

Nightingale Residential Care Home Ltd

Nightingale House

Inspection report

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Gidea park
Romford
Essex
RM2 5EH

Tel: 01708763124

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30 November 2022

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:

Nightingale House is registered to provide accommodation to 43 older people who may have dementia and requiring nursing or personal care. At the time of our visit, there were 32 people using the service.

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

People were positive about the care and support they received from staff. There were systems to reduce the risk of abuse and to assess and monitor potential risks to people who used the service. People were protected by safe recruitment procedures. There were enough staff to meet their care and support needs. The provider had a system in place to record and monitor accidents and incidents. Medicines were managed in a safe way. People were protected from the risks associated with the spread of infection.

People were supported by staff who had received appropriate training and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service did support this practice. People's needs were assessed before they started to use the service. People were encouraged to have a healthy diet.

Staff knew people who used the service well and they provided care and support to them in a kind and compassionate way. People were treated with respect and were given information regarding their care and their views were taken into account. Staff were aware that people's information should be treated confidentially. People received care and support in accordance with their preferences, interests and diverse needs.

People received personalised care and support that was tailored to their individual needs. Care plans were informative and had sufficient instructions for staff on how to deliver care and support to people, in accordance with their wishes. Care plans were reviewed and updated in a timely manner. People were supported to engage in meaningful activities of their choice and were involved in the local community. People and their relatives knew they could speak with staff or the management team if they had any concerns.

There was an open culture within the service, which was focussed on people. Staff were clear about their roles and responsibilities and had access to policies and procedures to inform and guide them. The provider had system in place to assess, monitor and improve the quality and safety of the services provided. The provider continually sought feedback about the service from people, relatives, staff and other professionals. The management team worked closely with other health and social care professionals to ensure the people received the care and support they needed.

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 30 July 2022) and there were breaches of Regulations 12 (safe care and treatment) and 17 (good governance). As a result, we served a warning notice to ensure the service was compliant in these areas.

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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next 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?

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.

Nightingale 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Nightingale House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Nightingale House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave a short period of notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

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 (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We looked at notifications we had received from the service. A notification is information about important events, which the provider is required to tell us about by law. We used all this information to plan our inspection.

During our inspection

We spoke with 5 people, the registered manager, the deputy manager, the directors, 1 senior care staff, and 3 care staff. We looked at 7 people's care plans, 3 staff recruitment files, medicines administration records, end of life records, staff rotas, staff training, supervision records and minutes of meetings. We also looked at audits and a variety of records relating to the management of the service, including policies and procedures.

We were not able to get the views of some people who used the service due to their needs. 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. Following the inspection, we continued to seek clarification from the provider to validate evidence found. We also spoke with 3 relatives to obtain their views of 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 changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found the systems were not always effective in assessing and managing risks to people while they received a service. 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 and the service was compliant with the warning notice.

- At our last inspection, risks associated with people's care and support had not been reviewed following incidents or accidents as part of the procedure staff needed to follow.
- At this inspection, we found risks associated with people's care and support needs had been reviewed following incidents or accidents. There were measures put in place to ensure staff supported people safely. For example, we saw there was clear guidance on how to support people who had limited mobility.
- Risks assessments covered areas such as nutrition, moving and handling and medicines management. This gave staff guidance on what action they should take to reduce risks and to keep people safe.
- At our last inspection, we found systems were either not in place or robust enough to demonstrate safety was effectively managed. We noted the shower heads in 2 shower rooms could drop below the water level when the showers were in use. This could create a backflow (an unwanted flow of water in the reverse direction) and could contaminate the water supply. 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 and the service was compliant with the warning notice.
- At this inspection, we found the provider took action to ensure shower heads could not fall below the water level when in use.
- The provider had a system to ensure all equipment was maintained and serviced. We saw fire safety checks were undertaken and the hot water temperatures were monitored to ensure people were not at risk of scalding.

Using medicines safely

At our last inspection, we found the procedures for administration of medicines were not being followed and left people at risk of not having their medicines as prescribed. 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 and the service was compliant with the warning notice.

- At our last inspection, people had not always received their medicine as prescribed and the provider did not have robust systems to protect people from the risks associated with the management of medicines.
- At this inspection, we found medicines were managed safely in line with national guidance.
- People told us they felt staff administered their medicines when they needed them. Some people were prescribed a medicine to be taken 30 to 60 minutes before food in the morning. Staff administered these medicines to people at the correct time.
- Medicine administration record (MAR) sheets were completed correctly and there were no missing signatures. Any medicines prescribed to be given 'as necessary' were monitored and protocols were in place to explain when these medicines should be given.

Learning lessons when things go wrong

At our last inspection, we found lessons were not learned from incidents and accidents to help prevent their re-occurrence. This placed people at risk of harm. 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 and the service was compliant with the warning notice.

- At our last inspection, there was no process for how the provider learnt from lessons following incidents or accidents to improve quality of care to people.
- At this inspection, we found accidents and incidents were recorded. These were reviewed by the registered manager to ensure lessons were learnt and actions taken to reduce the likelihood of them happening again. Where needed, people were taken to hospital for further checks.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to safeguard people from the risk of abuse.
- People were safeguarded from abuse or harm and staff understood how to keep them safe. People told us they felt safe at the service and had no concerns on the way staff provided them with care and support they needed. One person said, "I am very safe, I have no concerns." Another person told us, "I do feel safe being here." One relative told us, "It is a safe home."
- Staff were clear about their responsibilities to report concerns and were able to describe the action they would take if they witnessed or suspected any abusive or neglectful practice. One member of staff told us, "If I have any concerns, I will talk to the manager or the deputy manager."
- Staff had received safeguarding training and were aware on how to escalate any concerns that they might have to external agencies. We also noted this topic was discussed during staff meetings.

Staffing and recruitment

- There were sufficient numbers of staff available to meet the needs of people.
- Since our last inspection, the provider had recruited 10 new full time staff. This meant the use of agency had decreased. This helped to ensure people were supported by the same staff teams to help give continuity of care.
- People and their relatives told us there were enough staff working on each shift at the service. One person replied "Yes" when we asked them if there was enough staff on duty. A relative said, "There are always staff around if you need them. They can be busy at time, which is understandable." Some of the staff had worked at the service for a long time.
- People were protected by appropriate recruitment processes.
- From staff's recruitments files, we saw the provider had requested information such as references and criminal records checks as part of the recruitment process. This helped to ensure people were not exposed to staff who were not suitable to work with people using care services. □

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the service in accordance with the current guidance.
- At our last inspection, we noted some of the flooring needed to be renewed. During this inspection, we found the lounge had new flooring laid. Works was on-going to replace other flooring and to redecorate other areas within the service. We asked the provider to inform us once all the work were completed.

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 changed 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

- Before people started using the service an initial assessment of their needs was carried out.
- At our last inspection, we found 4 initial assessments were not completed fully or dated to indicate when the assessments were carried out. This meant people's needs were not fully assessed on admission and this could lead to people not receiving the care and support they needed.
- At this inspection, we found initial assessments were completed fully. This meant people received care and support from staff who understood their health conditions or preferences in how care was delivered.
- Information was also gathered from relatives to ensure the service had all the relevant details on what the person's needs were and how to meet them.

Staff support: induction, training, skills and experience

- People were supported by staff that had the necessary skills and knowledge to effectively meet their assessed needs.
- People and their relatives said they felt staff knew what they were doing and had the skills and knowledge on how to care for people. One person said, "The staff are very good and always very helpful, they know what they are doing." A relative said, "I cannot fault the care the staff give to my [family member]."
- The provider had a training programme in place for all staff to complete whilst they were employed at the service.
- Staff had received training in areas such as fire safety, first aid, the Mental Capacity Act, moving and handling, infection control, nutrition, person centred care, record keeping and safeguarding. One staff member said, "The training is very good and informative."
- New staff received an induction, which covered their familiarisation with the service, people who used the service and the provider's policies and procedures. They also undertook some training during this period as well as shadowed more experienced staff until they were confident to work on their own.
- Staff received regular supervision and support from their line manager and this helped to ensure they were able to provide effective care. Supervision records showed that a range of issues were discussed during those meetings, including training needs.

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

- People's needs were met by the adaptation of the environment and appropriate use of equipment.
- There were different aids and equipment made available to people to ensure their needs were met. For example, there was a standing hoist for people who needed to use one and assisted baths for people who

were unable to get in and out of a bath.

- We noted there were grab rails and handrails in the corridors to help people steady themselves as they walk. There was also a lift for people to use.
- People had access to the garden and there was a quiet lounge where people were able to see their relatives if people wish to be alone with them.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager knew the processes and principles of the MCA and DoLS. They were aware of the process to apply for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety.
- People were able to make day to day decisions about their lives. For example, they were supported to take part in activities they liked and to spend their time as they wished.
- Staff received training on the MCA and there were policies and procedures for them to follow. They were aware if a person lacked the capacity to decide and the decision needed to be made for them, the decision should be made in their best interests.
- Staff told us they always made sure they sought the consent of the person before providing any care and support to them. One member of staff said, "I always ask the residents for their permission before I do anything." People confirmed staff did check with them beforehand, for example, when providing personal care. One person told us, "The staff do come and let me know what they are going to do, they do check with me first."

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

- People were supported to eat and drink and maintain a balanced diet based on their needs and preferences. One person told us, "The food is very nice." Another person commented, "I can ask for salads if I don't like what's on the menu."
- People's dietary requirements and preferences were recorded, and this gave staff guidance on how to support them. Staff knew what people's likes and dislikes were or if they had any special dietary requirements due to their medical condition.
- People's religious and cultural needs were taken into account when the menu was prepared.

Staff working with other agencies to provide consistent, effective, timely care

- People were supported to maintain good health and to access health care services and professionals when they needed them.
- The registered manager worked closely with other health professionals to help ensure people had access to the services they required to maintain their health.
- Staff monitored people's health and welfare and reported any concerns to the management team who made referrals to health care professionals where required. For example, we noted one person was recently

referred to their GP and antibiotics were prescribed due to them having an infection.

Is the service caring?

Our findings

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

At the last inspection, this key question was rated as requires improvement. At this inspection, this key question has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and their privacy was upheld.
- At our last inspection, we noted some people's confidential information was not always kept securely. We found people's archived records were kept in a cupboard with no lock on it and this was accessible to visitors to the service as it was away from the main office.
- During this inspection, we found confidential information was stored safely and was locked away when not in use.
- Staff were aware that people's private information should not be disclosed to a third party without their consent. This helped to ensure people's confidentiality was protected.
- People were supported to maintain as much independence as possible and make choices such as what they wanted to wear, eat, drink and how people wanted to spend their day. Staff knew how much each person was able to do for themselves and what assistance they needed.
- People's privacy and dignity were maintained. Staff told us how they would maintain a person's privacy and dignity when assisting them with personal care. This included closing curtains and door and seeking the person's permission.

Ensuring people are well treated and supported; equality and diversity

- People were respected and treated equally regardless of their abilities, lifestyle and beliefs.
- Staff ensured people had equal opportunities, regardless of their abilities, their background or their lifestyle. They knew what people's beliefs and cultural needs were and ensured these were met.
- Staff were aware of the needs and preferences of people and had built up good relationships with them. People were comfortable to approach staff at any time if they needed assistance. One person said, "The staff look after me very well." A relative told us, "The staff are wonderful, I am very happy with how they care for the residents. It is a happy home where staff are very kind and caring."
- Throughout our visit, we saw staff as well as the management team interacted with people who used the service in a kind and courteous way.

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

- People were involved, where able, in decisions about their care, which helped them to retain choice and control over how their care and support was delivered. Where people were not able to do so, their relatives or representatives were involved.
- Records showed that people were involved in making decisions about their care and support. They had

signed their records indicating their involvement and approval.

- People were offered choices about how they wanted their care delivered. Staff knew people they supported well.
- Relatives said staff always informed them if there were any changes in their family member's needs. One relative told us, "They [staff] will contact me if there is something I need to know. We appreciate this as we know what is happening with my [family member]."

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 requires improvement. At this inspection, this key question has changed to good. 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

- People received care and support that was personalised and responsive to their individual needs and took full account of their background history and personal circumstances.
- At our last inspection, we noted the paper care plans were not always reviewed. 2 care plans had not been reviewed since January 2022 and there were no records to show if they were being checked monthly as per the provider's policy. The registered manager told us they were migrating to electronic system for permanent use and they were working on the transition, which meant there were some inconsistencies. Some information was difficult to find after they were transferred to the digital system because they were filed under a different heading.
- During this inspection, we found care plans had been reviewed and provided staff with detailed guidance about the individual care and support needs of the person. There was also information about specific health conditions that detailed the actions staff needed to take to ensure the person were safe.
- The care plans also included information about the persons likes, dislikes and preferences. For example, in one care plan, we saw the person did not like coffee, but liked tea, white, with no sugar.
- Staff were aware of people's current needs and they informed the registered manager when a person's needs had changed.
- When we asked staff for a summary of people's needs they were knowledgeable about these and explained to us how they met people's individual needs.
- People and their relatives were given an opportunity to be involved in the delivery of care and support being offered.
- People had an allocated member of staff known as a key-worker who coordinated their care. A keyworker is a member of staff who took responsibility for overseeing the care of an individual person and ensure all their care needs are met.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- We saw care plans had information about people's communication needs. People received information, which they could access and understood. For example, some records were in picture format, which made them easier for people to understand.

- Staff had learned some phrases to communicate with people whose first language was not English. People were able to request information in large print.

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

- People were supported to engage in meaningful activities of their choice and were involved in the local community.
- People told us they could pursue their interests and hobbies, for example they could go out with their relatives or join in activities within the communal areas of the service. One person told us, "I went Christmas shopping with my family last weekend, I like going out with them."
- People were also encouraged to keep in contact with their family members on a regular basis.
- Relatives told us they visited the service regularly and were always made welcome. We noted relatives were allowed to visit at any time as there was no restriction.

Improving care quality in response to complaints or concerns

- The provider had policies and procedures for dealing with any concerns or complaints.
- People and their relatives knew they could speak with staff or the management team if they had any concerns. One person told us, "I will talk to the manager if something isn't right."
- At our last inspection, we noted there was a complaints procedure displayed on the wall in the reception area and it contained old information (name of previous managers). We pointed this out to the registered manager and they said they would update it with their details. At this inspection, this information had been updated.
- Complaints were recorded and responded to accordingly. The provider had a process in place to review complaints and comments to improve the service. We saw the service had received compliments from relatives. One relative wrote, "I just wanted to say what an improvement the home has made since you [registered manager] came. Well done to you and your team."

End of life care and support

- People's end of life care wishes had been recorded. Staff had the knowledge and skills to care for people who were approaching the end of their life.
- The registered manager liaised with specialist health professionals to ensure people lived as well as possible until they die with dignity.

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 changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection, we noted the provider's quality assurance systems and checks were not always robust. There was a lack of systems in place to analyse events, accidents and incidents to identify what went wrong so action could be taken to help rectify things to prevent similar issues from reoccurring. The registered manager had not always ensured that an accurate, complete and contemporaneous record was maintained in respect of people who used the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement has been made at this inspection and the provider was no longer in breach of Regulation 17 and the service was compliant with the warning notice.

- Effective systems were in place to quality assure the services provided, manage risks and drive improvement.
- During this inspection, we noted improvements had been made around the concerns we identified. Accidents and incidents were monitored closely. These were reviewed by the registered manager and actions taken to reduce the likelihood of them happening again.
- Risks to people were assessed and reviewed. Daily records were maintained on the care and support people received. Care plans were being reviewed. Checks around the management of medicines had improved. Confidential records were kept securely.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration, staff training and health and safety checks audits. If shortfalls were identified, appropriate action were taken, for example, asking staff to complete refresher training if they were not up to date.
- The registered manager was aware of when the CQC should be informed of events and incidents that happen within the service and the responsibilities of being a registered manager. They kept us up to date with any changes that happened at the service and provided us with information promptly when we had requested them.
- The provider also continually sought feedback from people, relatives, staff and other professionals about the service. These were gained through the use of satisfaction surveys, which were completed on a yearly basis. We saw comments from the recent completed satisfaction surveys were mixed. Some comments were

positive whilst others mentioned areas where the service could improve. The registered manager had analysed the feedback received and taken actions where needed to help improve the quality of service provided.

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

- People and their representatives told us they felt the service was managed well and they could speak to the staff or a member of the management team when they wanted. One person told us, "The manager is lovely. They come and talk to all of us." A relative said, "The manager is very good."
- The registered manager and provider operated an open-door policy where people, staff, relatives and other professionals could contact them if they had any concerns.
- Staff told us the service was a good place to work for. One member of staff said, "The manager is very supportive. I can always go to them if I need to."

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

- People and staff were respected and treated equally regardless of their abilities, lifestyle and beliefs.
- There were regular meetings held for staff to share their views and experiences and for the registered manager to cascade information about things happening in the service. From the minutes from the last meeting, we saw that a number of areas were discussed including people's needs. Staff told us they found these meetings very useful.
- People and their representatives were also kept informed of any changes happening with the service. The registered manager had introduced a newsletter to keep everyone informed of what was happening at the service.
- We noted there was a meeting with the relatives recently to discuss our previous inspection report as well as to keep relatives updated on what was going on in the service.
- The registered manager encouraged people, relatives and staff to be involved in the day to day running of the service as much as possible.

Working in partnership with others

- The registered manager had good links with a number of health and social care professionals and this helped to ensure people's needs were fully met.
- The management team kept themselves up to date with best practice as far as health and social care was concerned.
- People had access to a number of health care services within the community.