Pilgrims Way Limited

Pilgrims Way Care Home with Nursing

Inspection report

10 Bower Mount Road
Maidstone
Kent
ME16 8AU

Tel: 01622756635
Website: www.pilgrimscare.co.uk

Date of inspection visit:
23 October 2023

Date of publication:
06 December 2023

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Pilgrims Way Care Home with Nursing (Pilgrims Way) is a residential care home providing nursing and personal care for up to 76 people. Since the service was registered there has been some reconfiguration of the space and as a result the service can accommodate 58 people. People's needs were varied and included people with high level nursing needs and some requiring to be cared for in bed. The service was arranged on two levels with an adjacent building called the Coach House linked via a covered walkway. At the time of our inspection there were 48 people using the service.

People's experience of using this service and what we found
A new registered manager had been appointed since our last inspection and they had implemented some quality assurance processes, but these were not yet fully embedded within the culture of the service. Some elements of medicine management were not always safe.

People told us they felt safe living in Pilgrims Way. One person said, "I feel safe because the building is secure, there is always someone around and I am in the right place for the care I need." Another person told us "I feel safe here, I don't worry about anything. I was living at home, but I needed more help." Relatives agreed that their loved ones were safe and happy.

People had comprehensive risk assessments and received care and treatment from staff who knew them well. There were enough staff with the right skills and training to meet people's needs. Infection control was managed safely, and lessons were learned when things went wrong.

Most people told us the food was good and people's dietary needs and preferences were met. People told us they had enough to eat and were given choices each day. Care staff and kitchen staff knew about any special diets and textures.

Recruitment was managed safely and there were enough staff deployed to provide safe care for people. Staff told us the registered manager was approachable and supportive.

People were involved in decisions about their care where possible and they received care which promoted their dignity and privacy. Some people attended activities they enjoyed when they could.

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good, published 13 December 2018.

Why we inspected
This inspection was prompted by a review of the information we held about this service and the length of time since the last inspection. As a result, we undertook a comprehensive inspection to review the five key questions of safe, effective, caring, responsive and well led.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service remains good.

Follow Up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

Pilgrims Way Care Home with Nursing

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team consisted of 3 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Pilgrims Way Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Pilgrims Way Care Home with Nursing is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

Notice of inspection
The inspection was unannounced.

What we did before the inspection
We reviewed information we received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries and safeguarding concerns. We sought feedback from the local authority who did not have any serious concerns about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 21/08/2023 to help plan the inspection and inform our judgements.

During the inspection
We spoke with 10 people who lived in the service and 10 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We 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 spoke with 10 people who work in the service including the registered manager, nurses and care workers, kitchen, housekeeping and reception staff. We reviewed a range of records including 5 peoples' care records and multiple medication records. A variety of records relating to the management of the service were reviewed including recruitment records, health and safety checks, meeting notes, training records and audits.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This means that people were safe and protected from avoidable harm.

Using medicines safely

● Medicines were not always managed safely in line with national guidance. For people who had medicines administered via a skin patch or injection there was no evidence that the sites had been rotated to prevent skin irritation or damage. We did not see evidence that people had been harmed. The registered manager told us since they implemented electronic medicine recording recently this had not been set up on the system. Previously paper records of patch and injection sites were maintained. The registered manager implemented recording patch and injection sites on the day after our inspection.

● People who were living with diabetes controlled by insulin had their blood sugar levels measured regularly, however the monitoring strips were out of date. The registered manager could not be assured people received the appropriate insulin dose based on these results. We did not see any negative impact on people, however, we discussed this with the registered manager who immediately replaced the out-of-date products and put extra measures in place to ensure these were checked during audits in future.

● Medicines were stored securely in clean, temperature-controlled conditions. People told us they got their medicines on time. Medicine administration records were completed accurately.

● Medicines were administered by nurses who had been trained and assessed as competent by the registered manager. Training and competency records were comprehensive and up to date.

Staffing and recruitment

● The provider did not always operate safe recruitment processes. Gaps in employment history had not always been explored and files did not contain records of interviews. We discussed this with the provider who put measures in place to address these concerns and interview notes were sent to us after the inspection.

● Records were maintained to show that checks had been made on references and the Disclosure and Barring Service (DBS). DBS checks provide information about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

● The registered manager had full details of all agency staff provided to the service. This was to ensure agency staff had been recruited safely and had the necessary skills and experience to fulfil their duties.

● There were enough staff deployed to meet people's needs. Regular agency staff were used to fill gaps in the rota. Most people and their relatives told us there were enough staff to meet their needs and their call bells were answered quickly. One relative told us, "I feel there are enough staff to look after my [relative] properly." Another relative said, "There are plenty of carers."

● Nurses were registered with the Nursing and Midwifery Council and the registered manager had made checks on their personal identification number to confirm their registration status.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

● People were safeguarded from abuse and avoidable harm. Staff were knowledgeable about safeguarding and knew how to report signs of abuse and to whom. Staff were confident that actions would be taken if they were to report something. Staff told us and records confirmed that safeguarding training was up to date.
● Staff had recorded and reported allegations of abuse to the appropriate authorities. Safeguarding records were completed and showed staff cooperated with investigations.
● People and their relatives told us they felt safe living in Pilgrims Way. One person said, "I am well looked after here. I feel safe because there are always people around, I am never on my own." Another person told us, "I think I am safe here. I can't get outside by myself." A relative said, "[Relative] is happy there, they like it, and I am happy they are there and kept safe."
● The provider had learned lessons when things had gone wrong. For example, actions had been taken following a fire inspection where some concerns had been noted.

Assessing risk, safety monitoring and management
● People's risks were assessed to ensure they were safe. Risk assessments were clear, up to date and contained a high level of detail. They contained clear information and instructions for staff to enable them to provide safe care and manage any risks, such as falls, skin damage or choking. Daily records of care and support provided were comprehensive.
● Where people required monitoring charts such as weight, fluids or repositioning, these were in place and had been completed correctly. Where people required special pressure relieving mattresses, the required settings were documented and checked regularly.
● The provider had a robust system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a person's needs were shared with staff during handover meetings which were documented.
● Environmental risks were managed including fire safety, water temperatures, windows, electrics and maintenance of equipment. Staff had been trained in fire safety and knew how to move people safely in an emergency. Evacuation training had been completed and evaluated.

Preventing and controlling infection
● We were assured the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People were able to receive visitors without restrictions in line with best practice guidance.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and care and support was delivered in line with current best practice to achieve effective outcomes. People's care plans were comprehensive; they contained enough information for staff to know how to provide effective care. For example, there was detailed information about how to care for people that had feeding tubes or catheters. Care plans were reviewed and updated regularly.
- People's assessments were detailed. The service used recognised tools for assessing some risks, such as potential skin damage, nutrition and pain. People received safe care and treatment by staff who knew them well. Staff understood risks, like choking or falls and knew what to do to keep people safe. Care plans included spiritual and cultural needs. People had comprehensive oral health care plans and staff supported people to maintain good oral hygiene.
- People told us most staff knew them well. One person said, "The staff are getting to know me, they spend enough time with me." Another person told us, "The carers are good at their job." A relative told us, "The care is very good, they do a good job, in fact, excellent."

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support. Staff told us they had received training and we saw that training was up to date. Specialist training had been provided in areas such as Parkinson's Disease and End of Life care. People and their relatives agreed regular staff were well trained. One person told us, "The staff seem to know what to do; sometimes they are rushed."

- Records confirmed staff received regular supervision. Staff told us they felt well supported by the nurses and the registered manager.
- Nurses attended clinical meetings and had regular clinical supervision. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated their registration every three years in accordance with regulations.

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

- People were supported to eat and drink enough to maintain a balanced diet. Food preferences, allergies and intolerances were documented. The kitchen staff were knowledgeable about people's dietary needs and preferences. People had two choices of meals, but if they wanted something different they could ask.
- People who were at risk of choking had been assessed by speech and language therapists and were protected from risks with modified food and fluids. Staff made sure people were in the correct position for eating in accordance with instructions in their care plans. People told us they could choose where they ate. One person told us they ate in the quiet lounge because they did not like the television which was always on

in the main lounge.
● People and their relatives had mixed views about the food. Positive comments from people included, "The meals are pretty good", "The food is really nice" and "The food is good enough." Negative comments from people included, "It gets a bit monotonous", "The food is nothing special" and "The meals leave a lot to be desired". Relatives had similar comments, describing the food as 'repetitive and boring' and 'looking samey'. Other relatives said the food looked fine, nice and varied. We have fed this back to the registered manager who will review these issues.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● The provider ensured the service worked effectively within and across organisations to deliver effective care, support and treatment. People were supported to access healthcare services and support. Assessments and care plans included detailed information about people's health needs. Information was shared with others, such as hospitals, if people needed to access these services.
● Nurses and care staff had good knowledge of people's healthcare needs and knew how to support them to achieve good outcomes. There was input from health care professionals such as GPs, tissue viability nurses and hospice nurses. Visits by health professionals were documented in the care plans. Nurses used recognised tools for monitoring deterioration, such as, NEWS2 (National Early Warning Score); and FAST (Face, Arms, Speech, Time) for assessing people who may have had a stroke.
● People told us they could see a doctor or other professionals if they needed to. One person said, "If I feel unwell the carer will call the nurse, they call the doctor if needed." Another person told us, "If I felt ill I am confident they would call the GP." People confirmed they were able to see the optician or chiropodist when they needed to.

Adapting service, design, decoration to meet people's needs
● People's individual needs were met by the adaptation, design and decoration of the premises.
The service was arranged across two levels with lift access and a separate building joined via a covered walkway. Most people were either cared for in bed or not able to mobilise independently.
● People's rooms were personalised with photographs, ornaments and things that were important to them.
The service looked clean and uncluttered. People and relatives told us Pilgrims Way was kept clean and tidy. One relative described it at 'spotless'. People told us their rooms were cleaned daily.
● Communal areas were large, clean and bright and the service had recently been redecorated.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS)

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, and best interest meetings were held between staff, relatives and other professionals and decisions documented.
● The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.
● Care was provided in the least restrictive way. Consent was documented in people's care plans. People and relatives told us staff asked consent before providing care and we observed this happening. One relative said, "The home rings me and asks for consent when necessary."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind, caring and treated them respectfully. We observed care being delivered in a compassionate and caring way. One person said, "The staff are kind and friendly, I see the same faces." Another person told us, "I call my carer 'the boss', we have a good rapport."
- Staff and people knew each other well. Staff knew people's preferences; they told us who preferred male or female care staff and what food consistency people needed. Staff were patient with people and gave them time to respond to questions, talking with them at their own level, using gentle tones, and offering reassurance.
- Relatives told us their loved ones were well looked after and cared for. One relative told us, "I think the staff are brilliant, I can't fault them." Another relative said, "I can't praise them highly enough, there have been no problems."

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

- People's care plans were developed with them and their relatives where appropriate. Relatives told us they had regular updates about their relative's welfare or medicines. One relative said, "I have been involved in care plan reviews over the phone. [Relative] has been present. I could hear them in the background, and I could hear the carer talking with [relative] and interacting well with them. It was reassuring to hear how they behaved with [relative]." Another relative told us, "The staff phone with updates, for example, if [relative] has lost or gained weight, stuff like that."
- People's likes and dislikes were documented and included what they liked to talk about, what they preferred to do during the day, where they preferred to eat and their past hobbies and interests. Some people had a 'This is me' document which was more detailed, the registered manager told us these were being developed for everyone.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. Plans gave instructions for staff to be able to communicate in the best way for the person, including, using short sentences, repeating questions, speaking slowly and giving people time to express themselves. Some people had limited verbal communication and care plans included details about non-verbal gestures and body language.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect and their privacy was protected. Bedroom doors were closed whilst people were having their personal care needs tended to by staff. People told us staff knocked on the door before entering their room.
- Staff recognised and responded to individual needs and promoted independence. One person told us,

"The staff encourage me to do as much as I can for myself." Another person said, "I like to do as much as possible for myself." People who could, chose what clothes they wanted to wear each day and staff told us they supported them to do this.

● People's confidential information was kept securely, accessed only when required and by those authorised to do so. Information stored electronically was protected by passwords.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans were personalised and reflected people's preferences in all areas. For example, food likes and dislikes, gender preferences of staff giving personal care, and spiritual or religious needs. People and relatives told us they were involved in the development of their care plan. Daily care notes were detailed and up to date.
- People told us they had choices, like when to get up or go back to bed. One person said, "I like to have a wash in the morning, and I go to bed when I want to." Another person told us, "I choose which clothes I want to wear."
- The provider had a system in place for regularly reviewing the care plans and risk assessments and these were up to date. Any changes in a person's needs were shared with staff during handover meetings which were documented. Relatives told us they were updated if there were any changes to their loved one's care. One relative said, "We are kept informed of any developments, one of the nurses will contact us." Another relative told us, "They phone me once a month to update the care plan and they keep me informed if there are any incidents or GP visits."
- A range of activities were planned across the week. Activities covered events including gardening, cooking, therapy pets, reminiscence, and themes such as Hallowe'en. Coffee and cake mornings were held to raise money for charity. External entertainers visited the service regularly.
- Most people told us they enjoyed the activities. One person told us they were doing autumn and Hallowe'en themed activities and said, "I enjoy them." Another person said, "I go to the church group in the main lounge. It is every month. A couple of ladies come and talk, and there are hymns."
- Some people did not want to be involved in activities and their choices were respected. One person said, "I have been invited to join in with activities, but I am happy to remain in my room." Another person told us, "I am content watching my television. The activity lady does come round, but I am okay. Every afternoon they have something going on. I like to go to the hairdressers every week."

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were documented in their care plans. Staff were observed communicating

effectively and patiently with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication.
● People with specific communication needs had care plans with detailed instructions about the use of gestures, signs and observation of body language.
● Signage in the service was clear and appropriate to meet the needs of the people using the service.

Improving care quality in response to complaints or concerns
● People's concerns and complaints were listened to and responded to appropriately. Complaints were investigated and outcomes shared with complainants in accordance with the company's time scales.
● People and their relatives knew how to raise concerns and where they had done so, they told us they were resolved quickly. One person said, "I would complain to the manager if I had a problem." Another person told us, "I have no complaints, if I did, I would speak to the nursing staff." Relatives told us they would speak to the manager if they had any concerns.

End of life care and support
● People were supported at the end of their life to have a comfortable, dignified and pain-free death. Care plans included clear instructions about end of life care wishes, and staff were aware of these. These plans had been written in partnership with the person and their relatives if appropriate. Staff were trained in end of life care.
● Staff worked closely with the local hospice and other health care professionals, such as specialist nurses and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

Requires Improvement

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality person centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider's systems did not always effectively monitor the quality of care provided to drive improvements. A range of audits were undertaken, but they failed to identify some of the shortfalls we found during inspection. Audits had not checked expiry dates on important monitoring products and had not noticed the failure to record medicine patch or injection sites. Some people and relatives told us they waited a long time for staff to respond to their call bell. However, systems were not robust enough to support call bell monitoring.
- A new registered manager had been appointed since our last inspection and they had started to review the quality assurance systems. New systems and processes had been implemented, but these had not yet been fully embedded into the culture of the service.
- There was a clear management structure; nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us Pilgrims Way was a good place to work. The team were well organised each day with clear lines of responsibility and staff rotated to all parts of the service, so they had a good level of understanding of every person's needs.
- The registered manager met daily with nurses and other heads of departments to ensure that key messages about people were shared in a timely way. Daily handover meetings were held to ensure staff had up to date information about the people they were supporting. Staff told us they always knew when there were any changes either with people's care or in the home generally, such as, new admissions.
- Services providing health and social care to people are required to inform the CQC of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements, The last inspection rating was displayed in the service as well as being displayed on their website.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were invited to meetings and encouraged to contribute. The registered manager adjusted their working hours to engage with the night staff regularly. Staff told us and records confirmed they had supervision sessions. Staff had been recently sent a survey by an external company; the results were not concluded at the time of our inspection.

● Most people told us they had not been asked their opinion of the service, or for feedback, either through meetings or via a survey. A survey had been conducted by the previous manager at the start of the year, but the results had not been analysed and there was no resulting action plan to drive improvements. Despite this, most people told us they were content with the service.
● Relatives told us they used to receive a newsletter, which they found useful, but this had stopped now. Some relatives told us communication with the management team could be improved. We fed this back to the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive and open culture at the service where people felt empowered and involved. The service was calm and organised. People and their relatives told us they knew who the manager was and would feel comfortable approaching them if they needed to.
● Staff told us they felt supported by managers and felt able to raise concerns if they needed to. One staff member said, "If you are worried about anything you can say something, but I haven't had to do this." Another staff member told us, "I have all the support I need." Staff who were supplied by an agency enjoyed working in the service and told us permanent staff were friendly and helpful.
● Staff had good knowledge of the people they were supporting ensuring care provided was person centred and aimed to achieve good outcomes. Staff told us they gave people choices where they could and respected their privacy and dignity.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood their responsibilities under the duty of candour. CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong.
● Relatives told us, and records confirmed that staff were in regular contact with them. Relatives confirmed that staff contacted them with updates when necessary.

Continuous learning and improving care; Working in partnership with others
● The registered manager had created a learning culture at the service which improved the care people received. As well as mandatory training, staff had attended specialist training which supported them to provide evidence-based care for people. For example, training in end of life care or Parkinson's Disease.
● Nurses attended regular clinical meetings where key clinical issues were discussed, such as wound management, weight loss and falls prevention. Action plans were in place to ensure issues were addressed and reviewed, such as, referrals to dieticians or specialist nurses.
● The service was committed to continuous improvement and lessons learned from incidents, accidents or complaints were shared with the team.
● The registered manager worked in partnership with local health and social care teams and had a good working relationship with visiting healthcare professionals. Nurses liaised regularly with the GP about people's health conditions and treatments.