

Countrywide Care Homes Limited

Howgate House

Inspection report

Howgate
Idle
Bradford
West Yorkshire
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Tel: 01274350278

Date of inspection visit:
08 October 2019
23 October 2019

Date of publication:
05 December 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Howgate House is a residential care home providing personal and nursing care. The service can accommodate up to 63 people and most people are aged 65 and over. At the time of our inspection 46 people were living at the home.

People's experience of using this service and what we found

Most people, relatives and staff told us the service had improved since the last inspection. They said further improvements were needed but felt confident the service was moving the right direction under the leadership of the new manager.

People told us the service was safe and there were generally enough staff to meet their needs. A small number of people had concerns about the skills and knowledge of some of the staff team. The manager was addressing this through training and carrying out a review of working patterns.

People told us, and we observed staff were kind and caring. People's privacy and dignity were respected, and people were supported to be as independent as possible.

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.

Improvements had been made to the way people were supported to share their views of the service. People were given feedback on the actions taken in response to their comments.

Improvements had been made to the way risks to people's safety and welfare were identified and managed. The home was clean, and equipment and installations were maintained. Some refurbishment had taken place, and more was planned.

The way people's medicines were managed had improved.

Feedback about the food was varied; some people said there was room for improvement. This was being dealt with and people were being consulted about the menus. Improvements had been made to the support given to people at risk of poor nutrition and hydration. People's oral health was considered and where necessary people were referred for dental treatment.

People's needs were assessed, and their care records had improved. Further improvements were being made in this area to ensure staff had clear information about people's current needs.

Improvements had been made to the systems and processes in place to monitor the safety and quality of

the service. The manager was proactive in developing links with external professionals and local community groups for the benefit of people who used the service.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published 23 May 2019). There were multiple breaches of regulations and the service was placed in Special Measures. During this inspection the provider demonstrated improvements had been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, the service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Howgate House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Howgate House 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.

A new manager had been appointed and was in the process of applying to be registered with the Care Quality Commission. The manager who was registered with CQC had left. When a manager is registered with CQC they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced on both days.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with seven people, five relatives, a friend who was a regular visitor and one visiting health care professional. We spoke with eight members of staff included care assistants, care practitioners, nurses, the deputy manager, the home manager and the quality manager.

We looked at five people's care records and several medications records. We observed people being supported in the communal rooms, visited people in their bedrooms and looked around the home. We looked at two staff recruitment files and other records relating to the management of the home. These included training and maintenance records, meeting notes, audits and policies and procedures.

After the inspection

We reviewed additional information sent to us by the manager. We spoke with a professional who regularly visits the service.

Is the service safe?

Our findings

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

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

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At the last inspection the provider had failed to ensure risks to people's health and safety were properly managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Most risks to people's health and safety were assessed. People's care records included a range of risk assessments covering areas such as bed rails, nutritional risks and pressure area care. We observed one person was not sitting on their specialist cushion to reduce the risk of pressure sores in line with their safe plan of care. We spoke with the deputy manager about this and it was dealt with immediately. The person had not sustained any harm.
- One person's moving and handling care plan and risk assessment stated they needed a hoist and sling for transfer, but we saw them transferring using a handling belt and rota stand. The deputy manager told us this was their new plan of care as the person's mobility had improved. However, this had not been risk assessed and was not clearly documented in the care plan. Following our visit, the manager confirmed the person's records had been updated.
- On the first day of our inspection it wasn't clear whether people who needed a hoist for transfers had their own slings. People should have their own slings to reduce the risk of injury and discomfort during transfers. On the second day of our inspection this had been dealt with. Slings had been assigned to people and named.
- Incidents and accidents were logged and analysed monthly to look for any themes and trends. Detailed investigations were carried out of more serious incidents. In one person's records we saw information about an incident involving aggression towards a staff member. This had not been reported as an incident. We discussed with the manager the importance of ensuring all incidents were reported.
- There was evidence of reflective practice and learning from incidents. For example, the service had made changes to the procedures for sharing information when people were transferring to hospital.
- The environment and equipment were well maintained.

Using medicines safely

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

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Overall medicines were managed safely.
- Medicines were stored securely and administered by trained nurses or care practitioners. The nurse we spoke with had a good understanding of people's medicines.
- Medicine Administration Records (MARs) were well completed and showed people had received their medicines as prescribed. Where time specific medicines were required this was highlighted on the MAR chart. Staff demonstrated a good awareness of these medicines and said these were always prioritised. However, the exact time of administration was not recorded. We discussed this with the manager and it was dealt with.
- Stock balances were recorded, and, in most cases, we saw these were accurate. We found one discrepancy between the stock balance on the MAR and what was in stock. The nurse explained the new system they were implementing to improve stock management.
- Application of topical medicines such as creams was recorded on topical medicine administration records. These were completed to an acceptable standard.
- Medicines were reviewed regularly which helped to make sure people were not taking unnecessary medicines.

Staffing and recruitment

At the last inspection the provider had failed to ensure there were enough staff deployed to keep people safe and meet their needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- People, relatives and staff told us staffing levels had improved since the last inspection. They felt there were generally enough staff on duty to meet people's needs. Staff were available in the communal areas and we did not observe people waiting for care and support.
- Some people had concerns about the skill mix. They felt some staff were not adequately skilled and experienced to meet their needs. The manager had already started to address this through staff training and was carrying out a review of working patterns.
- The manager had responded to one person's concerns about having to wait a long time when they used their call bell. The person told us the response times had improved significantly.
- There was an increased management presence in the home with the manager and deputy manager taking it in turns to work weekends.
- Records showed when agency staff were used they received an induction to the service.
- Staff had been recruited safely and all the required checks had been done to make sure they were suitable to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risk of abuse.
- Records showed safeguarding incidents were recorded, investigated and reported to the local authority and CQC.
- Staff had been trained and were aware of how to report concerns about people's safety and welfare.
 - Most people told us they felt safe at Howgate House. One person said, "Yes, it's very nice here, I feel as safe as anywhere else and I'm well looked after." Another person said, "Yes, I do feel safe, the staff make me feel safe."

Preventing and controlling infection

- The home was clean and free of unpleasant odours.
- Most people were satisfied with the standard of cleanliness. One relative said they felt more attention was needed to deep cleaning.
- We observed staff using protective equipment such as gloves and aprons appropriately.
- The service was inspected by the local authority infection control and prevention team on 5 November 2019 and achieved a very good compliance score, (98.6%). The service had a food hygiene rating of five (very good) awarded in November 2018.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as inadequate. This key question has now improved to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At the last inspection the provider had failed to ensure people received the right support to eat and drink an adequate diet. This was a breach of regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 14.

- People were supported to have a balanced and varied diet.
- People's weights were monitored, and action was taken in response to unplanned weight loss. This included monitoring people's food and drink intake and referrals to other health care professionals. We found one person's nutritional screening tool had not been calculated correctly and it underestimated the risk of poor nutrition. However, there was no evidence of harm and records showed the person had gained weight over the last three months. We found some inconsistencies in the recording of dietary supplements in people's fluid charts. This could lead to people's daily fluid intake being incorrectly calculated. However, people's medication records showed they were receiving their supplements.
- People had access to a range of food with snacks provided throughout the day. One person said, "They bring you plenty to drink in between meals too, morning, afternoon and evening."
- People had mixed views about the food. For example, one person said, "The food is good, and they are very accommodating. They will offer you something else if you don't like what is on the menu. You can have an alternative of something like omelette and chips, a sandwich or a salad." Another person said, "The food can be a bit hit and miss."
- The service had recently carried out a survey about the food and they were making changes in response to people's feedback.
- Some people needed to have their food pureed because of swallowing difficulties. The chef had changed the way puree food was presented, it was piped so that it retained its shape and colour. This made the food look more appetising. Feedback about this change was positive with one relative commenting the carrots looked particularly good.

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

At the last inspection the provider had failed to ensure people received personalised care which met their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's needs were assessed before they moved into the home. Protected characteristics under the Equality Act 2010, such as religion and culture, were considered during the assessment. This helped to ensure the service had the right resources to meet the person's needs.
- The manager had a good understanding of current best practice guidelines and standards. This was shared with staff to promote good practice. For example, by including information about specific medical conditions, such as Motor Neurone Disease, in people's care plans.

Ensuring consent to care and treatment in line with law and guidance

At the last inspection the provider had failed to ensure decisions taken in the best interests of people who lacked capacity were always recorded. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people lacked capacity best interest processes were followed to ensure people's rights were protected. For example, covert medicines were being arranged for one person and the service was waiting for all stakeholders to be involved in a best interest process before giving medicines in this way.
- Appropriate DoLS applications had been made for people who lacked capacity and the service considered to be deprived of their liberty. Where conditions were in place these had been complied with. For example, one condition stated the service should ensure a review of the person's medicines, this had taken place and they no longer needed an antipsychotic medicine.
- People told us, and we observed staff asked people before delivering care. One person said, "Oh yes they will come and ask if it's okay if they do pressure relief."

Staff support: induction, training, skills and experience

- People had different views about how well trained the staff were to meet their needs. Most people thought the staff were well trained and knew what they were doing. However, some people felt they needed more training to support people with complex needs.
- The new manager was investing a lot of time and resources in staff training and support. For example, they had introduced a workbook of the month which provided staff with training on specific topics related to the

needs of people who used the service. Staff had completed workbooks on nutrition and hydration and dignity and respect. The October subject was Parkinson's disease. This training was being supported by a Parkinson's nurse specialist from the local NHS trust.

- Staff said training was effective and gave them the skills to undertake their roles. They said the 'dementia bus' had been thought provoking and had helped them gain a better understanding of dementia. The 'dementia bus' provides interactive training which allows staff to experience what life might be like for a person living with dementia.

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

- The service worked with other agencies to ensure people received effective care and treatment.
- Records showed people had access to a range of health care professionals including GPs and Speech and Language Therapists. People told us they had access to health care professionals. One person said, "Yes, when you need a doctor they are straight on it. I get infections and they sort treatment for me straight away. They are very good at getting a doctor in."
- People had oral health assessments and care plans in place. The service had contacted local dentists, arranged training for staff and referred several people for dental treatment.
- A visiting health care professional told us they had no concerns about people's safety and care. They said staff always followed their instructions and were interested in learning.

Adapting service design, decoration to meet people's needs

- The corridors were well lit and spacious to aid visibility and accessibility.
- The home had a well-designed outside seating area. This was easily accessible to people and the service kept pet rabbits to encourage people to go out.
- Some refurbishment and redecoration had taken place and the manager told us more was planned.

Is the service caring?

Our findings

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

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

- The new manager told us they had done a lot of work with staff around promoting the core values of privacy, dignity and respect. People said they had seen improvements. One relative said, "The change is incredible and very noticeable since the new manager came in July [2019]."
- We observed staff interacting with people in a kind and caring way. They were patient and considerate, addressing people by their name and showing respect.
- The majority of people were complimentary about the attitude and kindness of the staff. They said most staff knew how they liked things done. One person said, "The girls are very good." Another person described the staff as "excellent."
- People looked well cared for. A relative told us their mother was always clean and properly dressed. Staff supported people to take care of their appearance. For example, one person was getting ready to go out and staff noticed they had stains on their clothing. They gently supported the person to change their clothes before going out.
- People's care records included information about their background, life history, family, friends and interests. This helped staff to get to know people and understand their individual needs. One person's records were very brief and did not provide much insight into their background. We spoke with the manager about this and it was dealt with.
- Action had been taken to meet the communication needs of one person whose first language was not English. Picture cards had been produced to help them communicate along with a translation for key words.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was promoted.
- People told us staff respected their privacy and dignity. One person said, "The girls knock on my door and close it behind them when they do anything with me, you know so its private." Another person said, "When they come to do my pressure relief they always close the door and pull the curtains."
- We observed staff respected people's privacy and dignity, for example by knocking on doors before entering people's bedrooms.
- People told us they were encouraged to be as independent as they could be. At lunchtime we saw people were encouraged to eat independently and adapted crockery and cutlery was provided to help with this.
- People's confidential information was managed safely.

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

- People were supported to express their views and make decisions about their care and treatment.
- People made choices about their daily lives. For example, they decided where and how to spend their time and at meal times we saw staff offered people choices.
- People and their relatives were supported to share their views in individual care reviews and at meetings.
- A comments box had been put in place to encourage people to give feedback about the service. Action was taken in response to people's feedback. For example, one person had asked for better quality sausages. We spoke with the person and they told us they had recently enjoyed a meal with "proper" sausages.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as inadequate. This key question has now improved to requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

At the last inspection the provider had failed to ensure people received personalised care which met their needs and preferences. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care needs were assessed, and this information was used to develop plans of care. Some people's care plans were more detailed than others. One person's care plan was difficult to understand because so many changes had been made to the original plans. We discussed this with the manager. Following our visit, they confirmed the care plan had been rewritten to provide staff with clear information about the persons current needs.
- Care plan reviews were taking place and some relatives told us they had been involved in reviews. One relative said, "It's nice to know they are doing some paperwork now as nothing was written down before." Some of the reviews were not detailed enough to show if changes had been made to people's care plans. This was discussed with the manager and we were assured it would be dealt with.
- Most people's care plans included information about their wishes in relation to end of life care.
- The service worked with Gold Line to ensure people received appropriate end of life care. The Gold Line is an NHS service which provides 24-hour support to people receiving palliative care and those acting on their behalf. This helped to ensure people could, whenever possible, receive end of life care in a place of their choosing and helped to avoid unnecessary hospital admissions.
- A relative had recently complimented the service about the end of life care provided. They stated, "A very big thank you for taking such good care of mum in the last weeks of her life. You all showed her much kindness and care in the relatively short time she was with you. It meant a lot to both mum and us as a family."

Meeting people's communication needs

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

- People's communication needs were assessed. Further improvements were needed to make sure people consistently received the right support. For example, relatives told us people were not always supported to wear their glasses.

- Information about the service could be provided in alternative formats where needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of activities.
- People told us the service offered a wide variety of activities. One person said, "They are always asking me if I want to join in the programme. I'm happy in my room watching television and listening to music." Another person said, "The carers come and have a chat. They've brought rabbits and ducks into my room. They do try and get you involved but I prefer to make my own entertainment."
- People were supported to take part in activities outside the home. One person said, "If you want to go out for your lunch they will take you to the pub. There is a church over the road where you can go, and they have coffee mornings."
- Christian services were held in the home for people who wished to attend.
- The service had recently extended the activities programme to include evening events and activities geared towards men's interests.

Improving care quality in response to complaints or concerns

At the last inspection the provider had failed to demonstrate they had effective systems in place to deal with complains. This was a breach of regulation 16 (Receiving and acting on complaints) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 16.

- There was a complaints system in place. Information about the complaint's procedure was available in the entrance area.
- Records showed complaints had been responded to within an appropriate timescale. The service had apologised to people where care practices had fallen short of the required standards. For example, one person had complained about the time taken to respond to their call bell when they needed support from staff. This had been addressed and the person told us there had been a "significant improvement" in response times.
- The new manager was proactive in seeking people's feedback and viewed concerns and complaints as an opportunity for improvement and learning. People and relatives told us they knew the manager and would not hesitate to talk to them if they had any concerns.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection we found the provider had made improvements and was no longer in breach of regulations.

This key question has now improved 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.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At the last inspection the provider had failed to operate effective systems for monitoring and assessing the quality and safety of the services provided. This was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Over the past two years there has been a lack of consistent and effective leadership to continually evaluate the service and implement and sustain improvements. At the time of our inspection there was a new manager in post, they joined the service in July 2019. They had applied for CQC registration and told us they were committed to staying at Howgate House and continuing to improve the service.
- People told us the service had improved since the new manager had started. They felt there was still room for improvement but felt confident the service was moving in the right direction. One person said, "On the whole I know [relative] is well looked after. I can go home now and relax. I think I would recommend Howgate House now."
- Staff and external professionals told us they had seen improvements since the new manager started. They told us the service was calmer and more organised.
- The manager promoted an open, inclusive and person-centred approach. They were visible in the home, directing care and providing a positive role model for staff.
- The manager understood their regulatory responsibilities. They spoke openly and honestly about the challenges the service had faced and their plans for implementing and sustaining improvements. They responded positively to suggestions for improvements discussed during the inspection.
- There were systems in place to monitor the safety and quality of the service. These included audits of areas such as medicines, care plans and health and safety. The service had an improvement plan in place and this was monitored by members of the provider's senior management team, such as the quality manager, as well as the home manager.
- Notification of accidents, incidents and significant events were submitted to the CQC as required by law.

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 manager was open and transparent when dealing with any issues or concerns. They understood their responsibility to apologise and give people an explanation if things went wrong.

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

- In addition to meetings and individual care reviews the provider sent surveys to people who used the service and their relatives once a year. The results of the 2019 survey were not yet available at the time of our inspection. A small number of people who lived at the home had completed survey questionnaires with support from staff. The feedback was mainly positive. A notice was displayed in reception which showed what the service had done in response to people's comments.
- Staff engagement took place through staff meetings and individual supervisions and appraisals. Feedback from staff was positive, they said they felt listened to and valued.
- The manager was proactive in getting relatives involved in the running of the home. For example, the service was planning to hold some fundraising events and a relative had responded to their request for a volunteer to have oversight of the financial transactions.

Continuous learning and improving care; Working in partnership with others

- The manager had established links with external organisations and professionals to support staff learning and development. These included the Parkinson's Disease Society and Motor Neurone Disease Association. They had also set up a regular meeting with an end of life nurse specialist to provide staff with an opportunity to reflect on how best to support people with this aspect of their care.
- The manager had started to make links with the local community to give people more opportunities to get involved in local events. For example, they joined the Idle community committee and one of the people who lived at the home had been chosen to switch on the Idle Christmas lights.