Make-All Limited

Cameron House

Inspection report

78 Pellhurst Road
Ryde
Isle of Wight
PO33 3BS

Tel: 01983564184

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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:
Cameron House is a residential care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Cameron House is registered to provide care for up to 18 people. At the time of the inspection, there were 16 people living at the service, some of whom had a diagnosis of dementia.

People's experience of using this service:
• At our last comprehensive inspection on 3 and 6 April 2018 we identified breaches of Regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service failed to ensure the proper and safe management of medicines, to ensure the correct management of pressure relieving equipment, to ensure that people received the care required to meet pressure area risks and to operate effective systems to assess, monitor and improve the service.
• We met with the provider and registered manager and told them they must make improvements to ensure effective systems were operated to comply with regulations and to monitor and improve the quality of the service provided. We added a condition to the location registration requiring them to send us regular action plans, which we have reviewed.
• At this inspection we found that the provider and registered manager had addressed these concerns and they were no longer in breach of the Health and Social Care Act 2008 (Regulated Activities) 2014.
• People told us they were happy living at Cameron House. There was an established staff team that knew people well. One person told us, "Everyone is helpful and there's always staff about and they are friendly."
• Quality assurance processes were robust and risks to people and the environment were managed safely.
• The environment was clean and homely. A new kitchen was planned in the near future and some rooms had recently had new flooring, whilst all bedrooms had new curtains.
• Individual and environmental risks were managed appropriately. People had access to appropriate equipment where needed, which meant people were safe from harm.
• Medicines were administered safely and as prescribed. Records confirmed people received their medicines as prescribed and audits were completed to ensure that systems were followed.
• Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.
• Staff recognised people's individual needs and supported them to make choices in line with legislation.
• People and their families were involved in the development of personalised care plans that were reviewed regularly.
• The registered manager and provider carried out regular checks on the quality and safety of the service. A new robust electronic auditing system was in place. This ensure the registered manager could monitor the effectiveness of the service and take action when needed.
• The service met the characteristics of Good in all areas. More information is in the full report.

Rating at last inspection:

The service was rated as Requires Improvement at the last full comprehensive inspection, the report for which was published on 12 October 2018.

Why we inspected:
This was a planned inspection based on the previous inspection rating.

Follow up:
There is no required follow up to this inspection. However, we will continue to monitor the service and will inspect the service again based on the information we receive.

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?

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.

Cameron 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was conducted by one inspector and an expert by experience [ExE] on the first day and by one inspector on the second day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The ExE had experience of care for older people and those living with dementia.

Service and service type:
Cameron House is a care home registered to accommodate up to 18 people who need support with personal care. 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:
We did not give notice of our inspection.

What we did:
Before the inspection we reviewed the information we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we gathered information from:
• Ten people using the service.

• Six people's care records.
• The registered manager.
• The deputy manager.
• Five members of staff.
• Two relatives of people using the service.
• One external healthcare professional.
• Records of accidents, incidents and complaints.
• Audits and quality assurance reports.

Following the inspection, we gathered further information from:
• One external healthcare professional.
• One external social care professional.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management:
• At our previous inspection in April 2018 we found that risks to people had not always been managed safely. Some people were at risk of developing pressure injuries, as pressure-relieving mattresses were not always being used correctly. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how things were improving at the home. At this inspection we found that action had been taken to address this.
• Systems were in place to ensure that daily checks were made of pressure relieving equipment and that appropriate bedding was used, in line with best practice guidance. The provider had introduced a robust electronic quality assurance system. This enabled the registered manager to monitor risks to people and the environmental risks effectively.
• Risks to people had been assessed as part of the care planning process. These were recorded within an electronic care record for each person and clearly identified how staff should support people. For example, one person's care plan identified risks if they became agitated. There was clear guidance for staff to follow, which detailed how they should support the person and what techniques could be used to help them feel safe and supported. Risks were reviewed regularly and updated when required.
• The environment and equipment was safe and well maintained. Where people required support to stand using moving and handling equipment, we observed staff using safe practices and explaining to people what they were doing, so that they felt safe.
• Risks from the environment had been assessed and each person had a personal emergency evacuation plan (PEEP). These identified what assistance each person would need to safely leave the building, in the event of an emergency.

Using medicines safely:
• At our previous inspection in April 2018 we found medicines were not always administered safely or as prescribed. We met with the provider and told them they must make improvements and send us a monthly action plan detailing how they were addressing the concerns found. At this inspection we found the provider and registered manager had taken action to ensure that robust arrangements were in place for obtaining, storing, administering, recording and disposing of medicines safely and in accordance with best practice guidance.
• Medicine administration records (MAR) were completed as required.
• Medicines that required extra control by law, were stored securely and audited each time they were administered.
• Staff were trained in medicines administration and had their competency checked each year or more frequently if required. An external healthcare professional told us, "They [staff] are good with medicines and I've never noticed a problem."

Systems and processes to safeguard people from the risk of abuse:
• People told us they felt safe at the home. One person said, "I feel very safe here, they've been very good the staff."
• Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the wellbeing of people at the home. One staff member told us, "I would report any concerns, if it is not right I would tell someone and make sure it gets dealt with."
• If safeguarding incidents occurred staff reported these to other agencies, as required, including the local authority and CQC. Staff were aware of the provider's whistleblowing policy and understood their responsibilities in line with local safeguarding policies. A staff member told us, "I would report safeguarding concerns outside of the home if I needed to."

Staffing and recruitment:
• There were sufficient staff deployed to meet people's needs and keep them safe. The registered manager told us they used a dependency tool, observed care, and spoke to people about the levels of staff available. One person told us, "Everyone is helpful and there's always staff about." We observed that people were not hurried by staff and were supported in a patient and friendly way.
• Recruitment procedures were robust to help ensure only suitable staff were employed.

Preventing and controlling infection:
• The environment was clean and staff completed regular cleaning tasks in accordance with set schedules. An external healthcare professional told us, "The rooms are all clean." The laundry was well organised to reduce the risk of cross contamination.
• The registered manager completed infection control audits and we saw that where action was needed, this was completed promptly. For example, we saw that a recent audit had identified that a hand soap dispenser was broken. This was replaced within a few days and an alternative soap dispenser was available to people in the meantime.
• Staff had received training in infection control, which was updated regularly. Staff had access to personal protective equipment, including disposable gloves and aprons, which we observed them using when required. A relative of a person living at the home told us, "Staff always put aprons and gloves on when they are helping with personal care and meals."

Learning lessons when things go wrong:
• We looked at how accidents and incidents were managed by the service. Incidents and accidents were recorded and reviewed by the registered manager each month, to identify any learning which may help to prevent a reoccurrence.
• Where patterns were identified, staff contacted external healthcare professionals. For example, when people had changes to their behaviour, advice and support was sought from a healthcare service who specialised in supporting people with dementia.
• Staff were given information about any incidents that had occurred during the handover between shifts. This meant that staff could provide support to people, that recognised any impact on their wellbeing.

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

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 registered manager or deputy manager assessed people prior to them moving into Cameron House. This was to ensure their needs could be safely and effectively met.
• The provider had implemented a new electronic care plan system, which enabled information to be easily updated and monitored by the registered manager. People's care plans contained a full assessment of their needs and provided a holistic approach towards providing person-centred care. We found the records were consistent and staff provided support that had been agreed with each person.
• Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.
• The provider had an equality and diversity policy and the registered manager and staff were committed to ensuring people's equality and diversity needs were met.
• Staff made appropriate use of technology to support people. An electronic call bell system allowed people to call for assistance when needed; pressure-activated mats were used to alert staff when people who had been assessed to be at risk moved.

Staff support: induction, training, skills and experience:
• Training records showed staff had received training that was relevant to their role and enhanced their skills. Staff comments included, "I have lots of training, it is on-line training and face to face"; "I have had lots of training, such as medicines, first aid and falls training" and "I have regular updates every 12 months, we always have training to do."
• All new staff had received an induction when they started working in the service, to ensure they had the appropriate skills to support people. One staff member told us, "I shadowed other staff before I started working with people, but had previous experience so felt fairly confident."
• Staff had regular supervision which enabled the registered manager to monitor and support them in their role and to identify any training opportunities. Supervisions followed a theme each time, which included focus on health and safety, infection control and medicines. In addition, staff received an annual appraisal where they could discuss their progress and any training they wanted to do. The registered manager told us that they also carried out additional supervisions to discuss any issues that may arise, and we saw records that confirmed this.

Supporting people to eat and drink enough to maintain a balanced diet:
• We found people were happy with the variety and choice of meals provided. One person said, "The food is very good and there's always a cup of tea available", while another person said, "They're always happy to find something that I like to eat, the food is nice and I can have a drink anytime and never have to wait very long."

• Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal. We observed people that required support to eat and drink, being assisted by staff who were patient and treated them in a dignified manner.
• Staff monitored people's dietary needs using a nutritional screening tool. People who had special dietary requirements such as soft or pureed food had their meals provided in that form.

Staff working with other agencies to provide consistent, effective, timely care:
• An external healthcare professional told us the registered manager and staff worked well with them to ensure people's needs were met. They said, "The manager and staff are very proactive in asking for help with any concerns and are very willing to work in partnership with healthcare professionals."
• People told us staff were competent and they received all the support they needed. One person said, "They [staff] are very good, they know me and I know them and I'm well looked after." Another person said, "I tell them [staff] what I want, but they know what to do."

Adapting service, design, decoration to meet people's needs:
• Some areas of the home and some furniture were in need of decoration or replacement. The registered manager confirmed that plans were in place to address these areas. For example, the kitchen was scheduled to be re-fitted and new chairs for the lounge and conservatory were being purchased.
• People had access to communal areas in the home, which meant they could choose whether they spent time with others or alone. We saw people using the lounge, the conservatory and dining room during our visit. We were told that one person often spent time in the conservatory where it was quieter, as they preferred this.
• People's bedrooms were personalised and contained their own personal possessions. The corridors around the home had hand rails, which were decorated in bright colours to assist people to easily see them.

Supporting people to live healthier lives, access healthcare services and support:
• People told us that staff were attentive to their health needs. We saw in people's care records that they had access to a range of healthcare professionals including GPs, dentists, opticians, dieticians and dementia specialists when they needed them.
• If people needed emergency healthcare, staff acted quickly to arrange this. They contacted out of hours GPs and called for an ambulance if a person needed one.
• If people required hospital admission, the deputy manager or registered manager went with them and stayed until it had been decided if they would be admitted. This ensured that all relevant information was taken with them and passed over to hospital staff.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

• Staff had a good knowledge of the MCA and understood the importance of seeking consent before

supporting people. We saw this in practice during our inspection. One staff member said, "I get to know people as individuals and then speak with them in a way that is right for them and offer them choices."
• People told us they were always asked for consent before staff helped them with their personal care. One person said, "They always ask if I'm ready for help."
• The registered manager had assessed people's mental capacity and where appropriate best interest decisions had been made, involving their families and external professionals.
• We checked whether the service was working within the principles of the MCA. Also, whether any conditions on authorisations to deprive a person of their liberty had the
appropriate legal authority. We saw these were being met.

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

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 the staff were kind and caring. One person told us, "Staff are kind, very nice people." We observed positive interactions between staff and people throughout our inspection.
• Relatives also felt the staff cared and their loved ones were treated well. One said, "It's a proper family home. Very welcoming." Relatives and visitors were welcomed into the home, were offered drinks or to eat a meal with their relative or friend and told us that they could visit anytime.
• We observed staff speaking to people with genuine care and affection. For example, we observed staff arriving for work. They went into the lounge and greeted people in a warm and friendly way, asking individual people how they were.
• It was clear that staff knew people well and supported them in a way that made them feel they mattered. A person told us, "They [staff] know me and I know them; I'm well looked after." An external healthcare professional told us, "Staff appear to have good relationships with people."
• Staff told us they enjoyed working at the home and supporting people to receive the care and support they needed. One staff member said, "It feels like a home from home, I know people well and know what they like and don't like."
• Care plans identified people's preferences and protected characteristics, including any cultural needs or their sexuality. The registered manager told us that they did not have anyone currently living at the home that had any specific needs under the protected characteristics. However, we were assured that these would be discussed with people as part of the care planning process.

Supporting people to express their views and be involved in making decisions about their care:
• Information was available about local advocacy contacts, should someone wish to use this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.
• The registered manager sought the views of people and their families during the care planning process and through individual contact. We observed the registered manager and staff speaking to people and their relatives to seek their views about a person's care during the inspection.
• Staff spoke to people in a way they could understand and showed patience when supporting people living with dementia. For example, one person was quite anxious and wanted to see their GP. Staff and the registered manager spent time with the person, gently explaining that they had requested a visit. This happened several times, as the person could not recall previous conversations about this. However, the registered manger and staff were patient and calmly explained it to the person each time they asked.
• Staff involved people in daily decisions and offered them choices. One staff member said, "We offer people things like what clothes they want to wear, I get them out of the wardrobe and show them; Or we ask them

what colour they want their nails painted or if they want their hair washed and blow dried."

Respecting and promoting people's privacy, dignity and independence:
• Staff understood their responsibilities when respecting people's privacy. Staff recognised when people wanted to spend time on their own and always knocked before entering rooms. One staff member told us, "I always knock when I go in to a room. With one person we need to say who we are when we go into their room or pass them in the corridor as they can get distressed if they don't remember who we are".
• Staff described how they would support people to do as much for themselves as possible, so that they could maintain their skills. For example, one staff member told us, "If a person is able to wash themselves, I support them by getting everything ready so they can do it; then if they do need help, I am there to assist."
• The service had clear systems in place to ensure confidentiality, which staff were aware of and adhered to.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
• People told us their needs were met. One person said of the staff, "It's nice to have people around that care."
• People had person centred care plans that described their individual needs and what was important to them. People's life history was captured and families confirmed they had been involved in developing these.

• The provider had implemented a new electronic care plan system. This meant that staff could promptly record the support they had received and update people's needs. Daily records of people's care and our observations confirmed that people had been supported in line with their preferences and needs.
• People's communication needs were met. Staff enabled people to make choices and used visual prompts to assist them to understand.
• People were provided with opportunities to participate in activities. The registered manager told us they had recruited an activities coordinator to support additional focussed activities for people. We were told that these would include supporting people on an individual basis with reminiscence activities and there were plans to make high rise bedding boxes so that people could be supported to do gardening.
• In addition, the care staff supported people with activities each day, such as doing puzzles together, manicures, reading newspapers and playing skittles.
• The registered manager told us about other organised activities available. We were told about a recent trip to a café for lunch that had been arranged and once a fortnight they arranged for an external person to provide a music activity, where people could play percussion instruments. They also had dogs and other animals brought in for people to see and spend time with.
• Traditional holidays were celebrated such as Christmas and Easter and people and their families were invited to join in with party's. The registered manger confirmed that people's individual cultural and religious needs were considered and other celebrations would be arranged to meet any identified needs.

Improving care quality in response to complaints or concerns:
• The provider had a complaints policy and procedure which was made available to people and staff were aware of.
• People told us they knew how to raise concerns if they needed to. Comments included, "I wouldn't be afraid to ask for help", "I know how to complain if I ever needed to" and "I'd tell them if I didn't like it. If there was anything wrong I'd say and they'd do it for me."
• Relative's confirmed that they knew how to complain and felt information was shared with them. One said, "I know they would contact me if there was any problem."
• People were asked about their views of the service in individual meetings with the registered manager. Staff were aware of the signs they would look out for to alert them to any dissatisfaction people may have. One person told us, "I can't say I've ever had a complaint, they know what I like."

• Additional feedback was sought through annual questionnaires sent to relatives, external professionals, and staff.

End of life care and support:
• There was no one at the home being supported with end of life care at the time of the inspection. However, when people' had previously required end of life care the registered manager had developed a detailed care plan for the person. This was in a paper format. We discussed adding people's end of life wishes to the new electronic care plans records, so that details of people's choices, including considerations to cultural and religious preferences could be captured. The registered manager agreed to action this.
• The registered manager told us that they worked closely with external healthcare professionals to respect people's wishes and provide them with the care they required to be pain free and cared for at the end of their life. An external healthcare professional told us, "They [staff] have a really good attitude and work hard to follow all guidance and advice on the treatment of residents."
• Staff had received training in end of life care and the registered manager had worked with a local hospice to further develop people's end of life care plans.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:
• At the last inspection in April 2018 we found that the systems of governance in place to ensure that the provider was able to proactively prevent shortfalls in the service from occurring were not effective. We met with the provider and told them they must make improvements. We added a condition to their registration that they had to send us a monthly action plan detailing how things were improving at the home. At this inspection we found that action had been taken to address these concerns.
• The registered manager told us the service followed all current and relevant legislation along with best practice guidelines. There were systems in place that ensured people received person-centred care which met their needs and reflected their preferences.
• External professionals told us that the service was well run. Comments included, "I believe it [the home] is well managed, the manager is always very 'on the ball' and able to answer any questions about the residents. They [registered manager] are very proactive in asking for our help with any concerns" and "They work very hard to do a good job."
• Staff were confident about raising any concerns with the registered manager.
• The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. We observed records where this policy had been actioned.
• The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events that were required.
• There was an open and transparent culture within the home. The provider's previous performance rating was prominently displayed in the hallway of the service.
• People and staff told us they enjoyed living and working at Cameron House. One person said, "Oh yes, it is lovely here, it's a good place to live." A staff member said, "This is a good place to work, the manager's standards are high which is good, as people should have good care."
• The service had links with the local community and worked in partnership with other agencies to improve people's opportunities and wellbeing.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
• The registered manager was clear about their roles and responsibilities and had worked hard to address the concerns found at our previous inspection.
• There was a deputy manager who supported the registered manager and took responsibility for management of the service when the registered manager was not there.
• Policies and procedures were in place to aid the smooth running of the service. For example, there were

policies on equality and diversity, safeguarding, whistleblowing, missing persons, complaints and infection control.
• Effective communication between the registered manager and staff team supported a well organised service for people.
• Since the last inspection the provider had implemented an electronic auditing system. This meant that the registered manager could effectively monitor and audit of the service provided. For example, any accidents and incidents were analysed for patterns and trends and medical advice and support was promptly sought.
• The registered manager and provider completed quality assurance processes, which included audits of care plans, cleaning records, medicine administration, environmental audits, and night time spot checks. Records confirmed that where issues had been identified, these were acted upon.
• The service operated an on-call system so that staff could get support from the management team when they needed it.
• The registered manager told us that the provider visits the home regularly and talks to people, their families and staff.
• The provider has two other care homes and the registered managers from each of the homes carry out unannounced audits on the other homes. This way best practice is shared and any issues are actioned promptly.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:
• Staff told us they felt supported in their role. One staff member said, "The manager is good and if I have any concerns they get dealt with. They are supportive for staff's own personal issues as well."
• People's individual life choices and preferences were met. The registered manager was clear how they met people's human rights. For example, ensuring that people's lifestyle choices and needs were captured in their care plans and that staff supported people to maintain their individuality.
• Staff were kept up to date through handover meetings between shifts. Discussions included information in relation to people's physical and mental health, any professional visits and if people had declined support.
• In addition, staff had access to a private social media group that shared information about training and shift patterns.
• People had individual meetings with the registered manager or deputy manager each month. This enabled them to discuss how they were feeling and if they wanted anything different or changing. For example, the home had a menu that was periodically changed and people had the opportunity to request meals or specific foods they liked.
• The registered manager told us that they have had social groups where staff bring their children in to meet residents. We were told that this is part of people and staff getting to know each other and sharing life experiences.

Continuous learning and improving care:
• The registered manager and the provider kept themselves up to date by monitoring information from organisations such as the National Institute of Care Excellence (NICE) CQC, Medicines & Healthcare Products Regulatory Agency, and the Health and Safety Executive (HSE). In addition, the provider held regular meetings for the registered managers of their services where information about the latest guidance and best practice was shared. This enabled them to consider ways to improve people's care experiences.
• The provider sought feedback from people through annual quality assurance surveys.
People and their families also told us they could speak with staff if there was anything
they felt unhappy about.

Working in partnership with others:
• The service worked in partnership with other organisations to make sure they followed current practice,

providing a safe service for people. These included healthcare professionals such as G.P's, community nurses, falls prevention team and a local health service for people living with dementia.
• The registered manager had monthly meetings with the lead community nurse for the home, to review people's health and care and consider if best practice was being achieved. This ensured a multidisciplinary approach had been taken to support people in the provision of their care.
• The registered manager had completed some training with a service that was rated Outstanding and had maintained contact with them, seeking advice and support.
• The service had links with other resources and organisations in the community to support people's preferences and meet their needs.