People First Care Ltd

The Grange

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

The Grange 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. It is registered to provide accommodation for up to 27 people, some of whom have a dementia related condition. There were 26 people using the service at the time of the inspection. The Grange also provides a day care service. We did not inspect this part of the service because it was outside of the scope of our regulations.

At our last inspection in June 2017, we found one continuing breach of the Health and Social Care Act 2008. This related to good governance. We rated the service as requires improvement and issued a warning notice. Some of the concerns and shortfalls related to the homecare service which was registered together with the care home service. In January 2018, the provider registered the homecare service separately.

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

The previous registered manager was now the operations manager and oversaw the management of the Grange and the provider's other two services. The manager designate [in waiting] at our last inspection was now the registered manager. 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.

An effective system was now in place to ensure the safety of the premises and equipment. Key pads and a sensor had been fitted to the main staircase to reduce the risk of falls on the stairs. The home was clean and there were no malodours in any of the areas we visited. A new washer disinfector had been installed for the cleaning of continence equipment. People's individual needs were met by the adaptation, design and decoration of premises. The home had been a vicarage and had a homely feel.

Medicines were managed safely. The home had limited storage areas. The registered manager's office was used to store medicines. Staff made the best of the facilities available. Medicines were safely locked away in a trolley and lockable cabinets.

Staff assessed the risks relating to people to safeguard their health, safety and welfare. Accidents and incidents were analysed to help identify any trends to ensure action was taken to reduce any reoccurrence. There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

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

Staff received appropriate training to meet people's needs. There was a supervision and appraisal system was in place to make sure staff were supported.

People's nutritional and hydration needs were met. There was an emphasis on home baking and fresh produce was purchased from local suppliers to help support the local community.

People and relatives told us that staff were caring. Staff displayed warmth when interacting with people. Person centred care plans were in place which helped staff deliver care which met people's personal preferences.

Two activities coordinators were employed to help meet people's social needs. A varied activities programme was in place.

There was a complaints procedure in place. There was one ongoing complaint which had been sent to the local authority and not to the home directly. The complaint was being independently investigated on behalf of the local authority. None of the people and relatives with whom we spoke raised any complaints.

An effective system was now in place to monitor the quality and safety of the service. People and relatives were complimentary about the home. One relative said, "It's a community there." People, relatives and staff were involved in the running of the service. Meetings and surveys were carried out.

Staff told us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

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.

Action had been taken to improve following our previous inspection. An effective system was now in place to ensure the safety of the premises and equipment and assess the risks relating to people to safeguard their health, safety and welfare.

Medicines were managed safely.

There were enough staff deployed to meet people's needs. Safe recruitment procedures were followed.

Is the service effective?

Good

The service was effective.

Action had been taken to improve following our previous inspection. Staff followed the principles of the Mental Capacity Act 2005.

People's nutritional and hydration needs were met.

Staff received appropriate training to meet people's needs. There was a supervision and appraisal system in place to make sure staff were supported.

Is the service caring?

Good

The service was caring.

People and relatives told us that staff were caring. Staff displayed warmth when interacting with people.

Person centred care plans were in place which gave details of people's likes and dislikes. These helped staff deliver care which met people's personal preferences.

People's privacy and dignity was promoted.

Is the service responsive?

Good

The service was responsive.

Action had been taken to improve following our previous inspection.

People's care plans supported staff to provide person centred care which helped ensure people received care that was responsive to their needs.

Two activities coordinators were employed to help meet people's social needs. A varied activities programme was in place.

There was a complaints procedure in place. There was one ongoing complaint. People and relatives with whom we spoke did not raise any complaints.

Is the service well-led?

Good

The service well led.

Action had been taken to improve following our previous inspection. An effective system was now in place to monitor the quality and safety of the service.

People, relatives and staff were involved in the running of the service. Meetings and surveys were carried out.

Staff told us they enjoyed working at the home. We observed that this positivity was reflected in the care and support which staff provided throughout the day.

The Grange

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.

The inspection was unannounced. This meant that the provider and staff did not know that we would be visiting. We visited the service on 5 September 2018. We carried out a further two announced visits to the home on 11 and 12 September 2018 to complete the inspection. The inspection was carried out by one adult social care inspector.

Prior to carrying out the inspection, we reviewed all the information we held about the service. The registered manager completed a provider information return (PIR). A PIR is a form which asks the provider to give some key information about their service, how it is addressing the five questions and what improvements they plan to make.

We contacted Northumberland local authority safeguarding and contracts and commissioning teams prior to our inspection. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their feedback to inform the planning of this inspection.

We spoke with eight people and three relatives during our inspection. We also spoke with two relatives following our inspection by phone. We spoke with the nominated individual, the operations manager, the registered manager, a team leader, four care workers, the supporting activities coordinator, two housekeeping staff, the laundry assistant and cook. We also spoke with two care workers on night duty to ascertain how care and support was provided at night.

During the inspection we met and spoke with two podiatrists and a podiatry assistant. We also contacted a medicines management technician, an advanced nurse practitioner from the behaviour support team, a coroner's officer, a member of staff from an external consultancy agency, a reviewing officer from the local NHS Trust, a member of staff from the local hospice and a registered manager of a local domiciliary agency

to obtain feedback about the service.

We viewed three people's care plans. We also looked at information relating to staff recruitment and training. We examined a variety of records which related to the management of the service.

Good

Is the service safe?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a breach in the regulation relating to safe care and treatment. We found that medicines were not always managed safely and an effective system was not fully in place to ensure the safety of the premises and equipment.

At this inspection, we found that improvements had been made and the provider was now meeting the requirements of the regulations and had ensured good outcomes for people in this key question.

There was a safe system in place to manage medicines. The home was an older building with limited storage. The registered manager's office was used to store medicines. Staff explained that sometimes the office was busy. The nominated individual told us of their plans to extend the home to facilitate their day care service and have a designated area for the storage of medicines.

Medicines were safely locked away in a trolley and lockable cabinets. Two people who found it difficult to swallow their tablets had their medicines crushed. Written advice had been sought from the GP and pharmacist. We found several minor recording issues relating to topical medicines which the registered manager told us would be addressed immediately.

Medicines audits were carried out mid-month. We found however, that the amount of medicines in stock was not carried forward and documented on the new medicines administration record. The recording of carried forward medicines helps ensure there is an accurate record of the quantity of medicines in stock and helps when performing audits. Following our inspection, the registered manager told us that this had been addressed.

An effective system was now in place to ensure the safety of the premises and equipment. The safeguarding officer stated in their unannounced visit report, "The building was clean and tidy throughout, no odours present and the walkways were free from trip hazards." The external training assessor told us, "I carry out observations and they use the correct procedures and equipment."

The provider organised checks and tests to be carried out on the electrical installations, water, fire and moving and handling equipment to ensure their safety. Keypads had been fitted at the top of the main staircase and a new sensor had been installed at the bottom, to help reduce the risk of falls. Carpets were being removed and new non-slip flooring laid which staff explained aided moving and handling and infection control.

Fire safety tests and training were carried out. Due to the new flooring being fitted, there were small gaps at the bottom of some people's bedroom doors. The provider was liaising with the local fire service about a solution to address this issue. The team leader was undertaking fire warden training at the time of the inspection, so she could support the registered manager with fire training and fire safety checks and tests.

People were protected from the risk of infection. The home was clean and staff had access to and used

personal protective equipment such as gloves and aprons. A new washer disinfector had been installed for the cleaning of continence equipment. An infection control champion was also in place. Their role was to monitor infection control, ensure staff were following safe infection control procedures, attend link meetings organised by the local NHS Trust and share good practice.

There were systems in place to help safeguard people from abuse. Most people told us they felt safe. One person said they did not always feel safe because of another person who lived at the home. They said they used to come into their room. The person told us they had now changed rooms. We passed this feedback to the registered manager for their information.

Safeguarding procedures were in place. Staff were knowledgeable about the actions they would take if abuse were suspected. There was an ongoing coroner's investigation. The provider had submitted the requested information to the coroner. There was also an ongoing complaint in which safeguarding concerns had been raised. This was being independently investigated on behalf of the local authority.

There were enough staff deployed to meet people's needs. People, relatives and staff did not raise any concerns about staffing levels. One relative said, "What I like is that staff never seem to be in a hurry." Another relative stated, "I think there is enough staff, there's always someone around watching."

An extra staff member had been deployed following our previous inspection to support people who attended the day care service. There were two staff on duty overnight. Extra staff were on duty late evening and early mornings to ensure there were enough staff on duty during these busier times. A staffing tool was used to assess the numbers of staff on duty. This was linked to the dependency levels of people at the service.

Throughout our visit, we observed that staff carried out their duties in a calm, unhurried manner. Call bells were answered promptly. Non-care staff such as housekeeping staff and the activities coordinators supported care staff during busy periods. They had undertaken appropriate training.

Risks to people's safety were assessed and people's safety was monitored and managed so they were supported to stay safe. Staff completed risk assessments which covered areas such as moving and handling, malnutrition and falls. We noted that one person's malnutrition risk assessment had been incorrectly assessed. The registered manager told us that this would be addressed. Accidents and incidents were analysed to help identify any trends to ensure action was taken to reduce any reoccurrence.

Staff were supported by the behaviour support service to devise care plans for people experiencing behavioural disturbance and distress. We spoke with an advanced nurse practitioner from this team who told us that staff contacted them if there were any concerns. We read behaviour support plans and observed that staff followed these during our inspection.

Safe recruitment procedures were followed. One relative told us, "I think they recruit well. They are all lovely." Disclosure and Barring Service (DBS) checks had been obtained. A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions. Written references had also been received. Interview records were now maintained to demonstrate the assessment of applicants' suitability for the role.

Good

Is the service effective?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a breach of the regulation relating to good governance. We found omissions and shortfalls in relation to the Mental Capacity Act 2005. At this inspection, we found that improvements had been made and the provider had ensured good outcomes for people in this key question.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are 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 were being met. The registered manager had submitted applications to the local authority to authorise in line with legal requirements.

Information relating to people's ability to make certain decisions was included in care files. Mental capacity assessments had been carried out in relation to areas of care and support which could restrict people's movement such as sensor alarms. The registered manager was strengthening the home's paperwork to ensure that records fully reflected how the MCA was followed in practice, including the involvement of other health and social care professionals in specific decisions.

Staff checked that people were happy before carrying out any care and support. There were a number of consent forms in place such as consent to be regularly weighed. We discussed with the registered manager that written consent was not required for all care and support procedures and other methods of consent were appropriate such as verbal or implied consent. Implied consent is when a person indicates their agreement by cooperating with staff, such as getting up to sit on the weighing scales. The registered told us that she would review their documentation and simplify their procedures.

A system was in place to ensure that staff had the skills, knowledge and experience to deliver effective care. All staff informed us they felt equipped to carry out their roles and said there was sufficient training available. The registered manager provided us with information which evidenced that staff had completed training in safe working practices and to meet the needs of people who used the service such as dementia care. Staff were also enrolled on a "Thinking environment" course. This was based on the observations of Nancy Kline (president and founder of an international leadership development and coaching company) who stated, "The quality of everything that we do depends on the quality of the thinking that we do first."

Staff told us and records confirmed that induction training was completed. This was linked to the Care Certificate. The Care Certificate is a set of nationally recognised standards to be covered as part of induction training of new care workers.

All staff told us that they felt supported in their roles. There was a supervision and appraisal system in place. The provider was currently reviewing their appraisal system. Supervision and appraisals are used to review staff performance and identify any training or support requirements.

People were supported to eat and drink enough to maintain a balanced diet. People and relatives were positive about the meals at the service. Comments included, "The food is good – all home cooked" and "Yes, the food is nice."

We had lunch with people on two days of our inspection. There was a choice of meals and people were asked what they would like to eat. The meals were tasty and well presented. People were offered vegetables separately from a terrine to promote choice. Staff provided discreet support to people where required and prompted others with their meals to promote their independence. The cook visited the dining areas regularly and asked people whether they had enjoyed their meal. She added a cheery interlude to the meal time proceedings and people enjoyed speaking with her.

We spoke with the cook who was knowledgeable about people's dietary needs. There was an emphasis on home baking and fresh produce was purchased from local suppliers to help support the local community. There was fresh fruit and vegetables available as well as items such as cream and cheese to fortify meals.

Accurate food and fluid records were maintained. We spoke with the registered manager because these were completed for all people who lived at the service. Staff told us that this was very time consuming. On the third day of our inspection, the registered manager told us that staff were now only monitoring the food and fluids of people who had been assessed as being at risk of malnutrition and dehydration. Three people had been recently referred to the speech and language therapist for advice regarding their swallowing abilities.

People's needs were assessed to ensure that care and support was delivered in line with best practice guidelines. A preadmission assessment process was in place to make sure the service could meet the person's needs. The registered manager had updated the assessment form to make sure all aspects of the person's care were covered. Care plans and risk assessments were completed following admission to the home. Important information about people's medical history, medicines and mobility was located at the front of people's files so it was easily accessible.

People were supported to have access to healthcare services. One person told us, "They get you a doctor, day or night." We saw evidence that staff had worked with various agencies and accessed other services when people's needs had changed, for example, consultants, GP's, the behavioural support team, district nurses, dietitians, opticians, podiatry and dentists. Two podiatrists, a podiatry assistant and an advanced nurse practitioner attended the home during our inspection. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were being met to maintain their health and wellbeing.

People's individual needs were met by the adaptation, design and decoration of premises. The home had been a vicarage and was homely. Most of the people who lived at the home had a dementia related condition. Bathroom and toilet doors were painted in different colours to help orientate people to these rooms. Signs with meaningful pictures had been placed on some bedroom doors to help people identify their room. Work spaces were decorated to blend in with the corridors to reduce the likelihood or people trying to access these areas. Some areas were not well lit. The provider had organised an electrician to address this issue.

The gardens were well maintained and accessible. People enjoyed sitting outside in the sunshine. The home had recently got several hens and a cockerel. One relative told us, "There's lovely gardens and they have chickens."

Good

Is the service caring?

Our findings

We previously rated this key question as requires improvement because of shortfalls and omissions relating to the home care service. Since the homecare service was no longer linked to the care home's registration, we found that the provider had ensured good outcomes for people in this key question.

People were treated with kindness, respect and compassion. This was confirmed by people and relatives. Comments included, "The carers are very good, they know my mother very well", "They love her", "We're absolutely over the moon with the care", "They have genuine affection for her", "They know what she needs" and "They are always so nice." The external training assessor told us, "The staff – their friendliness, the compassion they show is great" and "The staff know the clients – it's holistic care, it's got the personalisation." The local authority had carried out a recent unannounced visit to the home. The safeguarding officer stated in their report, "Observed caring staff, supporting various residents very well throughout the visit."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Comments included, "The thing I love best is the residents – it's what makes it for me. They are just lovely," "It's so important to have a chat with the residents to see how they are" and "I love them [people] to bits."

Staff displayed warmth when interacting with people. They were very tactile in a well-controlled and non-threatening manner. One staff member sat next to a person and gently rubbed their hand. Another person who had a dementia related condition became distressed and raised their voice at a care worker. The staff member complimented the person, which immediately changed their mood and the person smiled and said, "You're lovely;" the staff member replied, "and so are you". We observed positive interactions not only between care staff, but other members of staff such as the activities coordinators, housekeeping staff and the cook. One person kept singing, "Geordie where's your troosers" to the cook and gave them a wink, "I've got them on" the cook replied and they both laughed.

Staff and people demonstrated a genuine interest in each other. One person said to a staff member, "How did you get on at your slimming club?" "I received my half a stone award" the staff member said, "That's great" the person replied. The cook informed another person that a mutual friend was asking after them and explained they would be visiting the person soon. One person told us, "It's nice listening to them [staff] talk about their families and what's going on." A relative said, "Mum loves a chat and they will sit and chat with her. She loves to chat with [name of staff member] whose boyfriend is in the forces."

Staff were knowledgeable about people's likes and dislikes. They explained that one person loved flowers. We saw this person carried flower table decorations around with them. Staff were mindful not to take these away from the person. Instead, they complimented them on their lovely flowers. The person kissed the flowers and smiled at staff.

People's privacy and dignity was promoted. Staff spoke with people in a respectful manner and knocked on

people's bedroom doors before entering. At lunchtime, one person accidentally spilt some of their lunch on their trousers. A staff member said, "Don't worry, they'll [trousers] wash – I'll help you."

Three podiatry staff attended the home on the second day of our inspection. Staff explained that it would not be dignified for people to have their toenails cut in communal areas so they assisted people to their rooms so they could receive treatment in private.

People were involved in making decisions about their care. Care plans documented that they had been written with the person and their representative, where appropriate.

Good

Is the service responsive?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a breach in relation to good governance. We found shortfalls in the maintenance of records relating to people's care and support. At this inspection, we found improvements had been made and the provider was now ensuring good outcomes for people in this key question.

People received personalised care that was responsive to their needs. This was confirmed by people and relatives. Comments included, "They went out of their way to see I got as much help – they kept my spirits up", "They've been absolutely fantastic, there is nothing they won't do", "The Grange have taken a tremendous amount of care and attention to make sure her meals meet her needs because of her diabetes", "She has never looked better", "The staff are marvellous" and "She has improved 100%."

People's care plans supported staff provide person centred care. Care plans contained information about people's life histories. One-page profiles had also been developed with people and their relatives. This is a summary of what is important to someone and how they want to be supported. We read one person's care plan which stated, "Use a happy/smiley approach." We observed that staff displayed a cheery demeanour when interacting with this person.

People were cared for at the end of their lives in the home, if it was their wish to stay there. Information about end of life wishes was included in people's files so staff were aware of their wishes at this important time of their lives. We spoke with a member of staff from the local hospice who spoke positively about staff. She explained that the home had referred two people to the hospice for care and treatment. She also told us, "They will ring up for advice or ask whether they are doing it right."

'Comfort care plans' were in place for some people. These were designed in the shape of a flower. Staff recorded on each of the petals the things which brought comfort to the individual such as "coffee," "company," "toffee" and "Elvis music."

The service enabled people to carry out person-centred activities and encouraged them to maintain their previous hobbies and interests. Most people and all relatives were complimentary about the activities. Comments included, "They take a number of people out on the bus. She's been to 'Singing for the brain' at Alnwick Gardens they also went to a local wildlife centre" and "Oh yes, there's always something going on." One person told us however, that they found some of the activities such as ball games "childish". We passed this feedback to the registered manager for their information.

A local domiciliary agency provided an enabling service to one person. The registered manager from this agency told us, "[Registered manager of the Grange Care Home] has been supportive of our caregivers visiting to enable an isolated client without family support to have one to one time, both at the Grange and beyond on visits and activities." The external training assessor told us, "There's enough going on. They have card games, different music and it's all relevant."

The advanced nurse practitioner from the behavioural support team told us the service had requested advice and guidance regarding activities for people living with dementia. The advanced nurse practitioner explained she had brought the local Mental Health Trust's activities coordinator to talk about activities with staff. The Trust's activity coordinator had discussed the use of the Pool Activity Level. This is a framework devised by Jackie Pool which guides the selection of appropriate and personally meaningful activities for people who have a cognitive impairment.

Two activities coordinators were employed to help meet people's social needs. Another member of staff also supported with activities. There was a varied activities programme in place. During our inspection, some people attended a tea dance organised by a local activities charity. People told us they had enjoyed the outing and laughed when they recalled that the activities coordinator had mistook one of the attendees at the tea dance for a famous celebrity.

There was spontaneous singing throughout the inspection. One person started singing "You are my sunshine" and other people and staff joined in. Another person also enjoyed singing and sang the high notes with great gusto. The provider had recently purchased a smart speaker which enabled staff to download and play digital music.

There was a complaints procedure in place. There was one ongoing complaint which had been sent to the local authority and not to the home directly. The complaint was being independently investigated on behalf of the local authority. None of the people and relatives with whom we spoke raised any complaints. The registered manager told us, "Complaints are there to put things right and learn from things." She explained that as a result of one complaint, staff had completed additional report writing training. The nominated individual stated, "We always try to improve" and explained that they saw complaints as a "useful springboard for change."

Good

Is the service well-led?

Our findings

At our previous inspection, we rated this key question as requires improvement. We identified a continuing breach in the regulation relating good governance. We found that effective governance arrangements were not fully in place to assess, monitor and drive improvements in the quality and safety of the service. We issued a warning notice and told the provider they needed to take action to improve. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulations and had ensured good outcomes for people in this key question.

The previous registered manager was now the operations manager and oversaw the management of the Grange and the provider's other two services. The manager designate [in waiting] at our previous inspection was now the registered manager. People, relatives and staff were complimentary about her. Comments included, "[Name of registered manager] is particularly nice – she's very approachable and the kind of person that you are happy to leave your relative with" and "[Name of registered manager] is lovely, she is very supportive." The registered manager of the domiciliary care agency told us, "My contact with [registered manager] has been positive. She has been helpful in providing information regarding this client at care planning stage and beyond and with regard to information sharing."

A new team leader had been appointed. She supported the registered manager and explained she was a link between management and staff.

People and relatives were very complimentary about the service. Comments included, "I would go for outstanding – nothing is a bother" and "They are exceptional."

Audits and checks were carried out to monitor all aspects of the service. These included health and safety, infection control, care plans and medicines management. An action plan was formulated to ensure that any issues were addressed. Following our inspection, the registered manager contacted us to state that they had changed their medicines recording system to ensure carried forward medicines were documented on the MAR to make auditing easier. Our observations and findings during the inspection confirmed that there was now an effective quality monitoring system in place.

Following our inspection, the nominated individual wrote to us and stated, "We were all very disappointed with last year's [CQC] report. We first rectified all the problems identified on the report and have constantly monitored them since. This has included several learning processes with regards to our procedures particularly around day care, hospital transfers and falls."

There was an effective system in place to ensure people, their representatives and staff were engaged and involved in the running of the service. Surveys and meetings were carried out. 'You said, we did' information was displayed on the notice board in the home. Feedback about planned activities, additions to the menu, access to the optician and dentist were mentioned. The registered manager also held regular meetings to obtain feedback from staff.

Staff were positive about working for the provider. Comments included, "I love my job," "This job needs love and if you don't love it, you couldn't work here" and "We are a good team." We observed that this positivity was reflected in the care and support which staff provided throughout the inspection. Staff responded positively to any requests for assistance and always sought to be complimentary when speaking with people.

The service worked in partnership with other agencies to ensure the best possible outcomes for people. The registered manager and operations manager attended meetings for local managers of care homes. Meetings were held at the different care homes to share good practice and discuss the latest legislative and regulatory changes within practice. The registered manager explained that they had visited one care home and observed how well their stair sensor system worked. As a result, they had purchased a sensor for their main staircase to help reduce the risk of falls. The service had also worked with the local hospice and admiral nurse regarding their dementia and end of life training programme.