Camelot Care Homes Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We inspected this service on the 14 and 15 November 2018 and it was unannounced. At our last comprehensive inspection in August 2017, we found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve. We returned to complete a focused inspection in April 2018 to look at two key questions of Safe and Well-led. At that inspection we found the provider had taken the action needed to make the required improvement. At this inspection we found that improvement had been sustained, therefore we have rated the service as 'Good' overall.

Camelot Care Homes Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home accommodates 57 people in two adapted buildings. At the time of our inspection there were 53 people living at the service. Five of the rooms at the home were for people to stay for a short period of 'intermediate care'. This gave people the opportunity to regain their independence after leaving hospital before returning home, for example after an injury or planned surgery.

There was a registered manager in post. 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.

People had individual care plans which were personalised. We found that information was not always current to give staff guidance to provide responsive care. We have made a recommendation about updating care records.

Medicines were managed safely; we observed medicines administration and observed that staff practice was safe. Medicines administration records contained the information required to make sure people had their medicines as prescribed.

Pre-employment checks had been completed before staff started work. There were sufficient staff available to meet people's needs. Staff understood their role in keeping people safe and had received training on safeguarding people from harm.

Staff were well trained and had opportunity for regular supervision. They told us they felt well supported and could approach the registered manager at any time. New staff received an effective induction.

People had a choice of meal and were supported by staff to eat where needed. Mealtimes were inclusive and relaxed. There were drinks available throughout the service.

Premises were kept clean and staff followed effective infection prevention and control practices. There was a programme of planned maintenance and decoration in place.

People were supported by a staff team that knew their needs well. 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 had been given the opportunity to record their end of life wishes. The service had supported people at the end of their lives with assistance from healthcare professionals.

Activities were varied and provided daily. People had the option to be involved but could also choose to spend time doing their own activity. Visitors were welcomed without restrictions.

There were regular meetings for people, relatives and staff and minutes were kept. People, relatives and healthcare professionals all stated they thought the service was caring, responsive and well-led.

There had been no formal complaints since our last inspection, however there was a policy in place to manage any complaints. There were suggestion boxes in the receptions of both building so people, relatives and staff could leave their views or suggestions.

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 remained safe.

The environment was clean with no unpleasant odours. Staff followed good infection control procedures.

Medicines were managed safely. Nurses were responsible for the administration of medicines and their practice was observed to be safe.

Sufficient numbers of staff were deployed. Staff were aware of the different types of abuse and what to do if they were concerned about incidents of abuse.

Staff were recruited safely as pre-employment checks had been completed.

Risks had been identified and risk management plans were in place.

Is the service effective?

Good

The service was effective.

People's needs were continually assessed and referrals were made to healthcare professionals where needed.

People were supported to eat and drink. Mealtimes were relaxed and people were offered choices of food and drinks.

Staff were trained and supported by the registered manager. They had opportunity for formal supervision.

Is the service caring?

Good

The service was caring.

People and their relatives told us they were supported by staff who were kind and caring.

Privacy, dignity and independence was promoted by staff who enjoyed their jobs.

People were able to maintain relationships as visitors were welcomed without any restrictions.

Is the service responsive?

Good

The service was not always responsive.

People's care needs were being met. People had a personalised care plan which gave staff guidance on how to deliver their care and support.

Activities were available and varied. People were encouraged to be involved and given support from staff if needed.

There was a complaints policy in place, people and their relatives knew how to complain if they needed to.

End of life care had been provided and people were able to record their wishes for their end of life care.

Is the service well-led?

Good

The service remained well-led.

People, relatives and staff told us they thought the service was well-led. The registered manager provided strong leadership.

There was a positive and open culture at the service, staff felt able to approach the registered manager with any concerns.

Quality assurance systems were comprehensive and identified areas for improvement. The provider visited regularly to complete audits and checks.

Camelot Care Homes Ltd

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 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.

This inspection took place on 14 and 15 November 2018 and was unannounced. It was completed by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. For this service, their experience was older people.

Before our inspection visit, we reviewed the information we held about the service. We looked at information within the statutory notifications the provider had sent to us. A statutory notification is information about important events, which the provider is required to send us by law. We also reviewed information the provider had sent us in the provider information return. This is information the provider sends us annually to give us key information about the service, what the service does well and the improvements they plan to make.

We spoke with 17 people, 11 members of staff, nine relatives, five visiting healthcare professionals, the registered manager, and two directors. We looked at eight care plans, four recruitment files, medicines administration records, health and safety records and reviewed records relating to the management of the service. Following our site visit we contacted a further five healthcare professionals for their feedback about the service.

Good

Is the service safe?

Our findings

At our last focused inspection in April 2018, we rated this key question as 'Good'. At this inspection we found the service remained 'Good'.

People told us they felt safe living at Camelot Care Home Ltd. Comments included, "I feel safe here" and "I feel safe and well looked after." One person told us, "I am very independent and I want to do as much as possible for myself. The carers keep an eye on me so I do feel safe that there is help available if I was to need it."

People were protected from risk of infections as staff adhered to infection control procedures. Personal protective equipment such as gloves and aprons was available and we saw staff used it appropriately. The environment was clean and free of any unpleasant odours. People told us they felt the service was clean, one person said, "This place is very tidy and clean, it feels safe." One visitor said, "It's always clean and there are no smells." Domestic staff followed cleaning schedules to make sure all areas were regularly cleaned. The kitchen had been inspected by the local authority in February 2018. They had been awarded a '5' rating. This meant the kitchen had very good hygiene practice.

Risks to people had been identified and assessed. Risk assessments covered a range of areas such as moving and handling, nutrition and development of pressure ulcers. Risk management plans were in place to guide staff on the action to take to minimise risks. These were reviewed monthly or sooner if required. Where appropriate additional equipment was sought to help to minimise risks. For example, if people were at risk of falling out of bed there were bed rails in place. These were used safely and an additional bed rail risk assessment was in place. Moving and handling profiles were completed and stored in care plans and in people's rooms. The profiles identified how staff were to support people to move and what equipment to use. Where people had allergies, the information was recorded in their care plan and on their Medicines Administration Records (MAR).

Accidents and incidents had been recorded and monitored by the registered manager. They told us they analysed incidents monthly to identify patterns, and to review safety measures in place. Falls monitoring was completed monthly and records demonstrated good analysis of each fall. For example, one person had experienced a fall during the night. The registered manager organised for the person to have a review of their medicines. The lessons learned was to encourage the GP not to prescribe night sedation for people who were mobile and at risk of falling.

Maintenance records demonstrated that the premises and equipment was checked regularly for safety. External contractor's serviced equipment regularly, a maintenance person regularly tested fire alarms and emergency lights. Health and safety audits were completed to make sure checks were completed and the required monitoring was being done. The provider visited at least monthly to check the environment with the maintenance person. They completed a record of the visit and any actions were added to the service improvement plan.

People received their medicines safely and as prescribed. People's Medicine Administration Records (MAR) were completed accurately. Medicines were stored safely. This included medicines that required cold storage. Where people had been prescribed 'as required' (PRN) medicines, protocols were in place to direct staff and had been reviewed. Some MAR sheets had handwritten additions, and where this was the case, two staff had signed as witnessing the transcription. This practice reduces the risk of transcribing errors.

There was a system in place for the recording of prescribed topical medicines, such as creams and lotions. Topical medicine application recording sheets were kept in people's rooms. Those seen had been signed by care assistants following application and included body charts detailing areas of application. We observed a member of staff administering the medicines and we saw they followed good practice guidance. They made sure they explained to people what the medicine was for, they signed the records after watching people taking their medicines. One person told us, "I get my tablets every day, I leave it up to them [nurses]."

Recruitment was managed safely. The registered manager made sure pre-employment checks were completed. All staff had two references and a check with the Disclosure and Barring Service (DBS). A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with certain groups of people. There were sufficient staff available on shift. We observed people had support at the time they needed it. There was a lead nurse working in each building on all shifts. They supervised the care staff and made sure people's needs were being met.

Staff protected people from harm and abuse. All staff received regular training on safeguarding and told us what they were looking out for. Staff described what they would do if they had any concerns and they were confident the registered manager or a nurse would take appropriate action. Staff were also able to tell us the whistleblowing procedure. Whistleblowing is where a member of staff reports wrongdoing at work. Staff told us they would not hesitate to report any concerns to the local authority, the police or CQC. One member of staff told us, "There is a poster up in reception, tells us what to do if we are concerned."

Good

Is the service effective?

Our findings

At our last comprehensive inspection in August 2017, we rated this key question as 'Requires Improvement'. This was because people did not have their preferred choice of meal. In addition, people with identified dietary needs did not always have their needs met. At this inspection we found the required improvements had been made.

People were happy with the food provided. Comments included, "The food here is good, plenty of it" and "The food is good enough for me, I get a choice too." Relatives could book a meal and eat at the home. They told us the food was good.

Mealtimes were relaxed and sociable. Staff sat down with people and supported them to eat where needed. People had a choice of meal. The staff used pictorial menus to help people make their choices. There were different drinks available not only at mealtimes, but in the communal lounges. We observed the chef helping to serve meals. They told us they often did this to help them to know how people were and to monitor the mealtime service. The chef showed us that they had recently started recording people's views about the meal. Following a meal, they asked people for their view, whether they enjoyed the food or would like to see alternatives. People's comments were recorded and the chef used them to plan menus.

Where people required additional support to eat we observed they were helped by staff who knew their needs. People could eat in their room or a communal space. Staff sat down with people and encouraged them to eat their meal. They discreetly told them what was on the spoon before gently placing it in people's mouths. People's comments whilst they were eating were positive. One person told the member of staff, "This is lovely." People's dietary needs were met. Where people required a softer diet, this was catered for. One person told us they had a soft diet. They showed us the spoon they liked to use to eat their meal. They said, "The staff know I use this spoon and it is always there for me, I don't need to ask."

People's needs were assessed in line with best practice guidance to make sure the service was effective in meeting their needs. Nurses used a range of nationally recognised assessment tools for skin assessment, nutrition and oral health. For example, nurses used the Malnutrition Universal Screening Tool (MUST) to assess nutritional needs. Once a score was calculated this information would form the basis for the care plan. Where any additional support was needed, the service referred to external healthcare professionals such as community nurses and speech and language therapists. Records demonstrated that people regularly saw their GP from a local surgery. They visited the service twice per week to see people.

We observed a multi-disciplinary team meeting. This was a weekly meeting with the healthcare professionals who supported people staying in 'intermediate care'. They discussed people's needs, the therapies being provided and the estimated date for discharge. One healthcare professional told us, "I love coming here, the nursing staff are very helpful. Staff follow the packages and work hard to do what is needed. We find people often want to stay here."

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. Mental capacity assessments had been completed and best interest meetings held. The process had been recorded and kept in people's care plans. We saw one person required a decision to be made as they lacked capacity. The best interests meeting detailed the three options that were discussed by the people present. The reasons for discounting options were recorded so that the least restrictive option could be applied.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The registered manager had submitted applications to deprive people of their liberty to the local authority and was waiting for them to be assessed.

People were being supported by staff who had been trained. Training was available in a range of topics such as moving and handling, pressure area care and dementia care. Staff told us they felt they had enough training for their role. If they needed further training they told us the registered manager would support them to access it. Equality, diversity and human rights training was provided for all staff and there were 'Expectation cards' available in people's rooms. These cards informed people what they would expect from staff. For example, it stated that people 'would be treated as an equal without discrimination'.

The registered manager was passionate about educating staff. They were a recognised mentor for the nursing associate programme. The nursing associate role is being used and regulated in England. It is intended to address a skills gap between health care assistants and registered nurses. The service had two nursing associates who were soon to graduate. They told us, "We have paved the way for others to follow, we are so excited to graduate."

New staff completed an induction. The service used the Care Certificate for the induction of new care workers. The Care Certificate is a set of 15 standards that care workers are expected to complete to make sure they can demonstrate the right skills, values, knowledge and behaviours to provide quality care. One member of staff told us, "I wanted to do the Care Certificate so I can be a good carer." The registered manager had produced some 'house rules', which new staff had to read and sign. The 'house rules' included practice such as staff sitting down when supporting people to eat and completing records at the time of support. Once the induction was completed staff were signed off by the registered manager as competent.

Staff had regular supervision. Supervision was a formal process, which enabled staff to discuss their concerns, training needs and development with their line manager. Staff told us they felt supported in their roles. One member of staff said, "I feel really supported, I have supervision quarterly with the [registered] manager and find I can talk to them easily." The registered manager told us, "I really encourage the nurses to talk to and support the care staff. The more time they spend with them, the better educated and supported the team are."

The premises were two adapted buildings in private grounds. They shared a communal garden which was secure. The provider told us they had a planned maintenance and re-decoration programme in place. We could see since our last inspection that further areas of the service had been refurbished. There was a plan to replace all flooring with laminated floor which the provider told us was easier to keep clean. Some rooms were en-suite but there were some that were not. These rooms had communal bathrooms nearby. There was orientation signage up to help to direct people around the buildings.

Good

Is the service caring?

Our findings

People and their relatives told us they thought the care staff were caring. Comments included, "It's OK here, they care for me well enough", "The carers are kind and very patient", "The carers here are wonderful, I come in every day to see my husband, so I see them all. They take care of my husband and they make me feel welcome too" and "My [relative] has been here for three years and I come in to see them every day, so I know how they are cared for. The carers are lovely and I feel my [relative] is well looked after. I am treated as one of the family by the home…no complaints from me."

People could have visitors without restrictions, which helped them to maintain important relationships. People received care and support in a friendly, homely atmosphere. One relative told us, "I come in every day, I can't complement the home enough. The carers are all wonderful, helpful and caring. That all makes me feel confident that [relative] is being properly cared for."

The staff team were stable and all knew the people they were supporting. The service used a 'This is me' booklet to gather information about people's life story. This gave the staff detailed information about people's lives and significant events. Staff told us this information helped them to build relationships with people. One member of staff told us, "I feel I have a connection with the residents here, I know so much about them. They notice when I am not here." We observed the staff using a variety of communication methods to connect with people. Staff used objects such as dolls and pictures of things they were referring to. We also saw staff singing with a person. A member of staff told us the person used to sing in a choir and found singing with them helped them to communicate.

Observations of practice and communication demonstrated that staff were kind, caring and showed respect for people. One healthcare professional told us, "I visit regularly and have only observed kind care." When people experienced anxiety the staff responded, taking time to talk through their concerns or sit with them holding their hands. One relative told us about a time their family member became distressed. They said, "[Person] was upset and anxious and the carers were very sympathetic and helpful." Another relative told us of the trust they felt had been built up between their family member and the staff. They told us, "The nurses here are amazing, they lead and show staff how to care. My mum trusts them, it is really amazing."

Privacy and dignity was promoted throughout the service. Staff gave us examples of how they promoted people's dignity. They told us they always respected people's wishes, they made sure doors were closed when providing personal care, they pulled curtains if needed. People were addressed by their preferred name and spoken to in a respectful way. We observed staff closing doors when supporting people with personal care and knocking on people's doors before entering. Staff used a privacy screen when using a hoist in a communal area which shielded the person from the view of others.

Confidential information about people was kept securely and only accessed by those with authority to do so. Care and support records were stored in offices in each building that were secure, handover meetings between staff were held in private areas with the doors shut.

Independence was promoted by staff. The service provided 'intermediate care' to people staying for a short period of time. It was important for people staying in 'intermediate care' to maintain their independence so they could return to their homes. One person told us, "I came in here after a fall and couldn't walk. Since I've been here the home has helped me back to strength and I can now walk, with a frame, again. They've been brilliant." A healthcare professional told us, "The staff embrace promoting independence and make sure people do as much for themselves as possible." The registered manager told us that people living at the service permanently benefitted from the approach of staff supporting people in 'intermediate care'. For example, we saw a person helping to lay tables for lunch. Their relative told us the staff regularly supported their family member to help with activities which "kept their skills up."

People were involved in making decisions about their care and support. People could have baths or showers at any time of the day. People had a choice of gender of their carer. There were regular 'resident's meetings' where people could discuss the service. Minutes were produced and shared with people. There were suggestion boxes in the front reception of both buildings. This meant that people, their relatives or staff could leave comments about the service. This could be completed anonymously if people wished. There were details of a local advocacy service available. An advocate is someone who can speak up independently for a person if they need them to.

Good

Is the service responsive?

Our findings

A detailed assessment of needs had been completed with people prior to them moving into the home. The assessment was used to form people's individual care plan. People had care plans that contained detail on needs such as mobility, communication and sleeping and resting. Where needs required additional monitoring there was systems in place to record action taken.

People's additional monitoring needs were recorded on a new 'intentional rounding' form by care staff. The 'intentional rounding' form was used to record food, fluids and positional changes. The monitoring was checked by nursing staff and shared with healthcare professionals. If people's fluid intake was being monitored there was a target fluid intake identified. Nurses totalled fluids twice daily to monitor if people were reaching the target intake. If there was any concern nursing staff consulted with the person's GP for further action. One relative told us, "My mother's needs are met…she's well looked after, what more can you ask?"

Whilst overall care plans contained up to date information we found two care plans that were not fully updated. One person had developed a pressure ulcer and we found their records were not up to date. The registered manager addressed this during our inspection and put into place a wound assessment plan detailing the current treatment required. Another person required thickened fluids as they were at risk of choking. The records did not reflect the course of action taken to make sure relatives were aware of the person's needs. Relatives visited regularly and supported the person to drink. The registered manager addressed this during our inspection.

We recommend that the service seeks advice about how to find a system that will support them to update people's records when they need it.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service had assessed people's individual needs and recorded how best to communicate with them. Where people required support with hearing, the care plan informed staff what aids to use. Where people required staff to explain information to them this was recorded. For example, one person required information to be explained to them clearly and slowly. This was recorded in their care plan.

End of life care had been provided. People had been given the opportunity to record their wishes for the end of their lives, which covered a range of information such as choice of burial or cremation. People had also had conversations with their GP about putting in place do not attempt resuscitation forms. We saw the reasons for this discussion had been recorded by the GP. The nursing staff told us they would work with other professionals to make sure end of life care was appropriate and pain was managed. Some staff had been able to attend end of life training at a local hospice. The staff had received many compliments about their end of life care. One relative had written, 'Thank you for all you do. [Person] was so well looked after, we cannot thank you enough'.

There was a complaints policy in place; the service had received no formal complaints since our last inspection. One verbal complaint had been received and we saw the registered manager dealt with this using their formal complaints procedure. People and their relatives told us they knew how to complain if they wanted to. One relative told us, "I can complain if I need to, but I don't need to. The nurse in charge here is very approachable."

Technology was being explored by the provider. The service had recently bought an electronic tablet to use with people who wanted to access the internet. The service did not have a website, the provider told us they were in the process of developing one. They recognised that the internet was being used by people and their relatives to look for services. A social media page had been set up which shared news and photographs of activities with people's relatives and friends.

The home had two identified activity workers. They worked with the care staff to provide activities that were personalised and appropriate for people living at the home. One of the activity workers had started completing pen portraits for people. These were short summaries of what a person liked to do and how they liked to spend their time. This had helped them to produce personalised activity plans. They told us that some people did not like to attend the larger group activities. They said, "Not everyone wants to join in. Some people need specific activity tailored to them." One person told us, "It's nice to have someone to help me do something. I'm an active sort of person so I do need to be busy doing something." We observed during our inspection that a Pets as Therapy (PAT) dog visited. The PAT dog toured both buildings visiting people in their rooms. We saw that people were very pleased to see the dog.

People could join in craft sessions, knitting activities and gardening. One person told us, "I love my knitting, I'm making a blanket. The carers are lovely and they support me in my hobby." One person told us how they liked to read. They said, "I love my daily newspaper, the carers get it delivered every day and I read it from page one to the end." During our inspection we saw an entertainer had been booked to sing for people. People were invited to listen from both buildings, and staff supported them to attend if they needed it. For example, we saw that people who used wheelchairs to mobilise had support from staff to attend the entertainment.

People were also supported to spend their time where they wanted to. One person told us, "I like a quiet life, the main lounge is too busy and noisy for me so I spend my time in the quiet lounge. The carers are happy enough to fit in with me as I like my own company." One member of staff told us, "We use the gardens as much as possible, not everyone wants to go out but those that do seem to enjoy the fresh air."

Activities in the wider community were provided. Trips out to local places of interest were organised, and people were supported to go shopping locally. People were also supported to participate in religious activities that were important to them. National celebrations and events were supported. For example, for the recent Remembrance Day people who had served in the military were supported to attend the local event. Current serving members of the forces joined with people to pay their respects.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. 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. The registered manager was supported by two clinical leads who were based in both buildings. This meant that people's care and support was overseen by a trained nurse.

People, relatives and staff told us they thought the service was well managed. Comments included, "I know the [registered] manager well, she's lovely and I can and do tell her everything" and "I'm made welcome here by the [registered] manager and staff, that helps give me confidence that they are doing their jobs." One member of staff told us, "[Registered manager] is helpful and supportive. I can talk to them about anything."

People's feedback was regularly sought. The service used formal surveys, 'resident's meetings' and care reviews to listen to what people had to say. Relatives feedback was also sought and welcomed. Following a recent survey people had asked for televisions in their rooms. The registered manager had bought new televisions, they arrived during our inspection.

There was a positive and open culture at the service. Staff told us they could approach the registered manager or the provider at any time. They told us they were listened to and they felt appreciated. One member of staff told us about when there was bad weather and staff struggled to get into work. They told us they and some other members of staff had worked extra hours to make sure people were cared for. They said, "I got a card from the registered manager thanking me for my hard work, I wasn't expecting that but it was nice to have it." The values of the service were displayed around the service. Staff we spoke with knew what the values were and how they were embedded in their work.

People were supported by staff who enjoyed working at Camelot Care Homes Ltd and we found morale amongst staff was good. Comments from staff included, "We work together as a team to get the job done", "We are a family here, we value each other", "We love our residents, it's easy to care for them" and "I retire soon, I'm going to miss the residents." One member of staff told us they appreciated flexible working hours. This had supported them to balance work with childcare. Another member of staff told us, "The team here have a good connection, communication is good." The staff team were diverse and from many different countries. Staff told us how other members of the team had helped them to speak English.

Staff were encouraged to develop and maintain their skills. Care staff could complete work based qualifications and nursing staff were able to complete clinical training courses. The registered manager told us they recognised that supporting staff to develop was an effective way of retaining staff. New ideas for changes and improvement to the service was encouraged and welcomed. Staff told us they could pilot new ways of working to see if it helped to do things better. Regular staff meetings were held and minutes kept.

Quality monitoring systems were in place in a variety of areas. The provider told us they visited at least

monthly to check the environment and speak to people. They completed provider reports which identified any areas of improvement and actions to take. The registered manager completed monthly audits for areas such as medicines management, nutrition, care plans and infection prevention and control. Where needed an action plan was produced and shared at team meetings. Action plans were signed and dated when the required action had been completed.

The service worked in partnership with other agencies. The multi-disciplinary team who supported the 'intermediate care' service were complimentary of the support people received. Feedback from professionals was positive about how the staff communicated with them. The local pharmacy visited and offered guidance on medicines management. They also completed audits of medicines at the home. The most recent in October 2018 demonstrated that medicines were managed well.

The service was established in the local community and had good community links. If people could not access the local community for services, they were available to them on site. There was a visiting chiropodist, clergy visited regularly to offer services and a visiting hairdresser was available.