saw care plans that included the funeral director's people had chosen. Notes like these in care plans ensured that people's wishes could be followed after their death, even if family could not be contacted.

- Attention to people's wishes at Woodlands continued after their death. For example a person with a room that looked out over the garden often told relatives and staff they wished to be sent up in the sky above the blossom tree in a firework after they died. This wish was added to their advanced end of life care plan. When the person died staff attended the funeral. A relative is having the person's ashes made into a firework, which will be launched in the garden with a small party to celebrate the person's life, as requested

- Decisions made about whether a person wished to be resuscitated or not were marked clearly on the front page of the care plan. This meant that staff all knew what to do in an emergency for the person to comply with their wishes.

# Is the service well-led?

## Our findings

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

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

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager knew the home, the staff and the people well. They were proud of the home and the care it provided and were keen to ensure the values of the home were followed. They told us, "Our key values are we are open and honest, and we respect people."
- People told us the staff were extremely friendly and approachable. A relative told us, "When we came in it was the attitude, professional but friendly." And "Everybody speaks to you here, carers, chef, cleaner."
- People felt confident to speak to the registered manager about anything. A relative told us, "I reckon even if I called her at night she'd answer questions."
- Noticeboards had clear complaints procedures with contact details for people to escalate complaints if they felt that they were not dealt with by the registered manager.
- It is a legal requirement that a home's latest CQC inspection report and rating is displayed at the service and on the website. This is so people looking for information about the service can know our judgments. We saw the rating from the previous inspection was displayed at the home and on the provider's website.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the legal responsibility to act on the duty of candour and had reported incidents in the past as required. There were policies in place for the reporting of incidents and relatives told us they were confident they were kept informed of anything that affected people.
- The provider operated under a no blame culture. This ensured that staff were confident to admit to mistakes and discuss errors with the registered manager. Learning from mistakes ensured risks could be minimised in the future and could lead to changes to procedures. A relative told us, "He had a fall, it was no one's fault, they got a mat and an alarm straight away, no problem."

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

- There was a registered manager in the home at the time of inspection and they were knowledgeable and proactive in the running of the home. The registered manager was well supported by the provider and had further support from a deputy manager. This meant there was always a senior member of staff available if required.

- Staff were clear about their roles and were trained to carry them out. Staff told us they felt confident in the management of the service.
- Staff spoke positively about, and felt supported by, the registered manager and the staff team, a member of staff told us, "It's a very happy place." And another said, "I love it here, we are a good team."
- Audits were carried out to check safety, and paperwork was securely stored to show that checks were carried out, for example for fire safety and legionella testing.
- Four times a year the registered manager carried out a full site inspection, both inside and out to spot any necessary repairs or hazards, and the details were recorded. Any repairs needed were carried out and recorded by either the home's handyman or outside contractors as appropriate.
- Staff were trained in safeguarding and understood their responsibilities towards whistleblowing. Staff said they felt confident to raise issues if they occurred and knew the registered manager would take them seriously and act upon them.

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

- The home was actively involved in community enterprises. Once a week the home hosted a lunch club which anyone could attend and for a small fee could share lunch with people at the home. There were opportunities to join in activities before lunch, and a loyalty scheme encouraged visitors to return each week. The lunch club was very popular with both visitors and people at the home, as it enabled people to forge links with others in the local area and to feel connected to the community. There were plans to increase the number of days the lunch club was offered as it was often oversubscribed.
- Every other month the home hosted a dementia café, in partnership with Wealden Dementia Action Alliance. The café offered refreshment and activities for people living with dementia in the local area and their relatives.
- The home also hosted one-off events to ensure relationships with the local community remained strong. One relative told us, "I can't fault the staff, it's a pleasure to come here. I've been to the barbecues and the seaside days."
- Staff were recognised for their good care, with a staff award scheme in which staff nominated other staff members with reasons for the nomination. Staff won prizes and were rewarded for their efforts. The registered manager told us that happy staff were important to the running of the home, "Happy staff mean happy residents." And staff told us, "We have a laugh."

Continuous learning and improving care

- Staff received training updates and were able to request extra training if they needed it. One staff member told us, "It's good to keep going over training, it refreshes your mind."
- The registered manager felt strongly that people's wellbeing both physically and mentally should be at the heart of the service. They told us they shared best practice and lessons learned with other homes. They had plans to add more self-service tea and coffee stations for people, as these had worked well to increase independence and fluid intake. They also planned to continue the improvements of the themed corridors and activity room in response to comments about the decor.
- Surveys sent to people in the home aided the registered manager in focusing on issues that people were most concerned about. When a recent survey showed that 21% of people felt they could be happier at the home, the provider introduced quarterly residents' meetings so that residents had the opportunity to voice their views and opinions. The registered manager also reviewed all care plans to look at whether people felt isolated and what changes needed to be made to improve their mental wellbeing.
- Surveys were also sent to relatives and feedback meant that the registered manager had bought a smart speaker to aid social activities and introduced a newsletter and social media updates to keep relatives informed. One relative told us they were now happy to go on holiday knowing their relative was safe and

they were confident in the contact with the home.

#### Working in partnership with others

- The provider worked in partnership with others to keep people well, including working closely with health and social care professionals in line with people's needs.
- A local pharmacy worked with the home to ensure safety of medicines with regular reviews.
- Two GP practices visited the home weekly, and reviewed peoples' medication every six months.