Elm Park Healthcare Limited

Elm Park Care Home

Inspection report

197 Great North Road
Doncaster
South Yorkshire
S63 7LU
Tel: 01302 725272
Website: www.darringtonhealthcare.co.uk

Date of inspection visit: 10 and 12 March 2015
Date of publication: 24/04/2015

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 10 and 12 March 2015 and was unannounced on the first day. The care home was registered with the CQC in September 2014 so this was the first inspection of the service.

Elm Park is a purpose built care home on the outskirts of Doncaster. The home provides accommodation for up to 75 people on three floors. The care provided is for people who mainly have needs associated with those of older people; this includes a dedicated unit on the first floor for people living with dementia. Nursing care is also provided.

The service had a registered manager in post at the time of our inspection. 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 and associated Regulations about how the service is run.

Throughout our inspection we saw staff supporting people in a caring, responsive and friendly manner. They encouraged people to be as independent as possible

Summary of findings

while taking into consideration any risks associated with their care. The majority of the people we spoke with told us they were very happy with how care and support was provided. They complimented the staff and spoke positively about the way the home was managed, as well as the general facilities available.

People told us they felt safe living at the home. We saw there were systems and processes in place to protect people from the risk of harm. Staff we spoke with were knowledgeable about safeguarding people and were able to explain the procedures to follow should an allegation of abuse be made. Assessments identified risks to people and management plans to reduce the risks were in place to ensure people's safety.

Medicines were stored safely and procedures were in place to ensure medicines were administered safely. We saw people received their medications in a timely way from staff who had been trained to carry out this role.

Overall we saw there was enough skilled and experienced staff on duty to meet people's needs but some people felt additional staff would be beneficial at key times, such as mealtimes and in the evenings on the first floor.

There was a recruitment system in place that helped the employer make safer recruitment decisions when employing new staff. Staff had received a structured induction into how the home operated, and their job role, at the beginning of their employment. They had access to a varied training programme that met the needs of the people using the service.

People were provided with a choice of healthy food and drink ensuring their nutritional needs were met. The people we spoke with said they were very happy with the meals provided and confirmed they were involved in choosing what they wanted to eat. On the whole mealtimes were a relaxed and enjoyable experience for people who used the service.

People told us their needs had been assessed before they moved into the home and we saw they or their relatives had been involved in planning their care. The six care files we checked reflected people's main needs, but we found they did not always outline people's preferences in detail. We also found care plans had not been meaningfully evaluated on a regular basis to assess if the planned care was working, or if changes needed to be made.

People had access to a varied activities programme which provided regular in-house activities and stimulation, as well as in the community. People told us they enjoyed the activities they took part in, but could choose not to participate if they preferred.

The majority of people we spoke with said they had no complaints, but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was easily available to people using or visiting the service. People told us when concerns had been raised these had been investigated and resolved promptly.

There were effective systems in place to monitor and improve the quality of the service provided. However, due to the short time the home had been open surveys had not taken place, but we saw meetings and informal discussions had been used to gain people's views.

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. People told us the home was a safe place to live and work. Staff were knowledgeable about how to recognise signs of potential abuse and aware of the reporting procedures. Assessments identified risks to people and management plans to reduce the risks were in place. We found recruitment processes were thorough so helped the employer make safer recruitment decisions when employing new staff. Overall there was sufficient staff on duty to meet people's needs. Systems were in place to make sure people received their medications safely, which included key staff receiving medication training.	**Good**
Is the service effective? The service was effective. The majority of staff had completed training in the Mental Capacity Act and understood how to support people whilst considering their best interest. Records demonstrated the correct processes were being followed to protect people's rights, including when Deprivation of Liberty Safeguards had to be considered. Staff had completed a comprehensive induction and a varied training programme was available that helped them meet the needs of the people they supported. People received a well-balanced diet that offered variety and choice. The people we spoke with said they were very happy with the meals provided.	**Good**
Is the service caring? The service was caring. People were treated with respect, kindness and compassion. They told us staff were always friendly, patient and kind. Staff demonstrated a good awareness of how they respected people's preferences and ensured their privacy and dignity was maintained. We observed that staff took account of people's individual needs and preferences while supporting people.	**Good**
Is the service responsive? The service was responsive. People had been encouraged to be involved in care assessments and planning their care. Care plans reflected people's needs, but care records had not always been reviewed and updated in a timely manner.	**Requires Improvement**

Summary of findings

People had access to a varied programme of activities and outings into the community. They told us the activities provided offered stimulation and met their individual needs.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Is the service well-led?
The service was well led.

Good

People we spoke with told us the registered manager was approachable, always ready to listen and acted promptly to address any concerns.

There were systems in place to assess if the home was operating correctly and people were satisfied with the service provided. This included meetings and regular audits. Action plans had been put in place to address any areas that needed improving.

Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them.

Elm Park Care 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on 10 and 12 March 2015 and was unannounced on the first day. The inspection team consisted of an adult social care 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. Their area of expertise included older people and caring for people living with dementia.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. The provider told us they had not completed a Provider Information Return (PIR) as we had not requested them to submit one. This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make.

At the time of our inspection there were 73 people using the service. We spoke with eight people who used the service and 19 relatives. We also spoke with six staff, the registered manager, the owner of the home and a visiting health care professional.

We spent time observing care throughout the service. We also 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.

We looked at documentation relating to people who used the service and staff, as well as the management of the service. This included reviewing six people's care records, staff rotas, the training matrix, six staff recruitment and support files, medication records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe living at the home, and this was confirmed by the relatives we spoke with. One relative said the physical environment, with its wide corridors and simple lay-out, made things safer for their family member. They added, "I never worry about her not being safe. If I did she wouldn't be here." Another relative told us, "My mum feels safe and comfortable." A third relative said staff were "Very good at handling residents. I've never seen anything inappropriate here."

People told us staff managed any challenging behaviour or disruptions well. We saw staff supporting people who were upset quietly and calmly, leading them away from situations and encouraging them to do another activity. A relative told us, "The staff deal with challenging behaviour correctly. They don't use physical force and are calm and quiet."

Staff demonstrated a good understanding of people's needs and how to keep them safe. They described how they encouraged people to stay as mobile as possible while monitoring their safety. We saw care workers moving people using hoists in a safe and reassuring manner.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The six sets of care records we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. However, we found one person's risk assessment had not been updated to reflect changes in their condition. Although we saw staff were supporting the person correctly, the shortfall in records meant they did not have access to a written update of the person's condition. The registered manager said they would ensure staff immediately updated the risk assessment and care plan to reflect the changes.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. The registered manager was aware of the local authority's safeguarding adult's procedures, which aimed to make sure incidents were reported and investigated appropriately. They understood their responsibilities in promptly reporting concerns and taking action to keep people safe. Staff we spoke with demonstrated a satisfactory knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period. This was confirmed in the training records we sampled.

We looked at the number of staff on duty on the days we visited the home and checked the staff rotas to confirm the number was correct. Overall we saw planned staffing levels were being met and there were enough staff on duty to meet people's needs in a timely way and keep them safe.

People using the service and most of the visitors we spoke with confirmed there was sufficient staff on duty to meet people's needs. One person told us, "I feel Mum is safe now and things are improving, they seem to have got the balance right." Another person commented, "You can always use more staff, but needs are met and bells are answered quickly." However, eight of the 19 relatives we spoke with felt more staff would be beneficial at key times, such as mealtimes and in the evenings, especially on the unit for people living with dementia. One relative told us staff could be "A bit rushed off their feet at times." Another person said that occasionally the drinks trollies had not been taken round due to staff being too busy. However, no-one identified any particular time when people's needs had not been met due to the lack of staff on duty.

Over the two days we visited the home we saw people's needs were met in a timely manner the majority of the time. However, on the first day we saw that the dining room on the floor supporting people with dementia seemed disorganised, with people being left for up to 20 minutes before they were served a drink or their meal. We discussed this with the registered manager who explained the reason for the disruption, but said they would look at how staff organised mealtimes on that floor. This improved on the second day of our inspection. However, we saw that at least five people were assisted to eat their lunch by their relative. Therefore we asked the registered manager how staff would manage the situation if family members did not come in to assist people. They said they would look into this further and reconsider staffing needs at mealtimes.

The five staff we spoke with said they felt there was usually enough staff available to meet people's needs, but one told us additional staff would allow them to spend more time interacting with people using the service.

Good

Is the service safe?

The recruitment policy, and staff comments, indicated that a satisfactory recruitment and selection process was in place. We checked six staff files to see how this had been implemented. We found the files contained all the essential pre-employment checks required. This included at least two written references, (one being from their previous employer), and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. We found the registered manager had also checked the professional qualifications of nursing staff to ensure they were registered to work as a nurse. We saw the registered manager had encouraged a relative to be involved in interviewing potential staff. This was something they said they wanted to expand on in the future. Staff we spoke with described their recruitment experience, which reflected the company policy.

The service had a medication policy which outlined how medicines should be safely managed and we saw senior care workers were responsible for administering medicines. One of the nurses on duty described a safe system to record all medicines going in and out of the home. This included a safe way of disposing of medication refused or no longer needed. We checked if the system had been followed correctly and found it had. We observed the nurse administering medicines at lunchtime. We saw they followed good practice guidance and recorded medicines after they had been given.

We found four people were responsible for administering their own medication. We saw a system was in place to make sure people were competent to do so and safe storage was available.

There was a system in place to make sure staff had followed the home's medication procedure. For example we saw regular checks had been carried out to make sure that medicines were given and recorded correctly. The report from the last assessment by the dispensing pharmacy had taken place in January 2015 and contained no actions that needed taking.

Good

Is the service effective?

Our findings

People we spoke with said staff were caring, friendly and efficient at their job. One relative told us staff were, "On the whole good at their job."

We found staff had the right skills, knowledge and experience to meet people's needs. The staff we spoke with told us they had undertaken a structured induction when they started to work at the home. This had included completing the company induction booklet and essential training, such as moving people safely, fire awareness, dementia awareness and health and safety. The registered manager said they also shadowed an experienced staff member until they were assessed as competent in their role. This was confirmed by the staff we spoke with and records checked. One care worker told us, "I had a three day induction and was given the staff handbook. I also completed the common induction standards." All the staff we spoke with said they felt the support provided had prepared them well for working at the home.

The registered manager had introduced a computerised training matrix to record what training each member of staff had completed and identify any shortfalls in essential staff training. The matrix was still being populated when we visited the home, but staff we spoke with confirmed they had completed most of the required training. The registered manager told us as the home had not been open very long they were still arranging further training to make sure all staff completed essential training including first aid, safeguarding people from abuse and food hygiene.

There was a system in place to provide staff with regular support sessions and an annual appraisal of their work. As the service had only been open for a few months the system had not been fully implemented. However the staff files we checked showed supervision sessions had been provided at the end of staff's three month probation period. The registered manager showed us they had plans in place to continue with providing regular support sessions. Staff we spoke with felt they were well supported by the management team. One staff member told us, "The manager goes round the home regularly, plus you can go to her if you have any problems."

The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), and to report on what we find.

We checked whether people had given consent to their care, and where people did not have the capacity to consent, whether the requirements of the Act had been followed. We saw policies and procedures on these subjects were in place. Capacity assessments had been completed but outcomes were not clearly outlined. The registered manager said they were using the Doncaster council form but agreed the outcome could be recorded clearer. They said they would amend the form to make sure this information was recorded better.

At the time of our inspection no-one living at the home was subject to a DoLS authorisation, however the registered manager was aware of the changes brought about by the Supreme Court judgement and had liaised with the local authority about the appropriate submission of applications. Care staff we spoke with had a general awareness of the Mental Capacity Act 2005 and most had received training in this subject to help them understand how to protect people's rights.

People commented positively about the meals and snacks provided at the home. The winter menu being used offered a varied choice of suitable and nutritious food and drink. This included two main course and pudding choices at lunch and the evening meal, the latter being the main meal of the day, except on Sundays. The cook told us if anyone did not want the menu options they could ask for an alternative. They also said supper, such as crumpets or tea cakes, was taken round by the care workers.

We observed lunch being served in the first floor dining room on both days we visited the home. On the first day the staff seemed disorganised and people had to wait to be served. The registered manager told us this was because staff had been helping other people at the time. They said they would revisit the dining room arrangements with the senior staff on duty. On the second day we observed lunch was better organised which created a more pleasant

Good

Is the service effective?

experience for people eating their meal in the dining room. We saw staff served them promptly and people were not rushed to eat their meal and leave the dining room. This was also the case in the top floor dining room.

All the people we spoke with who used the service said they enjoyed the meals provided and were very happy with the choice of food available. With the exception of one relative all the visitors we spoke with confirmed they thought the food provision was good. One relative told us, "The food is fantastic, you can't fault it." Another visitor commented, "I come and eat a meal here regularly and we just make a donation, it's lovely food." A third person commented, "She [the person using the service] has come on leaps and bounds since she came here. She has put on six pounds in three weeks."

We saw people's initial assessments provided information about their food preferences and any special dietary needs, but the cook said this was only passed on to the kitchen staff verbally. We spoke with the registered manager about this; she said she would introduce a form to capture people's food preferences and could be shared with the kitchen staff. Care staff we spoke with demonstrated a good awareness of people's preferences which was evidenced during our lunchtime observations.

Care staff confirmed if someone did not want the planned meal alternatives were offered. We also saw snacks were available on each floor. This included home baked cakes, biscuits, fruit and packets of crisps. People told us these were available on a daily basis for people using the service and visitors to help themselves to. People could also help themselves to hot and cold drinks in the kitchenettes on each floor or in the café and bar areas. This was in addition to the drinks trollies that went around each floor at and between meals.

Staff and the relatives we spoke with told us how GPs, dieticians and the speech and language team had been involved if there were any concerns about meeting people's dietary needs. People who were at risk of poor nutrition or dehydration had a nutritional screening tool in place which indicated the level of risk. Daily records had been used to monitor people's food and fluid intake.

People were supported to maintain good health and had access to healthcare services. Care records we checked detailed any health care professionals involved in the person's care. For example we saw visits from chiropodists, GPs, tissue viability nurses, and the community psychiatric nurse had taken place. Relatives said they had also been included in discussions with health care professionals. One relative told us how the registered manager had arranged for new equipment to be purchased to assist their family member to transfer with more ease and safely.

The home's décor and furnishings were of a high quality and thought had been put into how the communal areas and individual bedrooms had been designed. This included quiet areas and informal social areas such as a 'pub', 'café' and a 'cinema room. The gardens were also suitably designed, with seating areas. However, on the first floor, which was dedicated to supporting people living with dementia, we did not see adaptations to create a dementia friendly environment, such as pictures to signpost people to bathrooms and toilets, were not available. On three occasions we heard people on that floor say they were "Lost" and they had to be guided to where they wanted to go. We discussed the need to develop a more dementia friendly environment that would help people find their way around the home with the registered manager, as outlined in the National Dementia Strategy 2009 and 'Environmental Assessment Tool' from the Kings Fund 2014. They told us they had considered good practice guidance, but would research the topic further.

Good

Is the service caring?

Our findings

People who used the service told us staff involved them in decision making and respected their decisions. They said they were encouraged to make choices about the care and support they received. This included the gender of the staff who supported them, what they ate, what time they got up and what time they went to bed. The relatives we spoke with were also complimentary about the way staff delivered care. One person said, “The care is first class. Mother is happy and very settled, she’s always smiling.” Another person commented, “They treat her as a person. In fact they treat me as a person too. They seem to care about the residents; they give them cuddles and hold hands.”

People’s needs and preferences were recorded in their care records, but this information had not always been updated. This could lead to people not getting the care they required. However, we saw no evidence to show that this was the case. Staff were able to describe the ways in which they got to know people such as talking to them and using the new social profile record being introduced, which described people’s likes, dislikes and history. They were able to tell us things about individual people and obviously knew them well.

Some people were unable to speak with us due to their complex needs; therefore we spent time observing the interactions between staff and people who used the service. We saw staff were kind, patient and respectful to people and people seemed relaxed in the company of staff. We saw staff communicated with, and treated people in a caring manner. They usually spoke quietly in a calm manner and a sympathetic [not patronising] tone. We saw they listened to people, making eye contact and waiting patiently for answers.

People living at the home looked well-presented and cared for. We saw staff treat them with dignity and the relatives we spoke with confirmed their family member’s dignity and privacy was respected. One person who lived at the home described how staff respected their dignity adding, “They [staff] always say excuse me when they are doing my bits.” As well as their bedrooms we saw there were small quiet rooms and corners where people could sit if they wanted privacy.

Staff told us how they preserved people’s privacy and dignity by knocking on bedroom doors before entering, closing doors and curtains while providing personal care and speaking to people about things quietly, so they could not be overheard.

We saw people chose where they spent their time, with some people choosing to stay in their rooms while others sat in communal areas, and staff respected these decisions. Relatives we spoke with said they could visit without restriction. We saw visitors freely coming and going as they wanted during the two days we were at the home. They were very involved in supporting their family member by helping at mealtimes, joining in activities and making drinks. One relative said they often returned in the evening to assist their family member into bed, adding that it was their choice to do this.

Requires Improvement

Is the service responsive?

Our findings

People who used the service told us they were happy with the care provided and complimented the staff for the way they supported people. The majority of relatives also praised the care and attention given to their family member. One relative told us, "It's been a big change for her coming in here, but she tells me she's happy and she looks happy. She was getting isolated at home, but now she joins in the bingo etcetera."

We saw care interactions between staff and people using the service were very good and focused on the individual needs and preferences of the person being supported. Care workers offered people options about their meal or where to sit, as well as providing the food, drink, or support they knew were preferred. Staff we spoke with demonstrated a good knowledge of people's preferences, but these were not always recorded in the care records we sampled.

The care records we looked at showed needs assessments had been carried out before people had moved into the home and this was confirmed by the relatives we spoke with. Staff told us information collated had been used to help formulate the person's care plan. People who used the service, and the relatives we spoke with, told us they had been involved in formulating care plans, but this was not always evidenced in the care records we sampled.

The home used computerised care records. In the six we sampled we found where intervention by staff was needed a care plan had been put in place, along with details about how staff could minimise any identified risks. Although plans contained some person centred information about each person this was not always in depth. For example one plan for providing personal care outlined the main areas of need, but did not tell staff how often they liked a bath or what specific arrangements were in place for nail and hair care. Another person's plan gave recommendations as to what specialist aids they might need to minimise the risk of them developing pressure damage. However, it was unclear if these had been put in place. When we checked with the people concerned their needs were being fully met and required aids were in place, but this was not reflected in their care plans.

We saw where people had been identified as being at risk due to weight loss their care plan gave timescales for their weight to be checked, however there were gaps in the monitoring records. The registered manager told us staff were now reporting people's weight directly to the management team so they could monitor who was at risk. They said this information was then to be shared with the cook to ensure people received the correct support. The registered manager said they would reiterate to staff that they also needed to update the computerised records.

We found care plans and risk assessments had not been evaluated on a regular basis to assess if they were being effective in meeting people's needs. The registered manager said they would be addressing shortfalls in care plans and risk assessments as part of the planned review of care records. We saw no evidence to indicate that people were not receiving the care and support they needed due to the lack of care plan evaluations as staff had a good knowledge of the people they supported.

The home employed specific staff to facilitate social activities who are known as 'Lifestyle co-ordinators'. We saw an activity schedule issued telling people what activities were arranged for that month. The one for March included: quizzes, manicures, afternoon teas, music afternoons, coffee mornings and afternoon movies. We also saw sensory sessions and community trips, shopping or local places of interest were also facilitated. We saw people taking part in a light exercise class and a church service, visiting the hairdresser and enjoying a 'pub quiz' along with a glass of sherry or wine in the cinema room. One relative told us, "Mum loves the activities. She likes bingo and can follow the game, even though she struggles with everything else. She loves singing and enjoys any musical activity."

We spoke with one of the activities staff who was very enthusiastic about providing stimulation to meet people's individual needs. They spoke about the positive use of 'rummage boxes' and sensory games to stimulate people living with dementia, and helping people maintain their hobbies and interests. They told us they tried to work to "Let's not look at why we can't, let's look how we can." They explained how they were sourcing talking books for some people with sight problems and told us how they had arranged for one person to continue to follow their hobby while living at the home. They also described how they facilitated 'tastes around the world' sessions where they took a trolley onto each floor with samples of foods from different countries for people to taste.

Requires Improvement

Is the service responsive?

The provider had a complaints procedure which was available to people who lived and visited the home. We saw concerns received had been recorded with the detail of each complaint, what action was taken and the outcome, including letters sent to the complainant. None of the people we spoke with had made any formal complaint.

However, a minority of relatives said they had raised concerns with the registered manager. They told us they felt listened to and the registered manager had responded positively to their concerns. One relative told us, “Whenever I have spoken to the manager or the deputy about anything it has been acted on quickly.”

Good

Is the service well-led?

Our findings

At the time of our inspection the service had a manager in post who was registered with the Care Quality Commission. The majority of people who used the service and their relatives said they were happy with the overall care provided and how the home was run. One relative told us they felt the owner was approachable and appreciated the fact that they were regularly seen on the premises.

People we spoke with described the culture of the home as being open and relaxed. They praised the registered manager for the care provided and felt they always put the care of people living at the home first. One relative told us, “The home’s policy was to bring people [staff] in and then mould them.” Another relative said, “We are very happy with everything,” they added jokingly “We are all moving in.” When we asked people if there was anything they felt could be improved the majority of people said there was nothing. One person commented, "I can’t find anything wrong with the place.” Another person told us there had been “Teething problems” at first, but went on to say things had improved. However, other people said they thought more staff would be beneficial.

During our visit the staff teams seemed to be well organised overall, including the domestic and catering teams. The teams worked together well and people’s needs were met appropriately and in a timely manner. The only exception to this was on the first day we visited when the dining room on the first floor was chaotic at lunchtime.

People’s comments, and our observations, indicated they were happy with the care and support provided. The registered manager told us surveys had not yet been used to gain people’s views as the home had not been open very long, but were planned for the future. They said people were consulted verbally on a regular basis to make sure they were happy with the service provided.

We saw meetings had been held so people using the service and their family and friends could be consulted about what was happening at the home and share their opinions. A relative told us they were unable to attend meetings, but said they would email the registered manager with their comments, concerns and observations. They said they always received a response. We saw nine thank you cards displayed in the office that had been sent from people praising the service the home had provided for their family member. One person had written, “Care extended beyond anything anyone would reasonably expect.” Another spoke of the “Great end of life care” provided.

We saw various audits had been used to make sure policies and procedures were being followed. This included infection control, how the kitchen operated, accidents and incidents and medication practices. This enabled the management team to monitor how the home was operating and staffs’ performance. Where shortfalls were found action plans had been devised to address them. However, timescales were not included in the action plans and they were not always signed off as being completed. This meant it was difficult to see if action had been taken in a timely manner. We spoke with the registered manager and the owner about this and they said they would look at reviewing the forms.

We spoke with a visiting healthcare professional who said they thought the home was well led by the management team. They told us communication was very good and staff were “Really good.” They spoke about how the registered manager “Looks beyond people’s conditions” which they said led to good outcomes for people living at the home.