

Longfield Healthcare Limited

# Longfield Care Home

## Inspection report

Fambridge Close  
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Essex  
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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

Longfield Care Home is a residential care home providing accommodation with personal care for up to 40 people. The service provides support to older people and people with dementia. At the time of our inspection there were 39 people using the service.

### People's experience of the service and what we found:

People and their family members were very complimentary about the service and told us they were happy with the care provided.

Risks to people's health and welfare were identified and assessed. Safeguarding processes were in place to protect them from abuse and harm. Lessons were learnt when things went wrong.

People's support needs were met by enough staff who were recruited safely. Infection control was promoted, and medicines were managed well.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us staff had the necessary skills to support them. Staff said they felt supported by the management team, enjoyed the training provided and were supported to develop their knowledge and qualifications.

People were supported to eat and drink well and able to choose how they spent their time. Care plans were written in a person-centred way showing dignity and respect to people. People could choose the gender of the staff who supported them.

The provider continually assessed the premises, and all health and safety checks were completed. People had access to ample communal and garden areas and their bedrooms were personalised.

Staff worked very collaboratively with health and social care professionals to support joined up working which benefitted people's health and wellbeing.

People said staff were compassionate, kind, and caring, treated them as an individual and listened to their views and opinions. People's end of life wishes and preferences were discussed, and staff were trained to support people in a dignified way.

Complaints were investigated promptly, and people and their family members told us they could speak up. There were meetings and frequent contact with people, their family members, and staff to get their views.

Feedback was collated and shared and used to improve the service.

The management team were well thought of among staff and people who used the service. The registered manager monitored the quality of care in the service and the provider's systems supported them to manage this effectively and to a high standard.

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 the service was Good published on (27 June 2017).

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 

# Longfield Care 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.

The inspection was carried out by 1 inspector, a bank inspector, 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

Longfield Care 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. Longfield Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### 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.

Inspection activity started on 15 November 2023 and ended on 29 November 2023. We visited the service on 20 November 2023.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 4 people who used the service and 11 family members. We spoke with 14 staff including the registered manager, the deputy manager, housekeepers and kitchen staff, care staff, team leaders, and the lifestyle coordinator. We also spoke with a visiting professional.

We reviewed a range of records. This included 10 people's care records and medicines records and 3 staff recruitment files. A variety of records relating to the management of the service were also reviewed. We received email feedback from 5 health and social care professionals.

# 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 has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong.

- People told us they felt safe living at Longfield Care Home. A person told us, "I am very safe, warm and well fed." A family member said, "We feel relaxed knowing [relative] is safe and looked after 24/7." Another said, "Staff keep [relative] safe because they care."
- Systems and processes were in place and effectively operated to safeguard people from the risk of abuse.
- Staff were trained on safeguarding people from abuse and were knowledgeable about the types of abuse. They were able to tell us what they would do if they suspected abuse and how they would report it.
- The registered manager reported safeguarding concerns to the relevant authorities appropriately for investigation.
- Incidents and accidents were well documented and investigated. These were monitored and reviewed by the management team. The registered manager used reflective practice with the staff team to learn from incidents and mitigate the risk of them reoccurring.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored, and well managed. Care plans were developed and reviewed regularly to help mitigate risks to people. These included areas such as mobility, falls, pressure care, choking and hydration and nutrition.
- People were supported by staff who knew them well and understood the risks to their health and wellbeing. Staff had clear and up to date information about people's changing needs.
- Health and safety checks were completed to ensure the premises were safe, for example fire safety, fire drills and building maintenance and equipment. People had personal emergency evacuation plans in place so staff would know how to support them in the event of an emergency.

Staffing and recruitment

- People told us there were enough staff to safely meet their needs. We saw rotas were well organised a month in advance in order to give consistency for staff and people using the service. A family member said, "[Relative] has settled down well and the staff seem plentiful, friendly and welcoming."
- The registered manager had an arrangement to use agency staff to cover shifts in the event of sickness and annual leave. They told us these staff were adequately skilled to support people and they used the same agency staff who knew people's needs well.
- A robust recruitment process was in place to ensure that staff employed were suitable for their role. This included taking up references, interview questions and right to work verification. Disclosure and Barring Service (DBS) checks were also completed. DBS checks 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

- Medicine practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance. We observed staff administering medicines at lunchtime and these were given correctly and safely.
- Medicine records were maintained to a good standard, and demonstrated people received their medicines on time and as prescribed. People were also given choice about taking their medicines.
- A computerised medicines system was in place which was efficient, and staff told us was easy to use.
- Staff who administered medicines were trained and had their skills and knowledge assessed to ensure they remained competent to undertake this task safely. Staff approached people in a kind and quiet manner, allowing them to take their medicines without rushing.
- Audits of medicine were undertaken. Any errors were highlighted immediately to enable the appropriate action to be taken and lessons learnt as a result.

#### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date.

#### Visiting in Care Homes

- Relatives and visitors were able to visit people freely and there were no restrictions.
- Visits and contact with relatives were actively encouraged and we saw many visitors during our inspection spending quality time with their relatives.



# 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 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

- People had their needs assessed prior to moving into the service to ensure their needs could be met.
- People's protected characteristics including their age, gender, marital status, sexual orientation, ethnicity, and religion had been discussed with them and was recorded. This ensured people's lifestyle choices would be respected.
- The registered manager kept updated with information and advice through accessing the services and training of a range of support organisations and professionals to deliver care in line with best practice guidance.
- The service continued to actively participate in Essex County Council's PROSPER project which is an initiative to reduce the prevalence of falls, urinary tract infections (UTI) and pressure areas. Good outcomes for people had been evidenced, such as no one at the service having a pressure sore and reduction in UTI's through good hydration. A family member said, "My [relative's] various infections took a while to sort out, but it's all sorted now thanks to the staff."

Staff support: induction, training, skills and experience

- The provider made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People said staff carried out their personal care tasks safely. One person said, "Staff I feel do their job very well. They know what they are doing and know about my care, I can't fault them."
- Staff received an induction when they started working at the service. This included understanding policies and procedures, shadowing experienced staff, training, and getting to know the people at the service.
- Staff received training which included nutrition and hydration, diabetes awareness, dementia care, fire safety, moving and positioning people, choking and safeguarding people from abuse. A staff member said, "I am fully supported with everything I need to do my job well. Training is very good, always available and you are supported to do it."
- The provider was very proactive in supporting people to progress in their career. Some of the senior staff had started as care assistants and been promoted. A staff member told us, "[Registered manager] is really proactive about supporting people in their career development. I have benefitted from this."
- Supervision for staff consisted of regular reviews and appraisals of their performance. This included the outcome of observations and feedback from people about their approach.

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

- People were supported to eat and drink enough to maintain a balanced diet.

- People and their family members told us they were happy with the food. Comments included, "There is a top chef here and [relative] likes the food. There is always someone on hand to see they are drinking enough", "The food always looks good, they are eating well" and "I go to the dining room but also have lunch in my room sometimes if I feel like it."
- Care plans detailed any allergies, likes, dislikes and preferences. Staff knew each person's preferences and supported them appropriately.
- Meals were freshly cooked, and the menus developed to reflect the season. There was a picture menu available, and staff showed people a small serving of each meal so they could choose what they wanted.
- The service could cater for specialist diets for people who were diabetic or needed their food soft, those who were vegetarian, lactose intolerant or needed gluten free meals.
- We observed lunch which was a sociable and calm occasion. The dining room was welcoming, laid with flowers and cutlery. Staff sat next to people when assisting them to eat and people enjoyed a sociable and unrushed lunch time.

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

- The management team worked well with health and social care professionals and followed their advice to support people. A professional said, "The staff work collaboratively and communicate efficiently with all agencies involved in the care of people at Longfield."
- Referrals were made to specialist health care teams as needed. Meetings were held frequently with professionals to discuss people's care needs and highlight any risk that needed reviewing and action to be taken. A professional told us, "Referrals are always made in a timely manner and staff follow the instructions we give. We are always greeted pleasantly; the service is very organised, and staff are helpful and knowledgeable."
- People were supported to access health care services such as a chiropodist, dentist, and the optician. The service had just secured the services of a dentist to visit people at the service making it easier to access check-ups and treatment. A family member told us, "[Relative] likes to use the services of the hairdresser and the chiropodist, both who come in most weeks."
- On the day of the inspection, an external visitor was conducting seated exercises, meditation, and relaxation in the music room. Many people were joining in including people's relatives.
- Staff monitored different aspects of people's health to help keep them safe and well. A family member told us, "My [relative] is much healthier since they have been here, and they seem happy again. I see how well the staff work together."

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

- The service was purpose built and well maintained. It consisted of 5 units which were joined by internal corridors. People's bedrooms were comfortable and personalised, and they shared the use of living rooms, dining rooms, bathrooms, and gardens.
- People had access to all areas which gave them the opportunity to visit other people and utilise different lounges and garden areas. The resident budgies and cat were liked by people using the service. A person told us, "I like going into the gardens they're nice ones, quite large. I like to tidy up a bit out there and watch the birds, so it's nice."
- The service was homely and represented the people who lived there. The corridors were filled with photographs of people enjoying activities and outings. Posters were aimed at making information accessible for people with dementia.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (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.

- Staff were working within the principles of the MCA.
- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld.
- We observed consent being obtained throughout the inspection for example during mealtimes, participating in activities, taking medicines, and moving about the service.
- People's capacity to make decisions for themselves had been assessed. These included people's medicines, restricted access, personal care, use of sensor mats and bedrails. Any risks to people's health and wellbeing were identified and applications to restrict people of their liberty were made to the local authority in a timely way.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

# 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 has remained Good. This meant people were supported and treated with dignity and respect. They were involved as partners in their care.

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

- People were very positive about the care and support they received. A person said, "The food is so good, and I have not got any complaints. The staff are good to us." A family member said, "These [staff] are beautiful caring people they've got here and they know how to care for my [relative]. They have got to know them well." Another said, "We are finding this place is a blessing in disguise. There's a nice calm relaxed atmosphere. I feel relaxed and so does [relative]. I can't speak highly enough of the care they have been given and of the place generally."
- Staff knew people well and had formed positive relationships. Staff were compassionate, caring, gentle and kind. People's names were used, and staff spoke with people in a respectful way, recognising their individuality and unique personalities. A staff member told us, "People in my eyes are all stars, special people who deserve the very best. Everyone is unique and I feel proud to know each and every one of them."
- Staff showed a passion and enthusiasm when talking about the care they provided. One staff member said, "Everyone works well together, and staff are very experienced. I feel people get good care. I am so very happy working here." Another said, "I love my job and I love the people."
- People were supported to celebrate events that were important to them. We saw many examples of where people, their family members and staff enjoyed times together for special occasions. A family member said, "Next week is [relative's] birthday party, so we can celebrate with the family, all are invited and it will be good fun."

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

- People were involved in decisions about their care. Staff listened to what was important to people, explained the choices and developed their care plans with them. People had a copy of a booklet containing information "About my day experience" which explained how people's experiences of their day-to-day care at Longfield was really important. It was written well and easy to read and understand.
- People and family members told us they felt listened to and included in their relatives' care arrangements. A family member said, "We have regular relatives' meetings (about once a month), which is good to be involved in." Another told us, "The relatives' meetings are well attended. I was able to say things last time and they were sorted quickly, so it's worked out well."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. They knew their routines to ensure privacy was not disturbed. Staff knocked on people's doors and asked permission before entering their space.
- People were supported by staff to maintain their independence. An example in one care plan stated, "I

need staff to describe colours of my clothes so I can choose what to wear each day. I am hard of hearing and they ensure my hearing aids are worn."

- Information in people's daily care notes demonstrated they were supported to complete their own personal care tasks where appropriate and how to maintain their physical and psychological independence and well-being. A person said, "I walk with my frame and help is always there if I get a bit wobbly."
- People and family members told us their relatives were treated as individuals with respect and dignity. A family member told us, "Staff are cheery, and there is a nice feel to the home. Staff do incredibly well. I feel [relative] is safe. I don't worry when I leave them. The home is a happy place. Staff treat people with dignity." Another said, "Overall [relative's] care is very good. I would recommend this place as I see the lovely caring going on." A professional said, "I think the care that people receive is exemplary. The staff are kind, well trained and motivated."
- Compliments were recorded from people's reviews of their care as well as their popular Facebook page. These included, "[Family member] couldn't sing your [staff] praises enough and said it really showed how much you all enjoy your job and caring for people" and "This is like a home from home with a caring team who are also friendly and always approachable."

# 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 has remained Good. This meant people's needs were met.

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

- People were supported as individuals, in line with their needs and preferences. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and personal preferences.
- People had person centred care plans in place describing their individual care and support needs. This included their physical, psychological, emotional, and mental health. They were well written, clear, and updated as and when people's needs changed.
- Information about people's life stories and what was important to them was recorded. This gave staff an understanding of who people were so they could engage in ways that were person centred and responsive.
- People told us they were happy with the care they received. Our observations showed staff were responsive and understanding. A family member told us, "The staff have been very responsive in meeting my [relative's] needs. They like to go out and they've done that for them. The care staff and I work together."

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.

- We observed staff communicating with people in an easy and relaxed way. Staff adjusted their tone or approach where people were having difficulty hearing them. People's care plans recorded any aids they needed to support effective communication, such as glasses or hearing aids.
- Information was available for people in accessible formats where needed.

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

- The registered manager was very proactive at ensuring people had contact with their family members and friends. Visitors were welcomed to be part of the Longfield community, and this was evidenced on the day of the inspection.
- There was a varied activities programme on offer for people to enjoy. The many photographs displayed showed people engaging in a whole range of creative activities, outings, and entertainment. A family member told us, "They are so on the ball about things to do. [Name of lifestyle coordinator] is great and really gets them going and joining in."
- We were told of the outings people enjoyed to the shops, gardens centres and the promenade. Staff often

did this in their own time, showing a commitment to giving people enjoyment and stimulation. A family member said, "The other thing is [relative] does get out. I know that some of the staff take people out on their days off. They've given up their free time to help people, which is lovely."

- People told us they had enough to do and could pursue hobbies and interests relevant to them. A person told us, "I can do some of the activities but look I'm getting on so don't want to do too much anyway." Another person said, "I like going into the music room for the activities which I do regularly. I like the exercises lady." A family member told us, "The staff encourage [relative] to try the activities which they did today, like the armchair exercises which are good for her."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place for people to use if they had a concern or were not happy with the service. We saw the outcomes from complaints which had been dealt with satisfactorily.
- People using the service and family members told us they felt able to raise any worries and concerns with any of the staff and the management team if they needed to. A relative told us, "[Name of registered manager] is great, they have an open door and can I talk to them about anything, so my worries don't get big as they are dealt with there and then."

End of life care and support

- People's preferences about their end of life wishes were discussed with them and their family members.
- Any wishes and arrangements were recorded in their care plan. Some people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in the event of a cardiac arrest.
- Information demonstrated the service worked with healthcare professionals, including the local hospice team. This was to ensure appropriate support was in place for people to be comfortable and their care to be dignified and responsive. A professional told us, "We support and advise Longfield when needed. We have no concerns regarding the care they provide and they always contact us appropriately."
- Staff were trained in providing palliative and end of life care to people when they needed it. The service had received the Gold Standard Award for providing high quality end of life care in 2021.
- One of the gardens had a wishing well with brass butterfly plaques placed there when someone died. These had been inscribed with the person's name and a phrase describing them, for example, "Ray of sunshine", "The dancing Queen", "Brightened everyone's day." The registered manager told us, "We really don't want to forget anyone who has left us, this is one small way we can remember that they were here with us."
- We saw many compliments from family members about the care their relative had received at Longfield. One such compliment read, "All the team members made engagement and communication and involvement possible, so impressive. I was involved with every decision, every aspect of care during [relative's] time until their sad death. If you or your loved one are lucky enough to get a place within this lovely home, you will not be disappointed. Peace of mind is everything."

# 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 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

- The management team and staff worked well together to promote a positive, caring, and open culture committed to providing good quality care to people. A family member told us, "I'm very happy my [relative] is here, it was our first choice because of the leadership."
- The service was well managed and well led. The provider demonstrated their values through inclusive systems and processes and effective and responsive training and support for staff.
- The registered manager was an excellent role model. We saw they worked inclusively in their interaction with people, family members, staff and visiting professionals. A professional told us, "The care home is well run by [name of registered manager]. They have always worked hard to maintain standards and ensure the safe and smooth running of the service."
- Staff felt well supported by the management team. Individual talents and commitment were recognised. Staff told us they were confident to raise concerns and felt these would be acted upon and addressed. A staff member told us, "I feel supported by management and enjoy my role. I feel included with the staff group and are always informed of any changes in people's needs. Another said, "I feel very much part of the team. The managers are very approachable."
- The provider had good support and recognition systems in place for staff. For example, providing support and accommodation for staff from overseas, a 'staff member of the month' award, along with awards for staff being the 'heart and soul' of the service and thanking staff with tokens and pamper days for them to enjoy. A staff member said, "I love my job, best job in the world, such lovely people who live and work here."

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 their duty of candour and was open and honest when things went wrong. Complaints and incidents were investigated, information shared, and apologies made.
- The registered manager reported relevant events and concerns to external agencies as required.
- The management team continued to work on ways to sustain improvements to the service. This approach was well coordinated, and records showed there was an efficient system to learn and improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

- The management team were clear about their roles and responsibilities and there was a clear structure of accountability. The registered manager was well supported by the provider.



- The provider had effective processes in place to monitor and manage the service and address any shortfalls.
- The registered manager, and provider, understood how to manage risks to people, regulatory requirements and why the quality of care and performance needed to be monitored. Auditing and quality checks were completed. Staff told us the management team were often around the service carrying out checks.
- Staff took on additional roles as 'champions' to learn and share information about specific aspects of care. This included moving and positioning, pressure care, continence care, dignity, and dementia care.

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

- The provider recognised the importance of seeking the views and experiences of everyone involved in the service. This was through reviews of people's care, everyday communication with family members, feedback from the residents and relatives' meetings, staff, and professionals. The positive outcomes and improvements from good communication and engagement were clearly evidenced.
- Staff meetings with all departments were held to give staff the opportunity to express their views and feel part of the development and day to day running of the service. A staff member told us, "The staff are very good people, there is no discrimination, I don't feel isolated as I am part of the team."
- The service had good links with the community. They had regular visits from a variety of organisations and individuals, including the Women's Institute, the Rotary Club, a local choir and a local school. A staff member told us, "We've had a few young people on work experience which is good for the people we support. Some school pupils do come in weekly and during holidays. There's one young person who can't wait to leave school and work here."

Working in partnership with others

- There were good joint working arrangements between the service and health and social care professionals as well as community groups. The management team took up every opportunity to expand their knowledge by participating in training and webinars, events, project groups and shared learning initiatives.
- Professionals were very complimentary about how the service worked in a preventative and partnership way for the mutual benefit of people they supported. A professional said, "During my visits I have always seen people being treated with dignity and compassion by staff. Staff are always respectful. People are always look well cared for and look lovely." Another told us, "The manager has always been very proactive and willing to partake in different initiatives that we have undertaken."