The Sisters Hospitallers Of The Sacred Heart Of Jesus

St Teresa's Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

About the service
St Teresa's Care Home provides accommodation and support for up to 26 people. At the time of our inspection 25 people were living there. The home was adapted from several neighbouring properties with accommodation over four floors. The home has been run by the Sisters Hospitallers of the Sacred Heart of Jesus for nearly 90 years.

People's experience of using this service
People, relatives and staff all gave us positive feedback about their experiences here.

Comments we received from people and their relatives about the staff and the sisters were universally positive and included, "They are fantastic and will help with anything" and "I couldn't single anyone out, they are generally wonderful people".

Staff understood the risks faced by the people they cared for and people's risk assessments were documented and updated regularly. However, we have made a recommendation that the home's falls prevention and management policies and procedures are reviewed.

People's medicines were safely managed and stored. Records were kept and checked daily.

The home was clean and well-maintained. Fire safety checks and drills were regularly completed. There were regular, documented safety checks and external assessments of safety and equipment.

People's independence and dignity was promoted. Their risk assessments and support plans were written in a positive, person-centred way in their own voice. There were regular reviews involving the person and their relatives or representatives appropriately.

Some people had lived in the home for many years and there was a low turnover of staff. This meant people had continuity of care and were supported by staff who knew them well and understood their needs. A staff member said, "It's like a family. It's like home here."

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.

Staff enjoyed working here. They told us, "I love it" and "It's the best place to work." They had regular training, supervision and appraisal. Staff we spoke with were knowledgeable and confident in their roles.

At the time of our inspection, the registered manager was on authorised leave and was unavailable. There was an effective senior team in place led by the head of care who were managing the service effectively in

the absence of the registered manager.

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 this service was requires improvement (published 24 December 2018) and there were multiple breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-Led findings below.	**Good**

St Teresa's 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 Care Act 2014.

Inspection team
The inspection was carried out 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.

Service and service type
St. Teresa's Care Home 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 service had a manager registered with the Care Quality Commission. 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.

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. This included notifications of significant incidents reported to the CQC and the previous inspection report. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

At the time of our inspection, the registered manager was on authorised leave and was unavailable. We spoke with the head of care, the activities co-ordinator and two care workers. We spoke with seven people and three relatives. We reviewed a range of records, including seven people's care records and medicines records. We looked at four staff files and various records relating to the running of the service, including safeguarding and quality assurance records. We also looked at records relating to the safety of the premises, such as fire risk assessments and records of carious health and safety checks.

After the inspection
We spoke with four care workers on the telephone. We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures. We sought feedback from professionals.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that people and others were protected against the risks associated with unsafe or unsuitable premises because of inadequate maintenance. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● At the time of our last inspection, the provider was still completing the works required following an enforcement notice from the London Fire Brigade (LFB), and we found fire doors that had been propped open. At this inspection, we found that all works had been completed. There had recently been an external fire safety assessment and there was no further action required. There were regular fire drills and alarm tests, and records were kept of how long these had taken and if any follow up action was required. The alarm system and fire extinguishers were regularly serviced. All fire doors were closed or had automatic closing devices.

● At out last inspection, some members of staff had been unfamiliar with the home's emergency procedures and how to help people in case of fire, and that Personal Emergency Evacuation Plans (PEEP) were stored in an unsuitable place. At this inspection, we found that staff were familiar with each person's plan and knew they were stored in the 'fire box' in the reception area. There was a plan in place for each person and they were reviewed regularly or when people's circumstances changed.

At our last inspection the provider had failed to ensure that people were protected against the risks associated with poor record keeping. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● At the last inspection we found that staff were not completing the records identified as necessary by people's risk assessments, such as repositioning charts or weight records. At this inspection we found that these records were being kept and reviewed correctly. Where these charts identified concerns they had been followed up appropriately. For example, we saw that a person who was losing weight had been referred to the dietician and their instructions followed.

● Risk assessments were completed to identify risks to people's safety and wellbeing. These were reviewed regularly or when people's needs changed. Staff were familiar with the assessments and described the risks people faced and how these were managed to keep them safe.
● People felt safe. They told us, "I feel absolutely safe, safer than I did at home" and "There is always someone to talk… I feel safe physically and mentally."
● The provider had well-established systems and procedures in place to monitor the safety of the premises and equipment. Equipment such as hoists was serviced regularly. Records were up to date and were audited regularly by the registered manager.

Using medicines safely

At our last inspection the provider had failed to ensure that medicines were managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● At the time of our last inspection, we found that controlled drugs were not being stored or managed safely. At this inspection, we found that people's medicines, including controlled drugs, were managed and stored safely. Processes were in place to ensure medicines were ordered and supplied regularly. Audits of records and stock were carried out monthly by the registered manager. Where issues had been identified, appropriate action had been taken.
● At the last inspection, staff were not always clear on the correct procedures to follow. At this inspection, we found that people were supported with their medicines by staff who had been trained to administer them safely and whose competency had been assessed and would be reviewed annually. Staff knew the home's procedures for supporting people with medicines and adhered to them. Medicine administration records (MAR) were completed each time a person was supported. These were checked daily and any errors followed up appropriately.
● The support people required with their medicines was assessed and clearly documented. Information about people's medicines was detailed and included potential side effects and interactions, and a photograph of the person. There was clear guidance around medicines taken 'as required' and homely remedies.

Learning lessons when things go wrong
● Records were kept of 'accidents' and 'incidents' but it was not clear how these categories of event were defined. Similar types of event had been categorised as both 'accidents' or 'incidents' by different members of staff. As 'incidents' were considered less serious this presents the risk that a mis-classified event would not get the attention it required to ensure people's ongoing safety. It also meant that when 'accidents' and 'incident' statistics being analysed over the year could be misleading.
● Although the records usually contained detailed narratives of the event, records were not kept of action taken or lessons learned when things went wrong. This presented particular risk to people who were at risk of falls. Although no-one had been injured, some people had fallen or been 'helped safely to the floor' several times and there was no evidence that this had been identified as a concern at the time. The registered manager had completed a basic analysis of falls over a six month period but although this noted required actions, such as referring those people to the falls clinic and reviewing their risk assessments, it was not then recorded if this had been done. In the registered manager's absence it was not possible to investigate further. The head of care took immediate action to check people's records and made the

required referrals.

We recommend the provider reviews their falls management procedure, particularly considering the prevention of falls, and seeks advice on the effective recording and monitoring of accidents, incidents and near-misses.

● The service was otherwise proactive in sharing learning with staff following other untoward incidents. For example, we could see that medicines errors had been appropriately followed up and learning from these shared effectively through staff meetings and individual supervisions.

Systems and processes to safeguard people from the risk of abuse
● People were supported by staff who were aware of the signs of abuse and knew how to report any concerns. Staff had received training in safeguarding which was refreshed regularly. They understood whistleblowing and how to escalate concerns to the local authority and the CQC.
● There were procedures in place to safeguard people from abuse, and staff were following them. A member of staff told us, "Recently, one of my residents tried to give me some money. I didn't accept and reported to my senior and all the staff were warned this might happen and how to respond."

Staffing and recruitment
● There were enough staff to support everyone. People told us there was always staff around if they needed them. A relative told us, "There's always someone around." Care workers were supported by the sisters for tasks not related to personal care.
● Staff were recruited safely. Full checks were completed which included verified references and a full employment history. Disclosure and Barring Service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection
● The home was well-maintained, was very clean and smelled fresh throughout. The kitchen had a rating of five (the highest possible score) from the Food Standards Agency. On the day of our visit the kitchen was visibly clean and food was stored correctly. Records of safety and hygiene checks were being kept and were up to date.
● There was a plentiful supply of personal protective equipment (PPE). Staff confirmed there were always enough gloves and aprons. We observed staff using PPE correctly to ensure that people were protected from the risk and spread of infection.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At our last inspection the provider had failed to ensure that the MCA was applied consistently. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

- Since the last inspection the provider had thoroughly reviewed their practice and record keeping. At the time of the inspection, there were current DoLS authorisations in place for the people who were being deprived of their liberty. The registered manager ensured any conditions were met and the arrangements were regularly monitored and reviewed. Where a person's relative or representative had powers of attorney, this was appropriately recorded and evidence was seen.
- We saw several capacity assessments and these recognised that people's needs and capacity could vary. There was a detailed breakdown of people's ability to make day to day decisions about their care, including different aspects of their personal care. This detailed information about people's ability to make decisions informed people's care plans and enabled staff to offer as much choice as possible whilst reducing the risk of self-neglect. Staff described for us how they did this for different people. However, we did see that some people's assessments had been summarised as the person 'lacking capacity' even though the assessment itself clearly described areas where the person had capacity to make decisions about their care. The head of care told us these would be reviewed and updated as a priority, and any learning shared with all staff.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure that staff were keeping the records required to ensure people's safe care. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found the provider was now meeting this regulation.

● The provider had reviewed their record keeping and ensured that the required records were being kept. For example, repositioning charts were in place for people who were cared for in bed and at risk of pressure sores.
● People living at the service had regular access to a range of healthcare professionals in the community or who visited the home as appropriate. A person told us, "I have some appointments and they send someone with me. I can't go on my own, or I'd get lost."
● There were effective arrangements in place to ensure that people received good care when attending other services. A person told us, "If I go into hospital for check-up, they give a list of what [medicine] is being taken." We saw a recent compliment from a relative which said, 'The paramedics and doctor in A&E said the notes and the care shown were the best they had ever seen.'
● People's oral health was supported by staff. We saw detailed instructions in each person's care plan indicating to staff what support a person needed and where they were independent. People were supported to access dental care.
● People were supported by staff who knew the signs and symptoms of common threats to people's health and wellbeing, such as dehydration and urinary tract infections.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People's needs and preferences were assessed and recorded clearly. These assessments were in line with current guidance and best practice. They considered people's independence first and included information about their physical and health needs, emotional needs, communication and relationships, and how best to support people to make choices.
● People's personal care needs were assessed and recorded in an appropriate level of detail for their needs. Where people required support from the care staff, this included information about people's preferred routine and important details such as oral and denture care.
● People's protected characteristics under the Equality Act were identified and any related needs were assessed and documented.

Staff support: induction, training, skills and experience
● People were supported by staff who had completed an induction programme in line with the requirements of the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Further training and vocational qualifications were available to staff. Staff told us, "We have a lot of training and I'm finding it really helpful."
● Staff were confident in their skills and told us they felt supported in their role. They had regular supervision and appraisal with their line manager. Staff told us they benefitted from this and we could see from the records that both staff and their supervisors made the best use of their time together and covered many areas in detail.
● People told us they thought the staff were skilled. A person told us, "I feel totally confident, actually. Very confident with staff."

Supporting people to eat and drink enough to maintain a balanced diet

● People were supported to eat a varied, balanced diet. Most people told us they enjoyed the food and there was plenty of choice, so if they didn't like one thing they could have another. People's feedback about the food was regularly sought. A member of staff told us, "We have the menu so they can choose, then when we serve the food sometimes they change their mind and that's fine as well. It's not a problem we always have plenty."

● During meal times, the care staff and the sisters worked together to ensure that people were served efficiently and people who needed support eating were not kept waiting. Food was served hot on a trolley straight from the kitchen to the dining room or taken directly on trays to people eating in their room or elsewhere.

● People's nutritional needs were assessed and documented. Any risks or issues that might affect their ability to eat independently was noted. People's dietary requirements and allergies were noted. We spoke with two people during lunch time who had dietary requirements and they told us they were always catered for. One was diabetic and particularly mentioned they always had sugar-free cakes and desserts and never felt left out.

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

● The home consisted of several neighbouring period properties which had been converted and fully adapted to meet the needs of the people living there. There were ramps, hand rails, lifts and stair lifts in place.

● People told us they liked their rooms and felt at home there. Many people had bought furniture and other items from home. One person told us, "They said 'make yourself at home'. I have my own painted plates and pictures." At the time of our inspection, the home was decorated for Christmas. A person told us, "It's full of lights, all beautiful."

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 last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us they were treated well. We saw staff treating people with kindness and respect, and having fun together. People told us, "I like the staff very much" and "The staff are lovely, extremely kind and good natured and helpful."
- Staff told us they enjoyed their work and spoke of the people they supported with respect and kindness. They knew people well and what was important to them, and this was documented in people's care plans. A relative told us, "I think they respect their residents very well - there's a lot of respect."
- Equality and diversity were respected at the home. People's protected characteristics were considered during their assessment. Staff were trained in equality and diversity as part of their induction.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in drawing up their care plans and their expressed views were recorded in their own voice, rather than through stock phrases. For example, we saw care plans which said, 'If I had my way I would live in my pyjamas, but I'll get dressed if needed' and 'I'd like staff to do the needful'.
- Where people were unable to advocate for themselves or had no representative that could advocate on their behalf, they were supported to access advocacy and related services. An advocate is someone who can offer support for people who lack capacity to make specific important decisions.

Respecting and promoting people's privacy, dignity and independence

- All of the people we spoke with said they were comfortable being supported with their personal care, and that their care workers supported their dignity and preserved their privacy. Staff described the ways they ensured people maintained their dignity during personal care, such as using towels to cover them and making sure people did everything they could for themselves. A person told us, "They always knock on the door, even though I think it's un-necessary."
- People's dignity and independence was respected and promoted. A person told us, "I help myself and dress myself... I don't need anyone to fuss around me." Staff were especially skilled at supporting people at risk of neglecting their personal care. A relative told us, "[Person] was very bad at self-care, but now looks like the [lady/gentleman] they really are."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved 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

● Since the last inspection, the service has improved the management of the handover meetings held between each shift. Notes were kept and appropriate action was taken to follow up any concerns raised during the handover.

● People's care plans were highly personalised and included people's expressed wishes and preferences. The information in the plans was clearly written and detailed, and reflected the knowledge and understanding staff had of people's personal histories and how they wished to be supported.

● Daily records were kept and reviewed regularly by the registered manager. At every staff meeting, there was discussion about people's needs and how they were being met or not. We could see that these discussions had been followed up and appropriate action taken.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● People's communication needs were thoroughly assessed and well documented in line with the AIS. The non-verbal ways people communicated were also noted. For example, it was noted that one person would 'cross their legs' when they need to go to the toilet.

● People who did not speak English as a first language were supported by staff who spoke their language wherever possible. Many of the staff and sisters were multilingual.

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 able to participate in fun activities inside and outside the home. There were home-based activities like arts and crafts, bingo, watching films and gardening. There were also frequent outings and visitors from local schools and the church, and special activities from external providers. The service had worked with the Ladder to the Moon Outstanding Activities service (an initiative to promote creative approaches to person-centred activities) and been 'highly commended' by that organisation.

● There were regular activities to promote people's physical fitness and wellbeing. Many people enjoyed taking walks to local cafés. There were regular indoor exercise sessions for people unable to go out.

● People chose what to do with their time and although encouraged to participate in activities were not forced. People told us, "I usually read more than anything else" and "They do exercise, play games like

bingo, but I hate it. I don't go… It's not them it's me."
● Many people had been living at the home for some years and had formed friendship groups. This was noted in their care plans and staff ensured that people were with their friends during activities and mealtimes.

Improving care quality in response to complaints or concerns
● There was a complaints policy in place and this was available in different formats. People and their relatives told us they would be completely comfortable making a complaint directly to the manager if they wanted to. There had been no complaints about the quality of the service since the last inspection.

End of life care and support
● People's end of life needs and wishes had been discussed and recorded. People's advance wishes, personal beliefs and their religious and cultural preferences had been recorded in detail and any arrangements already in place were noted.
● The home worked closely with the local hospice and the palliative care teams. We saw correspondence from the Royal Trinity Hospice which said the home '…excelled on many levels, from careful planning, the motivation to learn best practice and the support you offered to the family.'
● We saw compliments from relatives praising the care their loved ones had received at the end of their life, including, 'You made their life so much more peaceful. They never ceased to say how kind everybody was and that the sisters took the time to have tea with them in their room. They felt blessed to be cared for with such love.'
● Staff had all been trained in end of life care. They told us that they had been or knew they would be supported by their colleagues and the management team if someone they cared for passed away.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, we found several breaches of the regulations. After the inspection the provider had drawn up and followed a detailed and realistic action plan in response to the issues found. Resources had been committed to the improvements and where possible immediate action had been taken. We could see the improvements over the past year in the home's records. For example, the management of medicines had been thoroughly reviewed and staff had been retrained and assessed in line with current guidance. Following the training there was ongoing discussion of good practice and learning from mistakes and near-misses at staff meetings and supervisions. The resulting improvement in staff practice could then be seen in the home's medicines records and regular audits. A staff member told us, "We have definitely learnt and feel there has been a big improvement with medicines since the last inspection."
- Managers, staff and sisters felt engaged in improving the home's quality and were confident in the improvements that had been made. One member of staff said,"The best thing about working here is knowing that people are getting the best care."
- There were systems in place to monitor the quality of the service. This included regular auditing of daily checks and records by the registered manager, or in her absence the head of care.
- At the time of our inspection, the registered manager had been off for nearly a month. The head of care described for us how she was acting as manager supported appropriately by the other senior staff and sisters. We saw that checks and audits were being completed, and standards were being maintained. Managers and staff were clear about their roles and responsibilities and there was a clear organisational structure. A member of staff told us, "We stick to the standards and do things the same way."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The home had a positive atmosphere. People told us they liked living there and were able to do things they enjoyed. A person told us, "I'm very safe here and relaxed and happy." A relative said, "[Person] is very happy and settled here."
- Staff turnover was relatively low and some staff and sisters had been there for many years. This meant people had continuity of care from people who knew them well. Staff told us, "We love the residents" and "I like the residents, the environment, all things."

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

● The registered manager, and in her absence the head of care, understood their duty of candour and regulatory responsibilities around reporting to the CQC, and had sent the required notifications correctly.
● The home was displaying their most recent rating. A copy of the most recent report from CQC available at the service and accessible through the provider's website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others
● People's opinion of the quality of the service was sought in formal and informal ways. We observed that people were comfortable expressing their feelings to the staff and giving informal feedback. There was an annual survey of people, their relatives and representatives and professionals. Feedback and results we saw were very positive. We saw that the service received many compliments from relatives.
● The home had effective relationships with health and social care professionals and services. People were supported to attend appointments or were visited in the home.
● The home had well-established links with the local community, including local schools and churches.