Roche Healthcare Limited

Somerset

Inspection report

1 Church Lane
Wheldrake
York
North Yorkshire
YO19 6AW

Tel: 01904448313
Website: www.rochehealthcare.co.uk

Date of inspection visit:
10 August 2017
14 August 2017

Date of publication:
03 October 2017

Ratings

Overall rating for this service	Requires Improvement

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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place over two days; the 10 and 14 August 2017. The first day was unannounced and we arranged with the manager to return on day two. Somerset is registered as a care home providing care and support for up to 44 older people who may have a physical disability or be living with dementia. The property is a large detached building over three floors, ground, first and second in the centre of the village of Wheldrake which is eight miles south of York. The service was an old rectory and has well maintained mature gardens. There is a shared lounge, conservatory and dining room. All bedrooms are for single occupancy.

At the last inspection on 2 February 2017 we asked the provider to take action to make improvements to medicines management, staffing and the environment and this action has been completed.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like 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.

There were systems and processes in place to protect people from the risk of harm. Staff were able to tell us about different types of abuse and were aware of action they should take if abuse was suspected. We saw that incidents of suspected abuse had been reported to the local authority and CQC.

A range of audits were carried out both by the manager and provider. We saw where issues had been identified; action plans with agreed timescales were in place to help drive improvements. However the provider audits could be improved in order to identify where further guidance or support was needed to enhance people's care.

Overall we saw people received their medicines safely and were well organised. Risk assessments were in people's care plans for areas such as moving and handling and pressure area care so staff were aware of how to support people to remain safe. We saw the service worked with visiting professionals and followed their advice.

We saw people's care plans contained some person centred detail. Staff knew people very well and the manager and deputy were supporting the staff team to re-write all the care plans and ensure more relevant and current information was included. These were not all complete and daily notes were also being improved. Staff had not always been proactive in identifying where support or equipment would benefit people.

We made a recommendation for the provider to continue to improve the quality monitoring systems.

Servicing and checks of the building and equipment were undertaken to ensure people's health and safety.

There was a maintenance person employed by the service.

Recruitment and selection was robust and appropriate checks had been undertaken before staff began work. There was sufficient staff working at the service to meet people's needs. They felt supported through supervision, training, staff meetings and their involvement in running the service. Staff told us they felt well supported by the manager.

There were positive interactions between people and staff. We saw staff treated people with dignity and respect. Observation of the staff showed they knew the people very well and could anticipate their needs. People and their relatives told us they were happy and felt very well cared for.

People had a choice of meals. We saw the mealtime experience was positive. People had their weight monitored to ensure they were receiving enough nutrition.

People's hobbies and leisure interests were individually assessed. We saw there was a plentiful supply of activities.

People and relatives were regularly asked for their views. People and their relatives said they would talk to the manager or staff if they were unhappy or had any concerns. They told us they felt confident to do this.

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

This service was safe.

The provider had developed and trained their staff to use and understand policies and procedures about safeguarding people.

Medicines were managed safely.

There were sufficient staff on duty and recruitment had been robust.

Is the service effective?

Good

The service was effective.

Staff had received an induction when they started work at the service and had since had further training which was regularly updated. They were supported through supervisions.

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

People's nutritional needs were met. People living at the service were familiar with the environment but new people living with dementia would benefit from more signage to assist them in finding their way around the building.

Is the service caring?

Good

The service was caring.

People and relatives told us that the staff were caring and we observed many positive interactions during the inspection.

Information about events and changes was shared with people through a newsletter and meetings.

People's privacy and dignity was promoted because staff were thoughtful about the way in which they cared for people.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some people received care that was focused on their current needs whereas staff were not always proactive in seeking out support for others.

The activities programme was varied and we saw people taking part. Group events and trips out had taken place and more were planned.

People were aware of how to complain.

Is the service well-led?

Requires Improvement

This service was not consistently well led.

There was a registered manager employed at the service.

Although there had been improvements since the last inspection there was still work to do which the manager acknowledged. We have made a recommendation about quality monitoring.

There were audits in place that identified actions needed for improvement but these could be more detailed when looking at individuals. Record keeping had also improved and now needed to be embedded into staff practice.

The service had made links and was working with other agencies to make improvements to the service and the care provided.

Somerset

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 registered provider is 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.

The inspection took place on 10 and 14 August 2017. The first day was unannounced and we arranged with the registered manager to return on the second day. The inspection team consisted of one adult social care inspector, a specialist nurse advisor 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. In this inspection, the expert by experience had experience in relation to services for older people and those living with dementia.

Prior to the inspection we reviewed the information we held about the service, including the Provider Information Return (PIR). This is a form which we ask the provider to complete to give us some key information about the service, what the service does well and improvements they plan to make. We reviewed notifications that the provider had sent us since the last inspection. Statutory notifications are documents that the registered provider submits to the Care Quality Commission (CQC) to inform us of important events that happen in the service. We also contacted the local authority in order to gain their views about the service. They had no current concerns. We used this information to help us plan this inspection.

During our inspection we spoke with four people who used the service and with six relatives. We spoke with the manager of the home, the area manager, the quality manager, the deputy manager who was also the nurse in charge on day one of the inspection, four care workers, the maintenance person and a domestic. We used the Short Observational Framework for Inspection (SOFI) on the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time observing the daily routines at the home, including the support people received with their medicines and the lunchtime experience. We looked around the care home including some people's bedrooms with their permission. We reviewed four people's care records, medication records, five staff

recruitment files, induction and training records, and a selection of records used to monitor the quality and safety of the service.

Good

Is the service safe?

Our findings

At the last inspection on 2 February 2017 we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014; medicines were not being managed appropriately. At this inspection we found that medicines were now managed safely.

We also found a breach of Regulation 18 of the Health and Social Care Act 20008 (Regulated Activities) 2014; staff numbers were low and the service did not use a tool to assist them in calculating what staff they needed to meet people's needs. At this inspection we saw that although staff numbers varied at times there was a dependency tool in place and agency staff were used to make up any shortfalls.

We asked people who used the service if they felt safe living at Somerset, and their responses included, "Yes definitely. The only time I don't feel safe is when I'm being moved but that's my fault; I have fears about being moved" and, "Generally yes."

Relatives told us, "I believe that my [relative] is 100% safe here no doubt at all" and, "My [relative] is very safe here. They've had Alzheimer's for 11 years and I have never had any concerns; never had any issues."

Staff told us how they kept people safe. They told us they had undertaken training in safeguarding adults and were able to describe the different types of abuse they would be able to recognise. They said they would, "Speak to the manager" if they had concerns and if they needed to take the matter further would contact, "The local authority or CQC." There had been one safeguarding incident at the service which had been dealt with according to the service and local area policy.

Staff recruitment was robust. People had completed an application form and attended an interview. A Disclosure and Barring Service (DBS) check had been completed for each person prior to them starting work and two references had been sought. DBS checks help employers make safer recruitment decisions and are designed to prevent unsuitable people from working with adults or children who may be vulnerable.

There was sufficient staff on duty to meet people's needs. We spoke with people, their relatives and staff about staffing levels. Staff told us that although there were sometimes shortfalls the manager always arranged replacement cover with existing staff or agency workers. They told us, "The shifts are covered. Agency staff work with regular staff." Comments about staffing levels from people and their relatives were in the main positive. People told us, "There are enough staff" and, "There always seems to be ample staff." A relative said, "Sometimes you come and there are enough and sometimes not."

During the inspection staff had an air of calm and the service was peaceful even during busy times. We did not hear call bells ringing for long periods and saw that staff responded to people's needs in a timely manner.

Staff completed a range of risk assessments to identify potential risks to people in areas including nutrition, skin integrity, falls and manual handling. Staff were clear about risks to individuals, and we saw examples

where staff took appropriate action to minimise risks. However, for one person we saw staff had not always acted upon the information recorded in the care plan relating to risks to protect their health and wellbeing. They had been identified as at risk of malnutrition following weight loss. Records of the malnutrition risk tool scores and weights we were shown identified that this person required a fortified diet. A fortified diet is where meals are adapted by adding small quantities of everyday foods, such as cream, butter, milk, and milk powder, which increases the calorie and nutrient content without increasing portion size. There was no evidence of them receiving a fortified diet. The person's kitchen file held no instructions for fortified diet or drinks, and there were no instructions for care workers to have intake monitored, or to be offered extra snacks/ milky drinks. However, when we spoke with staff and looked at other areas such as the person's behaviour we could clearly see the difficulties the staff experienced in trying to get this person to eat and drink despite them making every attempt to do so. They were aware that this person required additional calories to maintain their weight. We discussed this with the manager and asked for the person to be reviewed. When we returned for a second day the GP had reviewed the person and a request for a reassessment had been made to the local authority.

Records of accidents and incidents that occurred within the service were documented by staff, including detail of the action they had taken at the time of the incident. The manager completed a monthly accidents and incident analysis, which considered any trends and whether any further responsive action was required to prevent recurrence. For example most falls during July had been identified as occurring at night and so the manager had arranged further supervisions with night staff to highlight the importance of night time checks. Risk assessments and any required equipment had been put in place for those people identified as at risk of falls.

There was a business continuity plan in place so that staff knew what to do and who to contact in the event of an emergency. Servicing records and maintenance certificates were in place in relation to the electrical installations, gas safety, and fire alarm systems. Maintenance checks were conducted on equipment such as hoists and slings and areas such as water safety. The provider completed checks on the environment, bed safety rails, small electrical items, window restrictors, and water temperatures. The latest environmental health safety check had given the highest score of five which meant that kitchen staff were providing a good standard of food hygiene.

There was a fire risk assessment in place and fire drills were regularly conducted. There had been a recent audit of the fire safety arrangements and it had identified that updates were required to the evacuation plan which was being addressed. Staff were trained twice a year in fire safety and regular fire drills conducted. There were evacuation sledges on each landing and staff had been trained in their use.

Medicines were managed safely. The provider had a medicines management policy in place and staff that had responsibility for supporting people with their medicines had received training and competency checks. The person responsible for medicines kept the key on their person and this was handed over at the change of each shift.

There was a clear audit trail for medicines coming into the service, their administration and their disposal if that was necessary. Medicine Administration Records (MAR)'s were signed at each administration and where medicines were not given the correct code was used to describe why. There was a clear photograph of resident on MAR's; photos were dated to ensure it was a recent likeness. Stocks of boxed medicines were counted at each administration ensuring that any discrepancies could be easily identified.

The temperature of fridges and rooms where medicines were stored was checked daily. The room temperature had been higher than recommended limits on six occasions but this had been reported and

action was being taken. Temperatures outside of the recommended range could affect the effectiveness of medicines.

Controlled drugs (CD)'s which were kept on the premises were managed in line with regulations. CD's are medicines which require stricter legal controls to be applied to prevent them: being misused, being obtained illegally or causing harm. The register had been completed and signed by two staff when medicines had been administered but there were currently no CD's in use.

We noticed that the medicine round during the morning of the first day took two hours to complete and had concerns about people receiving their medicines with appropriate times between each dose. We spoke to the registered nurse administering medicines who explained that they prioritised medicines that had to be administered at specific times and gave those at the beginning of the medicine round. This ensured sufficient time had elapsed before the next dose.

Good

Is the service effective?

Our findings

At our inspection on 2 February 2017 we found a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) 2014; there had been a lack of bathrooms for people and the shower was not working. At this inspection we saw that improvements had been made and there was no longer a breach of regulation.

People told us that staff knew what they were doing. One person said, "Staff seem to have the right skills and abilities" and another said, "The staff to listen to me; if they think something is not right for me they advise and respect my decisions." A relative told us, "Staff understand my [relative's] needs absolutely."

Staff were well trained and supported by an experienced manager. Staff told us about the induction they received which was away from the service enabling them to focus on the training. They then went on to work with more experienced staff at the service in order to get to know people and ways of working. Staff completed regular training providing them with the knowledge and skills required to work at the service. The staff team consisted of registered nurses, care workers and ancillary staff who were all appropriately trained.

Staff had completed training in subjects including, moving and handling, fire safety, first aid, safeguarding, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), equality and diversity and health and safety. This training was regularly updated. Additional specialist training was undertaken such as dementia and challenging behaviour courses. These supported staff's knowledge when providing care to people living with dementia.

Staff brought their own skills to the service which benefitted people. The activities organiser enjoyed poetry and the arts which they used to support people at the service when planning activities.

During the inspection staff told us that they had access to supervision. Supervision is a meeting between staff and senior workers. It gives staff an opportunity to discuss their work, training and development needs. A record of the meetings was kept to show the subject of the discussions. One care worker told us, "Supervision is useful" and another said, "The manager is always checking we are okay. You can ask them anything." This meant that staff were well supported in their work.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people (aged 16 and over) 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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the

principles of the MCA and found that they were. The manager had made applications for authorisation to deprive people of their liberty lawfully where that was assessed as being appropriate. A best interest decision had been made to allow one person to receive their medicines covertly. This is when medicine is given disguised in some way, often in food to maintain someone's health and welfare. The GP and pharmacist had been involved in the decision making which was in line with recent legal guidance on administering covert medication.

People's nutritional needs were assessed and care plans recorded any dietary needs. Risks of people becoming malnourished or dehydration were assessed and recorded and where necessary people were weighed regularly and monitored. One person had a risk assessment which stated they were at risk of malnutrition and dehydration if left to eat independently. Staff were asked to encourage the person to try and eat independently and then assist if they did not eat or drink. We observed this person over lunchtime and saw that a care worker did try and encourage the person to eat but the person kept falling asleep so their food was removed. We were concerned that the person had not eaten and spoke to the manager. We were told that the person was later provided with another meal and drink when they had woken. They also told us that the person had recently started to lose weight and they were reviewing their care plan as the person now needed more assistance and in future staff would assist them to eat to prevent any further weight loss. Where people had specific needs such as diabetes this was identified in their care plan and appropriate checks were made to ensure they remained healthy.

People were able to choose whether they ate in one of two dining rooms, at over knee tables in the lounge or in their rooms. People were offered a choice of meals, and staff took time to verbally offer choices patiently and in accordance with the person's ability to retain information and communicate. The use of visual representations of the meals on offer would enable people with cognitive impairment to make more informed choices. Two people asked a member of staff for a meal option that was not advertised; staff accommodated this immediately and were happy to do so. One person said, "The food is very good; I am a vegetarian and there is plenty of variety."

We saw that people could access health or social care professionals in a timely way. One person told us, "If I needed to access my GP I will ask one of the carers and she would pass it on to the manageress."

We looked around the service and in people's bedrooms where they gave permission and saw that the house was well maintained and decorated. Where people required specific equipment or any adaptations these had been provided.

The service was decorated in a traditional style, in keeping with the age of the building and the style that many of the residents would be familiar with. Some people's bedrooms doors had names and pictures to help people identify them. People already resident at the service were able to find their way around but people living with dementia would benefit from additional signage to assist them in maintaining their independence when moving around the service.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were caring. Their comments about staff included, "I think the staff are very caring" and "The staff always treat me with kindness and respect."

One relative told us, "They (staff) care about each and every individual. For instance, they know [relative] loves chocolate so they treat [relative] from time to time." A second relative said, "Somerset is such a caring place. They (staff) are unbelievable. I give them 15 out of 10."

During the inspection we observed warm, friendly interactions between people who used the service and staff, and saw staff chatting to people and responding positively to people's requests. People were relaxed with staff, and on several occasions we heard people laughing with staff. For example, we saw three people chatting and laughing with a staff member whilst taking part in activities. We also observed that when one person became distressed, staff tried different approaches to try and reassure and distract them.

Staff informed people about things going on in the home and offered people choices, such as whether they wanted to join in activities, where they wanted to sit and what they wanted to eat and drink. Their choices were respected. People who used the service were also involved in running activities and meetings at the home. For instance, one person organised the residents and relatives meetings. They also held a bible reading group in their room once on month, for whoever wished to join.

Relatives told us that they had been involved in planning their relatives care. One person told us, "I have been involved with [relative's] care plan and have regular talks about [relative]'s care. People were kept informed about day to day events and activities at the service through discussions with staff and by use of the notice board.

People's privacy and dignity were respected. Staff gave us examples of how they promoted people's privacy and dignity, for instance, by ensuring they closed curtains and doors before providing care. Staff had received training in equality and diversity.

We observed that staff encouraged people to maintain their independence where possible, but offered assistance when needed. For instance a care worker told us they encouraged people's independence by encouraging them to do as much for themselves as they could, such as washing themselves.

Visitors were welcomed at the home at any time and one person told us, "My friends and family are always made to feel welcome. For example, if they visit they are always offered tea and biscuits." A relative told us, "The staff are kind to me too."

There had been a recent sea side day organised to enable people who were unable to get to the seaside to enjoy being there. The activities organiser had used sand and water to transform an area outside into a beach with deckchairs. People had designed their own seaside themed paintings which had been put on the windows of the conservatory as a back drop to the event. People told us they had appreciated the effort

taken by staff and thoroughly enjoyed themselves; particularly the ice creams!

People's wishes relating to their end of life care were recorded if they had chosen to share these with staff. Where they were unable to specify their preferences the people closest too them had been consulted.

We saw thank you cards from people expressing their appreciation for the support their relative had received, including one which said, "We were always welcomed to the home with warmth and friendliness by all the staff no matter what role they played."

Requires Improvement

Is the service responsive?

Our findings

There was some variation in the way people received their care with some staff not always focusing on people's current needs and others being more person centred. A relative told us, "On Tuesday they left [relative] in bed a little longer than normal because [relative] was tired. They got [relative] up later and made breakfast as normal. We saw comments from recent surveys and one person had said, "I feel confident in all aspects of my relatives care."

In contrast for one person living with dementia who displayed behaviours that challenged (facial expression, tone of voice and hostility expressed during interactions) staff did not use diversion techniques in a positive way. For example, the person entered the office at one point and expressed an interest in the courtyard garden by asking about the tomato plants; this would have been a good opportunity to facilitate access to the garden, however the opportunity was not taken which would have enhanced their wellbeing and could have reduced the level of their behaviour. We did discuss this with the manager who had recognised the issues around this person's care. They told us that this person was going to be reassessed as their condition had worsened and staff required additional input from professionals.

One person had not been referred to relevant healthcare professionals as a preventative measure despite evidence of multiple falls occurring in recent months. Although the falls were clearly recorded and the person had received appropriate care following the falls, there was no clear plan in place to prevent further falls and to assess whether or not specific equipment would benefit the person to reduce the risk and support them in retaining as much independence as possible. The service would benefit from having a more proactive approach to preventative care.

One person had a clear care plan relating to nutrition with an associated risk assessment which told staff what should happen to ensure the person received enough to eat and drink. We observed this person over a lunchtime period and saw that staff provided encouragement but no assistance which meant that the person ate no lunch. However, they were later given some food when they wanted to eat. When we spoke with the nurse about this they told us that they gave encouragement initially to try and encourage and maintain the person's skills in holding knives, forks, spoons and drinking vessels. When the person would not eat independently staff assisted. This was a balanced approach which meant that staff encouraged people to maintain their existing skills as far as possible whilst still offering support where needed.
.
Staff worked with community nurses, doctors and other health professionals when they visited the service. We saw evidence of visits by people's GP's, district nurses and other healthcare professionals.

People's interests and hobbies were incorporated into their care plans using a document called, "This is Me" which recorded details about the person relating to their social and spiritual life. This helped staff to make connections with people through their interests.

Activities were taking place in the conservatory where three people were creating posters. They told us, "We made these garlands (pointing up at the ceiling)"; "We do poetry"; "We created limericks yesterday"; "We

talked about pets."; "We sometimes go for walks around the village and we do reflexology." There was a hairdressing salon where people could have their hair cut or styled. There were a variety of activities on offer organised by two activities organisers. These activities encouraged participation which improved people's wellbeing.

The activities co-ordinator spoke warmly with residents and had a good knowledge of people's past preferences and history. During the morning they engaged with three people in the lounge in a positive but appropriately low key manner, gently introducing opportunities for reminiscence within the natural flow of conversation. During the afternoon, they engaged with people by creating poems consisting of memories she had previously gathered from them about their past pets. It was clear that efforts were made to develop relationships with people beyond the superficial; staff appeared to enjoy getting to know people and their past experiences and using this knowledge to bring comfort to people.

The activities co-ordinators had made links with occupational therapy students studying at the York St John's university. They were planning to carry out research looking at one to one activities within the service which would benefit those people currently nursed in bed and those living with dementia. In addition the service had made links with a local playgroup and the children had visited the service and shared in recent activities. A recent summer fete had raised funds for people to enjoy trips out and activities and during Wimbledon week people had enjoyed strawberries and Pimms whilst watching the tennis.

People were aware of how to complain and there was a complaints policy and procedure for staff to follow. There had been no complaints in the last year and eighteen compliments.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we found a breach of Regulation 17(1) of the Health and Social Care Act (Regulated Activities) Regulations 2014; the audits were not effective and record keeping required improvement. At this inspection we found that there had been many improvements but some further improvement was still required.

There were some areas of improvement that needed to be consolidated. Although the record keeping had improved some care plans were still being re written. The manager had identified issues in recording daily notes. Along with staff the manager had agreed ten points that should be included in daily records and we saw these were starting to be implemented but staff were not consistent in their record keeping. This showed that the manager had acted to make improvements to record keeping although this needed to be completed and maintained.

The audits had improved and identified areas where improvements were required. They recorded an action plan and people were identified as responsible for the action. These were signed when completed. However, the audits were not always designed in such a way that would look at people and their care needs individually. For example if there had been an audit for individual people it may have identified that the person having multiple falls may benefit from more input from a relevant healthcare professional or equipment.

We recommend that the provider continues to develop the record keeping and quality monitoring at the service.

Somerset is one of six care homes run by the provider Roche Healthcare Limited. The service had a registered manager employed. The manager had sent notifications to CQC appropriately and in a timely manner.

Staff told us that manager was approachable saying, "She is easy to talk to" and "The manager is fine." They went on to tell us, "The manager is a good front of house person and sets a good example; she is very open and honest. You can express opinions to the manager."

The manager provided a monthly report to and had monthly meetings with the providers. The providers visited the service regularly but also employed a quality manager and a regional manager to provide support and guidance. The senior management team had a good overview of what was happening at the service.

Information was shared with people and they had an opportunity to have a voice and learn from each other by sharing and questioning practice. There were regular staff meetings where staff told us, "Everyone gives their opinions." In addition resident and family meetings were held. The minutes identified that new staff were introduced to people at these meetings and news of events shared. People had been asked for their ideas for trips out and activities. Where issues were highlighted they had been dealt with immediately. One

person had identified in July that the "Food was not always hot enough." Following the meeting the manager had spoken to kitchen staff and addressed this matter.

The service worked in partnership with other organisations. They had developed links with Bradford University Improvement Academy. Part of that work was focused on developing safety huddles. These were short team meetings or team huddles, led by the senior nurse, involving all trained and untrained staff. They discussed patient safety issues and identified how staff could reduce the risk of harm for people.

In addition they have been asked to introduce the React to Red programme by the CCG quality lead. This is a pressure ulcer prevention campaign that educates staff about the dangers of pressure ulcers and the steps that can be taken to avoid them. This was to be the next project for the service.

Staff told us that the culture at the service was, "Warm like being at home" and said, "It is really nice here."

Overall we could see that improvements at the service had been made since the last inspection.