Community Of St Mary At The Cross

Henry Nihill House

Inspection report

94 Priory Field Drive
Edgware
Middlesex
HA8 9PU

Tel: 02089054200
Website: www.edgwareabbey.org.uk

Date of inspection visit:
19 July 2018

Date of publication:
16 November 2018

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We inspected this service on 19 July 2018. The inspection was unannounced. Henry Nihill House is registered to provide accommodation and nursing care for up to thirty people, some of whom have dementia, physical disabilities and mental health needs. At the time of our inspection there were twenty eight people living at the service.

The last comprehensive inspection of the service was on 11 November 2015, at which a breach of the regulations related to governance of the service was found. This was followed up with a focused inspection to review the 'well led' domain on 10 May 2016 at which improvements were found and the service was no longer in breach of this regulation. The overall rating for the service across the two inspections was 'good'.

Henry Nihill House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 is located in a purpose-built block, on two floors with access to a front and back garden area. The service adjoins the Anglican convent owned by the Community of St Mary at the Cross. The service offers a service to people of all or no faiths.

Henry Nihill House has a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they enjoyed living at Henry Nihill House and they felt safe. People told us staff were kind, caring and patient and they were treated with dignity and respect. We saw this was the case and this was confirmed by relatives.

Care records were person centred and outlined people's needs. Risk assessments were in place to provide guidance to staff on minimising and managing risks. Care provided to people was of a good standard and the service provided outstanding end of life care to people, some of whom moved to the service to receive palliative care.

The management team provided good leadership at the service and to the wider network of care homes locally. This was illustrated by the systems to monitor care through quality audits, supervisions and staff meetings, and the registered manager's involvements in supporting student nurses at the service. The registered manager and other staff members was involved in a local initiative to promote and offer good end of life care. The registered manager received positive feedback from local health and social care professionals for their professionalism and commitment to providing a good service.

The management of medicines was safe as was the recruitment of staff. Staff told us they enjoyed working at the service and were supported in a range of ways to carry out their role, through supervision, training and care meetings.

Staff understood about abuse and their role in reporting any concerns. The service had effective systems in place to manage any safeguarding concerns.

The service provided a broad range of activities and also organised trips out in the provider's bus which people told us they enjoyed.

We found the premises were clean and tidy. The service had effective infection control processes in place. There was a record of essential inspections and maintenance carried out. The building was fully accessible and maintained to a good standard.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. Staff understood about safeguarding people and their responsibilities if they had concerns. The service reported safeguarding concerns appropriately.

Medicines were safely administered and stored.

Staff recruitment was safe and all checks were completed prior to people starting work.

There were effective food hygiene and infection control procedures in place.

The premises were suitable for the provision of care and was well maintained.

Is the service effective?

Good

The service was effective. Staff supervision was regular, detailed and relevant. Joint supervisions were used to involve the whole staff team in promoting best practice in care. Training was up to date.

People spoke highly of the food and the choices available.

The service had excellent relationships with local health care services and health professionals praised the management team and the staff for their care.

Is the service caring?

Good

The service was caring. We saw staff were kind and understood people's needs. People were treated with dignity and respect.

People and their relatives told us the staff were caring and kind.

The service ensured people had their cultural and spiritual needs attended to.

Is the service responsive?

Good

The service was responsive. Care was personalised and care records were comprehensive and up to date.

The service had developed expertise in end of life care and local health professionals praised the registered manager and staff team for their commitment to providing outstanding care in this area.

Complaints were dealt with quickly and appropriately.

There were extensive leisure activities and the provider ensured people were routinely taken out in transport to local facilities as well as the seaside

Is the service well-led?

Good

The service was well led. The registered manager and deputies showed excellent leadership and commitment to providing a good service.

People, their relatives and staff praised the registered manager for their involvement of people, staff and relatives in the way the service was run.

There were effective auditing systems in place and a service improvement plan to ensure actions to improve quality were progressed.

Henry Nihill House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 July 2018 and was unannounced. It was undertaken by one inspector for adult social care, a specialist nurse advisor and an expert-by-experience with experience of working with older people. 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 the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. We also viewed the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We also looked at the 'Enter and View' Report by Barnet Healthwatch undertaken at the service in June 2018. This can be seen at http://www.healthwatchbarnet.co.uk/node/1330.

During the inspection we spoke with seven people who live at the service and five visiting relatives. We talked with one registered nurse, three care assistants, the registered manager and both deputy managers. We also spoke with a visiting health professional and chaplain who gave us feedback on the service and the management of the home.

We looked at four care records related to people's individual care needs, three recruitment files and staff training records. We looked at medicines storage and administration at the service and checked in detail medicine administration records for 11 people, eight of whom were given medicines covertly.

We also looked at end of life documentation for five people including advanced care plans and 'do not attempt resuscitation' documentation.

As part of the inspection we observed the interactions between people and staff, and discussed people's care needs with staff. We observed lunch being provided to people and saw how people were supported with eating.

We checked fire safety, including equipment, testing of the alarm, lighting and the regularity of fire evacuation tests, and information relating to incidents and complaints. We looked at minutes of residents' meetings and staff team meetings. We also looked around the premises and viewed the garden.

Following the inspection we received feedback from three additional health and social care professionals and one family relative.

Good

Is the service safe?

Our findings

People told us they felt safe living at the service. "It feels very safe, no problems with people." And "I feel safe as they good at keeping an eye on things." Relatives were unanimous in feeling their family members were safe. They told us "Mum is safe here, I never question it", "He is incredibly safe." And "Mum is safe here the building is secure."

Staff understood about safeguarding, the types of abuse that can occur and what to do if they had any concerns. Staff gave us examples of issues investigated under the safeguarding process and how the service had used the information to improve care in a 'lessons learnt' framework. The provider had a policy in place and we knew from discussion with the registered manager, from records and from safeguarding notifications to CQC the service managed safeguarding concerns efficiently.

Risk assessments were in place and provided staff with guidance on minimising risks to people. They were up to date, comprehensive and reviewed regularly. They covered all key areas including skin integrity, moving and handling, cognition and eating and drinking.

Accident and incident forms were completed, with evidence of action taken and we could see from staff meeting records that learning was shared across the service.

Recruitment of staff was safe. Criminal records checks and references were in place prior to staff starting work. Proof of identity and address were on file. This meant staff were considered safe to work with people who used the service.

People told us there were enough staff as did their relatives. One person said "Staff nice, very nice. Plenty of them." Another said, "Lot of changes recently. I think they are overworked, they work very hard." A relative told us "There is a good allocation of staff to residents."

There were eight care staff in the morning and two nurses to provide clinical treatment, and give medicines. In the afternoon this reduced to six care staff and two nurses. At night there was three care staff and a nurse to provide care.

We saw there was enough staff to meet people's needs; staff were able to provide care in a calm and relaxed manner. Staff confirmed there were enough staff and that there was sufficient time to provide good care to people. Staff told us the introduction of teams covering specific areas had also improved continuity of care as staff got to know people well. If call bells were not answered after five rings then it changed to an emergency call bell. We saw staff answering call bells quickly and people confirmed this was the case.

Medicines, including controlled drugs were stored safely and administered effectively. The service had retained a controlled drug which was no longer prescribed for a person, but this was returned to the pharmacy within 48 hours of the inspection.

MARs were completed appropriately and contained a photograph of the person. Medicines prescribed for 'as and when' PRN, had procedures in place to guide staff in when it was appropriate to give them. Medicines were administered covertly, for people without mental capacity, in line with best practice and appropriate medical personnel had been involved in 'best interest' decision making. Reviews of this practice were carried out every six months. All qualified staff including bank nurses had completed a medicines management competency test.

The service was clean and there were procedures in place to minimise the spread of infection. Staff wore tunics provided and laundered by the service; there were gloves and aprons readily available and stickers to place on moving and handling equipment that had been cleaned. In the kitchen food was stored safely as it was covered and labelled, fridges and freezer temperatures were recorded and within range, and records were kept of cleaning procedures in the kitchen. Prior to lunch people were either offered a cleaning wipe for their hands or were supported to have their hands cleaned for the purpose of good hygiene.

Good

Is the service effective?

Our findings

Relatives told us the staff were skilled and knowledgeable in caring for their relatives. "I always come unannounced and Mum is always up and dressed and is well presented, and made up. It's not done for us." Another relative told us staff were "Very knowledgeable and skilled." A third fed back they were confident the carers were skilled in moving and handling their relative who had complex needs.

Staff received a comprehensive induction and took part in the Care Certificate; a national training course setting out standards for the provision of good care. Staff were trained in key areas such as safeguarding, manual handling, dementia awareness, health and safety and were either trained in or booked onto an end of life care training course. The service had an effective system to ensure refresher training was up to date for all staff and staff were competency checked in key areas to ensure they were skilled in their caring role. These included medicines competency and use of hoists.

Records confirmed staff received regular individual and group supervision which covered areas of best practice including fluid charts, hoisting and recording issues, as well as personal development objectives. Staff told us they felt supported in their caring role and that the management team were extremely supportive . One staff member told us the staff "worked together and support each other" in their roles.

Local health practitioners told us the registered manager was innovative and involved the service in new projects to improve practice. For example, the service was one of only two care homes in the borough of Barnet that provided placements for student nurses. We saw evidence from one student nurse of the benefits they got from the placement; noting the importance of individualised care and of communication with people they were providing care to. The registered manager understood the mutual benefits for the service and student nurses from being part of this scheme and was forward thinking in her approach to this opportunity. The service was also involved in a pilot project with Community Education Provider Network regarding end of life care. This is explored in more detail later in the report.

The service was effective at supporting people's health and well-being. We could see from records and from feedback from health and social care professionals that the service worked in partnership with health professionals to maximise good health care. For example, the registered manager always assessed people comprehensively prior to admission to ensure that staff had the relevant knowledge and skills to support the person. One person had recently been admitted to the service after 18 months in hospital due to their severe and complex health conditions. The qualified nursing staff had spent time at the hospital learning about tracheostomies prior to the person being admitted to the service. The deputy manager identified that in the past they had arranged specific training for a person who was using a specialised breathing apparatus.

A health and social care professional praised the registered manager and told us that "communication and action" was followed through by them, which meant people received a very high standard of care. A relative told us they felt confident in the support staff gave in relation to healthcare, "They notify me of any changes of medication or when she has to have antibiotics." Another family member said, "Mum has been in hospital and they are quick to phone and let us know. The staff know her well".

The service maintained detailed records of people with pressure areas and a number of people had areas that had improved since admission to the service. Where required, additional support was requested from external health care professionals, for example, tissue viability nurses, speech and language therapists, and members of the palliative care team.

Staff were competent to feed people using percutaneous endoscopic gastrostomy (PEG), a procedure into a patient's stomach through the abdominal wall. Processes were in place to ensure their safe use and hygiene were maintained.

People told us they enjoyed the food. One person told us "despite it being a lot of work they have served some meals outside when the weather has been good" which they enjoyed. Another said, "Main meal is very good and you choose the previous day. The lunches are well prepared and varied. The cook is very good and very nice." Relatives were also positive, "Food very good, always a choice and cooked dish for supper as well as sandwiches." Also, "Mum on a pureed diet and it smelt nice and she put on weight when she arrived but mum has now lost her appetite. There is a choice of food."

We saw at lunchtime there was a choice of three main courses and people were asked the night before what they wanted to eat the following day. There was a menu on every table with a picture of the food to be served as well as the words.

Malnutrition tool assessments and nutrition care plans were completed and food and fluid charts were completed for people at risk of low intake of food and fluid. They were readily available for staff to complete and were completed at the time of food or fluid being given. One relative fed back about the service they felt confident in how the service supported their family member who had high care needs as the "fluid charts are now accurately recorded in real time and I am delighted that a nurse has to monitor and sign them off at every shift."

We saw that to promote fluid intake in the hot weather ice lollies were offered to people each afternoon, and the service practiced protected mealtimes to ensure staff and people were not distracted by other issues at mealtimes.

We checked whether the service was working within the principles of the MCA (2005) and DoLS. The MCA (2005) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

We found the service had an effective system to assess and then apply for DoLS if required and applications had been made to deprive people of their liberty for their own safety, and had been properly made and authorised by the appropriate body.

The building was well maintained and accessible throughout with lifts to each floor as it had been purpose built. There was access to the garden and to the church next door.

Good

Is the service caring?

Our findings

People and their relatives were unanimous in their praise of the staff team for their kind and caring support. We were told "Staff are extremely good and caring, and they are most kind, both young and old, they are remarkably patient and friendly. It's unusual to find one in a bad mood." And "Staff nice, very nice."

One relative told us "This is a beautiful place. There is no place like this. Everyone is kind and helpful. Staff are very understanding and respectful." Another told us "Staff are caring and understand her needs. They always offer me a cup of tea and give me food, knowing otherwise mum would want to give me some of hers. I can go home knowing she is lovingly cared for here." Other relatives told us they always felt welcome at the service, "They make me welcome as a visitor, most definitely." We saw there was a relative's kitchen enabling relatives to make tea or coffee and there was a refrigerator for relatives to keep food or drinks they bring in for their family members.

People and their relatives told us they were treated with dignity and respect. "They treat me with respect. "We saw staff knocked on the doors of rooms before entering and asked permission to enter. "Staff remember everyone's name. They are very respectful and happy to answer questions or concerns. They know about our lives so feel very involved. Mum's spiritual needs are met. They treat her with dignity they always knock before coming into her room".

We saw on the noticeboard in the reception area the service had held a 'Dignity Week' programme earlier in the year. They had specifically asked people who lived there for comments and views on whether they were treated with dignity. There were many positive comments on display. Staff had also undergone workshops to raise the profile of dignity when providing care; one involved role play and having to wait to use the toilet. The registered manager told us staff fed back on how helpful the workshops were.

Care records outlined what people could do for themselves so their independence was promoted, and people confirmed this was the case. One person told us, "They understand the help I need so I can put myself to bed and get up but need help when I have a shower." The second lunch sitting for people who were more able, actively promoted people's independence and staff reported encouraging residents to feed themselves where possible rather than taking over feeding. The registered manager told us that vegetables were served from serving dishes placed on the table so that people could help themselves to what they would like rather than having food put on their plate for them.

The service was for people of all or no religion. As the service was commissioned by a religious order, Christian masses were held on site four times a week. Some people's religious needs were met through close contact with the nuns and priest and regular religious services. For people of other faiths, spiritual leaders were invited to visit people if they wanted this. One person told us, "Priest comes to see me and I can ask if I want to see him. Everything is alright." People's cultural needs were met at the service through food options and celebration of festivals of other faiths.

People were well-groomed and a hairdresser visited the service weekly to cut people's hair if they chose. Photographs of people who lived at the service and them participating in activities were widely displayed at the service.

People's rooms were large, airy and well decorated. One family had been allowed to paint their family member's room pink. People's rooms were personalised with their own personal effects, there was one person who did not have any family or friends and the registered manager told us they would work with the person to personalise their room further.

Good

Is the service responsive?

Our findings

Care records were up to date, comprehensive and gave a holistic view of people's needs and their preferences for care. They covered areas such as personal care, manual handling, nutrition and hydration, medicines and pain management, cognition and mental capacity.

There was an overview of care needs for use by an agency carer with detailed care plans for each need. The level of detail meant staff understood how to support people safely. For example, one care record described a person's meal time requirements. It stated 'Full assistance: check X mouth after meals for residue. No straws. Fork mashed diet, small mouthfuls.' A communications care plan highlighted for another person 'I am unable to use a call bell' and 'I am able to communicate fairly well and need time to express my needs, however I can be confused at times.' We saw in people's bedrooms the staff completed a check list which included bowel chart, continence chart, pressure relieving record and room checks. There were up to date and had been completed regularly in the days prior to the inspection as well as on the day of the inspection.

A document 'getting to know me' outlined a person's likes and dislikes and they preferences for how they spent their time and who was important in their life. This showed the service was providing person centred care. People confirmed this was the case "I go to bed when I like, they are happy to leave me and I go about 10.30." A health care professional told us "care plans are always followed as per instructions" and "care is always of a very high standard." Another said, "The staff understand the needs of residents and support them as they would like to be supported, person centred care at its best."

There was a comprehensive programme of activities at the service, these were displayed on a large activities board. The activities folder showed weekly activities and contained lots of photographs of activities taking place to help people understand, and also documented how specific days were celebrated, for example, Easter, St Valentine's Day and the recent royal wedding, which was celebrated with a barbecue. The service was linked up with a gospel choir and two local schools. One school had invited people from the service to a garden party at the school, and there were letters from children from a local primary school following their visit to the service. The service recognised the value of community connections across the generations.

Activities included arts and crafts: on the day of the inspection we could see crafted footballs and tennis rackets hanging from the ceiling, which people had made to celebrate the football World Cup and Wimbledon tennis events. Other activities included film shows, quizzes, musicians and food events.

The service had access to transport, always one, sometime two minibuses and full use was made of them. There had been three trips to the seaside in the summer and one to a local Lido. Records showed people were asked at residents' meetings what activities they wanted and these were planned and actioned. People valued the activities and the person-centred nature of the service. One person told us "I go on trips to the seaside. I can go to bed when I like." Another said "I like living here. I like going out to the seaside or being taken to see churches. There are two buses to go out in. I like drawing."

One relative told us, "In the first home mum went to she was very depressed. Once here she seems very

chirpy. She goes out on outings, like the seaside last week. She participates in activities. I have seen her take part in quizzes. She goes to church on a Sunday she is quite religious and so she enjoys that." Another relative fed back "Mum goes to some activities but cannot fully participate but she gets taken all over the place in their van. The activities coordinator very nice and very 'can do'."

People spoke positively of being taken out on day trips out of the service. People also enjoyed using the garden which was well maintained. They had held barbecues during the summer to enjoy being outside. We saw one person who had very complex needs and minimal movement or communication had been wheeled out to sit in the garden to get sun to get fresh air and feel the breeze on her face. This showed the service was providing person centred care for people with the most complex needs.

The service had a complaints process in place and we saw that complaints were dealt with promptly and records kept of actions taken and the outcome. Feedback from people included "never had a complaint. Everything is alright" and "If I had a complaint I would go to [registered manager], she is very good and very observant, on the ball".

Relatives told us "If I had a complaint I would go to [registered manager name]. [Deputy] is also very responsive, very kind. Never made any suggestions as I have not needed too." Also, "Everything is good. No complaints. Mum gets on very well with the staff. It's clean and tidy."

The service prided itself on providing high quality end of life care and worked with the local hospice, the GP and other health professionals to achieve this. The service was preparing for accreditation with the Gold Standards Framework (GSF) in End of Life Care program and planned to seek accreditation for this level of achievement in early 2019.

We checked 'do not attempt resuscitation' documentation and they were completed appropriately. To ensure people's needs were met at their end of life, 'advance care planning' processes were in place and were being continually developed at the service. There was evidence of good practice. For example, one advanced care plan provided information about which music the resident wanted to listen to and another person's had stated she wanted to remain well groomed. These were detailed and personalised.

People who were terminally ill had their needs reviewed weekly using the Gold Standards Framework Proactive Indicator Guide (PIG). The PIG guide was used to evaluate changes in people's needs and the need for review by a palliative care nurse. This meant that changes in medicines required could be anticipated which was useful in pain control and end of life management of care needs. Nursing and home care assistants were involved in this process which meant care was holistically provided by all staff who were involved in end of life care. None of the eight people were on end of life care plans during the time of the inspection.

A health professional told us the service had a reputation for high standards of care in this area locally and people were admitted for end of life care to the service. They gave us an example of how the service had recently worked very closely with a person and their family to provide end of life care and the staff and registered manager in particular, showed great flexibility and understanding of this person's personal experience of disease.

Health and social care professionals told us end of life care at the home was excellent. They confirmed the service worked closely with the local GP and palliative care professionals from a local hospice. They told us of the excellent relationship they had with the registered manager, deputies and staff at the service. This meant they all worked together to ensure residents were able to plan their last phase of life and the staff

ensured this was followed through. This ensured staff had access to specialist advice and guidance regarding best end of life care practice, and people's changing needs as they neared the end of their life were kept under constant review.
At the time of the inspection the home was involved in a pilot project, one of two care homes in the borough of Barnet, with Community Education Provider Network which was looking to increase staff knowledge and confidence around the last phase of life. This involved five planned sessions with a local GP and chaplain with the aim of improving the confidence of nurses and care assistants in discussing end of life care with resident and relatives. The sessions were reflective and the skills staff developed would then be shared with other local services to promote improved practice in communication about people and their relatives regarding end of life care. This was considered innovative and best practice for this area of care. This involvement showed the registered manager and management team were forward thinking in their approach to improve quality of care at their service, and in particular end of life care.

As part of the work to support families through bereavement, the service had begun a project to regularly take photos, with the consent of people, participating in activities and day trips. These were collated into a booklet for families so that relatives had positive mementos of their loved ones' last months and years.

Good

Is the service well-led?

Our findings

The service had a philosophy based on the values of compassion, hospitality, respect, justice and trust. The service aimed to provide an environment that people could consider their home.

The registered manager had been in post since 2015 and was well established in the role. They had built a strong management team to support them and it was clear there were effective systems in place to audit quality and support staff in their caring role.

Health professionals praised the registered manager for their personal commitment to providing good care; getting to know people who lived at the service and their families before they moved in to ensure the service could meet their needs, and for asking for help and advice. We were told the registered manager goes "above and beyond." We were also told the registered manager engaged with all local initiatives and was extremely proactive to improve care at the service and share learning and good practice within the service, and locally across other provider's services.

People spoke highly of living at the service. Feedback included "She is the manager. Ever so nice" and "It is well run and I like the Christian background and the observations of seasons for food, and celebrations of the festival."

Relatives praised the management team and feedback included "I cannot begin to tell you how lovely it is, given you would not choose to have someone in care. It's the ethos and philosophy. It's got soul this is what I feel overwhelmingly. Genuinely cannot think of anything not well run in the home." Another relative told us "I have had a lot of experience with homes and this is well led. The atmosphere is good, its clean and wholesome. The building is well planned. If I was forced to, as a last resort, I would come in myself." A third relative said "Marvellous. Could not ask for anything else."

Staff spoke very positively of the registered manager and deputies and we were told "Management is brilliant in supporting staff' and another said, "I would choose the registered manager and deputies a thousand times over." Staff meetings were held regularly and staff told us team working was established more effectively since the last inspection. Meetings for staff at different levels took place to share information and best practice. We also saw management meetings took place at both a local and provider level. The provider was supporting staff to improve their qualifications; in the last 12 months, five staff were being supported with nationally recognised care qualifications in addition to the core training on offer.

Staff told us they were asked for their views and they felt listened to. They also appreciated the recent introduction of a uniform which were laundered by the service and that they could choose their choice of colour.

Meetings for people who lived at the service took place monthly and feedback on actions taken were on display for people to see. Minutes noted people were positive about actions taken. In the last year family and friends' meetings had been introduced which were welcomed.

Audits took place by the local management team, and also by the provider's head office staff, in key areas including medicines, care records, hygiene, environment and food and menus. We saw night time care was audited. An extensive 'good governance' audit took place in June 2018 and we could see from cross referencing that all actions from audits fed into the service improvement plan. The service improvement plan was regularly reviewed by both the registered manager and regional manager.

The registered manager was committed to further improving the service and was planning to apply for Gold Standards Framework for End of Life care in 2019. The registered manager told us they were was also committed to participating in future local initiatives which would improve quality of care at the service.