

J Sai Country Home Limited

Millway House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Millway House is a residential care home providing personal and nursing care to 42 people aged 65 and over at the time of the inspection. The service can support up to 58 people.

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

People felt safe living at Millway House and they were very much at the heart of the service. We received positive feedback from people and their relatives about the care provided.

Relevant recruitment checks were conducted before staff started working at the service to make sure they were of good character and had the necessary skills.

Staff had received training in safeguarding adults and knew how to identify, prevent and report abuse. There were enough staff to keep people safe.

Staff received frequent support and one to one sessions or supervision to discuss areas of development. They completed training and felt it supported them in their job role.

People were supported with their nutritional needs when required. People received varied meals including a choice of fresh food and drinks. Staff were aware of people's likes and dislikes.

Staff had developed positive and caring relationships with people and their families. Staff were highly motivated and demonstrated a commitment to providing the best quality care to people in a compassionate way. People's privacy and dignity was always maintained.

Medicines administration records (MAR) confirmed people had received their medicines as prescribed.

Staff working at the service understood people's needs and supported people in a personalised way. Care was provided respectfully and sensitively, considering people's different needs.

Regular audits of the service were carried out to assess and monitor the quality of the service.

There were appropriate management arrangements in place and relatives were very positive about the management in the home.

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 requires improvement (published 12 January 2019) and there were multiple breaches of regulation. 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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Millway 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 one inspector and a specialist nurse advisor in the care of older people.

Service and service type

Millway House 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 had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service and one relative about their experience of the care provided. We spoke with 14 members of staff including the provider, registered manager, operations manager, deputy manager, business administrator, registered nurses, senior care workers, care workers, activities coordinator and the chef. We also spoke with a visiting professional.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

Following our inspection, we received feedback from four relatives by email. We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with four professionals who regularly visit 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 requires improvement. At this inspection this key question has now improved to good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. 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.

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained basic explanations of the control measures for staff to follow to keep people safe.
- Risk assessments had been completed for the environment and safety checks were conducted regularly on electrical equipment. A fire risk assessment was in place and weekly checks of the fire alarm, fire doors and emergency lighting were carried out. Records showed staff had received fire safety training. Staff were aware of the action to take in the event of a fire and fire safety equipment was maintained appropriately.
- People's personal emergency evacuation plans, (PEEP's) were in place to guide staff and the emergency services about the support people required in these circumstances.
- The home had a business continuity plan in case of emergencies. This covered a range of eventualities and arrangements were in place in case people had to leave the home in an emergency.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home. One person told us, "Feel I'm completely safe here and staff are so kind." Another person said, "I do feel safe here." A relative told us, "Been very safe here, no concerns at all."
- One relative gave us examples on why they thought their loved one was safe and told us, "I have full confidence in the homes ability to provide and implement every level of safety, from my relatives personal safety with the staff that care for her in a very professional and confident manner. All residents always have their own personal call button and when my own relative rests in the afternoon her telephone is always placed beside her. The safety maintained within the home is evidential from window locks, door codes, personal medical record always kept locked and secure, nursing staff never leaving the resident until all required medication are safely taken. Therefore, I feel the level of safety is excellent."
- People were kept safe as staff had been trained and had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

- The home had suitable policies in place to protect people; they followed local safeguarding processes and responded appropriately to any allegation of abuse.
- There were robust processes in place for investigating any safeguarding incidents that had occurred and these had been reported appropriately to CQC and the local safeguarding team.

Staffing and recruitment

- People and their relatives felt there were enough staff to keep them safe. One relative told us, "Initially with previous owners would have said staffing, although safe, was stretched thin. New owners immediately increased carer numbers per shift which definitely eased this. When visiting I was not aware of any delays in call bells being answered". Another relative told us, "I believe there are enough staff to support care needs of residents. "
- There were sufficient staff to meet people's care needs. We observed that staff were not rushed and responded promptly and compassionately to people's requests for support.
- Recruitment processes were followed that meant staff were checked for suitability before being employed by the service. Staff records included an application form, written references and a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People and their relatives told us they were happy with their medicine support. One relative told us, "Regular review by GP and I am consulted and informed regarding concerns or changes in their management or treatment."
- Another relative told us, "I've always witnessed a very kind and gentle approach when medication is given. If any medical reviews are required, they inform me, so I can be present. Every member of the nursing and care staff at Millway House are a credit to their profession."
- There were appropriate arrangements in place for the recording and administering of prescribed medicines and medicine administration records (MARs) confirmed people had received their medicines as prescribed.
- There were effective processes for ordering stock and checking stock into the home to ensure that medicines provided for people were correct.
- The home administered medicines that required stricter controls called controlled drugs. In line with current legislation, two staff had signed when these medicines had been given.
- There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.
- There were effective arrangements and checks in place for the management of topical creams.

Preventing and controlling infection

- People we spoke with were happy with the cleanliness of the home and when we visited the home was clean and had no malodours. One relative told us, "Cleaning and laundry is excellent."
- Staff understood the principles of infection prevention and control and had all completed training and updates in this area. Staff had access to personal protective equipment, (PPE), when supporting people with personal care.

Learning lessons when things go wrong

- There were processes in place to enable the registered manager to monitor accidents, adverse incidents or near misses. This helped ensure that any themes or trends could be identified and investigated further. It also meant that any potential learning from such incidents could be identified and cascaded to the staff team, resulting in continual improvements in safety.

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. 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.

Staff support: induction, training, skills and experience

At our last inspection the lack of effective supervision for staff meant the provider could not be assured people received care from staff who had the right skills and competencies to meet their needs effectively. 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 and their relatives told us staff understand their roles and appeared trained to carry out their role effectively. One relative told us, "Every member of staff at Millway House is so friendly and kind and show an amazing level of care and pride in their position. I have never seen or witnessed anything to make me question their actions or doubt their ability to carry out their job. Whenever I visit the home I always make an effort to engage in conversation with all the staff, from administration, catering, gardening, laundry, cleaning and nursing and beyond their role they always have time to engage in conversation and be so polite and willing to help in any extra way."
- The provider had a system to record the training that staff had completed and to identify when training needed to be repeated. This included essential training, such as clinical training of nursing staff, medicines, manual handling, equality and diversity, infection control, health and safety, safeguarding adults, fire safety, end of life, nutrition and hydration, dignity and respect, and first aid.
- New staff confirmed they completed a comprehensive induction programme before working on their own.
- Arrangements were in place for staff who were new to care to complete the Care Certificate. The Care Certificate is awarded to staff that complete a learning programme designed to enable them to provide safe and compassionate support to people.
- Staff told us they received effective supervision. Supervisions provide an opportunity for managers to meet with staff, feedback on their performance, identify any concerns, offer support, assurances and learning opportunities to help them develop.

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

- When people moved to the home, they and their families, where appropriate, were involved in assessing,

planning and agreeing the care and support they received.

- The care plans seen were holistic, detailed and described people's needs in a range of areas including personal care, and daily living activities.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- People told us they enjoyed the food. One person told us, "The food is good." Another person said, "Food is excellent only trouble is too much as I have a small appetite." A third person said, "Food quite nice, if don't like will bring something different."
- Care plans detailed the support people required from staff at mealtimes and we observed staff assisting people to eat appropriately.
- Staff made mealtimes a positive and sociable experience for people. There was a relaxed atmosphere in the dining room, the meal was unhurried, and people chatted with staff.
- We spoke with the chef who was passionate about their role. They told us they go through food options with people. They said, "I enjoy it here. I like to treat as I would my mum. I go around with the menu have a chat to different people in their rooms. Go through their profile of what their likes are."

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

- Health care professionals told us the service delivered high quality care. One visiting professional told us, the home was his "very favourite place to visit" and that they would not hesitate to place any of his own family members in the home and would in fact be more than happy to book himself in. They also told us, "The staff knew the residents and their families very well and I trust their clinical judgement."
- Another professional told us, "The home is keen to be involved in quality initiatives and are in the process of implementing RESTORE2 , which is a tool designed to help staff recognise the deteriorating resident at an early stage to achieve the best outcome, whilst it is a work in progress the team have made a good start with a positive first review."
- People and their relatives were happy with their health care support and had no concerns. One relative told us, "Very responsive and good communication concerning mother's health."

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

- People and their relatives told us they were happy living at the home and all felt it was homely and comfortable. People's rooms were personalised with their personal belongings.
- The home had been recently updated since our last inspection. This included new bathrooms, carpets and furniture, redecoration and the addition of a café for people and their visitors to use. People and staff were really proud of the new additions and happy to show us the improvements which enhanced the home.

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.

- Most people had capacity to make their own day to day decisions and they told us that their choices and wishes were respected by staff. We asked relatives if they thought the service considered people's mental capacity and consent.
- One relative told us, "I believe the service understands the issues of mental capacity, and as far as I can glean from visits and conversation, my relative is dealt with tactfully, and consent sought for a number of care tasks, or participation in activities."
- Another relative said, "Full respect is always given, and freedom of choice is evidential, daily the catering staff will let the residents make a free choice from the menu and very often adapt to cater for personal choice. The laundry staff will knock on the door and ask if they can put laundry away. Every week the residents are given a full program of activities which they can choose to partake in, on occasions when my relative hasn't wanted to partake in a group session and explained this to the activity staff they have brought animals or activities into her own room which she's been able to enjoy in her own environment. I always hear them asking if she's comfortable and staff asking if she would like to go to bed or would she like a drink or has she had enough to eat, and she's given complete choice over making her own decisions."

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 and their relatives told us staff were caring and treated them with compassion. One person said, "Staff are perfectly sweet so kind to me." Another person told us, "Staff are caring do anything that you want them to do." A relative told us, "Staff I think are fantastic, thing that makes a difference here is that they have a concern for me as well. Look after me as well and I have been stunned at the genuine empathy shown. Means I come here and just be his wife."
- Staff had built up positive relationships with people. Staff spoke about their work with passion and spoke about people warmly. One staff member said, "Best place I have ever worked and would definitely put my family here, best care and girls are amazing."
- Staff demonstrated a detailed knowledge of people as individuals and knew their personal likes and dislikes. Staff showed respect for people by addressing them using their preferred name and maintaining eye contact.
- All the interactions we observed between people and staff were positive and friendly. Staff communication with people was warm and friendly, showing a caring attitude. For example, one staff member was offering people blankets and making sure they were warm and cosy, while sat in the lounge.

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

- People told us they were involved in making decisions about their care. One person told us, "Every so often they review my care plan and ask if I'm alright no complaints at all looked after very well."
- People's care records included information about their personal circumstances and how they wished to be supported.
- All the people we spoke with and their relatives stated that there were no restrictions to visiting. One relative told us, "I took a great deal of time and care to make the right decision for my relative. From the first telephone call with [staff members name] to making three separate unannounced visits to Millway. I was always made to feel so welcome and nothing was any trouble. My relative now looks upon Millway as her home and refers to all the staff as her family, I feel this is the greatest tribute any nursing home could have to getting it right."

Respecting and promoting people's privacy, dignity and independence

- One person told us, "Staff all very nice. Treat with dignity and respect." A relative told us, "Always treat with dignity explain what they are going to do, when they wash him make sure he understands that not to

embarrass him. Show great respect for humanity and dignity by a world here."

- Staff understood the importance of respecting people's privacy and dignity, particularly when supporting them with personal care. Staff were observed to knock on people's doors and identify themselves before entering. Staff ensured doors were closed and people were covered when they were delivering personal care.
- People were encouraged to be independent as possible. Care staff knew the level of support each person needed and what aspects of their care they could complete themselves.

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

- People were happy with the activities on offer at the home. One person told us, "Enough for me to do, they certainly do enough to keep us occupied." A relative told us, "They have had guinea pigs and seeing people stroking the guinea pig brought the person alive." Another relative said, "Been very happy with the care here. So, impressed I come every day, no pretence genuine feeling you get."
- During the first day of our inspection two alpacas were brought into the home which brought much excitement and people clearly enjoyed seeing them. We spoke with people the next day and it was the hot topic of conversation. One person told us, "They brought two alpacas in yesterday they came in my room they were beautiful. I enjoyed that." Another person said, "Enjoyed the alpacas loved them yesterday thought they were lovely."
- We observed the alpacas arrive in the home and be taken to the main lounge where people were waiting for them. Each person was asked if they would like to touch them. For one person living with dementia they were apprehensive, but a staff member guided them in a lovely manner and the person lit up when they touched them. For people in their rooms they were brought to their rooms so everyone had a chance to touch the animals if they wanted to.
- We spoke with the activities coordinator who was passionate about their role. They told us, "I do a monthly review with people and ask what they would like to do or introduce any changes. Everyone gets involved to be fair, welcome ideas." They told us about activities that had gone well and said, "The pop-up pub once a month went down really well, held in the café. Going to make a real bar area on the first-floor lounge. Brought in some sensory items of smell and touch. Do trips out whenever we can, we go through a mini bus hire as experienced with wheelchairs. Last trip just before Christmas for shopping, tea and cake and to see the lights."
- Other activities included, external singers and entertainers, quizzes and memory games. Pet therapy and farm visits.
- Assessments were undertaken to identify people's individual support needs and their care plans were developed, outlining how these needs were to be met. The care plans also included detailed daily routines specific to each person which helped to ensure that people received care and support personalised to them.

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.

- We spoke with the registered manager about how they ensured information was accessible for all people using the service. They told us about different communication styles in place to support people. They said, "For activities we have talking books and newspapers and try to gear activities for all levels, around communication. Staff are aware of communication needs, hearing or sensory."

End of life care and support

- The service was proactive in supporting residents to stay at the home for end of life care, as agreed with them and their family, rather than being admitted to hospital. The visiting health professional gave a good example of this and said that the home often arranged for the families to meet with him or speak to him by telephone when they were visiting.
- The service had supported staff members to complete the 'Six Steps to Success – End of Life Care Programme' at a local hospice. The programme was in line with current good practice. This had enabled not only excellent end of life care for people but supported people and their relatives in preparing for end of life by considering their needs and wishes in advance.
- The activities coordinator told us that for people at end of life it was important to carry out social interaction and they did this by sensory and touch for example hand massages.
- Care plans were in place to provide staff with guidance on people's preferences and wishes including religious, cultural and spiritual needs in the event they required end of life care.

Improving care quality in response to complaints or concerns

- People told us they would speak with the registered manager or staff if they had any complaints. One person told us, "All very pleasant and nice here really haven't got any complaints about them at all."
- The home had a complaints procedure which was on display in the reception area. People told us they had no concerns and we saw lots of written compliments about the service.
- This was confirmed by relatives. One relative told us, "I raised a concern with [registered managers name] about a clearly audible conversation between staff in the corridor outside my mother's room. The matter was dealt with exactly as I would expect, promptly and professionally." Another relative said, "I've never had reason to complain, but on the few occasions I have spoken to [registered managers name] for advice or guidance she has been very efficient and reassuring."

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. At this inspection this key question has now improved to good.

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; 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

- People and their relatives felt the service was well led. One person told us, "Look after me extremely well." One relative told us, "The ethos at Millway is clearly one of good quality care and respect for the residents. There is a happy atmosphere throughout the home, and the vast majority of staff engender these qualities."
- Professionals we spoke with were happy with the service and thought it provided high quality care. One professional said, "My dealings are mainly with the home manager who I find to be professional, open, supportive of the team and is keen to encourage them to develop their skills and confidence to ensure good standards of care."
- There was an open and transparent culture in the service. The provider notified the Care Quality Commission of all significant events and was aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection report was clearly displayed. Staff were supported and encouraged to raise incidents.
- The provider had appropriate policies in place as well as a policy on Duty of Candour to ensure staff acted in an open and transparent way in relation to care and treatment when people came to harm.

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

- People and their relatives thought the registered manager was a good role model. One person told us, "The manager is delightful. I'm just very, very grateful to be here." A relative told us, "When worried I have emailed [registered managers name] Saturday night expecting a reply Monday and she has replied straight away. Have someone bother to email you back to say don't worry we will sort it out makes a big difference." Another relative said, "The Manager is so approachable and kind."
- There was a stable and consistent staff team who were skilled and motivated. They were clear about their own specific roles and knew their roles well and how they contributed to the overall success of the service.
- A professional told us, "The Millway team showed true passion and care on all days I have delivered training there and I look forward to continuing to work with this passionate team of people being supported by a very dedicated and supportive general manager."
- The registered manager and senior staff used a series of audits to monitor the service. These included, medicines, care plans, infection control, health and safety, falls and daily walks around the home.

- Quality assurance meetings were held with senior staff to ensure the service was meeting the regulations and any improvements required were incorporated into an action plan and reviewed regularly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Meetings were held with people and their relatives to ensure everyone was kept informed about what was happening in the service and to ask for their views and suggestions.
- The service also sought feedback using a quality assurance survey. Which was sent out yearly and results showed people were happy living at the home. As a result of the latest survey the service had listened to people's suggestions and made changes. A few people said they sometimes don't get to choose activities they would like to choose to participate in. As a result, the service has introduced an extra lounge to the home to provide more relaxation areas where they can provide different activities. The activities team had continued to increase the types of activities on offer and always welcomed suggestions or ideas.
- Staff were positive about the support they received from the registered manager and management within the service. One staff member told us, "I've been in care twelve years and this is one of the best places I've worked. The girls are lovely. Manager amazing supported 110%. Think we should give [registered managers name] star of the month." Another staff member said, "Noticed a difference in last year now got a manager that is approachable and fair and get really good feedback about how friendly we are so got to be a positive."
- Staff meetings were carried out regularly and minutes showed these had been used to reinforce the values, vision and purpose of the service. Concerns from staff were followed up quickly. Staff were involved in the running of the service and were asked for ideas
- We observed a daily meeting with all heads of departments and the registered manager attending. Everyone was encouraged to participate and discuss their activities of the day. It was obvious from the discussion that the residents were discussed with respect and that all staff recognised and related to individuals. In addition to this meeting there were handovers between staff throughout the day and night to make sure that important information about people's well-being and care needs were handed over to all the staff coming on duty.
- All staff, without exception, were embracing the changes that were being introduced within the home over the past year. They felt included in decisions about changes and said that the communication throughout the team was very good.
- The service worked in close partnership with health services. The deputy manager had recently attended a medication optimisation event. Following this, she invited the local medication optimisation team to the home to see what support they could offer. As a result of this, a number of people had some medicines discontinued and some reduced. Also, the amount of different creams has been reduced to clinically and cost-effective creams.
- People were part of the local community. People were supported to go out into the community as much as possible. For example, walks to the local café and garden centre. A local children's nursery also visited once a month to interact with people.