Care Quality Commission

Eastwick Barn Limited

Patcham Nursing Home

Inspection report

Eastwick Barn, Eastwick Close
Brighton, East Sussex BN1 8SF
Tel: 01273 501358
Website: www.patchamnursinghome.com

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires improvement
Is the service well-led?	Good

Overall summary

The inspection took place on 14 April 2015. Patcham Nursing Home was last inspected on 26 August 2013 and no concerns were identified.

Patcham Nursing Home is located in Patcham, Brighton. It is registered to support a maximum of 30 people. The service provides personal care and support to people with nursing needs, some of whom were living with dementia, and many who had complex health needs and required end of life care. The home is set over two floors. On the day of our inspection, there were 29 people living at the home.

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.

Care plans gave detailed information on how people were to be supported and the care they required. This information was reviewed and updated regularly. However, the care plans did not routinely contain people's life histories, their likes and dislikes, goals, aspirations and fears. The home had recognised this, and was in the process of reviewing and changing all care

Summary of findings

plans to a more person centred format to reflect people's individual needs. This process had not yet been completed, and we have identified this as an area of practice that requires improvement.

People were happy and relaxed with staff. They said they felt safe and there were sufficient staff to support them. One person told us, "I feel safe here. I was living on my own and I am glad I'm in here". When staff were recruited, their employment history was checked and references obtained. Checks were also undertaken to ensure new staff were safe to work within the care sector. Staff were knowledgeable and trained in safeguarding and what action they should take if they suspected abuse was taking place.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately, including the administration of controlled drugs.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that the manager understood when an application should be made and how to submit one.

Where people lacked the mental capacity to make decisions the home was guided by the principles of the Mental Capacity Act 2005 (MCA) to ensure any decisions were made in the person's best interests.

Accidents and incidents were recorded appropriately and steps taken by the home to minimise the risk of similar events happening in the future. Risks associated with the environment and equipment had been identified and managed. Emergency procedures were in place in the event of fire and people knew what to do, as did the staff.

Staff had received essential training and there were opportunities for additional training specific to the needs of the service, such as palliative (end of life) care. Staff had received both one to one and group supervision meetings with their manager, and formal personal development plans, such as annual appraisals were in place.

People were encouraged and supported to eat and drink well. One person said, "I like the food and I can choose what I want". There was a varied daily choice of meals and people were able to give feedback and have choice in what they ate and drank. People were advised on healthy eating and special dietary requirements were met. People's weight was monitored, with their permission. Health care was accessible for people and appointments were made for regular check-ups as needed.

People could choose how to spend their day and they took part in activities in the home and the community. People told us they enjoyed the activities, which included singing, exercises, films, and themed events, such as celebrations for St George's Day. People were encouraged to stay in touch with their families and receive visitors.

People felt well looked after and supported, and were encouraged to be as independent as possible. We observed friendly and genuine relationships had developed between people and staff. One person told us, "They treat you well here". A relative said, "We find the staff caring and considerate".

People were encouraged to express their views and completed surveys, and feedback received showed people were satisfied overall, and felt staff were friendly and helpful. People also said they felt listened to and any concerns or issues they raised were addressed. One person said, "If there is anything wrong, they sort it out quickly".

Staff were asked for their opinions on the service and whether they were happy in their work. They felt supported within their roles, describing an 'open door' management approach, where management were always available to discuss suggestions and address problems or concerns.

The provider undertook quality assurance reviews to measure and monitor the standard of the service and drive improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were trained in how to protect people from abuse and knew what to do if they suspected it had taken place.

Staffing numbers were sufficient to ensure people received a safe level of care. People told us they felt safe. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Medicines were stored appropriately and associated records showed that medicines were ordered, administered and disposed of in line with regulations.

Good

Is the service effective?
The service was effective.

Staff had a good understanding of peoples care and mental health needs. Staff had received essential training on the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and demonstrated a sound understanding of the legal requirements.

People were able to make decisions about what they wanted to eat and drink and were supported to stay healthy. They had access to health care professionals for regular check-ups as needed.

Staff received training which was appropriate to their job role. This was continually updated, so staff had the knowledge to effectively meet people's needs. They also had formal systems of personal development, such as supervision meetings.

Good

Is the service caring?
The service was caring.

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to increase their independence and to make decisions about their care.

Staff knew the care and support needs of people well and took an interest in people and their families to provide individual personal care.

Care records were maintained safely and people's information kept confidentially.

Good

Is the service responsive?
The service was not consistently responsive.

Requires improvement

Summary of findings

Care plans were in place to guide staff and ensure people received the care they needed. However, they were not person centred and did not routinely contain people's life histories, their likes and dislikes, goals and aspirations.

People were supported to take part in a range of recreational activities both in the home and the community. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

Comments and compliments were monitored and complaints acted upon in a timely manner.

Is the service well-led?

Good 

The service was well-led.

Quality assurance was measured and monitored to help improve standards of service delivery. Systems were in place to ensure accidents and incidents were reported and acted upon.

Staff felt supported by management, said they were supported and listened to, and understood what was expected of them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

Patcham Nursing Home

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 checked 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.

The inspection took place on 14 April 2015. This visit was unannounced, which meant the provider and staff did not know we were coming.

Two inspectors and an expert by experience in older people's care undertook this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home. We considered information which had been shared with us by the local authority and looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal area and over the two floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including five people's care records, four staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Several people had complex health needs and some required end of life care. During our inspection, we spoke with 11 people living at the service, two visiting relatives, six care staff, two activities co-ordinators', two housekeeping staff, three registered nurses, the registered manager, the deputy manager and the governance manager.

Good

Is the service safe?

Our findings

People said they felt safe and staff made them feel comfortable. One person told us, "I definitely have been safe here". Another said, "I feel very safe, there's never any abuse". Everybody we spoke with said that they had no concern around safety for either themselves or their relative.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Records confirmed staff had received safeguarding training as part of their essential training at induction and that this was refreshed regularly. Staff described different types of abuse and what action they would take if they suspected abuse had taken place.

There were systems to identify risks and protect people from harm. Each person's care plan had a number of risk assessments completed which were specific to their needs. The assessments outlined the benefits of the activity, the associated hazards and what measures could be taken to reduce or eliminate the risk. We saw safe care practices taking place, such as staff transferring people with a hoist form their bed to chair, and wheelchair to armchair.

We spoke with staff and the registered manager about the need to balance minimising risk for people and ensuring they were enabled to try new experiences. The registered manager said, "We pre-assess to get all the information about the person. We carry out thorough risk assessments and we review them when needs change. We have a good relationship with people, we want to keep them safe, but want them to enjoy themselves and not intrude".

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, hazardous substances, moving and handling equipment, staff safety and welfare. There was a business continuity plan. This instructed staff on what to in the event of the service not being able to function normally, such as a loss of power or evacuation of the property.

Staffing levels were assessed daily, or when the needs of the service changed to ensure people's safety. The registered manager told us, "We know the residents and know the staff. I would get more staff in if somebody's health deteriorated". We were told agency staff were used when required and bank staff were also available. Bank staff are employees who are used on an 'as and when needed' basis. The registered manager added, "I would use agency staff if need be, and also I don't want the permanent staff getting too tired, they need their time off as well". Feedback from people indicated they felt the service had enough staff and our own observations supported this. In respect to staffing levels and recruitment, the registered manager added, "At the interview we explain what the job is like and that it is hard work. We explore their experience and skills". Documentation we saw in staff files supported this, and staff certificates displayed in the hallway of the home helped demonstrate that staff had the right level of skill, experience and knowledge to meet people's individual needs.

Records showed staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and appropriate checks undertaken to ensure that potential staff were safe to work within the care sector.

We looked at the management of medicines. The registered nurses were trained in the administration of medicines. A registered nurse described how they completed the medication administration records (MAR). We saw these were accurate. Regular auditing of medicine procedures had taken place, including checks on accurately recording administered medicines as well as temperature checks and cleaning of the medicines fridge. This ensured the system for medication administration worked effectively and any issues could be identified and addressed.

We saw a nurse administering medication sensitively and appropriately. Nobody we spoke with expressed any concerns around their medication. One person told us, "I get my medication when I expect it". Another said, "I get my medication when I need it, I think they would give me painkillers if I needed them". Medicines were stored appropriately and securely and in line with legal requirements. We checked that medicines were ordered appropriately and medicines which were out of date or no longer needed were disposed of appropriately.

Good

Is the service effective?

Our findings

People told us they received effective care and their needs were met. One person said, “I think they are good at their job”, and another person told us, “They do everything for me automatically”. A relative added, “I am 100% satisfied with everything they do. My mother is always dressed and comfortable. I would recommend it to anyone, I couldn’t put my mum in a better place”.

Staff had received training in looking after people, for example in safeguarding, food hygiene, fire evacuation, health and safety, equality and diversity. Staff completed an induction when they started working at the service and ‘shadowed’ experience members of staff until they were deemed competent to work unsupervised. They also received training specific to peoples’ needs, for example around pressure care and end of life care. One person told us, “Staff know what they are doing, they are very good at their jobs”. The registered manager told us, “Staff get training at induction, then accredited training from external providers. We use some in-house training as a stop gap. We have contacts with the Martlett’s Hospice to provide training around pain management, end of life care plans and Syringe Pumps. Syringe pumps are used as a way of delivering medication when a patient is unable to take oral medication. They added, “Staff have NVQ (National Vocational Qualification) and I would always encourage specialist training, for example around wound care”. One member of staff said, “We get good training here, and it’s paid with lunch. We get loads of training”. Nursing staff we spoke with told us that they had received a wide range of training including wound management, end of life care, medication, catheterisation, percutaneous endoscopic gastrostomy (PEG) feeding and venipuncture. Venipuncture is the process of obtaining intravenous access for the purpose of intravenous therapy or blood sampling.

Staff received support and professional development to assist them to develop in their roles, and feedback from the registered manager confirmed that formal systems of staff development, including one to one and group supervision meetings and annual appraisals were in place. Supervision is a system to ensure that staff have the necessary support and opportunity to discuss any issues or concerns they may have.

Staff told us they explained the person’s care to them and gained consent before carrying out care. Staff we spoke with understood the principles of the Mental Capacity Act 2005 (MCA) and gave us examples of how they would follow appropriate procedures in practice. The MCA is a law that protects and supports people who do not have the ability to make decisions for themselves. There were also procedures in place to access professional assistance, should an assessment of capacity be required. Staff were aware any decisions made for people who lacked capacity had to be in their best interests.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other way to look after the person safely. The provider was meeting the requirements of DoLS. The registered manager understood the principles of DoLS and how to keep people safe from being restricted unlawfully. They also knew how to make an application for consideration to deprive a person of their liberty. Nobody living at the home was currently subject to a DoLS.

People had an initial nutritional assessment completed on admission. Their dietary needs and preferences were recorded. There was a varied menu and people could eat at their preferred times and were offered alternative food choices depending on their preference. For example, we saw that one person preferred sandwiches at lunchtime, rather than a hot meal. Everybody we asked was aware of the menu choices available.

We observed lunch. It was relaxed and people were considerately supported to move to the dining areas, or could choose to eat in their bedroom. People were encouraged to be independent throughout the meal and staff were available if people wanted support, extra food or drinks. People ate at their own pace and some stayed at the tables and talked with others, enjoying the company and conversation.

People were on the whole complimentary about the meals served. One person told us, “The food is perfectly ok for me and the portions are suitable. I ask for a small one and I get it”. Another said, “I like the food and you can choose what you want". A further person added, “I am diabetic. The food is very good, with good portions”. We saw people were offered drinks and snacks throughout the day. People told us they could have a drink at any time and staff always made them a drink on request.

Good

Is the service effective?

People's weight was regularly monitored, with their permission. Some people were provided with a specialist diet to support them to manage health conditions, such as swallowing difficulties. The registered manager said, "We liaise with Speech and Language Therapists (SALT) and Dieticians and any requirements are passed on to the kitchen".

Care records showed when there had been a need, referrals had been made to appropriate health professionals. The registered manager told us, "The staff are confident to refer. We had an example this morning of somebody being referred to SALT". Staff confirmed they would recognise if somebody's health had deteriorated and would raise any concerns with the appropriate professionals.

We saw that if people needed to visit a health professional, such as a GP or an optician, then a member of staff would support them. One person told us, "I saw the optician and they are very good at getting me to see the doctor". Another said, "The dentist, optician and chiropodist all visit". A further person added, "If I want to see the doctor, I can. You only have to tell the Sister and it's done".

Good

Is the service caring?

Our findings

People were supported with kindness and compassion. People told us caring relationships had developed with staff who supported them. Everyone we spoke with thought they were well cared for and treated with respect and dignity, and had their independence promoted. One person told us, “They treat you well here. They are all very nice, they can’t do enough for you”.

Interactions between people and staff were positive and respectful. There was sociable conversation taking place and staff spoke to people in a friendly and respectful manner, responding promptly to any requests for assistance. One person told us, “The staff are brilliant, they are kind to everybody”. Another said, “The staff are very good, they are very kind”. A relative added, There’s a lovely atmosphere here and they are all very friendly and lovely”. We observed staff being caring, attentive and responsive during our inspection. We saw positive interactions with good eye contact and appropriate communication, and staff observed appeared to enjoy delivering care to people.

Staff demonstrated a strong commitment to providing compassionate care. From talking to staff, they each had a firm understanding of how best to provide support. The registered manager told us about a person who had limited communication, they said, “We have a resident who has Alzheimer’s disease. They get cross when they are in pain and distressed when they want to go to the toilet. They are unable to tell us, but the staff have go to know them well enough to recognise these signs. I’m very passionate about people being pain free and understanding their needs”.

People looked comfortable and they were supported to maintain their personal and physical appearance. For example ladies fingernails had been painted and a hairdresser was visiting the home. People told us that staff were caring and respected their privacy and dignity. One person told us, “When attending to me, they do treat me with dignity”. Staff had a clear understanding of the principles of privacy and dignity and had received relevant training. During the inspection, staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on people’s doors and waiting before entering. One person told us, “They are very good in respect of dignity. They knock and shut my door when attending me”. Another said, “They are very good care staff and there is no issue with privacy and dignity”. Staff were also observed speaking with people discretely about their care needs. One person said, “I’m here for life and the staff talk to me about it. They explain it to me”.

People were consulted with and encouraged to make decisions about their care. They also told us they felt listened to. One person told us, “They involve me in everything they do”. Another said, “I just do as I want to, I’m not dictated to. I choose when I get up and when I go to bed”. A further person commented, “I do what I want to do”. The registered manager added, “Every resident is different. We respect their choices, we can’t treat everybody the same”. Staff supported people and encouraged them, where they were able, to be as independent as possible. The registered manager told us, “We have one lady who everyday likes to wear the same broach and the same pullover, we do this and then she sits in front of the mirror and does her makeup herself”. Visitors were also welcomed throughout our visit. One person told us, “I get a few visitors and they can come at any time”. The registered manager added, “Visitors can come and go as they please. They don’t have to phone us, unless of course they want us to get someone ready for something specific”.

Requires improvement

Is the service responsive?

Our findings

People told us they were listened to and the service responded to their needs and concerns. One person told us, "I like to talk to people and the staff and the staff always talk to me". Another said, "I've never complained, but I would, and they would attend to it. A relative added, "When I phone up they respond to my queries quickly". Despite the positive comments we received from people, we saw areas of practice which required improvement.

Care plans demonstrated that people's needs were assessed and plans of care were developed to meet those needs. People and visiting relatives confirmed they were involved in the formation of the initial care plans, and were subsequently asked if they would like to be involved in any care plan reviews. One person told us, "I am aware of my care plan and consulted on changes". A relative said, "My sister dealt with the setting up of Mum's care plan". Each section of the care plan was relevant to the person and their needs. Areas covered included mobility, nutrition, daily life, continence and personal care. Information was also clearly documented on people's healthcare needs and the support required managing and maintaining those needs. This information had been reviewed and updated regularly.

However, the care plans we saw did not routinely contain people's life histories, their likes and dislikes, goals, aspirations and fears. Older people need to be cared for holistically, and to achieve this, their psychological, social and physical needs must be addressed. Completing a person-centred assessment enables the service to identify the person's individual needs and preferences, in order to inform their plan of care. Vital to the design of individual support packages is attention to the breadth of each person's background, experience and personal attributes. A good person centred care plan reflects the perceptions of the service user and those who love and care for that person. The guiding principle of the plan is that it should be enabling and support the person to be as self-reliant and in control as they can be, building on their strengths, abilities, goals and desires.

The home had already recognised this, and was in the process of reviewing and changing all care plans to a more person centred format to reflect people's individual needs. However, this process had not yet been completed, and no care plans had been fully transferred to the new format. We have identified this as an area of practice that requires improvement.

There was regular involvement in activities and the service employed two activity co-ordinators. Keeping occupied and stimulated can improve the quality of life for a person, including those living with dementia. Activities were organised in line with people's personal preferences, for example several people had expressed an interest in a St George's Day themed event and this had been put in place. Several people had attended local church services, and we saw that the home had arranged for the Royal National Institute for Blind People (RNIB) to visit a person who had lost their sight.

We saw a varied range of activities on offer, which included singing, exercises and films. On the day of the inspection, we saw activities taking place for people. We saw people engaged in arts and crafts. People appeared to enjoy the stimulation and the activities enabled people to spark conversations with one another. One person told us, "I like sitting here and reading my newspaper or watching TV. We get entertainment with people who come in". The home ensured that people who remained in their rooms and may be at risk of social isolation were included in activities and received social interaction. One person told us, "The activities lady visits me, but I choose to be on my own at the moment". Another said, "The activity ladies come round and have a chat". The activities co-ordinator's recorded the activities that people attended and gained their feedback, to assist with planning future activities that were relevant and popular.

The home supported people to maintain their hobbies and interests, for example one person was an avid sports fan and had Sky television installed in their room. Another person liked animals and had a cat live with them at the home. The home also encouraged people to maintain relationships with their friends and families. The registered manager told us, "We have one resident who goes out for lunch regularly and others visit family and go shopping". One person told us, "I get a lot of visitors and I like to talk on things like politics".

Records showed comments, compliments and complaints were monitored and acted upon. Complaints had been handled and responded to appropriately and any changes and learning recorded. For example, a specific action plan

Requires improvement

Is the service responsive?

in respect to a person's care was produced in light of a complaint. Staff told us they would support people to complain. The procedure for raising and investigating complaints was available for people. One person told us, "I've never complained, but would to the head nurse or manager". Another person said, "I would complain if necessary, to the carer first and then the sister". We saw that feedback from complaints was analysed in order to identify any trends and to improve the service delivered.

Good

Is the service well-led?

Our findings

People, relatives and staff spoke highly of the registered manager and felt the home was well-led. Staff commented they felt supported and could approach the registered manager with any concerns or questions. One person told us, “This home is definitely well managed, it’s a brilliant place”. Another said, “The manager is really great”. A further person added, “The manager is very approachable”.

We discussed the culture and ethos of the service with the registered manager and staff. They told us, “We provide a safe home, with good care and we involve families. We are trying our best to give the best possible care and make people happy”. A member of staff said, “Our vision here is to make the residents happy”. In respect to staff, the registered manager added, “Staff understand their responsibilities, but we need to support them. It’s important to help them”. Staff said they felt well supported within their roles and described an ‘open door’ management approach. One said, “There is good management here. I feel well supported in my job”.

People and staff were encouraged to ask questions, discuss suggestions and address problems or concerns with management. One person told us, “There is an open culture here and I am free to express my opinions”. The registered manager told us, “Staff would always approach me. I know what is going on through handover meetings and I’m on call all the time to provide support. There is a transparent and honest culture, staff will raise things and we deal with it”. A member of staff said, “The manager is very supportive and you can go to her with anything”. Another said, “Matron is brilliant, she is approachable and sorts things out”.

Management was visible within the home and the registered manager took a hands on approach. The home had a strong emphasis on team work and communication sharing. Handover between shifts was thorough and staff had time to discuss matters relating to the previous shift. We observed staff handover where the nurses checked the health status of people and discussed ongoing care. We saw that the nurses were knowledgeable about the people they were caring for, and were able to feedback on all clinical issues. Staff commented they all worked together and approached concerns as a team. A member of staff said, “I love it here, my colleagues are reliable”. Another said, “This is a very good team. It’s a really nice place to work, I am really happy”.

There were systems and processes in place to consult with people, relatives and healthcare professionals. Satisfaction surveys were sent out to people and their relatives, providing the registered manager with a mechanism for monitoring people’s satisfaction with the service provided. The survey results from March 2015 found that people were happy with the quality of care, their safety and friendliness of staff. Returned questionnaires and feedback were collated, outcomes identified and appropriate action taken. For example, one person had requested that their television be fitted to the wall and this had been done. Another person feedback that they wanted staff to make sure their door was shut, as their room was near the lounge.

Accidents and incidents were reported, monitored and patterns were analysed, so appropriate measures could be put in place when needed. For example, after one incident, the GP was called for a person in order to carry out a review and make changes to the dosage of medication prescribed. Staff knew about whistleblowing and said they would have no hesitation in reporting any concerns they had. They reported that manager’s would support them to do this in line with the provider’s policy. We were told that whistle blowers were protected and viewed in a positive rather than negative light, and staff were willing to disclose concerns about poor practice. The consequence of promoting a culture of openness and honesty provides better protection for people using health and social care services.

The provider undertook quality assurance audits to ensure a good level of quality was maintained. A weekly activity report was generated, which analysed information such as numbers of falls, pressure area care and staff absences, in order to determine trends and introduce preventative measures. The information gathered from regular audits, monitoring and the returned questionnaires was used to recognise any shortfalls and make plans accordingly to drive up the quality of the care delivered. For example, the registered manager told us that through analysis and

Good

Is the service well-led?

feedback of the medication systems, the provider agreed to change the medication supplier to one that was more appropriately suited the service and care provided at a nursing home.

The registered manager informed us that they were supported by the provider and attended regular management meetings to discuss areas of improvement for the service, and review any new legislation and to discuss good practice guidelines within the sector. For example, the home had recognised that its current model of care planning was not truly person centred. The home was in the process of implementing more person centred care plans and training staff accordingly in their use. The registered manager added, "We were aware of the issues around the paperwork and the provider is supporting us to manage the change well". Up to date sector specific information was also made available for staff, including guidance from the Law Society around DoLS, and updates from the Nursing and Midwifery Council in respect to new codes of practice. We saw that the home also liaised regularly with the Local Authority, Clinical Commissioning Group (CCG) and Martletts Hospice, in order to share information and learning around end of life care and nursing care.