

RBL Nayland House Ltd

# Nayland House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Nayland House Care Home is a residential care home providing accommodation and personal care to up to 54 people, in an adapted building. There were 2 units in the service, the main house and the cottage. The service provides support to adults. At the time of our inspection there were 50 people using the service, some people were living with dementia.

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

Risks to people were assessed and actions in place to mitigate them, which reduced the risks of abuse and avoidable harm. Systems were in place to ensure there were enough staff to meet people's needs and staff were recruited safely. People received their medicines when needed and medicines were managed safely. Infection control procedures were in place and staff followed them. The service had learned lessons from a concern about the hygiene in a bedroom and systems introduced systems to improve. People were supported to have visitors.

Staff received training to meet people's needs effectively. 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 had access to health care professionals where required. People were supported to enjoy choices of meals and drinks to reduce the risks of dehydration and malnutrition.

People were provided with a caring service by staff who were compassionate and kind. People's dignity, diversity, independence and privacy was promoted and respected.

People's needs and preferences were assessed with the input from people and their representatives, where required. Care plans were in place which guided staff in how to meet people's needs. People's end of life decisions were sought and recorded, where people chose to discuss them. People had access to activities to reduce isolation.

There was a complaints procedure in place and people complaints were addressed. People's views about the service provided were valued and used to drive improvement. There were a range of audits and monitoring systems in place which assisted the management team to identify shortfalls and address them.

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, under the previous provider, was good (published 21 December 2018).

This service has a new provider since the last inspection. The service was registered with us on 25 June 2021 and this is the first inspection under this provider.

### Why we inspected

This was a comprehensive inspection which was undertaken because this was the first rating inspection under the current provider.

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 ●

# Nayland House 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.

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

#### Inspection team

This inspection was undertaken by 2 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

Nayland House 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. Nayland House 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.

### What we did before the inspection

We reviewed information we had received about the service since registration. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 7 people who used the service and 3 relatives. We spent time in the communal areas and observed the staff interactions with people who used the service. We spoke with 6 members of staff, including the registered manager, deputy manager, administrator, senior care staff, care staff and maintenance staff.

We reviewed 5 people's care records and multiple medicines records. We also reviewed a range of records including staff training, staff recruitment, cleaning schedules, and records relating to the management of the service including audits and the service improvement plan.

Following our inspection visit, we received electronic feedback from 10 people's relatives and 10 staff members. We spoke with 2 people's relatives on the telephone.

We fed back our findings of the inspection to the registered manager and the deputy manager on a video call on 26 January 2023.

# 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, under the previous provider, we rated this key question good. This is the first inspection of this newly registered service, under the current provider. 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

- There were systems designed to reduce the risks of abuse, this included staff training and policies and procedures in safeguarding. Staff confirmed they understood their roles and responsibilities in identifying and reporting safeguarding concerns and reporting bad practice, known as whistleblowing.
- Posters were in the service which identified how concerns of safeguarding should be reported and there were information booklets available for staff to refresh their knowledge.
- Where safeguarding concerns had been reported, the service worked with, and provided the required information to professionals who had the responsibility of investigating safeguarding concerns.

Assessing risk, safety monitoring and management

- People told us they felt safe living in the service.
- People's care plans included risk assessments and guidance for staff in how risks were to be reduced. This included risk assessments associated with mobility, falls, choking and pressure ulcers.
- Environmental risk assessments were in place which evidenced that risks, including the stairs, and equipment used, had been assessed and mitigated.
- Checks on the environment and equipment used were undertaken to ensure they were safe for use and fit for purpose.
- Immediate action was taken by the registered manager when we pointed out exposed hot water pipes. The maintenance staff member replaced the coverings and we saw them checking the environment to ensure all were covered and made safe. We reviewed the service's improvement plan and this had been identified as an improvement.
- Fire safety checks were undertaken, however, there was a short period where they had not been carried out, when there had not been a maintenance staff member in place. There was a new maintenance staff member and we were assured these had returned to being undertaken regularly.

Staffing and recruitment

- The registered manager showed us the tool they used to assist them to calculate the staffing numbers required to meet people's needs safely. The staff rota confirmed the staffing numbers the registered manager had told us about.
- The registered manager told us they were fully staffed in care and were recruiting to domestic staff posts. There were currently two domestic staff working in the service and the registered manager told us that shortfalls were covered by other members of the staff team.
- Staff told us they felt there were enough staff to meet people's needs in a person-centred way and had

time to spend with people. One staff member said, "We are well staffed and there is always adequate number of staff to provide the high-level of service required."

- People told us that staff were available when they needed them and responded to requests for assistance promptly. This was confirmed in our observations. One person told us, "Weekends are the same as weekdays, just different staff, nights are usually very good, the majority of the time waiting is okay."
- We received mixed views from people's relatives about the staffing levels, the majority told us they felt there were enough staff. One relative said, "On my visits there always appears to be enough staff for me to feel my [family member] is very safe and all [their] needs are met. [Family member] is always clean well dressed and content with [their] care." However, another relative commented that there appeared to be less staff available at weekends. We checked the rota and the staffing levels for care staff were the same for weekends and weekdays.
- Records showed systems were in place to recruit staff safely. This included Disclosure and Barring Service (DBS) checks which 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

- There were safe systems in place to ensure medicines were administered, stored and recorded.
- Those staff were where responsible for supporting people with their medicines, had been trained and had their competency checked.
- During our inspection visit, we observed people were supported with their medicines safely. Records identified people had received their medicines when they were needed.
- Protocols were in place with regards to medicines which had been prescribed to be given 'as required' (PRN), which guided staff when they were to be given which reduced the risk of inappropriate administration.
- Audits in the medicine management were undertaken which assisted the management team to identify any risks and address them promptly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People told us they could have visitors when they wanted them. People's relatives told us they felt they could visit their family members and were made welcome.
- During our inspection visit we observed relatives were visiting their family members. One relative told us, "Over the time I have been visiting Nayland House I have been able to get to know many of the staff quite well. I'm always greeted with a smile when they open the door."

#### Learning lessons when things go wrong

- Falls and incidents were assessed, and any patterns identified. Any changes to required work practice was disseminated to staff in meetings.
- For example, in a staff meeting in December 2022, a concern was discussed regarding the cleaning in the home. Lessons were learned and daily checks by senior staff had been introduced. Any shortfalls were to be reported to the registered manager and action would be taken. Cleaning schedules were being reviewed and a deep clean of the service was planned.

# 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, under the previous provider, we rated this key question good. This is the first inspection of this newly registered service, under the current provider. 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's needs and preferences were assessed prior to them moving into the service, with the input of people and their relatives, where required. The needs assessments were used to develop the care plans and risk assessments.
- One person's relative told us, "At the beginning of [family member's] residence we were listened to carefully because we knew the routines and regime that worked for [family member]. Also [family member] had a tricky time settling down at the beginning, and we were kept informed about those problems. Nayland was very thorough in taking a pre-admission case history."
- The provider's policies and procedures reference legislation and good practice guidance, such as National Institute for Health and Care Excellence (NICE) guidance.

Staff support: induction, training, skills and experience

- Staff told us they were provided with the training they needed to meet people's needs. One staff member said, "I have the relevant training and feels supported to do my job safely." Records and discussions with the registered manager and deputy manager confirmed the training provided.
- Staff received an induction which incorporated the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff were provided with the opportunity to discuss their work, receive feedback and identify any training needs in one to one supervision meetings. Staff told us they felt supported in their role. One staff member said, "I receive one to one meetings and supervisions whenever needed."

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

- We saw people had a choice of food and drink provided. During lunch, staff were attentive to people's needs and provided assistance where required and requested, at the person's own pace. We saw a person received a softer diet, which was identified in their care plan.
- Assessments were in place with regards to people's nutrition and hydration. Where risks relating to people's nutrition and hydration were identified appropriate action was taken, For example, monitoring of how much people had to eat and drink each day and fortifying food, where required, to help increase people's calorie intake.
- During lunch we saw staff showed people the options of different meals (show plates) to assist them to make their choices. One person did not want the options offered and a staff member asked what they wanted and contacted the kitchen to provide what the person had chosen.

- There were snacks available in the shared areas, such as fruit and chocolate that people could help themselves to.
- People told us about the quality and quantity of food they were provided with. One person said, "I usually eat it all, got no complaints with the food, I get enough to eat, so far it has always been hot." Another person commented, "Food is pretty good, get a fair choice ... not 100% hot but pretty much, often offered seconds." A third person told us, "It is fine here, the food is not bad, I get enough and never need seconds."

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

- The registered manager told us the GP undertook weekly ward rounds. One relative said, "I know that a doctor visits the home normally on a Wednesday. The times my [family member] has needed a visit from the doctors I've always had a phone call to say this has happened and if any further action is required or not."
- Records demonstrated where referrals had been made to health professionals where there were concerns about people's wellbeing, for example if people were losing weight. One relative commented, "Currently the staff are concerned by my [family member's] lack of appetite and refusal, on occasion, to drink. A dietician has been informed and my [family member] received a doctor's visit this Wednesday because of their concern."
- People told us they had access to health professionals where needed. One person said, "Occasionally I see a GP, they do bring in opticians." Another person commented, "I see our lovely doctor, [GP] is smashing, I asked staff to see the doctor over my tablets, they put me in the book and it is sorted, [GP] comes and sorts the tablets... No dentist don't need one, [optician] would come out, chiropodist comes regular basis."
- Guidance received from health care professionals was incorporated into people's care records to ensure their health care needs were being met. The care records included information about specialist health care support provided relating to people's health conditions and needs.
- People's care records included guidance for staff in how people were supported to maintain good health, this included oral care assessments and how people were to be supported in this area.

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

- There was an improvement plan in place which evidenced the service had identified and were taking action to improve the environment. This included new curtains ordered and quotes for the older wooden windows to be replaced. There were plans for ongoing refurbishment and decoration.
- One of the boilers had broken in the service, which left a small area of the home cold, to address this there were electric heaters in place. The registered manager provided us with information of when the boiler had broken, when it had been reported and the expected date of repair, which showed prompt action had been taken.
- There was signage in the service to assist people to independently find rooms, some bedrooms had pictures on their doors, where some were not in place the registered manager told us this was people's choice.
- There were secured garden which people could access when they wanted to. We saw one person go for a walk independently.
- Several seating areas were around the service, where people could sit and look out of the windows or watch the happenings in the service.

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

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

possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- People's care records included information where their capacity to make decisions had been assessed and where they required assistance to make decisions, this was documented.
- DoLS applications had been made and these were kept under review.
- Where people lacked capacity and had, for example, relatives appointed to make decisions on their behalf, records were in place to show checks had been made to evidence where they could make decisions relating to health and welfare and/or finance. One relative told us, "They [management] asked about Powers of Attorney, how we managed instructions within the wider family, and how decisions would be made by [family member's] children going forward. This was reassuring."
- Any decisions made in people's best interests were documented involving the appropriate people.
- We saw staff asked for people's consent before providing any care and support and records showed people, or their representatives, where appropriate, had consented to their care.

# 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, under the previous provider, we rated this key question good. This is the first inspection of this newly registered service, under the current provider. 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

- During our inspection visit we saw staff interacted with people in a respectful and compassionate manner. For example, staff spoke with people at their eye level. One person came into lounge having just had their hair done, a staff member said, "Oh look at you with your new hair."
- People's care records included their diverse needs and guidance for staff in how they were to be met.
- Without exception people and relatives told us about how the staff were caring. One relative said, "All of the staff which I have met over the past year have a very friendly and caring manner."
- One relative told us about their family member's preferences regarding their bedroom, "[Family member] is lucky to be able to do what [they] feel the need to do without being blocked or criticised."

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

- People's care records included care reviews where the person involved and their representatives, where appropriate had been asked for their views about the service provided. Where changes were identified the care plans had been updated.
- One person's relative told us how they had been involved in their family member's care reviews and felt their views were respected and listened to. One relative said, "The care plan takes [family member's] wishes into consideration, as well as [their] needs. I have been consulted regularly about it by a senior carer, and also asked for feedback." Another relative commented, "We have a review and [staff] ask me if anything is worrying me."
- People told us they chose what they wanted to do, and their preferences were listened to and respected. One person said, "Normally they wake me at 5.30am but if I say I don't want to get up they would leave me, I am an early bird by nature, can watch TV anytime."

Respecting and promoting people's privacy, dignity and independence

- People's care records included information about how people's privacy and dignity was respected and the areas of their care they could attend to independently and how this was promoted and respected.
- During lunch we saw staff supported people when they required assistance and encouraged their independence.
- People told us they felt their independence was respected. One person said, "I can get myself to the lift but need someone to help with the buttons, I went outside any day I wanted to as I can go into the car park and lane as long as I have my mobile phone."
- People told us about how their privacy was being respected. One person said, "They usually knock on my

door, staff are alright, had no arguments with them yet." However, another person said, "I do like the majority of the staff, I have spoken to them recently as I like them to knock, some... were not knocking/speaking when they came so I spoke to a carer, asked them to send a senior. Instantly it goes in their book and it was sorted which I like." As a result, the registered manager had sent staff a memorandum to remind them of the importance of knocking on people's bedroom doors.

# Is the service responsive?

## Our findings

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

At our last inspection, under the previous provider, we rated this key question good. This is the first inspection of this newly registered service, under the current provider. 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's care plans included information about each person, including their specific needs and preferences, and how their needs were met.
- We saw staff were attentive to people's needs and responded to requests for assistance, including call bells, in a timely way. One person said, "I am definitely looked after, it is very quiet, if I need help, they help me wash and dress, I have got no concerns."
- We saw person centred care in practice, where staff took the lead from the person and supported them at their own pace. Staff had time to spend time with people and talk with them.
- People's relatives told us how they felt the service responded to their family member's needs. One relative said, "I had a call from the home only yesterday to say [family member] was resident of the day and how much they thought [family member] had improved since 6 months ago." Another relative commented on the, "High calibre," of staff who provided, "Holistic care." They explained how the staff had responded when they had identified a change in their family member, which resulted in a positive change to their wellbeing.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records identified their methods of communication and provided guidance for staff in how to communicate effectively.
- The Provider Information Return stated, "Where required and appropriate to the role of the care service, we will provide or facilitate the sourcing and provision of resources and assistive technology such as braille books and magazines, large print/easy read copies of literature, British Sign Language interpreters for deaf people, braille or talking telephones and mobile phones, hearing aids, text phones, loop hearing systems, etc."

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

- We saw people participating in a range of group activities during the day, this included playing games with a bat and balloon and bowls and adult colouring.
- Staff told us as well as group activities, people had the opportunity to participate in activities on a one to

one basis. For example, we observed a staff member with a person in their bedroom chatting about their plants and gardening. One person told us how the staff spent time with them on a one to one basis, including the activity staff, administrator, registered manager, deputy manager and laundry staff.

- People's care records included their interests and how these were being supported.
- One person's relative told us, in the warmer weather, they often saw people going for a walk and looking at the swans locally. Relatives told us their family members did not always choose to participate in activities and their choices were respected.
- There were objects in the service, for example boards with bolts, locks and laces which people could handle. These were designed for people living with dementia, there were also 'fiddle' mats where people could handle items such as buttons.
- Relatives told us they could access a social media page to see their family members and what activities they had done. One relative said, "It's great that I can follow Nayland House on Facebook to see what activities they are doing that day. [Family member] has dementia so can't always remember what [they have] done but seeing [family member] enjoying the activities is so reassuring."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and records showed people's concerns and complaints were responded to.
- People and relatives told us they would raise a complaint if needed. One person said, "Not met any of the owners, beyond that management lead very well, I mention a problem and it gets sorted from management to seniors to carers, messages do get through." One relative commented, "Any time I have felt the need to make a complaint, or raised an issue, it has been managed and acted upon quickly. [Registered manager] is always happy for me to raise any issues directly with [them], and [they] always ensures that it is sorted out. I regard [registered manager] as an excellent and approachable manager, who leads [their] team well. The senior carers also help sort any more minor issues quickly."

End of life care and support

- People's care plans included the choices they had made for their end of life care. This included if they wished to be resuscitated and where they wished to be cared for.
- Documents of advance decisions were in place, where people had chosen to make them.

# 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, under the previous provider, we rated this key question good. This is the first inspection of this newly registered service, under the current provider. 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 and relatives told us they were satisfied with the service provided. One person said, "I would give them 8 out of 10, I would recommend it, they are worth that sort of mark, the care stands out." Another person commented, "It is a good home, it is the staff they are quite good, they are around, the managers are pretty good, they are consistent."
- We saw both the registered manager and deputy manager were a visible presence in the service. People and relatives knew who the management team were and felt the service was well led. One relative said, "Met [registered manager] on several occasions, seen [them] sitting with my [family member] and other people. I rang the other day... and [registered manager] they were sitting with my family member during breakfast, now that is caring to me." Another relative said, "[Deputy manager] is always available to discuss any issues. The staff always seem confident about what they are doing - and the atmosphere in Nayland House is quiet and calm, which suggests that both staff and residents are at ease with life in Nayland House."
- Staff also told us they felt the service was well-led. One staff member said, "[Registered manager] is very hands on, all of the staff just help, it is good teamwork. The manager is helpful, always listening, no discrimination as all staff are treated the same." Another staff member commented, "I enjoy working here and I have always felt supported. My suggestions, concerns and feedbacks were always welcomed by the management team."

Does the provider understand and act on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- There was a duty of candour policy and procedure in place and this was understood.
- The registered manager explained the duty of candour processes and where it would be used. We saw records of complaints, included an apology and explanation of the investigation and outcomes.

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

- The registered manager understood their role and responsibilities. This included formally informing us of any notifiable incidents, as required.
- Records showed senior staff undertook daily walk round checks, including people's bedrooms, and were required to feed back any concerns to the registered manager.
- Staff told us they loved their job and they, and the management team confirmed they were committed to

providing people with good quality care.

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

- People were provided with the opportunity to feedback on the service provided and their views were valued. This included in meetings and satisfaction questionnaires. There were notices in the service which identified the action taken as a result of people's comments, called 'you said, we did.' These identified the actions taken as a result of comments received, such as more outings being planned.
- Records of resident meetings showed people were asked for their views about the service and these were acted on, for example ordering new name badges for staff. In a meeting in November 2022 staff told people they were planning to invite relatives to the meetings if they agreed. The registered manager told us a recent meeting was attended by relatives and they were hoping for more to attend in the future.
- Staff attended meetings where they were advised of their responsibilities and discussed any planned work. There were also daily meetings where any risks were identified and plans made to mitigate them, for example with people's wellbeing.

Continuous learning and improving care

- A range of audits were undertaken which assisted the management team to monitor the service provided, identify any shortfalls and take action to address them promptly.
- An action plan was in place which demonstrated ongoing improvement. The registered manager and provider had identified the shortfalls and actions were being taken to address them.

Working in partnership with others

- The registered manager told us they had positive relationships with other professionals involved in people's care.
- A social care professional provided feedback and confirmed the registered manager was, "Very proactive in notifying me of any concerns."