CEL Care Services Limited

Felix Holme RCH

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

We inspected Felix Holme RCH on 23 and 24 January 2019. Felix Holme RCH is a '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.

Felix Holme RCH provides accommodation for up to 20 older people in one adapted building. At the time of the inspection 17 people were living there. Some people lived at the home permanently whilst others were there for short stays, for example following a period of ill health. This is known as respite.

People were living with a range needs were associated with old age and frailty. Accommodation is provided over three floors with a passenger lift and stair lift that provides level access to all parts of the home.

There was a registered manager, however they no longer worked at the service, but had not yet de-registered with the Care Quality Commission. The provider was currently managing the service and was in the process of registering with Care Quality Commission to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Felix Holme RCH had been previously inspected in November 2017 where we found the service was meeting all the regulations. However, we asked the provider to make improvements to achieve a 'good' rating. At this inspection we found improvements had been made and a rating of 'good achieved.

People were supported by staff who knew them well and treated them with kindness, respect and understanding. Staff understood people's support needs and ensured care provided was person-centred and met people's individual needs and choices. People were enabled to make decisions and choices about what they did each day and their dignity and privacy was respected. People had enough to do each day. There was an activity programme which people enjoyed participating in as they wished.

There were systems in place to assure quality and safety and to identify if any improvements to the service were needed. The provider had good oversight of the service and what was needed to improve and develop the service. Where improvements were needed work had started to address these.

People's medicines were ordered, stored administered and disposed of safely. People received their medicines in a way that reflected their personal preferences.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home. Staff had a good understanding of safeguarding procedures. This

meant people were protected from the risks of harm, abuse or discrimination.

Staff had a good understanding of the risks associated with the people they looked after. Individual and environmental risk assessments were in place. There provided the guidance staff needed. Fire procedures had been developed to help keep people safe in the event of a fire.

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 supported this practice. There was a training programme for staff and they received regular supervision and appraisals.

People were supported to eat and drink a choice of food that met their individual needs and preferences. People's health and well-being needs were met. They were supported to have access to healthcare services when they needed them.

There was a complaints policy and people told us they would discuss any concerns with the provider or staff. The provider was well thought of and supportive to people and staff. Systems were in place to gather feedback from people and staff and this was used to improve the service.

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.

People's medicines were ordered, stored administered and disposed of safely.

There were enough staff working to provide the support people needed. Recruitment procedures ensured only suitable staff worked at the home.

Staff understood the risks associated with the people they looked after. Environmental and individual risk assessments and provided the guidance staff needed.

People were protected from the risks of harm, abuse or discrimination because staff had a good understanding of safeguarding procedures.

Is the service effective?

Good

The service was effective.

People were given choice and staff understood the principles of the Mental Capacity Act 2005.

Staff received regular training and supervision.

People were supported to eat and drink a choice of food that met their individual needs and preferences.

People were supported to have access to healthcare services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff who knew them well and were kind and caring.

People were enabled to maintain their independence and make decisions and choices about what they did each day.

People's dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

People received care that was person-centred and met their individual needs and choices.

There was an activity programme which people enjoyed participating in as they wished.

There was a complaints policy and people told us they would discuss any concerns with the provider or staff.

Is the service well-led?

Good

The service was well-led.

The provider was well thought of and supportive to people and staff.

There were effective systems in place to assure quality and identify if any improvements to the service were needed.

Systems were in place to gather feedback from people and staff and this was used to improve the service.

Felix Holme RCH

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 and 24 January 2019 and the first day of the inspection was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about the home, including previous inspection reports. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records of the home. These included three staff recruitment files, training, medicine and complaint records. Accidents and incidents, quality audits and policies and procedures along with information about the upkeep of the premises.

We also looked at five care plans and risk assessments along with other relevant documentation to support our findings. This included 'pathway tracking' people living at the home. This is when we check that the care detailed in individual plans matches the experience of the person receiving care. It is an important part of our inspection, as it allows us to capture information about a sample of people receiving care.

During the inspection, we spoke with twelve people who lived at the home, four visitors and ten staff members, this included the provider. We also spoke with a visiting healthcare professional.

We spent time observing people in areas throughout the home and were able to see the interaction between

people and staff. We watched how people were being cared for by staff in communal areas. This included the lunchtime meals.

Good

Is the service safe?

Our findings

At the previous inspection in November 2017 we asked the provider to make improvements to ensure people were safe. At this inspection we found improvements had been made in relation to fire safety. Staff had received fire training and completed fire drills. This helped staff understand what actions to take in the event of a fire or other emergency evacuation. As a result of the most recent fire drill, changes were made to the fire procedure to inform staff what action to take if people did not wish to leave their rooms in the event of a real emergency. There was only one staff member at night, there were procedures for contacting other managers who lived locally and could be at the service within five minutes. There was information on the handover sheet about what support people needed in case of an emergency evacuation and more detailed Personal Emergency Evacuation Plans (PEEPS) had been completed in the care plans. Regular fire checks were completed to ensure people and the home remained safe.

Medicines were managed safely and improvements had been made. Some people had been prescribed 'as required' (PRN) medicine. People only took this when they needed it, for example if they were in pain or anxious. Where PRN medicines had been prescribed individual protocols provided guidance to staff. This ensured people received these medicines appropriately and consistently. Only staff who had received medicine training and been assessed as competent were able to give medicines. They had a good understanding of people and the medicines people had been prescribed. Regular medicine audits helped to identify any shortfalls and actions were taken to address these promptly.

Risks were well managed and helped people to remain safe whilst promoting their independence and without unnecessarily restricting their freedom. One person said, "I feel safe here, I can ring for help at any time. I'm terrified of falling over. Staff usually come quickly to the bell." Another person told us, "When I go out I tell staff where I'm going and when I expect to be back, in case I fall." Staff understood the risks associated with people's care and support and a range of risk assessments were in place which provided further guidance. Risk assessments and care plans had improved since our previous inspection. They contained guidance about people's mobility, skin integrity, and personal care. There was also information about people who were living with health related conditions such as diabetes or epilepsy. There was one person who was living with diabetes. Their diabetes was currently managed by healthcare professionals who were responsible for managing the person's blood sugar levels. The provider had developed specific guidance for staff to reflect the risks and included information about how to reduce the risks.

Accidents and incidents had been recorded with the actions taken. There was further information which showed the incident had been followed up and included further actions taken. Analysis helped to identify if there were any themes or trends. The provider told us they had identified an increased number of falls during the summer. Information about accidents and incidents was shared with staff to ensure they were aware. This helped them to learn from what had happened and to prevent a reoccurrence.

People received the support they needed in a safe and timely way because there were enough staff working each shift. Throughout the inspection people were supported in a timely way. Call bells were answered promptly. The provider told us staffing numbers were constantly under review and staffing numbers would

be increased to reflect people's assessed needs. An example of this was in response to the increased number of falls over the summer. The provider ensured there was always an extra staff member working at peak times, such as when medicines were being given. One staff member told us this had really made a difference and enabled them to meet people's needs safely without feeling time-pressured. The provider regularly analysed people and staff routines to ensure there were enough staff working to meet people's needs.

People were protected, as far as possible, by a safe recruitment practice. Staff files included the appropriate information to ensure all staff were suitable to work in the care environment. This included disclosure and barring checks (DBS) and references.

People were protected against the risk of abuse, harm and discrimination. Staff knew what steps to take if they believed someone was at risk, they understood their own responsibilities and could tell us what actions they would take. They told us how they would report their concerns to the most senior person on duty, or if appropriate, to external organisations. Information about abuse and how to report it were displayed in communal areas and available to people, visitors and staff. This included contact telephone numbers. Potential safeguarding concerns were
reported appropriately and advice sought where needed to ensure appropriate outcomes were achieved. Information about safeguarding concerns and outcomes were shared with staff. This helped to ensure, where appropriate, they were all aware of what steps to take to prevent a reoccurrence.

The home was clean and tidy and appropriate infection control procedures were followed. There were designated housekeeping staff who were responsible for the day to day cleaning of the home. Protective Personal Equipment (PPE) such as aprons and gloves were available and staff were seen using these during the inspection. Hand-washing facilities were available throughout the home. The laundry had appropriate systems and equipment to clean soiled linen and clothing.

There was ongoing maintenance and a maintenance program, areas where improvements were needed had been identified and re-decoration at the home was ongoing. Maintenance staff were available when needed. Servicing contracts were in place, these included gas, electrical appliances and the lift and moving and handling equipment.

Good

Is the service effective?

Our findings

People's needs were assessed and care and support was delivered in line with current evidence-based guidance. People's skin integrity and their risk of developing pressure wounds had been assessed using a Waterlow risk assessment. The Malnutrition Universal Screening Tool (MUST) was used to identify people who were at risk of becoming malnourished or dehydrated. Where risks had been identified appropriate actions were taken to ensure people received effective care. The provider and staff also sought and followed advice and guidance from visiting healthcare professionals. This helped ensure care and support was up to date and appropriate.

When staff started work at the home they completed an induction. This included an introduction to the home, the general day to day running, they read the policies and were introduced to people. Staff spent time shadowing regular staff, until they were competent and confident to provide care unsupervised. Induction checklists were in place and included information about what the staff member had seen and done. A newer staff member told us throughout the induction they had been shown and observed by more senior colleagues to ensure they were competent to support people. However, assessments of competencies had not been recorded. We recommend the provider consider ways to record competencies to evidence staff learning.

Staff who were new to care completed the care certificate. This is a set of 15 standards that health and social care workers follow. It helps to ensure staff who are new to working in care have appropriate introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.

There was a training program which included moving and handling, infection control, and safeguarding. There was evidence that this was ongoing, with further training booked for staff. There was information on staff notice boards to remind staff to complete their online training. The provider had developed information packs to support staff learning and improve their knowledge of how to support people's specific needs, this included catheter and stoma care. Further learning support had been provided to staff from visiting healthcare professionals. Staff were supported to continue their learning and development through further training. This included Diploma in Health and Social Care in levels 2, 3 and 5.

Staff received regular supervision, this helped identify any areas where further support or development was required. We saw staff, who required it, had received extra supervision and support. Staff told us they felt supported and could discuss any concerns with the provider.

People were supported to eat a wide range of food and drink to meet their individual nutritional needs and preferences. One person told us, "The menu is clearly displayed but there seems to be as much choice as there are people. I enjoy my meals, it's all good home cooking, also it's a way we meet every day. Staff will make you sandwiches any time." Another person said, "Hot and cold drinks are always being offered. We get offered wine with meals. It's that sort of atmosphere here." People were offered a choice of healthy, freshly cooked meals, drinks and snacks each day. We saw people were provided with drinks and snacks regularly throughout the day. Staff told us about one person who was, "never without a cup of tea."

People ate their meals where they chose. Most people ate lunch in the dining room but others remained in the lounges or their own bedrooms. Nutritional assessments ensured people's nutritional needs were met. People were weighed regularly which helped staff identify if anyone was at risk of malnutrition or weight loss. If concerns were identified then referrals were made to the GP for advice and guidance.

People received on-going healthcare support and could see their GP when they wished and when there was a change in their health. Where people were living with health related conditions staff supported them to attend regular health checks and appointments. One person said, "They've been very good making sure my health needs are met." A visitor told us their relative's health was better at the home than they had been previously. They said this was because they were eating regular meals and were now interested in looking after themselves. Staff worked well with other organisations to provide a coordinated approach to care. Records showed there was joint working with GP's and district nurses. Where necessary referrals were made for specialist services and medical and nursing assessments.

People's needs were met through the design and adaptation of the home. There were two lounges, one of which was quieter and some people preferred to spend their time there. This was also used when people wanted to spend time with family members and for example, eat meals together. There was a passenger lift and stair lift which provided level access throughout. There were adapted bathrooms and toilets to support people and a shower room was due to be installed this month. There was level access to a front garden with a summer house which people enjoyed during the warmer weather.

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 had the capacity to make their own decisions and choices and were supported to do so. The provider and staff were mindful that people's mental capacity may change. Throughout the inspection people were offered choices and consent was sought before they were offered care and support. Staff had a good understanding of MCA, the importance of offering and respecting people's choices. Some people made decisions which may be considered unwise, for example eating a diet that may be considered unhealthy. Staff offered people alternative choices and discussed their decisions with them but understood the importance of respecting people's decisions.

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. At the time of the inspection people did not require a DoLS authorisation or referral.

Good

Is the service caring?

Our findings

People were supported by staff who were kind, caring and understanding. One person said, "The carers are kind. They are all very pleasant, we get on well together." Another person told us, "The staff couldn't be better. They change a lot but they are all of the same calibre." A further person said, "They're happy people (staff), they always act in a friendly way; it's a lovely atmosphere." A visitor said, "As relatives we're "always welcomed, it's a lovely feel, family orientated. We couldn't wish for anything more." A staff member told us, "I want relatives to come in at any time and see people are clean, tidy and well looked after."

There was a happy and relaxed atmosphere at the home, with lots of friendly conversations and laughter. Interactions between staff and people were kind and thoughtful and staff engaged with people as they went about their daily routines. This helped people to feel relaxed in their company. Staffs approach to people was gentle and patient and they supported people at their own pace. Staff spoke about people with real affection and discussions demonstrated they wanted people to have the best experience they could whilst living at the home. One person had said in a feedback questionnaire they were not happy because they wanted to be at home. The provider had responded that they recognised people may feel like this but would try to make Felix Holme the best "home from home" that they could. People were comfortable to leave their own possessions such as puzzle books in the communal rooms, and they were not tidied away. This helped to provide a homely, family atmosphere.

People were supported to make their own choices and decisions and maintain their independence. They were involved in developing their own care plans and planning their own care. One person told us, "My care is written down and I've been involved in that. So, they know when I like to get up, how I like my door and lights at night." Maintaining people's independence was an important factor in their care. People told us they could get up and go to bed when they liked and could make their own decisions about what they did each day. Staff encouraged people to do as much as they could for themselves. Care plans informed staff to prompt and encourage people. One staff member told us that everybody could maintain aspects of their own personal hygiene but may need support with their back and legs. One person said, "I rely on staff to dress and undress me and to help with my personal needs. They explain what they need to do and listen to how I want it done. They keep it all very private, I've never had any concerns about how staff treat me."

Peoples dignity and privacy was maintained. One person told us, "The staff are friendly and nice. I don't envy their work but they carry it out with patience and dignity." Staff had a good understanding of dignity, equality and diversity. They told us they were aware of the need to treat people equally irrespective of age, disability, sex or race. One person said, "With all staff, I am respected for being myself. There's no issues with any staff about looking after my dignity." Bedrooms were personalised with individual's possessions such as photographs and mementos and arranged in a way that suited each person. One person told us, "My room feels like my home. It was a confusing time at first but staff got to know me and encouraged me. They've never complained about me getting my room in a mess with my (hobbies). They spend time with me, I feel they bring the outside world in to me."

People were supported to maintain relationships with those who were important to them and develop new

friendships. Visitors were welcomed to the home at any time. People had developed their own friendships and spent time with each other. One person said, "I've made friends with others here." This person chatted in detail about the friendships they had made.

Good

Is the service responsive?

Our findings

At the previous inspection in November 2017 we asked the provider to make improvements to ensure people were able to take part in a range of activities that they enjoyed and were meaningful. At this inspection we found these improvements had been made. People told us they were able to take part in a variety of activities and had enough to do each day. One person said, "Some of the staff bring in their dogs sometimes, and there's an organisation that brings in other animals for us to meet. It's typical of the relaxed atmosphere here. There are other activities going on and I enjoy making greetings cards in my room. We do a certain amount in the lounge, like ball games and sing-songs, and in the summer, we had exercise sessions in the garden. A lot of us enjoy spending time in our own rooms too; I've got a beautiful room and have a fridge, which helps when my visitors are here". Another person told us, "We've modified different games to suit us. We have a basketball game that is great for exercise. We do what we enjoy, we don't do activities just for the sake of saying we do something. I like it that people do things and don't vegetate. I've been here a year and they weren't doing much when I first came but now we have a lot going on."

Throughout the inspection people were busy and engaged in a range of individual and group activities. This included an outside entertainer and games with staff. Some people followed their own hobbies and interests such as crafts, reading and listening to music. Some people went out on their own or with friends and family and others went out with staff. One staff member told us about a shopping trip they were planning with one person. Some people were watching television in the lounge and staff were supporting them to find a channel they liked. When this was not successful staff offered people the choice of films to watch, which was agreed upon and enjoyed. There were a range of books, games and films available for people to use as they wished.

People received personalised care and support from staff who knew how they liked things done. One person told us, "The important thing for me is that they don't bother you. I feel they do the things I ask, it's a good place, they understand me. I can watch TV to midnight if I choose to."
Before people moved into the home an assessment was completed to ensure their needs, choices and preferences could be met at the home. It also ensured staff had the appropriate knowledge to support people. This assessment was completed with the person and where appropriate their relatives. Information from the assessment was used to develop care plans and risk assessments. Care plans included information about people's needs in relation to personal care, mobility, pressure area risks, nutrition and health. These were person-centred and regularly reviewed and updated as people's needs changed. People, and where appropriate, their relatives or representatives were involved in these reviews.

The provider had introduced changes to improve and develop the person-centred care. As long as there were no medical reasons why people could not take their medicines at chosen times everybody had been asked when they would like their medicines to be given. Some people liked their medicines before meals, others did not wish to be woken for their morning medicines and would take them when they got up.

Following feedback from a person who had gone back to live at home, the provider had made changes to the care and support people received, especially when they were admitted for a period of respite care. The

person had complimented the provider on the care they received but added that they felt de-skilled. The provider had introduced goals for people. They were supported to identify what skills they would need when they went home, or like to continue with at Felix Holme. This was then implemented into their care plan and daily routine. One person, who was due to go home shortly after the inspection, told us they were preparing their own breakfast and were responsible for making their bed and tidying their room. This had helped them regain the skills and strength needed to go home.

From 1 August 2016, all providers of NHS care and publicly-funded adult social care must follow the Accessible Information Standard (AIS) in full, in line with section 250 of the Health and Social Care Act 2012. Services must identify, record, flag, share and meet people's information and communication needs. Communication care plans contained information to guide staff. This included whether people wore glasses or hearing aids. Staff communicated appropriately with each person. This included writing to engage with one person who was living with hearing loss. Staff understood the importance of communicating in a way that met people's individual needs.

There was a complaints policy in place, there had been no recent complaints. People told us they did not have any complaints but would discuss them with the provider or staff if they did. One person told us about a complaint they had previously raised. They said, "I was pleased how it was all dealt with." Where appropriate, any complaints received were discussed with staff. This helped to ensure, as far as possible, that lessons had been learnt and actions taken to prevent a reoccurrence.

As far as possible, people were supported to remain at the home until the end of their lives. Staff were aware of the support people needed to keep them comfortable and care plans showed that people's end of life wishes had been discussed with them and their families. These wishes were respected. If people chose not to discuss their end of life wishes and this was also respected. Staff liaised with healthcare professionals to ensure the appropriate guidance and support was in place.

Good

Is the service well-led?

Our findings

At the previous inspection in November 2017 we asked the provider to make improvements to ensure systems were in place to provide good oversight of the service and to ensure lines of responsibility were clear. At this inspection we found these improvements had been made. The registered manager and trainee manager no longer worked at the home. The provider had taken on this responsibility since July 2018 and worked at the home most days. They had also applied to become the registered manager for the service. The provider told us they had identified a number of areas for improvement. Therefore, they had engaged the services of an external consultant to complete a full audit to help identify any further areas where improvements and developments were needed. Care plans had been re-written and care plan audits were completed to identify areas for improvement. A new care plan template was being introduced and care plans were being transferred into this new format as they were reviewed. Medicine audits had been completed. The provider had identified and commenced work to ensure improvements were made to the homely remedies and leave medicines procedures. The provider had identified information about what activities people took part in and whether they enjoyed them was not consistently recorded. We saw from meeting minutes this had been discussed with staff. Staff were aware of the need to improve their recording. This did not impact on people because they were able to tell us what they did each day and if they had enjoyed themselves. New policies had been developed and the provider was working to ensure these contained information relevant to the service.

People spoke highly of the provider, the home and staff. One person said, "I'm quite happy. It's a comfortable, homely place, feels like an intimate home. I like the small size, would say it has a good ambience. I love my room, I sleep well at night, I'm well fed and warm." Another person spoke to us about the provider. They said, "She is very approachable and wants to know what is happening." A further person told us, "She is here every day. She is fully involved, always asks how I am every day." A visitor said, "The manager is always asking if everything is fine. They have a good team here, you can see staff communicate at all levels."

People were involved in developing and improving the home. They were regularly asked for their feedback through meetings and surveys. People discussed changes at the home, menus and activities. The provider used this opportunity to continue to develop and improve activities. One person told us, "We have residents' meetings, there's one tomorrow. It's a good idea. Last month we had an evening one with buffet supper for relatives to come too, it was very successful." Another person said, "We have residents' meetings. I learnt from there that one of the bathrooms is to be reconfigured, so we will have a new shower facility. Everyone is invited to the meetings and everyone gets the minutes. It's good that we get asked about décor, it means we can feel, all the more, this is our home."

People and relatives had also completed feedback surveys about their life at the home. One person told us, "We had a questionnaire, I felt it was an opportunity to be truthful and my daughter did one too." The provider wanted to ensure people were able to complete these. Where people needed to support to complete them the provider wanted to ensure this was provided as independently as possible. Where people did not have family or friends to support them the provider had engaged the services of Healthwatch

to help them. Healthwatch are an independent national champion for people who use health and social care services to make sure that those running services, and the government, put people at the heart of care.

The provider had identified areas where they could make further improvements for people. They were planning to involve people in a discussion about safeguarding to enable people to identify if they believed they were at risk of harm, abuse or discrimination.

There was a clear management structure. The provider was supported by a senior carer and the registered manager from another home owned by the provider. There was an on-call system so that staff knew who to contact in case of emergency. The provider was highly thought of by staff. She was a visible presence at the home and regularly provided support and guidance to staff. Staff told us they could discuss any concerns with the provider and be confident they would be addressed.

Staff were involved in developing and improving the home. Staff were asked for their feedback through meetings, surveys and general day to day discussions. Meetings were used to identify any concerns, inform staff about changes and planned improvements. These meetings allowed for discussion and communication with staff. Staff were updated about changes in people's needs at a handover each shift and a handover document was updated to ensure staff had up to date information about people.

The provider was a leading member of the local care homes association. They engaged with local stakeholders and health and social care professionals to help drive improvement throughout care homes in East Sussex.