

Care UK Community Partnerships Ltd

Millers Grange

Inspection report

Curbridge Road
Witney
OX28 5HR

Tel: 01993223260

Website: www.careuk.com/care-homes/millers-grange

Date of inspection visit:
30 March 2021

Date of publication:
04 May 2021

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

Millers Grange is a residential care home providing personal and nursing care in an adapted building across two floors. There were 33 people aged 65 and over at the time of the inspection living at the service. The service can support up to 52 people.

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

People living at Millers Grange received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff consistency enabled people to receive good care from staff who knew them well. Staff did all they could to promote independency and we saw examples of such practices.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

This service was registered with us on 29 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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

Follow up

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

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

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 ●

Millers Grange

Detailed findings

Background to this inspection

The inspection

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

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

Inspection team

The inspection team consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

Notice of inspection

This inspection was unannounced. Inspection activity started on 29 March 2021 and ended on 6 April 2021. We visited the office location on 30 March 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from three relatives about their experience of the care provided. We used all of this information to plan our inspection.

During the inspection

We spoke with 11 people who used the service. We looked around the home and observed the way staff interacted with people. We looked at six people's care records and five medicine administration records (MAR). We spoke with 10 members of staff including the registered manager, deputy manager, senior care workers, care workers, the chef and activity coordinators and a housekeeper. We also spoke with two healthcare professionals. We looked at training records and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received more feedback from five relatives about their experience of the care provided as well as a healthcare professional.

Is the service safe?

Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Millers Grange. They said, "I like it here, they look after me and I certainly always feel that I am safe living here", "Of course I feel safe living here. They always check on me" and "I have always felt safe here, the care is good and COVID-19 and its manifestations has not affected my life here at all." Relatives told us they felt people were safe and commented, "Yes it's safe. Great care has been taken to ensure COVID-19 security (to the point of frustration at restrictions at times), though the need is understood."
- Staff had a comprehensive awareness and understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns. One member of staff told us, "Report abuse to manager, following chain of command. Can report to (Care Quality Commission) CQC, police and safeguarding team."
- The provider had safeguarding policies in place and the team reported concerns accordingly. Where required, investigations were thorough. There was a consistent approach to safeguarding and matters were always dealt with in an open and transparent way.

Assessing risk, safety monitoring and management

- The service embedded a proactive approach to anticipating and managing risks to people who lived in the home, which was recognised as being the responsibility of all staff. Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe.
- People's risk assessments included areas such as mobility, nutrition and medicine management. Staff were familiar with and followed people's risk management plans.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The service regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they were using regular, agency staff when needed and that recruitment was on-going.
- People told us there were enough staff to meet their needs. However, staff turnover had been reasonably high at times. One person said, "There are always enough people (Staff) around, I don't have to wait for long" and "There are more than enough staff I have to say, generally they are good and know what they are

doing." ● Relatives told us there were enough staff. One relative said, "I am not aware of any gaps in care etc so I would say they have enough staff."

- The provider followed safe recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented. For example, a falls analysis had indicated most falls were a result of people having infections. The registered manager introduced regular urine testing and increased fluids and nutrition monitoring. As a result, falls had reduced.

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People and relatives told us they were involved in the assessment and care planning process.
- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Millers Grange.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction included the provider's mandatory training as well as shadowing an experienced member of staff. One member of staff confirmed they had received induction training and that they were well supported throughout this. They said, "They don't drop you in the deep end."
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- People and relatives were involved in decisions about nutrition. Records showed their views and feedback was sought so as to improve the dining experience.
- People told us they enjoyed the food and said, "That was a damn good meal, I had a choice of two (meals) and I made the right choice", "The food here is excellent, they give us homemade bread here and it is delicious, especially with the soup" and "You can't argue with the food here- everyone eats at exactly the same time. I have enjoyed an excellent breakfast today."
- Relatives were equally complimentary of the food. One relative told us, "Our relative is happy with the choice of meals and quality of food provided. Her diet has certainly improved since she was living alone."
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in the lounge, or their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.

- Staff were aware of people's dietary preferences and ensured special diets were catered for. Alternative menus were available, if and when people changed their minds.
- The service protected people, especially those with complex needs, from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions that affected their health.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care. Where referrals were needed, this was done in a timely manner.
- We received positive feedback from healthcare professionals. They said, "They (staff) are very proactive and always quick to respond to our suggestions and act on them" and "They follow our advice to the latter. This is one home which manages risks very well. Hardly any pressure sores or weight loss. They are on top of problems before they occur."
- Staff told us they followed healthcare professionals' advice and sought further guidance when needed.
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Millers Grange was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories. There were several sitting areas around the home where people could spend their time.
- People had access to a cinema room and a café which we saw was in constant use. People sat in the café and interacted with each other and this had allowed friendships to be formed.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a garden and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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

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

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

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

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

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had not been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "You always give them a choice and always assume they have capacity to make a choice first. There are details in care plans about their capacity."

Is the service caring?

Our findings

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

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

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

- The service ensured that people were always treated with kindness. This was reflected in the feedback from people who used the service and their families.
- People and relatives were consistently positive about the caring attitude of the staff. People said, "I think the staff are mostly excellent" and "The carers are first class. They'll do what you ask, most of them, usually see what you might want and are all very relaxed in what they do."
- Relatives told us staff were caring and provided compassionate care. They commented, "Staff show they care by being compassionate and understanding when [person] has felt down and by attending to her personal care efficiently and effectively" and "The culture at the home is geared around allowing the residents to lead a fulfilling life, however they want to do that and my mother has enjoyed helping out with small jobs such as setting tables."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were very happy in the presence of staff and other residents. One healthcare professional told us, "Staff here are very caring and genuinely loving. They have amazing interactions with people all the time."
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. One relative said, "I am updated with my mother's needs. I have power of attorney for health and welfare for my mother. They ring me if there are changes to medication and we discuss issues relating to falls." Records showed staff discussed people's care on an on-going basis.
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and without discrimination. The service

supported and encouraged staff to notice and challenge any failings in how people were treated at the home.

- Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent. One relative told us, "Staff have helped [person] to remain independent as far as possible." One member of staff said, "We let them do what they can if they can like brushing teeth or wash their face."
- The service provided sufficient time for staff to develop trusting relationships with people, their families and friends. People received consistent, timely care and support from familiar staff who understood their needs and got along with them. Staff noticed when people were in discomfort or distress and took swift action to provide care and support.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office which was locked and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

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

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

- People received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.
- Staff had a good understanding of people's individual needs and made sure those needs were met. One healthcare professional commented, "Staff are very knowledgeable of people's needs. The care plans are the best, person centred and very easy to follow."

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 provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to speak slowly using simple language and allow time for the person to respond whilst observing facial expressions.
- Information was accessible to people in different formats. We also saw staff showed people meals choices during lunch.

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

- Staff ensured that people maintained relationships that mattered to them, such as family, community and other social links. This helped to protect them from the risk of social isolation and loneliness as social contact and companionship was encouraged.
- The provider had invested in technology especially during COVID-19 lockdown to ensure people could still communicate and interact with families and friends.
- People had access to a variety of activities which included individual and group activities such as arts and

crafts and fashion sessions. The home had a dedicated and enthusiastic activities team who had adapted the way they supported with activities and made sure people were involved in activities they liked. They told us, "We had an Easter service in 2020 although it had to be done differently and held outside, with social distancing. Some of the traditional Church related activities are a bit more difficult now, people are all a bit more secular these days."

- People told us they enjoyed the activities and said, "I enjoy carpet bowls sessions. I love it, it gets very competitive sometimes" and "I do join in the activities but only the ones I enjoy."
- On the morning of the inspection we saw people participated in a baking session. People actively participated and clearly enjoyed the session.
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.
- The home had established links with a Nursery School, and this had flourished. People and the children had both remote video calls and controlled visits. Although the lockdown had reduced face to face contact, people told us they had enjoyed seeing the young ones across the fence.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received two formal complaints which had been thoroughly investigated to the complainants' satisfaction.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I would raise any concerns with the home manager initially but have not had cause for complaint." There were many compliments received regarding good care.
- We saw the complaint procedures displayed throughout the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

Is the service well-led?

Our findings

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

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

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

- People told us the home was well led. One person said, "The Manager is good. I think she makes sure people do the correct things." Relatives cited the changes in management but were complimentary of the way the home was currently managed and told us, "The home is very well managed. We have met the manager and emails get responded to straight away. We have a good relationship with them" and "Noticeable changes in staff. Things are improving. Communication with manager and deputy manager really great. Reception staff are fantastic."
- The registered manager and deputy manager shaped the service's culture by engaging with staff, people and relatives. One healthcare professional was equally complementary and said, "The manager and deputy manager work very well together and are very approachable."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager is ok, approachable. Solves problems in a fair manner, very pleasant. I can report anything", "Manager very approachable and always available. You always see her around the home" and "Manager's support and understanding has helped me transform my work enjoyment, personal health and life enjoyment. I actually enjoy coming into work now and it has made so much difference to me."
- There was a clear, person-centred vision that included involvement, compassion, dignity, respect and safety. The provider successfully maintained an open and transparent culture which contributed to staff work satisfaction and in turn the staff delivering good care for people.

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post for eight months. They were supported by a knowledgeable deputy manager. There was a clear management and staffing structure and staff were aware of their roles

and responsibilities.

- Despite the home using agency staff, they ensured they used the same staff which allowed continuity of support and had a positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in their management team.
- The provider had clear and effective quality assurance systems in place which were used to drive improvement within the service. These included audits of care plans and medicine records. These provided an overview to ensure improvements were made where necessary.

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

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service. For example, following the last survey, weekend staffing levels had been increased.
- People and their relatives had opportunities to raise any comments via an open-door policy at any time. People and relatives commented about the positive communication with the home. One relative said, "Communication has been by regular email, letter and zoom meetings. I've only made one zoom meeting, but this was well run and very informative."
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "You're able to speak up and things are looked into." During the inspection we observed effective team working. The atmosphere was very pleasant.
- Millers Grange had a clear philosophy and mantra that 'Millers Grange should be a resident's home, their Home'. Conversation with people showed they had emphatically bought into this philosophy and proudly told us this was their home. One person said, "Yes, this is my home. I am alright, I feel safe and know this is my home. I do get up when I want to, and I go to bed when I want to. I wouldn't change anything here although it is always very quiet."

Continuous learning and improving care

- The service had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.
- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the registered manager was supportive. One member of staff told us, "When I came here I was worried my CV was not strong enough, with all the jobs I have had, but [registered manager] made me relaxed and could hear how passionate I was and said 'I can help you'. It is so nice working here."
- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent, collaborative and open with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One health care professional commented, "The home is always responsive to any recommendations I make and staff always appear helpful and interested in the wellbeing of the residents."
- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.

