

Sentimental Care Limited

Hamilton Park Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Hamilton Park Nursing Home provides accommodation and nursing care for up to 34 people. Accommodation is arranged over three floors and all bedrooms are single occupancy. The home is staffed 24 hours a day and a registered nurse is always on duty. 16 people were living at the service at the time of the inspection.

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

At the last inspection the provider had not ensured the governance systems were sufficiently effective to monitor and improve the quality and safety of the service. At this inspection improvements had been made in several areas. However, further improvements were needed to ensure consistent good practice was embedded over time. We have made a recommendation that the provider continues to develop and oversee quality assurance systems to ensure continuous improvement. Improvements had been made to ensure the management of medicines was safe. However, we have made a recommendation that the provider review procedures for managing medicines prescribed to be given 'when required' to ensure best practice guidance is followed.

People felt safe at the service and relatives and professionals expressed their confidence in the staff team. Comments included, "I feel safe, staff pop in regularly and help me" and "We are very happy with the level of care. We never felt that (person) was unsafe at the home. We have no reason to suspect (person) is not well cared for."

Staff knew how to safeguard people from abuse or neglect and how to minimise identified risks to people's health and wellbeing. Regular health and safety checks were carried out on the premises and equipment to make sure they were safe. There were enough staff to meet people's needs and requests in a timely way. We were assured the service was following safe infection prevention and control procedures.

People's needs were assessed to make sure their care could be provided by this service. Staff were familiar with each person's preferences and how they wanted to be supported. People and relatives felt staff were well-trained to meet people's needs. People were supported and encouraged to have a varied diet that gave them enough to eat and drink. The staff team worked well with external professionals to ensure people received the healthcare they needed in a timely way. The provider had taken steps to improve the environment, and additional plans were in place to continue the refurbishment of the premises.

Improvements had been made to ensure 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.

People were treated with dignity and respect by a kind and caring staff team, who knew them well. People were involved in making decisions about their care and their daily life. Relatives made many positive

comments about the friendliness of staff and the support that people received. They felt involved and included in discussions about people's care.

The registered manager had left the service since the last inspection. Interim management arrangements were in place. People; relatives and staff expressed their confidence in the manager and praised the improvements made since the last inspection. Comments included, "(The manager) seems to be doing wonders in there"; "There has been a massive improvement. Better leadership by an experienced manager" and "Things feel a lot better, a lot calmer".

The manager and provider worked to create an open and transparent culture. Staff felt supported in their work and people felt involved in the service.

Rating at last inspection (and update) - The last rating for this service was requires improvement (published 21 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service is now good.

Why we inspected

This was a focused inspection to check whether improvements had been made since we last visited. We reviewed the Safe, Effective, Caring and Well-led domains only. Our report is based on the findings in those areas at this inspection. The ratings from the previous comprehensive inspection for the Responsive key question was not looked at on this occasion.

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 coronavirus and other infection outbreaks effectively. We were assured that the service was managing.

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

Follow up

We will continue to monitor information we receive about the service and we will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

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 well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Hamilton Park Nursing 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.

Inspection team

The inspection team comprised of two adult social care inspectors and a medicines inspector.

Service and service type

Hamilton Park Nursing 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 did not have a manager registered with the Care Quality Commission. The provider had arranged for a registered manager from another service to oversee the day to day management of Hamilton Park while they recruited a new manager. We have referred to them as 'the manager' throughout this report. During this period of no registered manager, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. Due to restrictions caused by the coronavirus we gave a short period notice of the inspection. This was to establish the safest and most appropriate way of carrying out our inspection visit during the COVID-19 pandemic. We visited the service on 9 September 2020. The service was included in a Care Quality Commission thematic review which is seeking to identify examples of good

practice in infection prevention and control.

What we did before the inspection

We reviewed information we had received about the service and the information the provider had sent us since the last inspection. Prior to the site visit, the provider and manager were able to send us documents we requested that related to the key questions we planned to inspect. We sought feedback from the local authority quality monitoring team and safeguarding team. We used all of 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 11 people who used the service about their experience of the care provided. We spoke with nine members of staff including the manager, administrator, a registered nurse, senior care workers, care workers and ancillary staff. 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 reviewed a range of records. This included five people's care records and multiple medication records. We looked at one staff file in relation to recruitment and at records of staff training and supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection –

Between 10 September and 28 September 2020, we received feedback from three health and social care professionals; two staff and four relatives. We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We spoke with the Nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, some risks to people's health and well-being were not effectively managed. People did not always receive their medicines safely. Risk assessments lacked detail for staff to follow to be able to reduce risks. Environmental risk assessments were old and had not been reviewed or updated in a meaningful way.

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.

Using medicines safely

- There had been improvements to the way medicines were managed since our previous inspection. Medicines stock control, and processes for ordering and recording medicines had been improved. This meant that people's medicines were available for them to be given as prescribed.
- Any handwritten amendments to people's medicine administration record (MAR) charts were now signed and checked by two members of staff. This helped to reduce the risk of errors occurring.
- We observed that people received their medicines in a safe way and MAR charts were completed when medicines were given.
- Medicines were stored securely and at the correct temperatures. There were suitable arrangements for medicines needing extra security.
- There were systems in place to record the application of creams and other external preparations. When products had a limited 'use-by' date after opening, staff clearly recorded this when they were first opened.
- The home's current medicine policy was brief and did not cover all areas of medicines management including the use of 'when required' medicines, and it did not refer to current best practice guidance. The interim manager told us that the policy was going to be updated and expanded.
- Some improvements were needed when medicines were prescribed to be given 'when required'. Some protocols were in place to guide staff, but there was not always person-centred information available for all medicines prescribed in this way. For some medicines staff recorded the time, reason for administration and the outcome, but this recording system was not used consistently. The use of 'when required' medicines was not included in the monthly medicines audit, and so this was not being regularly checked or updated. However, we saw that other areas for improvement had been identified and actions taken.

We recommend that the provider reviews procedures for managing medicines prescribed to be given 'when required' to ensure best practice guidance is followed.

Assessing risk, safety monitoring and management

- Improvements had been made to ensure risks were assessed, monitored and effectively managed. A variety of risk assessment tools were used to identify risks to people's health and wellbeing. Staff advised they were kept up to date with changes to people's wellbeing at staff handover meetings. Staff were able to confirm the key risks for people as they knew people well.
- We followed up concerns raised at the last inspection about people's skin care. People at high risk of developing pressure damage had more detailed care plans about their skin care, pressure relieving equipment and frequency of repositioning. People at risk had pressure relieving mattresses, cushions and regular skin care. Staff said people were regularly repositioned, although records of repositioning and recommended mattress settings for people's weight needed to be improved.
- The manager confirmed no one living at the service had developed pressure damage since the last inspection.
- We followed up previous concerns that environmental risk assessments were out of date and none were in place about known risks related to poor work environment in laundry area. New risks assessments had been completed and actions had been taken to further minimise known risks, for example in the laundry area and fire safety. Risk assessments sampled could be more detailed and include details of actions taken to further reduce risks.
- Emergency plans were in place to ensure people could be quickly and safely evacuated if needed. Staff had received fire safety training. A fire risk assessment and fire safety audit had been completed. Where shortfalls were found, action was taken. For example, the entrance door and back door were connected to the fire panel to improve fire safety.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm. Everyone we spoke with said they felt safe at the service. Comments included, "I feel safe, staff pop in regularly and help me" and "The staff make sure I am safe. They do their best". Relatives echoed these comments, saying, "We feel she's safe here and well looked after" and "We are very happy with the level of care. We never felt that (person) was unsafe at the home. We have no reason to suspect (person) is not well cared for."
- Staff completed safeguarding training and were able to identify possible abuse and how they would report any concerns. They were aware of external agencies to contact if concerns were not acted upon.
- The local authority confirmed there had been no safeguarding issues raised at the service since the last inspection.

Staffing and recruitment

- There were sufficient staff on duty to care for people in a timely way. People and relatives were happy with the staffing levels. People confirmed staff responded swiftly to their requests for help. A call bell audit completed in July 2020 showed that most calls bells were answered within a few minutes.
- Staff reported there were sufficient staff on duty. One said, "We are able to manage everything, able to look after residents properly and spend more time with them". Two staff said they could always use more staff.
- Our observations throughout the day showed people were well cared for, bells responded to promptly and staff had sufficient time to support people with eating and drinking.
- Recruitment procedures remained robust, which helped to ensure only suitable staff were employed.

Preventing and controlling infection

- People using the service and their relatives praised the staff team for their hard work during the COVID -19 pandemic. Comments included, "Staff have worked in very difficult circumstances to keep people safe. They're doing an amazing job" and "They have managed very well through COVID, protecting people. We are

grateful".

- 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 could be effectively prevented or managed.
- We were not fully assured that the provider's infection prevention and control policy was up to date. We have signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns and record safety incidents and near misses. Incidents and accidents were monitored by the manager for any themes and to ensure effective oversight of people's health, wellbeing and safety.
- Action had been taken to address the issues identified at the last inspection. Some improvements had been made. For example, medicines were managed safely, risk assessments provided more detailed advice and guidance for staff and care plans were more person-centred.

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 requires improvement. This was because the assessment process did not assure people's needs could be met; the service was not working within the principles of the Mental Capacity Act; not all staff had received core training or updated their training; people had mixed views about the quality and variety of the meals; and some parts of the premises needed redecoration and refurbishment.

At this inspection this key question has now improved to 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

- The manager completed assessments for each new person to ensure their needs and preference could be met and staff were aware of their specific needs.
- Due to the pandemic there had been two admissions to the service since March 2020. The manager was unable to meet with people face to face to complete assessments but gathered as much information remotely from the person; their relatives and health and social care staff.
- Assessments were detailed and were used to develop a person-centred care plan. One relative reported, "They (staff) went out of their way when (person) arrived at the home. It's been excellent care and we've got no concerns at all. (Person) has settled better than we could have anticipated".

Staff support: induction, training, skills and experience

- The provider was developing more effective systems to ensure staff were appropriately trained to meet people's needs. Training records showed staff had received essential training such as updates in fire safety, moving and handling, infection control and safeguarding.
- People and their relatives expressed confidence in the team's ability. People felt safe and relatives said, "Staff seemed very on the ball" and "Staff seem well trained, they're very helpful and they know all the issues to do with (person)".
- Staff reported they received regular supervision, which they found helpful and supportive. Supervision provide an opportunity to discuss performance; share feedback and explore any training requirements.
- Newly recruited staff completed induction training to ensure they worked safely and were able to support people's needs.

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

- People's nutritional health was supported. Since the last inspection, feedback from people showed improvements had been made to the variety and quality of meals offered. People said they were provided with food they enjoyed and could make choices about what they ate. Comments included, "The food is very good; ace! I have gained weight" and "I get nice meals here".
- Some people were being supported with specialist diets and catering staff were knowledgeable about

people's dietary requirements.

- When people required assistance to eat, this was given in a kind way, considering the person's dignity and maintaining communication with them.

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

- The service had worked with other health and social care professionals to support people's health care needs. This had taken different forms during the pandemic, including face to face virtual calls and phone calls with GPs and other professionals.
- GPs confirmed that people's health needs were monitored, and any changes responded to with appropriate actions. One professional told us, "The service had been proactive in contacting the surgery when necessary. They had also been responsive, for example they were asked for repeated blood tests and these were done promptly".
- The service carried out regular coronavirus testing of people in line with government advice. Relatives confirmed they were informed about this. A relative said, "We are kept well informed by the staff"; another commented, "There is good communication with staff. They have informed us of any changes."
- People's weight was monitored and reviewed regularly. The service had direct access to the community dietician, so referrals could be made when needed. One person had lost weight following a hospital admission. Additional supplements were being offered to ensure the person received sufficient nutrition. The records of their daily intake were not always completed. The manager took action to ensure staff improved the daily recording.

Adapting service, design, decoration to meet people's needs

- Some areas at the service had been refurbished and updated. For example, carpets had been replaced, and communal areas and bedroom had been redecorated. A new path had been laid in the small garden area to make access safer and easier.
- The communal space had been rearranged and a new fireplace was installed to present a more homely environment.
- A relative reported "The lounge setup and decor has improved significantly. It felt dirty and gloomy in here and that's not the case now".
- There was an ongoing programme of improvement in place.

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 and found they were.

- At the last inspection records could not be found to show how decisions had been taken in the best

interest of people who lacked capacity. Records were now in place and these were improving as staff became more familiar with the new computer software.

- When a person was considered to lack capacity to make a specific decision, best interest decisions had been made with relatives or other professionals. For example, obtaining consent for regular COVID-19 testing. A health professional also reported the service recognised when a person did not have capacity to make decisions about their treatment escalation plan so involved the person and their advocate when making decisions about this. The professional added, "This worked well".
- Staff supported people to make decisions and choices and sought their permission and consent before providing support. People were consulted about their daily choices and routines; they were free to spend their day as they chose.
- Appropriate applications for DoLS had been made to the local authority where necessary. This was because people required continuous staff support and supervision to ensure their safety.

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. This was because people were not always treated as individuals and we received mixed feedback about staff's approach and attitude.

At this inspection this key question has now 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;

- Everyone we spoke with said staff treated them with respect. Comments included, "The staff are very nice, all of them. (Staff name) is Ace; very good to me"; "I'm quite happy, everyone is friendly, we all have fun" and "The staff are very lovely."
- Relatives were equally positive about staff's approach. Comments included, "All the staff love her. We have no concerns since she's been here" and "Staff are very friendly and we're really happy that (person) has settled so well there."
- Staff understood people's individual needs and preferences. They provided emotional support when it was needed. For example, one person, who was living with a visual impairment, could become anxious. Staff noticed the person was becoming up-set and provided reassurance that they were not alone in the lounge. The person appeared noticeably more relaxed following the staff's reassurance.
- There was a relaxed and happy atmosphere, with lots of chat and friendly banter. Staff were attentive and responded to people's requests without delay.
- Staff showed a caring attitude. For example, one person had an accident with their mobile phone. A member of staff gave the person their spare mobile phone to use, so they could stay in touch with their family. The person was very grateful.
- Staff received new name badges and one person asked for a name badge too. They were given a name badge with "senior resident" inscribed on it. They told us they had worn it every day.

Respecting and promoting people's privacy, dignity and independence

- People said staff were mindful of their privacy and dignity. Personal care was provided in private. People were dressed in their own style and attention was paid to personal care, which promoted people's self-esteem. Two relatives said their loved ones were always nicely dressed in clean clothes.
- People had the necessary equipment to support their independence. Staff made sure people used their walking aids to promote their safety. Some people used adapted crockery at mealtimes so that they could enjoy their meals with minimum support.

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

- People were supported to make decisions and were able to express their views. Staff offered people choices and involved them in discussions about how and where they spent their day.

- In the main relatives said communication with the service had improved and they felt as involved as they needed and wanted to be. One relative told us, "We felt in the past that they (managers and staff) didn't listen to us as a family but that's not our experience now".

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 requires improvement because the quality monitoring systems in place were not robust, meaning the provider did not have oversight of the issues. At this inspection this key question has remained the same. 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.

Improvements had been made and the provider was no longer in breach of regulation 17. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had been without a registered manager since June 2020. The provider was actively recruiting but a suitable candidate had not been appointed at the time of this inspection.
- There were interim management arrangements in place to oversee the day to day running of the service. The interim manager spent at least two and a half days a week at the service and provided remote support for staff, along with the nominated individual.
- Since the last inspection management records and audit systems had improved. A new electronic person-centred care planning system was in place, which had improved care records. Improvements had been made to ensure medicines were managed safely. The manager had developed an improvement plan with measures to be taken to improve the quality of service, along with completion targets.
- Feedback from people, relatives, staff and health and social care professionals was positive about the changes at the service since the last inspection. Comments included, "Our impression is there have been huge improvements in the home. We have nothing but praise for staff"; "Staff are well informed and able to give good detailed information..." and "We have no concerns about this service".
- However, some records and audits still needed strengthening. For example, staff said people were regularly repositioned, although records of repositioning and guidance and monitoring of recommended mattress settings for people's weight needed to be improved. Environmental risk assessments sampled could be more detailed and include details of actions taken to further reduce risks.
- Nursing staff would benefit from further development in relation to their responsibilities and accountabilities. For example, monitoring clinical standards and record keeping in relation to people's daily food and drink records. Also, taking responsibility for regular checks to ensure pressure relieving mattresses were correctly set for each person's weight.
- Policies and procedures seen lacked detail and did not cover all areas nor reflect the most up to date guidance. For example, re medicines management and infection prevention and control. The manager was aware of this and was in discussion with the provider. Following the inspection, the provider confirmed they had purchased a suite of policies from an external company. This would provide the service with regular up-

dates and changes to policies; best practice and the law.

- We acknowledge our inspection took place during the COVID 19 pandemic. It was evident the pandemic has had an impact on the pace of improvement within the service. The provider had not been able to carry out regular monitoring visits but was in daily contact with the staff and received frequent reports and audits to help with oversight of the service. They told us they would incorporate more in-depth checks into relevant audits.
- The local authority quality assurance service will be supporting the provider with their continuous improvement.

We found no evidence that people had been harmed however, we recommend the provider continues to develop and oversee quality assurance systems to ensure continuous improvement.

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

- The manager had made changes at the service which had resulted in better care provision. People told us the service was well run. One relative said, "(The manager) seems to be doing wonders in there"; another told us, "The manager is very approachable".
- Staff were complimentary of the support they received from the manager and provider and expressed their confidence in their leadership. Comments included, "There has been a massive improvement. Better leadership by an experienced manager. (The manager) has done amazing" and "Things feel a lot better, a lot calmer. The team works together very well" and "(The manager) has been brilliant. She is very gentle and a calming influence. Team morale is good".
- The manager and provider had an open and transparent approach and aimed to promote a person centred and empowering culture.

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 and provider understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- The manager understood the regulatory requirements and ensured they notified us about events that they were required to by law.

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

- People, their families and friends were given opportunities to have their say about the service and areas for improvement. Surveys, care reviews and informal meetings were used to obtain feedback about a variety of areas, such as food and activities. 15 people had responded to a satisfaction survey in June and July 2020. The completed surveys we reviewed were mainly positive about staff approach; safety and food. Comments included, "Just want to say thank you everyone" and "I like living here..."
- The manager was to collate and analyse the results. Where areas for improvement had been noted, an action plan needed to be developed to address the suggestions.
- Staff said they felt listened to and valued. The manager had established regular staff meetings; supervision and surveys for staff to feedback any issues or suggestions. One staff member said, "Any worries we able to say".

Working in partnership with others

- The staff worked in partnership with other health and social care professionals to ensure people received the care and support they required in a timely way. Where specialist services were involved in providing

support for people, the advice they had given had been included in care plans.

- External health professionals described communication with the service as good. Comments included, "Staff are well informed and able to give good detailed information when contacting the surgery" and "We have no recent or significant concerns about the safety of the service".