HC-One No.1 Limited

Wombwell Hall Care Home

Inspection report

Wombwell Gardens
Northfleet
Gravesend
Kent
DA11 8BL

Tel: 01474569699

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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

About the service
Wombwell Hall Care Home is a residential care home providing nursing and personal care for up to 120 people. Peoples' needs were varied and included those living with dementia, people with physical needs and some requiring nursing in bed. The service was arranged on one level across four different units; each one can accommodate 30 people. At the time of our inspection there were 73 people living in the service and one unit was temporarily closed.

People's experience of using this service and what we found
People told us they felt safe and were happy living in Wombwell Hall. One person said, "I'm very comfortable here because I'm confident that when I need help, they are here for me." Another person said, "I'm very happy because the carers look after me well." Relatives agreed that their loved ones were safe and happy. One relative said, "Oh, [relative] is so safe here. There is always someone to check [relative] is ok." Another relative said, "[Relative] is safe here, I have no qualms."

People received safe care and treatment from staff who knew them well. Medicines and infection control were both managed safely, and lessons were learned when things went wrong.

People were involved in decisions about their care and they received care which promoted their dignity and encouraged independence. Relatives told us they were involved in their relative's care plans and were always kept up to date with any changes, either in the home or with their loved one's condition. One relative said, "They did ring me and ask if I wanted anything updated in the care plan."

People enjoyed the food and their dietary needs and preferences were met, for example vegetarian. People told us they had choices, but if they wanted something different, they only had to ask. One relative said, "[Relative] eats well and their weight is OK." There was a range of activities offered, including group and individual activities and people could choose whether to attend.

Effective quality assurance processes were in place to monitor the service and regular audits were undertaken. Staff had received appropriate training. A new registered manager had been appointed since our last inspection and staff told us they found them approachable and supportive with an open-door policy.

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 17 June 2021).

Why we inspected
This inspection was prompted by our data insight that assesses potential risks at services, concerns in relation to aspects of care provision and previous ratings. As a result, we undertook a comprehensive inspection to review the five key questions of safe, effective, caring, responsive and well led. This enabled us to look at the concerns raised and review the previous ratings.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Wombwell Hall Care Home on our website at www.cqc.org.uk.

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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well led.

Details are in our well led findings below.

Wombwell Hall Care Home

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

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
Wombwell Hall Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that 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.

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. We sought feedback from the local authority who did not have any concerns about the service. We used this information to plan our inspection. 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 13 people who lived in the service and 12 relatives about their experience of the care provided. We observed multiple interactions between people and staff throughout the day. We spoke with 15 members of staff including the registered manager, clinical lead, area director, unit managers, nurses, nursing assistants, care staff, activity staff, admin and maintenance. We reviewed a range of records including 11 peoples' care records and multiple medication records. We looked at four staff recruitment files. A variety of records relating to the management of the service were reviewed including health and safety checks, meeting notes, training records and audits.

After the inspection
We continued to seek clarification from the provider to validate the evidence found. We looked at audits, feedback from staff and relatives, meeting notes and activity plans.

Good

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

● 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. Lessons learned were shared.

● People and their relatives told us they felt safe living in Wombwell Hall. One person said, "It's really good here. The staff are so nice and kind and I trust them." Another person told us, "I am quite content and feel safe because I'm well looked after." A relative said, "I'm so pleased [relative] is here. It's taken a weight off my shoulders."

Assessing risk, safety monitoring and management

● Care plans and risk assessments were clear, comprehensive and up to date. They contained enough information for care staff to provide safe care and manage any risks, such as falls, skin damage or choking. The provider used recognised tools for assessing risks such as skin damage, nutrition and pain. Daily records of care and support provided were comprehensive and included references to activities and nutrition.

● 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. People received safe care and treatment by staff who knew them very well. One person told us, "They perform my personal care so well that it gives me confidence." Another person said, "Everyone is nice which is reassuring. I was anxious at first, but I needn't have felt like that." Relatives confirmed that staff knew their relatives well.

● 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 persons' 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, "I know every time something happens, they will be straight in touch. It's so reassuring."

● Environmental risks were managed including fire safety, hot water, windows, electrics and maintenance of equipment. Each unit had a maintenance folder which was checked daily so that faults could be rectified without delay. Staff had been trained in fire safety and knew how to move people safely if the alarm sounded. Evacuation training had been completed, evaluated and lessons learned shared.

Staffing and recruitment

● There were enough staff deployed to meet peoples' needs. The service used a dependency tool, updated monthly, which helped the registered manager to calculate the number of staff needed. Rotas showed that

planned shifts were filled. Call bells were answered quickly, and call bell audits were undertaken regularly. Where people waited longer than five minutes, this was flagged on the call bell audit and discussed at daily staff meetings. Most people told us their 'buzzers' were answered quickly. Staff told us they thought there were enough staff and regular bank staff to cover absences. One staff member said, "It gets busy but stays safe."

● Staff had been recruited safely. Records were maintained to show that checks had been made on employment history, references and the Disclosure and Barring Service (DBS). The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.

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

Using medicines safely

● Medicines were managed safely in line with national guidance. 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 or nursing assistants who had been trained and assessed as competent by the clinical lead. Training and competency records were comprehensive and up to date.

● Medicines were audited regularly by nurses and monitored by the clinical lead. Medicine errors were documented, investigated and lessons learned shared during clinical meetings. Staff wrote reflective accounts which were used as a learning tool after any medicine error.

Preventing and controlling infection

● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was meeting shielding and social distancing rules.

● We were assured that the provider was admitting people safely to the service.

● We were assured that the provider was using PPE effectively and safely.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

● We were assured that the provider's infection prevention and control policy was up to date.

● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

● We were assured that the provider had systems in place to confirm staff and visiting professionals were vaccinated against COVID-19, unless exempt.

Learning lessons when things go wrong

● There was a robust system in place for recording accidents and incidents and staff knew what to do if someone had an accident. Records had been completed and were up to date. Professional advice was sought if necessary, for example, from the GP or emergency services. One person told us, "I did have a fall, but they came quickly, and the doctor checked me over."

● Accidents and incidents were investigated. Investigation records were thorough and included actions plans and lessons learned. Actions were taken to prevent recurrence, such as low-rise beds, crash mats and reassessments of risks.

● Monthly analysis of incidents and key clinical indicators, for example, falls, weight loss or infections were

carried out to identify trends and reduce the risk of recurrence. These reports were shared with staff at regular clinical meetings.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Peoples' care plans were comprehensive; they contained enough information for staff to know about peoples' individual choices and wishes. Relatives told us they had been consulted about their loved one's care plan. Care plans were reviewed and updated regularly.
- Care delivery was person focused and responsive to peoples' needs. Peoples' assessments included needs relating to their culture and spiritual needs. The service used recognised tools for assessing some risks, such as potential skin damage, nutrition and pain. Staff had a good knowledge of people and their individual preferences and choices. Staff understood risks, for example, choking or falls, and knew what to do to keep people safe. One person told us, "Staff know the condition I'm in so know how to help me."
- There was provision in place to support and reassure people who were living with dementia or those being nursed in bed. Staff were seen reassuring people. One staff member said, "They are like family to me. That's how we should treat them." A person told us, "They look after me well and know exactly the support I need." A relative said, "[Relative] has dementia, but the carers chat to them a lot."

Staff support: induction, training, skills and experience

- Nurses and care staff had received training and had the knowledge and skills they needed to safely provide care. Staff told us they had received training and we saw that training was up to date. People and their relatives agreed staff were well trained. One person said, "The carers must have training because they seem so confident when helping me." A relative said, "The [staff] are really well trained and observant."
- Staff told us they received supervisions regularly and had annual appraisals. Staff felt well supported by the nurses and the management team.
- Nurses and nursing assistants attended clinical meetings and nurses had regular clinical supervision. Nurses worked within the Nursing and Midwifery Council's Code of Conduct and revalidated 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 safely in line with recommendations received from Speech and Language Therapists (SaLT) and dieticians. People were protected from risks of choking with modified food and fluids following assessments by SaLT. The chef attended daily meetings to ensure they were kept up to date with any changes.
- There were enough staff to support people to eat and drink, either in the dining room or in their own rooms. People who needed help with their meals were supported patiently by staff. The meals looked appetising and people had chosen their meals. People were able to change their mind and choose something different if they wanted to. Peoples' individual food preferences were respected.

● Most people and their relatives told us the food was good. One relative said, "[Relative] enjoys the food, though [relative] is not a meat eater. I can see what [relative] has eaten; the carers record the details in the care book." A person said, "There is always something that I like to eat. I love the puddings." Another person said, "They serve meals without meat for me."
● The management team conducted weekly food audits to monitor the standard of meals and changes had been made to the menu in response to feedback. The chef met with every new person who moved into the service to discuss and document their choices, preferences, allergies, intolerances and liaised with nurses about any specific dietary needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Assessments and care plans included peoples' health care needs and there were details of healthcare professional's visits in individual's records. Information was shared with others, such as hospitals, if people needed to access these services.
● Nurses and care staff had good knowledge of peoples' 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 podiatrists. We saw care being provided in accordance with the plans.
● People told us they could see a doctor if they wanted to and that staff would arrange that. One person said, "I am confident I can see a doctor if I need one." Another person said, "If I don't feel well, the nurse will arrange for a doctor." A relative told us, "They did call a doctor when [relative] wasn't well."

Adapting service, design, decoration to meet people's needs
● The service was arranged on one level with ease of access for people with all abilities. We saw people walking around and using self-propelling wheelchairs safely around the service, including in the communal areas.
● All doors were the same colour but had names and photos to help people identify their room. Peoples' rooms were personalised with photographs, ornaments and things that were important to them. All rooms had nice views of the outside and most had direct access to the gardens. One person had a favourite rose planted outside her room. People and relatives said rooms were kept clean and tidy.
● Communal areas and bathrooms had good signage including photographs to aid recognition.

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 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.

● The service complied with the MCA. Mental capacity assessments had been completed. There were decision specific capacity assessments, such as use of bed rails or testing for Covid-19. 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 peoples' care plans. People and relatives told us staff asked consent before providing care and we observed this happening. One person told us, "The always ask me before they do anything." A relative said, "Staff always ask permission before they do things for [relative]."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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, without exception, staff were caring and treated them respectfully. One person said, "The carers chat to me, they are all nice. In fact, they are brilliant; so patient. They are special; so respectful." Another person described the carers as 'lovely', and said, "Nothing is too much trouble for them. They are very respectful."
- Staff and people knew each other well. Staff knew peoples' preferences but still offered choice, for example when offering drinks. 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 described the staff as kind, caring, polite, respectful and professional. One relative said, "They show compassion and sensitivity to me as well. They call me by my name and show absolute respect to [relative]." Another relative said, "The carers do a wonderful job, they know [relative] so well and they get very good personal care."

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

- Peoples' care plans were developed with them and their relatives where appropriate. People were encouraged to share their life experiences so that staff could get to know them better. Peoples' likes and dislikes were documented and included, for example, what time they liked to go to bed or get up, where they liked to eat their meals, what type of toothbrush they liked and what they liked to wear in bed.
- Communication needs were documented so people could be supported in the best way to be involved in decisions about their care. Care plans documented peoples' personal goals and desired outcomes. A separate document, 'Remembering Me' was included in care planning; this had sections on past interests, jobs, people and places of importance. One person said, "The carers really understand me and know my needs."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect; their privacy was protected, and they were encouraged to be independent where possible. We saw bedroom doors were closed whilst people were having their personal care needs tended to by staff. Staff were sitting with people and talking to them. One person said, "The carers are kind and chat to me." Another person said, "When I'm a bit down, they'll cheer me up." A relative said, "The carers chat to [relative] and even do paperwork in their room so there is a presence."
- Staff recognised and responded to individual needs and promoted independence. One person said, "They want me to do things for myself." Most people told us they chose what to wear each day. Care plans detailed what people could do for themselves and what they might need support with and included information

about equipment used to support independence, for example, walking frames or wheelchairs. One person told us they could walk up to the road if they have a member of staff with them.

● Peoples' confidential information was kept securely, accessed only when required and by those authorised to do so.

Good

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 good. At this inspection this key question has remained the same. 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 peoples' preferences in all areas. For example, food likes and dislikes, whether a person wants to choose their own clothes, gender preferences of people giving personal care, and spiritual or religious needs. Daily care notes were detailed and contemporaneous, with several entries made during each shift.
- There was an enthusiastic activities team and a full programme of activities on offer. Some were group activities, and some were individual sessions. We saw people engaged in various activities during the afternoon, such as playing scrabble, listening to the carol singing and doing arts and crafts.
- Some people didn't want to be involved in activities and their choices were respected. One person said, "I don't get involved in the activities as I'm happy watching TV in my room. They do ask me to have a go, but I say no." Another person said, "I like to read, knit and watch TV. I don't get bored." A relative said, "The activity coordinator goes to see [relative], they try to get them out to do things without success."
- Activities were adapted for people who stayed in their rooms. One person said, "The activity coordinator does come to my room." Another person said, "[Activity coordinator] comes in my room every day and talks to me, I don't feel left out." A relative told us the activity coordinator took the activity box to [relative's] room so they can do things. Another relative said, "The activity coordinator goes to [relative's] room to do 'crafty' things with them."
- Each person had an activities journal which was completed to a high standard and contained details of interactions and activities that people had been involved in.

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.

- Staff were observed communicating effectively with people. When people required spectacles or hearing aids, staff made sure they were working, and people used them properly to support better communication. Some people didn't like wearing their hearing aids and this was documented in their care plan.
- For a person whose first language was not English there were picture cards and common phrases to aid day to day communication. Staff also used google on their phones to translate if required. There were user-friendly accessible documents, such as a safeguarding leaflet and various pictorial signs about infection control around the service.
- Signage in the service was clear with pictures as well as words to aid understanding, for example, signs to

the dining room and lounge.

Improving care quality in response to complaints or concerns

● The registered manager had a proactive approach to complaints and concerns raised about the service. Complaints were investigated and outcomes shared with complainants in accordance with the company's time scales.

● Where there had been mistakes, the registered manager apologised and learnt lessons from the concern. Staff were encouraged to write reflective accounts and lessons learned were shared with staff so that the risk of similar concerns arising could be minimised.

● People we spoke to and their relatives knew how to raise concerns and were confident that something would be done if they did. One person said, "I talk to the manager, but I have nothing to complain about." Relatives agreed they would talk to the manager or someone on the unit if they needed to raise any concerns. One relative said, "If I had an issue, I would go to the manager of the home."

End of life care and support

● The service was able to provide end of life care and support which enabled people to remain in the service if their needs increased and not have to move to a new service.

● 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 worked with other health care professionals, such as specialist nurses, hospice teams and GPs to provide end of life care when required. Medicines were available to keep them as comfortable as possible.

Good

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture within the service where people felt empowered and involved, and there was a commitment to continuous improvement. The registered manager had an open-door policy and encouraged staff, people and relatives to share their views.
- Staff told us the culture was open and honest with good teamwork. People and their relatives agreed and said they trusted the staff and managers. One person said, "There is a nice atmosphere here." Another person said, "Everyone is supportive. It's a good place." A relative said, "I feel I could approach the senior nurse with any concerns because they are very open."

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 Care Quality Commission (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. The provider understood their responsibilities.
- Relatives told us, and records confirmed that staff were in regular contact with them, particularly during the COVID-19 pandemic. Relatives confirmed that staff contacted them with updates when necessary. For example, one relative said, "They ring me if there are any changes in [relative's] condition." Another relative said they had regular conversations about their loved one's care.

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

- There was a clear management structure, nurses and care staff understood their responsibilities to meet regulatory requirements. Staff told us the management team were supportive and approachable and were confident in reporting any concerns. Staff told us Wombwell Hall was a good place to work.
- The registered manager met daily with unit managers and other head 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. All meetings were documented.
- The provider had a robust quality monitoring process. A range of audits were undertaken regularly, for example, infection control, medicines, care plans and clinical indicators. Audits results and outcomes were reviewed by regional managers. Care records were comprehensive and up to date.
- 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.

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 went to the units daily to talk to people and staff. Staff told us they had regular supervision sessions. The results of the most recent staff survey (June 2021) were positive; people felt valued in their role and were proud to work for Wombwell Hall.

● People and their relatives were asked their opinions on the service, either individually through conversations or via the feedback survey. Feedback was generally positive. One person said, "The staff ask me how I am and if I need anything." Relatives told us they got letters from the provider, but not specific for Wombwell Hall.

● The registered manager told us the home was supported by a 'great bunch of volunteers', led by the local church. Some visits had been stopped due to the COVID-19 pandemic, for example, visits by the local primary school.

Continuous learning and improving care

● 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 that issues were addressed and reviewed, for example, 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 clinical services manager sent a 'report for learning' to each member of staff and staff were supported to write reflective accounts following incidents to aid their learning and personal development.

Working in partnership with others

● The registered manager worked in partnership with local health and social care teams and had a good working relationship with safeguarding and commissioning teams.

● Managers and nurses liaised regularly with other health professionals, such as dieticians, speech and language therapists, specialist nurses and hospice teams. Community nursing teams visited the service regularly.