

Care Home Consultancy Services Limited

Rushey Mead Manor Care and Nursing Home

Inspection report

30 Coatbridge Avenue
Leicester
Leicestershire
LE4 7ZS

Tel: 01162666606

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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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Rushey Mead Manor Care and Nursing Home is a care home that provides accommodation for persons who require nursing or personal care including those with dementia related needs, physical disabilities or end of life care. The home is multicultural and Asian languages are spoken as well as English. The home can accommodate and care for up to 50 people.

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

Care plans required more person-centred information to ensure people received care in line with their likes, dislikes and preferences. The registered manager told us written information could be provided in different languages or made available in large print on request. However, we were not able to find any information recorded about whether people had been asked if they would like information to be provided in their first language.

People and their relatives felt that Rushey Mead Manor Care and Nursing Home was a safe place to live. Staff we spoke with had completed training in safeguarding vulnerable people from abuse and understood how to recognise abuse. Risks to people's safety were assessed and strategies were put in place to reduce any risks. There were sufficient numbers of staff who had been safely recruited to meet people's needs.

People's medicines were safely managed, and systems were in place to control and prevent the spread of infection.

People's care needs were assessed before they went to live at the service. At the time of our inspection the staff were not undertaking home or hospital visits to complete assessments of needs. The local authority were providing these to the service.

Staff received an induction when they first commenced work at the service and ongoing training that enabled them to have the skills and knowledge to provide effective care. Staff felt well supported by the registered manager and new registered provider. They received regular supervision and said they could contact the registered manager if they needed support.

People's cultural and dietary needs were well met with English and Indian meals being available, both vegetarian and meat based. People were supported to follow the correct cultural etiquette when eating and were supported to eat and drink enough to maintain their health and well-being. Staff placed a strong emphasis on the dining experience to ensure it was enjoyed by all.

Staff supported people to live healthier lives and access healthcare services.

The new registered provider took over the service in March 2020. They had addressed areas of immediate safety such as installing a new call bell system and replacing broken fire doors and emergency lighting. They

had commenced extensive refurbishment work at the time of our visit.

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 provided care and support in a caring and meaningful way. They knew the people who used the service and understood their cultural needs well. People and relatives, where appropriate, were involved in the planning of their care and support. People's privacy and dignity was always maintained.

There was a complaints procedure in place and systems to deal with complaints effectively. The service provided appropriate end of life care to people when required.

People, relatives and staff were positive about the improvements already made at the service. Systems in place to monitor the quality of the service had been enhanced and actions were taken, and improvements made when required.

Staff felt well supported by the registered manager and the new registered provider. They described them as approachable and responsive. The service worked in partnership with outside agencies.

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

Rating at last inspection

This service was registered with us on 18/03/2020 and has not been inspected.

The last rating for this service was requires improvement (published 24 August 2019). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The inspection was prompted in part due to concerns received about people's care and support needs, infection control practices, the environment and staffing. A decision was made for us to inspect and examine those risks.

We have found evidence that the registered provider needs to make some improvements. Please see the responsive section of this full report.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was Well-led.

Details are in our Well-led findings below.

Rushey Mead Manor Care and Nursing Home

Detailed findings

Background to this inspection

The inspection

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

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 three inspectors and an interpreter. We used an interpreter so we could talk with people in Punjabi and Hindi.

Service and service type

Rushy Mead Manor Care and Nursing Home 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

We gave a short period of notice for the inspection because we wanted to be sure the provider had an Infection Control procedure and Covid-19 risk assessment in place. We did this so we could adhere to their policies and follow government guidelines in relation to social distancing.

What we did before the inspection

We reviewed information we had received about the service since the last inspection as well as recent safeguarding concerns that had been raised. We sought feedback from the local authority and other professionals who worked with the service. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with four people using the service during the site visit on 21 September 2020. We also contacted four family members by telephone on the same day. We had discussions with nine staff that included the registered providers, the registered manager and six care and support staff.

We reviewed a range of records. These included four people's care records and risk assessments. We looked at three staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service including quality assurance checks, staff rotas, safeguarding information and accident and incident information.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, health and safety audits, a DoL'S tracker and a business continuity plan.

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 and relatives told us Rushy Mead Manor Care and Nursing Home was a safe place to live. One person told us, "Yes I feel safe. There's an emergency button in the room, it sends a team to me." A relative commented, "I think Rushy Mead is a safe home."
- The provider had policies and procedures to keep people safe. Staff received training on safeguarding vulnerable adults at risk of abuse. They were aware of the signs of abuse and the procedure for raising concerns.
- One member of staff told us that under the new ownership there had been a reduction in incidents. They said, "It's because there's more checking and we've got the right staff now." Records we saw confirmed this to be the case.
- The provider had policies and procedures to keep people safe. The registered manager was aware of their responsibility for making safeguarding referrals and reporting concerns to the Care Quality Commission (CQC). Records showed that these were completed.

Assessing risk, safety monitoring and management

- People had risk assessments in place which guided staff on how to keep people safe. For example, if people were at risk of falls, a risk management plan was put in place to reduce the likelihood of any falls.
- Risk assessments were reviewed and updated monthly or if there had been any changes or incidents.
- Systems were in place to ensure equipment and utilities at the service, including moving and handling equipment, electrical installations, gas and water, were safe and properly maintained.
- Plans were in place to ensure people were supported in the event of a fire or other emergency. The providers fire risk assessment had been reviewed and updated.

Staffing and recruitment

- We had mixed views about staffing levels from people living at the service. Two told us that they had to wait for long periods before staff attended to their needs. One said, "I just need a quicker response to have my needs met." A further two did not have any complaints about staffing levels.
- Staff also had mixed views about staffing levels at the service. Three care and support staff felt that staffing was adequate and three felt they needed an extra member of staff at busy times.
- The registered manager did not use a dependency tool to determine the staffing numbers, but they informed us that staffing levels were amended if people's needs increased.
- The rota evidenced adequate numbers of staffing to meet people's needs. On the day of our inspection people were attended to swiftly and calls bells were answered quickly.

- The provider followed robust recruitment procedures to ensure people were protected from staff that may not be fit to support them. Disclosure and barring service (DBS) security checks and references were obtained before new staff started the probationary period. These checks help employers to make safer recruitment decisions and prevent unsuitable staff being employed.

Using medicines safely

- People had their medicines when they needed them. One person told us, "I get my medication daily, I get that twice a day. They ask if I have any pain."
- Processes were in place for the timely ordering and supply of people's medicines and they were stored in accordance with requirements. We saw that records were fully completed.
- Medicines to be administered on an 'as needed' basis were administered safely following clear protocols. There was a medicines policy which gave guidance to staff on the safe management of medicines.
- We saw evidence that regular auditing of medicines was carried out to ensure that any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. One person told us, "Yes the place is always clean." There was Coronavirus signage in different languages around the service that had been provided by the local authority.
- Staff completed training in relation to the control of infection and we observed staff using personal, protective clothing and equipment safely.
- The environment was visibly clean and regular infection control audits were completed to identify any areas of concern. We observed a COVID 19 risk assessment and audit and cleaning plans in place.
- The service had been awarded the rating of 'Very Good' by the Food Standards Agency, the highest possible score. This meant food was prepared in a hygienic environment.

Learning lessons when things go wrong

- The registered manager regularly reviewed information when things did not work well or when there were shortfalls in the service and shared the learning with staff.
- Audits and team meetings were used to document and communicate learning within the service.

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

- During the Covid-19 Pandemic, the provider was not visiting people in their homes or at hospital to undertake an assessment of needs.
- The registered manager confirmed they were using a local authority assessment and/or hospital information to develop care plans for people who were newly admitted to the service.
- The assessment covered all aspects of people's physical and mental health needs.

Staff support: induction, training, skills and experience

- Staff completed an induction when they started working in the service. Staff were provided with an introduction pack that included a four-day check list of tasks to be completed. This also included a record of any shadowing more experienced staff.
- Records showed, and staff confirmed, they received regular mandatory training updates. One staff member told us, "All the training is currently on-line with knowledge tests and individual conversations being had with staff. Staff practice is checked by seniors and nurses."
- Staff felt supported in their role and received regular supervision and an annual appraisal. One staff member told us, "The registered manager and [senior staff member] carry out regular staff supervisions. These have been more regular."

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

- People said they liked the food served and it met their cultural and other dietary requirements. One family member told us, "My [family member] is not able to say what they want to eat. I have informed the home that they eat Asian vegetarian food only. When [family member] refuses to eat staff call me to ask about any alternatives. Any suggestions I offer are made by the cook."
- Menus were well-planned with English and Indian dishes available, both vegetarian and meat based. We saw that people were supported to follow the correct cultural etiquette when eating.
- Staff assessed people's risk of malnutrition and monitored their weight regularly. Care plans provided details of people's nutritional support needs and their food preferences. When people showed signs of losing weight, staff referred them to the appropriate professionals for additional advice and input.

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

- When people needed support from healthcare services, staff made the required referrals and incorporated their advice into the person's care plan. One relative said, "If [family member] needs the doctor they will call

for one; the doctor used to visit weekly but I'm not sure about that now, because of Covid."

- Records showed people had access to a GP service, dietitian, community nursing service and other professionals as required. During the Covid-19 pandemic most of the referral meetings were held remotely.
- People had access to preventative and early diagnostic services such as regular eye tests and access to a chiroprapist.
- Staff assessed people's oral health and developed oral health care plans.

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

- The current provider took over the service in March 2020 with plans to undertake substantial refurbishment of the service. However, the government introduced lockdown during the Covid-19 pandemic, and the providers plans for refurbishment had to be put on hold.
- We saw that immediate safety concerns had been addressed. For example, the provider had installed a new call bell system, broken fire exit doors and emergency lighting had been replaced and the garden had been made secure with new fencing.
- There were many areas of the service that required attention and we saw the provider had begun their refurbishment plans. The upper third floor was unoccupied and was in the process of being refurbished. The registered provider described their plans to give it a London theme. They explained that each floor would have a different theme, and they wanted to introduce a hairdresser and a prayer room.

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.

- At the time of our inspection there were 17 people who were subject to a DoLS authorisation. A further five applications had been referred to the local authority and the service was waiting for these to be approved.
- The home used a DoLS tracker to ensure the registered manager had oversight of the DoLS in place and when they expired.
- Staff has completed training in the MCA and DoLS. They understood the importance of gaining people's consent before providing them with care and support, in order to comply with the MCA.

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

- People gave positive feedback about the attitude of staff and the way they were treated. One person told us, "I have been looked after properly. I have got a second life since living here." A relative commented, "[Family member] is happy for sure. They get on really well with [name of staff member]; they're always talking about football. It's good there's male staff as well."
- Staff treated people with understanding and a consideration for their specific cultural needs. One staff member told us, "We speak with people about their needs. We have staff who speak in people's first language such as Gujarati, Hindi and Punjabi."
- Staff we spoke with were knowledgeable about people's individual needs and preferences and took account of this when they provided support and assistance. One staff member told us, "I'm so passionate about caring and giving people the right care when they need it."

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

- People and their relatives told us they had a say in the care provided, daily routines and how their needs were met. One relative commented, "I have a Power of Attorney and I have been involved in decisions made about [family member's] ongoing care." Another said, "I am aware of [family members] care plan and any changes have been discussed with [family member] and myself when needed. This has included discussions about emergency treatment and end of life care."
- We saw people could have access to an advocate to support them make decisions about their care and support. At the time of our inspection there were three people using the services of an advocate. Advocates are independent of the service and support people communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. One member of staff told us they were confident all staff were respectful of people's privacy and dignity. They commented on people's faith, dress, preferred language and every attempt was made to match people with the most appropriate staff. They commented, "It's good we have staff who can speak to people in Punjabi and Gujarati."
- Staff gave us examples of how they maintained people's privacy and dignity. One staff member said, "I would close the door and draw the curtains before helping with showering or dressing."
- People's records were kept securely in line with the General Data Protection Regulation (GDPR). This meant no-one had unauthorised access to people's personal 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 Requires Improvement.

This meant people's needs were not always met.

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

- Care plans contained basic information about how staff were to meet people's needs. They lacked person centred information to ensure people received care in line with their preferences. For example, in one person's plan of care in relation to 'expressing sexuality' it contained basic information about the persons marital status. It did not describe how the person liked to style their hair, what style of clothes they liked and whether they wore jewellery and make up. The review for this plan of care recorded, "Has not expressed any sexuality."
- In one care plan it recorded that the person spoke Gujarati and staff needed to communicate with them in Gujarati. We spoke with the person who told us. "The staff speak in English. I would prefer they speak to me in Gujarati." While we were speaking to this person, we observed a staff member enter the room and talk to the person in English.
- Care plans did not detail how people preferred to take their medicines, for example with water, food, all together at the same time or one by one.
- Staff did not always provide care in line with the guidance in people's care plans. For example, in one person's care plan it recorded that the sling used for moving and handling should be removed when hoisting was completed and not left in situ. However, we observed the person was sat in their sling throughout the morning.
- Each plan of care was reviewed monthly. However, the comments in the reviews did not provide an up to date picture of the persons progress/deterioration or any changes needed to improve the persons care. There was no evidence that people had been involved in the reviews of their care plans.

Meeting people's communication needs

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

- The registered provider and registered manager were aware of the Accessible Information Standard (AIS) and people's communication needs had been assessed when they were admitted to the service.
- For most people using the service English was not their first language. The registered manager informed us that if it was requested documents could be translated on an as needed basis. However, we saw that key information and care plans were all written in English. We were not able to find any information recorded

about whether people had been asked if they would like information to be provided in their first language

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People and relatives told us there was a lack of meaningful activities available to them. One said, "There's no activities at all here." Another told us, "There's no activities here. I would like to do anything really, games quizzes. I spend my days watching TV."
- In the care plan for one person it had identified they were at risk of social isolation. However, there was no information about how this would be addressed.
- There was a lack of information in people's care plan about their life history, past hobbies and social care needs. However, the provider had introduced some information which was displayed on people's doors about their interests so staff could use this to initiate conversation.
- People were provided with English and Asian newspapers; English and Asian TV channels and we saw people watching a Bollywood movie on the day of our visit.
- The provider told us the activity coordinator was on planned leave at the time of our inspection, so care and support staff were providing activities for people such as arts and crafts. We saw some activities taking place in two lounge areas on the day of our inspection.

Improving care quality in response to complaints or concerns

- There were arrangements in place to ensure people's concerns and complaints were listened and responded to, to improve the quality of care. People told us they would be happy to raise a concern if they had one. One person told us, "If I need to complain I would complain to the manager." A relative commented, "I've not complained but just spoke to [name of registered manager] and she's sorted the problem out."
- There was a complaints procedure in place, however this was not available in a different format/language to support people to make a complaint if they wished.
- Complaints were recorded and had been responded to appropriately. Any actions taken, and lessons learned, were recorded and shared with staff.

End of life care and support

- Care plans included information about how people wanted to be supported towards the end of their lives and their funeral arrangements if they wished to share this information. We saw that one relative had been fully involved in their family members advanced care planning wishes.
- The provider had policies and procedures in place to meet people's wishes for end of life care and some staff had completed training to ensure they could meet people's needs at the end of their life. There was no one receiving end of life care at the time of our inspection.

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 and relatives told us the registered manager and the registered provider were approachable and the culture of the home was open and friendly. One relative told us, "[Name of registered manager] is very good. She's good with all the residents." Another relative commented, "There has been a change in the management which has been really good. [Name of registered provider] called me to introduce himself as the new owner. He's really keen to make it a good place."
- Staff members spoke positively about working at the service. One staff member told us, "There is good teamwork. We all talk and update each other. [Name of registered manager] is easy to talk to, she always asks me if I'm alright." Another said, "The manager is approachable and responsive. She's keen to listen and will help with the care if staff call in sick. The new owner is very resident focused and wants them to have the best care possible."
- Although people had care plans in place and most feedback from people was positive about the care they received, the care plans required more person-centred information to ensure people received care in line with their personal preferences.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. For example, the provider had introduced a secure social media platform to enhance communication with the staff. During the Covid-19 pandemic the provider had purchased a mobile phone so people could talk with their family members. They had also made good use of a secure social media platform so people could see their family members remotely and talk with them.
- The service had a vibrant and friendly atmosphere. The staff were very supportive of people's cultural needs and they were openly encouraged to follow their faith.

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

- The registered manager was clear about their responsibilities and sent us the information we require, such as notifications of changes or incidents that affected people who lived at the service. During our inspection a person brought to our attention an injury they had sustained. We brought this to the registered managers attention. She investigated the concern and took appropriate actions.
- Staff understood their roles and responsibilities towards the people they supported and felt listened to and well supported by the registered manager and registered provider. They had regular supervisions and appropriate training which ensured they provided the care and support at the standards required.

- There was a clinical lead in place who oversees the nurse's clinical competency checks and clinical supervisions, to ensure best practice guidance is followed.
- The registered provider had implemented a quality assurance audit system to ensure all areas of the home were running well and people were receiving good quality care. This was used to identify what was going well and what could be improved.
- Staff knew how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- There were systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The service notified CQC of significant events appropriately. Policies and procedures were in place and were updated periodically to ensure information was current and supported best practice.
- Staff knew how to report concerns to management and felt confident they would be listened to. They also knew how to take concerns outside the service if they needed to, for example to local authority and CQC.

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

- Staff told us that communication throughout the service had improved since the new registered provider had taken over and they were encouraged to give their views about the service. One staff member told us, "We have regular staff meetings now. This has improved since the new owner took over and set out his expectations."
- Staff told us, and records confirmed that regular staff meetings took place as did one to one meetings with a senior staff member. There were daily handover meetings where staff discussed anything of note and they also had access to a secure group app where information was shared. One told us they felt confident to raise issues and gave the example about food and fluid charts that were not being completed in full. They had raised this with the registered manager and extra monitoring and auditing was put in place. This had resulted in improvements being made.
- The registered provider told us that they had sent out satisfaction surveys, but the response had been poor. They had decided to talk individually to two staff and two people a month. We saw records of these discussions. One conversation with a staff member had resulted in a new call bell system being installed.

Continuous learning and improving care

- The registered provider and the registered manager were supportive of the inspection process and keen to take on board any suggestions and feedback offered. They were keen to drive further improvements of the service in order to achieve consistently good outcomes for people.
- One staff member told us the new provider was keen to make improvements at the service had invested in new equipment. They said, "We are hoping to roll out in-house training in catheter care for male/female catheterisation and venepuncture (the puncture of a vein as part of a medical procedure,) as the new provider had purchased the required equipment
- We found a commitment to the improvement of the service and the care provided from the registered provider and the registered manager. They had made numerous improvements at the service and were keen to show us their plans for the future. Feedback from staff was that positive improvements had been made at the service and staff morale was much improved.

Working in partnership with others

- The registered manager referred people to specialist services either directly or via the GP. Records confirmed the service had worked closely with the dietician, the speech and language therapists and people's GP's.
- The registered manager had worked closely with the local authority during the pandemic to ensure all guidance about Covid-19 was up to date and in line with best practice. They had also liaised with Public Health England to ensure they were following current Government guidelines.