Abraham Health Care Limited

Glenkindie Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

Glenkindie Lodge Residential Care Home is a residential care home providing accommodation for up to 33 people. The service provides support to older people, some of whom are living with dementia. At the time of our inspection there were 28 people using the service.

Glenkindie Lodge Residential Care Home is a converted building. Communal areas are located on the ground floor, with bedrooms, shower and bathing facilities located on both the ground and first floor.

People's experience of using this service and what we found
People's safety was underpinned by the provider's policies and processes. Family members said their relatives were safe at the service. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt and improvements made through the analysis of accidents and incidents. People were supported by sufficient staff who had undergone a robust recruitment process and had undertaken training in topics to promote their safety. Medicine systems were managed safely. People lived in an environment which was well maintained and clean, with safe infection and prevention measures.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Family members told us their relative had access to health care services and that they were kept informed about their relative's health and well-being. Staff liaised effectively with health care professionals to achieve good outcomes for people. Staff had the knowledge and experience to meet people's needs. Staff were supported by ongoing assessment of their competence to fulfil their role and responsibilities. People's dietary needs were met. The décor and furnishings of the service continue to be improved.

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

Family members were complimentary about the quality of care provided to their relatives. They spoke of the kind, caring and compassionate approach of staff, and were confident that their relative's privacy and dignity was promoted.

People's needs were recorded in care plans, considering all aspects of their care. People had the opportunity to take part in organised activities with the service. An increase in staff employed to organise and facilitate activities, was acknowledged by the provider as being necessary to improve the frequency of activities to include weekends.

Family members were complimentary about the registered manager and management team and were kept informed of key events affecting their relative. Systems, processes and effective governance and management meant the provider kept under review the quality of the service provided. Staff were supported and monitored to enable them to deliver good quality care. The registered manager and senior staff worked

effectively with partner agencies to achieve good quality outcomes for people.

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

Rating at last inspection
The last rating for the service was Requires Improvement, (published 17 March 2022). We identified continued breaches in relation to people's records relating to the assessment and mitigation of risk and quality monitoring of risk. We placed conditions on the provider's registration, which required the provider to submit information monthly to the Care Quality Commission to demonstrate how they assessed, mitigated and monitored risk.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was prompted by a review of the information we held about this service, which included the information submitted by the provider as per the conditions placed on their registration. This inspection was carried out to follow up on actions we told the provider to take at the last inspection.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Glenkindie Lodge Residential Care Home

Detailed findings

Background to this inspection

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

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

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Glenkindie Lodge Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Glenkindie Lodge Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

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

During the inspection
We spoke with two people using the service and two relatives in person. We spoke with ten family members by telephone, we sought their views about their experience of the care provided. We spoke with the registered manager, the head of care, two senior carers, two carers and a housekeeper.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service.

We 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.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to fully assess and mitigate risk to the health, safety and welfare of people. This was a breach of Regulation 12 (Safe care and treatment).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Potential areas of risk related to people's health conditions, such as diabetes, had improved. Care records provided greater information as to the role of staff in the ongoing monitoring of the person to promote their safety and wellbeing.
- People's personal emergency evacuation plans (PEEP's) had been updated to provide greater detail, and now included the designated area where people should be evacuated too. The level of risk was categorised and made clearly visible for staff and emergency services to support the safe evacuation of people if required.
- Potential areas of risk were assessed and kept under review. Records detailed how people's care was to be provided by staff to reduce potential risk. For example, the use of equipment such as sensor mats to be placed by a person, which when activated triggered an alarm. This enabled staff to respond and support the person to move safely. A family member told us, "There are mats by the beds with alarms, and staff are always around."
- People's safety was promoted through the monitoring and maintenance of the environment and equipment, which included testing for legionella and maintenance of fire, gas and electrical systems, and equipment such as hoists by external contractors.

Staffing and recruitment

- Staffing numbers had been reviewed and increased. Staff with the appropriate skills and experience were available to meet people's needs and promote safety. Staff spoke of the increased staffing numbers, which enabled them to spend quality time with people.
- Family members said staff were busy, however a majority stated there were enough staff. A family member told us, "There are plenty of staff and they know what they're doing and meet the resident's needs."
- Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● The registered manager had reported safeguarding concerns and liaised with relevant agencies in line with local safeguarding protocols. Records of referrals, their progress, investigation and outcome were monitored, with records kept.
● Family members told us their relatives were safe and that they were kept informed about any key issues. A family member said, "Yes, I feel [relative] is safe and they feel safe too."
● Staff had been trained in safeguarding procedures and knew what action to take to protect people from harm and abuse. This included knowledge in who to report concerns to, both internally and to external agencies, which included the local authority and the Care Quality Commission.

Using medicines safely
● Medicines were administered, stored and disposed of safely and information about a person's medicine was recorded within their medication and care records.
●People received their medicines as prescribed. Medicine was administered by staff trained in the management of medicine who had their competency regularly assessed.
● Family members who were aware of the medicine they relative was prescribed, told us they were kept informed of any key changes. A family member said, "The medication is all okay and they inform me if anything changes."
● People's records provided information as to the medicine they were prescribed and included people's preferences as to how they preferred to take their medicine, along with information as to any allergies.
● People's mental capacity was assessed where it was believed they did not have the capacity to understand the implications of refusing to take their medicine. Best interests decisions were made involving health care professionals and family members, and a decision made to administer medicine covertly (without their knowledge) in drinks or food, supported by clear administration guidance.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● Family members spoke of the cleanliness of the home. A family member told us, "Hygiene is good, it's clean, spotless."
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People had contact through visits by family members and friends. The registered manager said visitors continued to pre-book their visits, so as to manage the number of visitors at anyone time to reduce potential risk of spreading infectious diseases included COVID-19.

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed to determine any themes or trends. The analysis considered individuals, or specific areas of the home or time when incidents occurred. The analysis enabled changes to be made to people's assessments of risk to reduce the likelihood of further occurrences.

● Information about accidents and incidents were communicated to staff through handovers, daily flash meetings and people's care records to support in people's ongoing care and promote safety.
● Incidents and accidents were reported to the relevant authorities, including the local authority, safeguarding teams and the Care Quality Commission.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.
- People's capacity was assessed consistent with the MCA. People's records included information as to their capacity to make an informed decision about individual aspects of their care and treatment, and now included greater detail as to how the assessment had been undertaken and the decision of a person's capacity assessed.
- Records were kept where a third party, such as a relative had Legal Power of Attorney (LPA's) to make decisions on behalf of people, and the circumstances. For example, property and finance or health and welfare.
- DoLS in some instances had conditions attached. We found conditions were complied with and regularly reviewed, which included the involvement of the legal representative where (LPA's) had been granted.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
- People's physical, mental health and social care needs were assessed and kept under review. Assessments of people's needs where appropriate used recognised assessment tools based on clinical health needs and good practice guidance.
- Family members told us their views had been sought about their relative's care. A family member said, "My relative moved from hospital, so I did not have much to do with their admission. They [staff] spoke to me about their needs and preferences as well as getting information from the hospital."

● Assessments determined where equipment would be beneficial to reduce risk, promoting safety and wellbeing, and to support and encourage people's independence.

Staff support: induction, training, skills and experience
● People's needs were met by staff with the skills, knowledge and experience to deliver effective care . Staff undertook training to enable them to meet people's needs and were encouraged to undertake vocational qualifications in care.
● Family members spoke positively when asked about the knowledge and training of staff and their ability to meet their needs and of staff's knowledge of their relative. A family member told us, "Staff always seem to know what they are doing."
● Staff upon commencement of their role were supported with an induction package and training which included the Care Certificate, where they had no previous experience of working within the care sector. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
● Staff spoke positively of the training they had received and spoke particularly of training in dementia care, nutrition and hydration.

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional and hydration needs were assessed and kept under review, which included the monitoring of people's weight, along with their food and fluid intake.
● Where people were identified as being at risk of malnutrition, dietary advice from the relevant health care professional was sought and implemented. This included soft diets to reduce the risk of a person choking, and fortified diets or supplements to support people to receive the appropriate nutrition.
● Family members told us staff encouraged their relative to eat and drink and told us how their relative's weight had improved since moving to the service. A majority of family members said the food was traditional and enjoyed by their relative. A family member said, "[Relative] enjoys the food, there are good choices, and they've put weight on, and it always smells lovely."
● Staff spoke positively of training they had undertaken in relation to the importance of hydration and nutrition. Staff recorded people's dietary intake daily, where people's consumption was low, staff were proactive, encourage people to eat and drink.

Staff working with other agencies to provide consistent, effective, timely care
● The registered manager and staff team worked with local hospitals and commissioners of social care to facilitate the smooth discharge of people from hospital into the service.
● A high proportion of people were transferred from hospital to the service for care and a period of assessment to identify their long-term needs. Following their period of assessment people either stayed at the service, moved to another service or returned home.

Supporting people to live healthier lives, access healthcare services and support
● Referrals were made to the relevant health care professionals where concerns about people's health were noted. For example, people had regular support from doctors, nurses and chiropody services. People however had not benefited from being seen by a dentist. The registered manager advised they had experienced difficulties in registering people at a dental practice. The registered spoke with a local dental practice during and following our site visit, who had agreed for people to be registered with the practice over the next few months.
● Family members spoke of staff being proactive in monitoring their relative's health and the timeliness of seeking medical advice. A family member said, "The home organises doctors' appointments and calls me

straightaway, keeping me informed. The communication is good."

● People with health conditions which required routine screening and monitoring were supported to attend hospital appointments. For example, eye screening for people with diabetes. A family member told us staff had organised transport for their relative and themselves to attend a hospital appointment, and that they were waiting for further appointments for treatment.

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

● There was a garden to the front of the home for people to visit when the weather was suitable. However, there was no structure providing protection from the elements for people who used the garden to have a cigarette. The provider told us plans were in place to build a designated structure for people to use, providing protection from the weather.

● The service continued to benefit from redecoration and new furnishings. A plan for environmental improvements was in place and ongoing.

● Family members views about the décor and furnishings of the home were mixed. A majority said the service was homely and welcoming and commented upon the recent improvements. However, others said further improvements were needed, stating the service looked tired and improvements to the décor of bedrooms, including personalisation of these with photographs would be welcomed. The provider has a programme for ongoing improvement to the environment.

● Communal areas, which included lounges, dining room and corridors had been painted, with new furnishings included armchairs being purchased.

● Signage was used to highlight key areas to support people to orientate themselves around the service, such as bathing facilities and toilets.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the inspection published on 17 September 2021 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were respected and treated with compassion and kindness.
- Family members all spoke of the kind and caring approach of staff. A family member said, "The staff are always kind and caring, always attentive and speak nicely. They [staff] given time for the residents to answer."
- Family members told us how staff understood the needs of their relative, and how staff responded to people to provide reassurance and support. A family member said, "I have seen the staff being kind and caring, they talk and ask how my [relative] is feeling. If someone is upset, they will spend time with them."
- People's care records included information about their life history, including family, work life and hobbies and interest. This provided key information to support staff in supporting people, which included being able to speak with people about their lives, and what was important to them.

Supporting people to express their views and be involved in making decisions about their care
- People were able to express their views and were encouraged to maintain their independence.
- Contact with family members and those important to people was encouraged.
- People's care records provided key information about who was important to them. Family members told us they were kept informed of key information and had been involved in decisions regarding their relative's care. A family member told us, "I've seen the care plan once, and there have been reviews." A second family member said, "We've helped with the care plan and to adapt and update it too."
- Staff spent time with people, laughing, talking and walking with them. This provided people with assurance that they were important and created a calm and caring environment.

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was promoted, and family members spoke of how staff encouraged them to maintain their independence.
- People's care records outlined their personal care needs and highlighted staff's role in promoting people's privacy and dignity, and for staff to support and encourage people to maintain their independence.
- Family members spoke with confidence about the promotion of their relative's privacy and dignity. A family member told us, "Privacy is good. If my relative needs their clothes changing the doors are always shut."
- Family members spoke of the compassionate care provided by staff, and how they responded to support people if they were in physical pain or distressed. A family member said, "This is a nice small care home, it's

personal. They staff are very positive, they always come and see [relative] is alright, they're not left to sit on their own."

Good

Is the service responsive?

Our findings

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

At the inspection published on 17 September 2021 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- People had care plans recording their needs and preferences and how they preferred to receive care and support.
- Care records included information about what was Important to people, along with information about their lives prior to moving into the service. This supported staff in having a better understanding of people and assisted them in supporting people living with dementia who spoke of the past in the present tense.
- Information as to people's care needs and the delivery of care were stored digitally. Staff used handheld devices to record all care interactions and observations. This technology enhanced staff communication by having up to date and accessible information.

Meeting people's communication needs

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

- People's communication needs were considered as part of the assessment process and were supported by a communication plan, which included information as to whether the person required hearing aids or glasses and included information as to any difficulties with speech.
- The registered manager told us the provider would be purchasing a TV screen which would provide information about activities within the home, along with information about meetings and the menu for each day to support good communication.

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

- People were supported by an activity co-ordinator to take part in activities within the service during weekdays. However, the support people required to take part in activities was made difficult by having only one staff member available to help. The registered manager told us the provider was planning to increase the number of staff to provide and support with activities, and to make activities available at the weekend.
- A majority of family members were aware of the activities which took place in the home and said in the main their relative took part and enjoyed them. A family member said, "They do games like, bingo, singing, music and dancing." A second family told us, "The staff encourage my relative to knit and they have also done some painting." However, family members said there were no trips out organised, and that

opportunities for going out were very limited.
● People were seen enjoying a game of bingo in the morning of our visit, which was a highly competitive game amongst the participants, which generated much conversation and laughter. In the afternoon people gathered to watch a film and eat popcorn.
● People's spiritual needs were considered; a Vicar visited the service to meet with people who wished to practice their religious beliefs. Family members we spoke with told us their relative's held no strong religious beliefs.

Improving care quality in response to complaints or concerns
● Concerns and complaints were recorded and responded to consistent with the provider's policy.
● Family members spoke of their confidence in speaking about any concerns they had. A family member said, "If I had concerns I would speak to the manager, and if they weren't about I would speak to one of the carers; they are all approachable."

End of life care and support
● People's views and those of family members were sought regarding end of life care. People's preferences were included where these had been shared. The information included information about pain management, such as the prescribing of medicines, and links with external services such as hospices.
● People's records included information in relation to advanced decisions, which included decisions as to whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation). A family member told us, "My relative has a DNACPR and a funeral plan, and end of life care has been discussed."

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection the provider had failed to take sufficient action to ensure systems and processes were embedded, and risk to individual mitigated. This was a breach of Regulation 17 (Good governance).

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had effective systems and processes which had been embedded, to monitor, review and mitigate potential risk to people's health and well-being, which promoted good outcomes for people.
- Governance arrangements supported the ongoing monitoring of quality performance. Effective communication amongst staff who had delegated areas of responsibility within the staff team contributed to the monitoring and provision of people's care.
- The provider visited the service as part of quality monitoring practices, undertaking audits to ensure themselves as to the quality of care being provided. Staff told us the provider was approachable and spoke to both those in residence and staff when they visited.
- Staff spoke positively of the management and leadership of the service, and of the support and guidance provided by both the registered manager and head of care. They told us this had had a positive impact on people's care and ensured a pleasant and welcoming atmosphere within the home. A staff member told us, "It's a home not just a place to work, we all work well as a team."
- Family members spoke positively of the management and leadership of the service, and all knew the registered manager and were confident in speaking with them about any issues they had. A family member said, "It's well managed. Any information or concern, there's always a senior member of staff to talk to, they always write things down and the information gets passed on."
- The provider has continued to submit to the Care Quality Commission each month, as per their conditions of registration, information to evidence the oversight and ongoing monitoring of individual risk, linked to people's needs, which included the action taken to mitigate the risk.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

- The registered manager had a good understanding of the duty of candour and had reported incidents

appropriate to the local authority and care quality commission where required.
● The registered manager liaised with local commissioning teams to support the admission of people to the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The registered manager formerly sought the views of family members by sending out questionnaires. We viewed recently completed questionnaires waiting to be analysed by the registered manager. These were in the main highly complementary of the service, with some including additional positive comments about the quality of care, and the kindness and welcome shown by staff.
● A majority of family members told us their views had regularly been sought about the quality of the care provided. Family members told us the registered manager was always available, and that communication between themselves and staff was good. However, people said communication could be improved for those who could not regularly visit. A family member said, "There are a few things I'd like to see happen, for example a WhatsApp group." A second family member said, "A newsletter would be good to provide information about the home, including activities."
● The registered manager shared the provider's plan to install a TV screen, develop a newsletter and update social media along with the provider's website to provide information about activities and events in the home. The provision of information was in response to feedback from family members.
● Meetings were held for those in residence and used as an opportunity to seek feedback about the service and to respond to any queries. Minutes of meetings showed people's views had been acted upon, for example people had chosen the colour for their bedroom door to be painted. Meetings were supported by 'you said, we did', which summarised the action taken in response to people's comments.

Continuous learning and improving care
● A risk-based approach to audits relating to people's health and welfare meant key areas of risk for example weight loss, skin integrity, falls and dietary requirements were identified. This enabled referrals to be made in a timely way to the appropriate health care professional. Staff were informed of their role in providing additional care and support to those identified as being at higher risk.
● A system of analysis of accidents and incidents, including safeguarding concerns was in place. This supported the registered manager and head of care in identifying any themes or trends, individual to a person or general to the home, so action could be taken to reduce similar events.
● Staff spoke of continued learning and development. Staff spoke of their recent training in hydration and nutrition, which had expanded their knowledge of effective assessment, monitoring and recording of people's dietary intake to improve quality outcomes for people.
● Effective communication between the management team and staff, through handovers, daily flash meetings involving all staffing departments of the home, such as care staff, housekeeping, maintenance and catering, along with staff meetings provided opportunities to drive improvement and share information.
● The registered manager had links with a range of external organisations, which included subscriptions to magazines. These provided access to information in relation to good practice guidance, newsletters and policy changes.