HC-One Limited

# Silverwood (Rotherham)

## Inspection report

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |

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|---|---|
| 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

The inspection took place on 16 and 17 December 2015 and was unannounced on the first day. At the last inspection, in April 2014, the service was judged compliant with the regulations inspected.

The service has a registered manager who has been registered with the Care Quality Commission since January 2015. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Silverwood is situated approximately six miles from Rotherham. It is a purpose built home providing care for 64 people. At the time of this inspection there were 62 people living at the home. The home has bedrooms on the first and ground level of the building. The ground level provides care to people with a diagnosis of dementia. There is ample parking and gardens to the rear of the building.

The requirements of the Mental Capacity Act 2005 were in place to protect people who may not have the capacity to make decisions for themselves. The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made. We also spoke to a visiting community nurse who said, "The staff act in a timely manner to seek my advice. I think the home is well led and the care is very person centred."

There were sufficient staff with the right skills and competencies to meet the assessed needs of people living in the home. Staff were aware of people's nutritional needs and made sure they supported people to have a healthy diet, with choices of a good variety of food and drink. People we spoke with told us they enjoyed the meals and there was always something on the menu they liked.

People were able to access activities. The activity co-ordinator had developed a weekly plan of activities. People could also access religious services which were held periodically at the home. People we spoke with told us they were looking forward to the Christmas festivities.

There was a strong and visible person centred culture in the service. (Person centred means that care is tailored to meet the needs and aspirations of each individual.) We found the service had a friendly relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. Everyone we spoke with told us that they felt that the staff knew them and their likes and dislikes. One person said, "They understand perfectly what my requirements

are."

Staff told us they felt supported and they could raise any concerns with the registered manager and felt that they were listened to. People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it. We noted from the records that one formal complaint had been received in the last 12 months and two concerns which were immediately resolved.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager and the provider. The reports included any actions required and these were checked each month to determine progress.

## 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.

Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the homes procedures in place to safeguard vulnerable people from abuse.

People's health was monitored and reviewed as required. This included appropriate referrals to health professionals. Individual risks had also been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were stored and administered safely. Staff and people that used the service were aware of what medicines to be taken and when.

### Is the service effective?

Good

The service was effective.

Each member of staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

The staff we spoke with during our inspection understood the importance of the Mental Capacity Act in protecting people and the importance of involving people in making decisions. We also found the service to be meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The food we saw, provided variety and choice and ensured a well-balanced diet for people living in the home. We observed people being given choices of what to eat and what time to eat.

### Is the service caring?

Good

The service was caring.

Staff had an excellent approach to their work. People and their relatives were enthusiastic about the care provided. People told us that staff were very caring and respected their privacy and dignity.

Staff were highly motivated and passionate about the care they provided. They spoke with pride about the service and the focus on promoting people's wellbeing.

People were supported to maintain important relationships. Relatives told us there were no restrictions in place when visiting the service and they were always made to feel welcome.

The service had a strong commitment to supporting people and their relatives to manage end of life care in a compassionate way.

## Is the service responsive?

Good

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

People had access to activities that were important to them. These were designed to meet people's individual needs, hobbies and interests, which promoted their wellbeing.

People's concerns and complaints were investigated, responded to promptly and used to improve the quality of the service.

## Is the service well-led?

Good

The service was well led.

The registered manager had developed a strong and visible person centred culture in the service. Staff were fully supportive of the aims and vision of the service.

There was a strong emphasis on promoting and sustaining the improvements already made at the service. Staff told us that the management team were knowledgeable which gave them confidence in the staff team and led by example.

The registered manager continually strived to improve the service and their own practice. Systems were in place to monitor

the quality of the service people received.

Systems were in place for recording and managing complaints, safeguarding concerns and incidents and accidents. Documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again.

# Silverwood (Rotherham)

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 and 17 December 2015 and was unannounced on the first day. The inspection team consisted of an adult social care inspector and an expert by experience with expertise in the care of older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 62 people using the service. We spoke with the registered manager, the deputy manager and a senior care worker. We also spoke with seven care workers the housekeeper and the cook. We also spoke with 15 people who used the service and eight visiting relatives. This helped us evaluate the quality of interactions that took place between people living in the home and the staff who supported them.

We spent time observing care throughout the service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

Prior to the inspection we gathered information from a number of sources. We looked at the information received about the service from notifications sent to the Care Quality Commission by the manager. We spoke with the local council quality assurance officer who also undertakes periodic visits to the home. They told us they had confidence in the registered manager to lead the staff at the service. We spoke with a community nurse who was undertaking a review of a person's care package. They spoke highly of the staff and how the home was managed.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at five people's written records, including the plans of their care. We also looked at the systems used to manage people's medication, including the storage and records kept. We looked at the

quality assurance systems to check if they were robust and identified areas for improvement.

Good

# Is the service safe?

## Our findings

People we spoke with told us they felt safe and supported at the service. One person said, "The staff here are lovely. I get everything I need and they look after me really well." Another person said, "This is a lovely place. I have a buzzer by my bed and they come quickly to help me if I need them." A relative said, "I come here as much as I can. This home has a lovely atmosphere. It's very homely. There is nothing that can hurt (my relative) and I'm happy knowing (my relative) is safe."

A safeguarding adult's policy was available and staff were required to read it as part of their induction. We spoke with staff about their understanding of protecting adults from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents that they felt should be reported.

They were aware of the local authorities safeguarding policies and procedures and would refer to them for guidance if needed. They said they would report anything straight away to the senior care worker or the registered manager. Staff had a good understanding about the services whistle blowing procedures and felt that their identity would be kept safe when using the procedures. We saw staff had received training in this subject.

Risks associated with personal care were well managed. For example we saw care records included risk assessments to manage people's risk of falling. The risks were managed by making referrals to the falls team when required. Staff also obtained equipment such as falls mats to alert staff if the person got up out of bed in order to reduce the risk of the person falling. We looked at care plans and found they contained other risk assessments such as pressure care and nutritional assessments.

We saw people had a personal evacuation plan in place which would be used in the event of any emergency. The registered manager told us that these were easily accessible if required in the event of an emergency. We saw systems were in place for events such as a fire and regular checks were undertaken to ensure staff and people who used the service understood those arrangements.

We found the recruitment of staff was robust and thorough. Application forms had been completed, two written references had been obtained and formal interviews arranged. All new staff completed a full induction programme that, when completed, was signed off by their line manager.

The registered manager told us that staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps to ensure only suitable people were employed by this service. The providers were fully aware of their accountability if a member of staff was not performing appropriately.

We looked at the number of staff that were on duty and checked the staff rosters to confirm the number were correct. The registered manager told us they used a dependency tool to assist with the calculation of

staff needed to deliver care safely to people. The registered manager told us that the organisation calculates staffing ratios but she had flexibility to increase hours if required. We asked staff about the levels working during the day. One staff member said, "We think additional staffing at peak hours would improve the service we can deliver to people." Another member of staff said, "We are always very busy sometime I don't get a proper meal break, but I am happy to spend my time with the residents." From our observations during the inspection we found staff were able to spend a limited amount of time with individuals, and we found the interactions when they did take place to be positive and meaningful.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored. Drug refrigerator temperatures were checked and recorded to ensure that medicines were being stored at the required temperatures. We checked records of medication administration and saw that these were appropriately kept. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. We found the records were clear and up to date.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were managed safely in line with current legislation.

The medication administration record (MAR) sheets used by the home included information about any allergies the person may have had. This helped to make sure that staff trained to administer medicines, were able to do so safely.

We saw the senior followed good practice guidance and recorded medicines correctly after they had been given. Some people were prescribed medicines to be taken only 'when required', for example painkillers. The senior care staff we spoke with knew how to tell when people needed these medicines and gave them correctly. We saw protocols to assist staff when administering this type of medication.

People told us that their medication was brought by staff and they felt it was handled properly. One person said, "I only take paracetamol for my arthritis and they always ask if I want any or not. They don't take it for granted that I will need it."

The registered manager showed us training records to confirm staff had the necessary skills to administer medication safely. An annual competency check was also undertaken. We saw records which confirmed these arrangements.

The deputy manager conducted monthly medication audits, including the MAR charts, to check that medicines were being administered appropriately. Staff checked the MAR charts at each shift change to identify any errors or omissions so that these were dealt with immediately.

We checked around the home to see if it was clean and tidy. There were no obvious trip hazards and everywhere was very clean. We did not notice any unpleasant odours or badly stained furniture and bedding. People were clean and well presented. A number of ladies had their nails nicely manicured. A hairdresser was on site and a number of ladies were having their hair done. A relative told us, "This is only the first time we've visited since (my relative) came here. We weren't sure what to expect to be honest but the first thing I've noticed is that there is no bad smell. They didn't know we were coming so I know they're not making a special effort just to impress."

We saw staff followed good hand hygiene procedures and protective equipment such as aprons and gloves

were available throughout the building. We spoke with the housekeeper who was also the lead for infection control. She was aware how important it was to ensure cleaning was carried out to a high standard. We saw the cleaning rotas and the housekeeper was keen to ensure these were completed by staff.

Good

# Is the service effective?

## Our findings

People were supported to have their assessed needs, preferences and choices met by staff that had the right skills and competencies. People who used the service and relatives we spoke with told us they thought the care staff were competent and well trained to meet their or their family member's individual needs. One relative said, "I know staff are well trained and they do a good job. I have no worries about the care." One person we spoke with said, "I think the staff know what they are doing, they all seem very nice. They are always asking me if I am alright and offer help where needed."

The service had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at five people's care plans and found that they contained detailed information on their dietary needs and the level of support they needed to ensure that they received a balanced diet. Where people were identified as at risk of malnutrition, referrals had been made to the dietician for specialist advice.

There was a MUST (Malnutrition Universal Screening Tool) tool used to determine if a person was at risk from losing weight. We spoke with staff about people that had been identified as at risk of losing weight. They told us supplements were available if needed. They told us that they monitored people's intake of food and fluids to ensure they received sufficient to meet their needs. The cook showed us some of the supplements used to boost people calorific intake. Smoothies and milk supplements were available to people and the cook told us she had responsibility to monitor MUST scores to assess if people were receiving the right amount of nutrition to meet their needs.

We joined a group of people eating their meals. We carried out a SOFI during lunch on the first day of this inspection. We observed that people were seated for 30 minutes before the meal arrived. During this time staff congregated in the kitchenette, when the meal arrived we saw good interactions between staff and people seated for their lunch. People were given a choice of the main course which looked very nice, Although the vegetables had begun to dry out before the last people were served. People told us they had enjoyed their meal. One person said, "I get everything I need. I get help showering. It's great. I can get up when I want and come for my breakfast. You can have a cooked breakfast if you order one but I only have cornflakes and coffee."

We noted the menus were displayed on a wipe board and included the full day's menus. The writing was very small making it difficult for some people to read. For people living well with dementia this could be confusing as they may not remember which meal they were seated for. We spoke with the registered manager about this and she agreed that the dining experience could be improved.

During the morning of the inspection we did not observe any mid-morning drinks or snacks being served upstairs. People told us, "There hasn't been a drinks trolley this morning. Sometimes there is one but not always. I've not had anything since breakfast." This was at 12 noon. Staff told us that when people want a drink 'They only have to ask.' We were slightly concerned that some people living with dementia might not have the capacity to ask for a drink, risking dehydration.

There were no biscuits or fresh fruit obviously available anywhere in the home. We discussed this with the registered manager who immediately asked staff if drinks had been served. The senior told the registered manager that they were running late and was still getting people up. We have asked the manager to discuss this matter as soon as possible to ensure drinks and snacks are available throughout the day.

The cook told us they received training specific to their role including food safety, healthy eating and food processing. They had a good knowledge of specialist diets. The cook had knowledge about the latest guidance from the 'Food standards agency.' This was in relation to the 14 allergens. The Food Information Regulation, which came into force in December 2014, introduces a requirement that food businesses must provide information about the allergenic ingredients used in any food they provide. The cook told us they had been awarded a 'five star' rating by the local council who were responsible for monitoring the food and cleaning standards. This represents the highest standard that can be achieved.

We looked at the care records for four people who used the service and there was evidence that people were consulted about how they wanted to receive their care. Consent was gained for things related to their care. For example we saw people had consented to the use of photographs on care plans and medical records. People were also consulted about their continuing involvement in care plan reviews. We saw care records were evaluated monthly.

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. The application procedures for this in care homes are 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 were being met. Staff were aware of the Mental Capacity Act and the Deprivation of Liberty Safeguards. This legislation is used to protect people who might not be able to make informed decisions on their own. At the time of the inspection the registered manager told us there were two people who had a DoLS authorisation and they had also made thirty-two applications in total to the local council's supervisory body. We looked at the care plans for the two people who were subject to DoLS and found appropriate measures had been taken to ensure people's care was given in the least restrictive way. The remaining applications which had been submitted were still awaiting decisions.

The staff we spoke with were clear about the training they had received. Training also included their role in promoting people's rights and choices. We saw that when people did not have the capacity to consent, procedures were followed to make sure decisions that were made on their behalf were in their best interests. The deputy manager told us that she was also the dementia lead for the home and had attended a nationally recognised course in dementia care. The training had given her the skills and competencies to lead staff in providing good dementia care.

Records we looked at confirmed staff were trained to a good standard. The registered manager and her staff had obtained nationally recognised care certificates. The registered manager told us all staff would complete a comprehensive induction which included, care principles, service specific training such as,

equality and diversity, expectations of the service and how to deal with accidents and emergencies. Staff were expected to work alongside more experienced staff until they were deemed to be competent.

Good

# Is the service caring?

## Our findings

People told us they were happy with the care and support they received. We saw staff had a warm rapport with the people they cared for. People were treated with respect and their dignity was maintained throughout. We observed numerous kind and caring interactions throughout the day. Staff and people who used the service clearly have a good rapport. It was very clear that staff knew people well and were able to tell us about individual people and their life histories.

One person told us that they had not been very well. She said, "I've been a bit poorly and haven't felt like eating so they (staff) haven't pressed me too much. They do keep bringing me drinks though and I have been having the district nurse to see me as well." Another person told us, "I like peace and quiet. I have got a lovely room so I stay in there a lot. I prefer to read and watch TV. My eyesight isn't very good so I miss a lot if I go into the lounge." Other comments included, "They (the staff) are all lovely. Nothing is too much trouble for them," and "They look after me really well and I'm very happy here." Relatives told us, "The staff here are really good. There is one who is brilliant and she always updates us about how (our relative) has been. She tells us if she's had a good morning and so on."

Staff were highly motivated, passionate and caring. Staff were observed interacting with people in a caring and friendly manner. They were also emotionally supportive and respectful of people's dignity. For example, we observed a person looking distressed and confused. A member of staff comforted them and then asked what they wanted to do. This person decided they wanted to go to their room, they linked arms with the member of staff and went with them to find their room. This person's mood had changed and they appeared happy and relaxed. A visiting heath professional commented, "The care is excellent, staff really care for people. They follow all of our instructions to support people both physically and emotionally."

The service had a stable staff team, the majority of whom had worked at the service for a long time and knew the needs of the people well. The continuity of staff had led to people developing meaningful relationships with staff. Staff showed empathy when trying to talk to a person that seemed distressed that they did not have enough money. Staff spoke quietly to the person and made them feel more at ease; they reinforced the fact that there was no problems with their money. This helped the person to become less anxious.

People told us that staff were caring and respected their privacy and dignity. Our observation during the inspection confirmed this; staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discretely about their personal care needs.

The service had a strong commitment to supporting people and their relatives, before and after death. People had end of life care plans in place, we saw that next of kin and significant others had been involved as appropriate. These plans clearly stated how they wanted to be supported during the end stages of their life. Do Not Attempt Resuscitation (DNAR) forms were included and were reviewed as and when required by the person's doctor. The registered manager told us that they had a folder which contained 24 compliments

which were in the main thank you cards from the relatives of people who had passed away.

Relatives we spoke with confirmed that the manager and senior staff had approached them about completing their family members preferred preferences of care. This is a document that provides information about their wishes leading to the latter stages of their life. One relative told us the staff were compassionate and caring for their family member. They said, "Staff contacted the 'MacMillan' nurses to make sure care and treatment was carried out in a dignified way. The registered manager told us that people could access Churches in the community to support people and their loved ones throughout their time at the home.

Good

# Is the service responsive?

## Our findings

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The people we spoke with told us the standard of care they received was good. We looked at copies of five people's assessments and care plans. They gave a clear picture of people's needs. They were person-centred in the way that they were written. For example, they included such information as people's preferences about their likes and dislikes in relation to food and leisure activities, and the times they usually liked to go to bed and to get up. People we spoke with told us they were offered choices about when to go to bed and get up, where to spend their time and what to eat.

We found that people's care and treatment was regularly reviewed to ensure it was up to date. We saw on care plans how staff evaluated the progress on the plans. Daily handovers ensured new information was passed at the start of each shift. This meant staff knew how people were presenting each day. We saw completed daily bulletins which gave important information to staff.

We did not observe any activities taking place during the two days of this inspection. However the manager told us that there was a Christmas party planned for the 18 December. School children had also visited the home to sing carols. The registered manager told us the activity co-ordinator was away from work due to illness. This meant activities were not taking place as frequency as normal. We were told that a staff member brings her little dog to work every day and she takes him around the home. She brings a bag of treats and some people clearly enjoyed feeding the dog. She told us, "A lot of people have had to give up their dogs when they came here so they really enjoy seeing him and petting him. There are one or two who don't like dogs so I keep him away from them." We observed the dog doing the rounds of people that the dog knew would have treats for her. We saw the pleasure this brought to people and people chatted together after the dog had moved on.

We were told by staff that there had been visits from a petting zoo in the past who brought in reptiles and then rabbits and guinea pigs. People we spoke with acknowledged that the absence of the activities co-ordinator was causing some difficulty.

There was a room upstairs which has been made into a 'café' which was really nicely done but it was empty for the duration of our visit although there was evidence on the whiteboard that a quiz had been held in there although we didn't know when that had happened.

There was a newsletter on the table in the entrance hall for December. Included on the newsletter was a church service which we were told by staff takes place monthly. It also told people about the activities which were to take place in December.

We spoke to a community health worker who was visiting the home and she told us, "It's really good here. We don't get any inappropriate referrals and the staff are on the ball. They will phone for advice if they need it. We have a team which includes physiotherapists and occupational therapists and, of course, they have access to a doctor if it's needed. I think it's a very good home."

All the relatives we spoke with told us that the home is welcoming and that there are no restrictions on visiting. One relative told us, "I can come whenever I want. I do try to avoid lunchtimes so that people aren't disturbed but it's never a problem when I come and I'm not made to feel as though I'm being a nuisance or intruding."

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and we saw these were displayed on the notice board in the entrance. The registered manager told us that they met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service. People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss things with the staff or the registered manager if they needed to raise any issues. People told us that they would know what to do if they had any complaints or problems. One person said, "I haven't got any problems. I get everything I need."

Good

# Is the service well-led?

## Our findings

The service was well led by a manager who has been registered with the Care Quality Commission at this location since January 2015.

From our observations and discussion with staff we found that they were fully supportive of the registered manager's vision for the service. Staff told us that the atmosphere and culture in the service had improved since the registered manager had been appointed. They said that the environment was much more vibrant, less institutionalised, and friendlier. One staff member said, "We have developed a café area and a small shop which people can visit to buy sweets and chocolates, this will benefit residents a lot." Staff described working as one team, and being committed to the person centred approach which had greatly improved the outcomes for people living there. Staff said this was because all of the staff were 'working together' when supporting the people who used the service. Staff told us that they 'love' working here. One staff member said, "I get all the training I need to do my job and I get regular appraisals. I can always take ideas to the manager and she is very supportive."

Staff told us that the management team including the regional manager were very knowledgeable and inspired confidence in the staff team, and led by example. They said that the service was well organised and that the management team were approachable, supportive and very much involved in the daily running of the service. Health professionals and the local council contract commissioners told us they thought the home was well organised and delivered good person centred care.

The registered manager told us they worked well with the local community and had developed close links with schools and Churches. They also had close links with healthcare professionals such as district nurses, dieticians, tissue viability nurses and community psychiatric nurses. From the care records we looked at it was clear that these professionals had been contacted.

We looked at a number of documents which confirmed the provider managed risks to people who used the service. For example we looked at accidents and incidents which were analysed by the registered manager. She had responsibility for ensuring action was taken to reduce the risk of accidents/incidents re-occurring. We looked at a recent safeguarding referral which demonstrated that the service had learned lessons following the investigation. The registered manager told us that master keys were now available and missing persons profiles had been added to all care plans. This would enable the service to swiftly activate the missing person's protocols and if needed to inform the Police.

The registered manager continually sought feedback about the service through surveys, formal meetings, such as individual service reviews with relatives and other professional's and joint resident and relative meetings. This was supported by informal feedback via day to day conversations and communication from the staff team.

A number of audits or checks were completed on all aspects of the service provided. These included administration of medicines, health and safety, infection control, care plans and the environmental

standards of the building. These audits and checks highlighted any improvements that needed to be made to improve the standard of care provided throughout the home. We saw evidence to show the improvements required were put into place immediately.