Silverdale Care Homes Limited

Silverdale Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8 March 2018 and was unannounced.

At the last inspection the service was rated as requires improvement. We found the provider was not meeting all the requirements of the law. The provider had not ensured that people's medicines were managed safely. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to ensure they were meeting the regulations. During this inspection we found that the provider had done what they said they would do and were no longer in breach of regulations.

Silverdale Nursing Home 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.

Silverdale Nursing Home accommodates up to 27 people in one adapted building. At the time of this inspection there were 24 people using the service.

There was a registered manager in post at the time of the inspection. 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.

People were protected from avoidable abuse and harm by trained staff. Risks were assessed, identified and managed appropriately, with guidance for staff on how to mitigate risks. Premises and equipment were managed safely and were kept clean and tidy. Staffing levels were sufficient to meet people's needs and staff had their suitability to work in a care setting checked before they began working with people. Medicines were now managed safely, following improvements to the systems in place. The registered manager had systems in place to learn when things went wrong.

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 support this practice. People were supported by trained staff and received effective care in line with their support needs. Staff received regular supervision and had access to continuous training. There was a good choice of food, which people enjoyed and they received support to meet their nutrition and hydration needs. The environment was designed to support people effectively. Healthcare professionals were consulted as needed and people had access to a range of healthcare services.

Staff were kind, caring and compassionate with people. People were supported to express their views and encouraged and supported to make their own choices. People were treated with dignity and respect by staff who knew them well.

Staff understood people and their needs and preferences were assessed and regularly reviewed. Activities were organised by staff and people were supported to participate in activities that they preferred. People's diverse needs were considered as part of the assessment and care planning process. Complaints were managed in line with the provider's policy. People were supported to consider their wishes about their end of life care.

A registered manager was in post and was freely available to people, relatives and staff. People, their relatives and staff were involved in the development of the service and they were given opportunities to provide feedback that was acted upon. We found the registered manager and provider had systems in place to check on the quality of the service and used this to make improvements.

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 received their medicines as prescribed and their risks were managed to help keep them safe.

Staff knew how to protect people from abuse and there were enough, safely recruited staff to meet people's needs.

People were protected from the spread of infection and relatives felt confident that people were safe at the service.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and guidance from professionals was sought and incorporated into care plans when required. People had access to a range of healthcare professionals.

Staff were supported to develop the skills they needed to provide effective care and regular handovers ensured that information about people's changing needs was shared between the staff team.

People enjoyed the food and were supported to eat food they liked. People were supported to make decisions in line with current law and guidance. The design and decoration of the service was appropriate to meet people's needs.

Is the service caring?

Good

The service was caring.

People were supported with kindness and compassion by staff who knew them well.

People were supported to make choices and their privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People received personalised care that was responsive to their needs. They had access to activities that interested them.

Relatives felt able to raise concerns if required and there was a suitable complaints policy in place.

People were supported to have plans in place about how they wanted to be cared for at the end of their life.

Is the service well-led?

Good

The service was well-led.

The registered manager was visible at the service and relatives and staff felt they were approachable.

There was a positive culture and staff were committed to providing good quality care to people.

Effective systems were in place to monitor and improve the quality and safety of services provided and the home worked in partnership with other agencies.

Silverdale Nursing Home

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 8 March 2018 and was unannounced. The inspection team consisted of two inspectors.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the service in the key question of safe, in relation to the management of medicines. We found that improvements had been made in this area and to the quality of care provided.

We used the information we held about the service to formulate our inspection plan. This included 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. We also reviewed other information we held about the service. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information about safeguarding concerns, serious injuries and deaths that had occurred at the service. We also considered feedback received from local authority commissioners and safeguarding adults' team about the services provided at Silverdale Nursing Home.

We spoke with three relatives of people who used the service. We did this to gain their views about the care and to check that standards of care were being met. Most people who used the service were not able to speak to us about their care experiences so we observed how the staff interacted with people in communal areas and we looked at the care records of three people who used the service, to see if their records were accurate and up to date. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We spoke with three members of care staff, the registered manager and the provider's nominated individual.

We also looked at records relating to the management of the service. These included four staff recruitment files, training records, staff rosters and quality assurance records.

Good

Is the service safe?

Our findings

At our last inspection, we found that improvements were required to the way people's medicines were managed to ensure they were consistently safe. There was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made and the provider was no longer in breach of the regulation.

People received their medicines as prescribed. We observed that the nurse on duty administered medicines to people, we saw they sat with one person and said, "Good morning [Person's name], did you sleep well? I've got your medicines here for you, OK?" The nurse spent time sitting with the person and stayed with them until they swallowed their medicines to ensure they had taken it before signing to confirm the same. The registered manager had introduced a new system for managing medicines since the last inspection and this had recently been reviewed with support from a specialist pharmacist advisor and was working effectively. We found that improvements had been made to the systems in place to ensure consistent stock control and reduce the likelihood of medicines errors. There were suitable protocols in place to guide staff about when and how to administer medicines on an 'as required' basis. When people were prescribed creams and patches to their skin, there were body maps in place which helped ensure they were administered as prescribed. The systems and processes in place were operated safely to ensure that people received the medicines they needed.

We saw that people were smiling and happy when interacting with and receiving support from staff and people appeared safe and comfortable when being supported to move. Relatives told us they were happy with the care delivered at Silverdale Nursing Home and felt confident their family members were safe. One relative said, "Oh definitely [my relative] is safe here." Training had been either provided or planned for staff to help them safeguard people from abuse. Staff we spoke with were knowledgeable about safeguarding adults' procedures and knew the different types of abuse which may occur, how to recognise signs of abuse and how to report their concerns. The registered manager understood their responsibilities in safeguarding people from abuse and we saw that incidents had been reported to the local authority when required, so that necessary investigations could be carried out and protection plans implemented when needed. Staff were aware of the systems and processes in place and we saw this was working to ensure that people were protected from abuse.

People's risks were assessed and managed so they were supported to stay safe. When people were at high risk of falls, we found they had detailed plans in place to manage the risks and that staff were aware of these and followed them to reduce the risk of falls. For example, one person had fallen and sustained a serious injury at the service. We saw that their risk had been reassessed following this fall and a new plan of care had been implemented which provided sufficient detail to staff on how to manage the risks. We saw that professional guidance had been obtained and incorporated into the plan and equipment such as bed rails had been considered and provided to reduce further falls risks. This showed that risks were identified, assessed and managed to help people stay safe.

We found the provider had systems and processes in place to assess the safety of the environment and

equipment used to keep people safe. The provider employed a maintenance person who completed regular safety checks of communal and personal spaces and carried out repairs as required. We found fire safety checks were carried out; people had individual personal evacuation plans to ensure people could be safely evacuated in an emergency and the provider had a detailed fire risk assessment in place. The provider also employed an independent person to complete health and safety checks, including equipment, to ensure that the environment and equipment was safe for people.

We saw that staff were available to support people when they needed it. A relative said, "The staff in particular are great, there is always enough of them." We observed that people's needs were responded to swiftly and that call bells were answered promptly. Staff told us they felt there was enough of them to meet people's needs. A staff member said, "There is enough staff. [Registered Manager's name] is great. She makes sure there are enough staff to provide good quality care to people." The registered manager told us and we saw that people's dependency was assessed and reviewed regularly and this information was used to work out how many staff were required to keep people safe and meet their needs. We saw staff rosters that confirmed that the assessed number of staff required were planned for each shift which showed that sufficient staff were available to support people to stay safe and meet their needs.

People received support from safely recruited staff. Staff confirmed that recruitment checks were completed to ensure they were suitable to work with people. We saw staff provided two references. The provider checked to ensure staff were safe to work with vulnerable people through the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. This meant safe recruitment procedures were being followed in relation to the employment of new staff.

Relatives told us that the service was always clean and tidy. We observed that all areas of the home and equipment looked clean and hygienic and saw domestic staff carrying out their duties throughout the inspection. A laundry assistant and domestic assistant were employed to help prevent the spread of infection and manage hygiene. Staff understood the importance of infection control and we observed them using protective clothing during the inspection. The registered manager told us that infection control audits were completed four times per year and we viewed the last audit which showed the only action to be completed was for training to be arranged for new staff and we saw this was completed. This meant people were protected from the risk of infection and cross contamination.

The registered manager told us and we saw that lessons had been learned and improvements made when things had gone wrong. At the last inspection, we found some concerns in relation to the way in which people's medicines were managed. The provider and registered manager sent us an action plan which covered all areas of concerns identified. At this inspection we saw that the action plan had been completed and that systems in place to manage people medicines were now more robust. The registered manager and provider had successfully worked on improvement plans for the service to improve the quality and safety of services provided to people and we saw during the inspection that this had been successful.

Good

Is the service effective?

Our findings

At our last inspection, we found that improvements were needed to ensure that people received a consistently effective service. At this inspection, we found that improvements had been made.

We saw and relatives confirmed that people's needs and choices were assessed to ensure their needs could be met by the service. A pre-admission assessment was completed prior to a person moving to the home and this included consideration of people's communication requirements and whether they needed any specialist equipment. For example, we saw that bedrails were in place and appropriately risk assessed to prevent the risk of falls from bed, when this was required. When additional support and guidance was needed about how to support people, we saw that support and guidance was obtained, for example physiotherapists were involved in developing plans of care to support a person to walk safely following a fall and a diabetes specialist nurse was involved in a creating a plan regarding the management of a person's diabetes. This showed that people's needs were effectively assessed and guidance was sought when required.

Staff were supported to develop the skills and knowledge to provide effective care. Staff told us they were provided with a thorough induction which included face to face training and spending time shadowing experienced members of staff before they provided care independently. We observed that staff were competent in their roles and used the skills they learned in training to deliver effective care. For example, we saw people being safely supported to transfer from a chair to a wheelchair, as staff had received training in supporting people to move safely. A staff member told us they were completing a further education course in dementia care and they were able to describe how they used what they had learned to improve people's care experiences. The registered manager told us that all staff would be completing this training course and we saw they had a plan in place for continual training updates for staff. Staff felt well supported in their roles and had access to regular supervision and support from the registered manager and provider. One staff member said, "I have regular supervisions and they are useful. I had a problem once and it got sorted out straight after my supervision session." This showed that staff were supported and encouraged to develop their knowledge and skills in order to provide effective care. This meant people were supported by suitably skilled, supported and trained staff.

Most people were not able to tell us their opinion about the food on offer. However, we saw people enjoying food at mealtimes and being provided with choices of food they liked. For example, at breakfast time we heard a staff member say, "[Person's name] do you want your usual breakfast? Bacon, sausage and egg?" We saw that some people chose to have a cooked breakfast whilst others preferred cereals or toast and these preferences were catered for. At lunch time, we observed that some people needed help to eat their meal. We saw that staff sat down with them and spent the time with them that they needed to eat their meal in a dignified way without being rushed. We heard a staff member telling another that one person appeared not to enjoy the chicken they were helping them to eat and they arranged an alternative option for the person which they did eat. Another staff member said to a person, "Here you are sweetheart, this is your favourite." Snacks including fruit were readily available for people and people who required specialist diets such as pureed food were provided with this. This showed that people received the support they needed to

eat a balanced diet.

Staff told us that they attended a handover session at the beginning of each shift, which ensured that they were able to provide a safe and consistent level of care to people. One staff member said, "Each morning the nurse goes through and talks about each person and any concerns are noted." The handovers ensured that any risks or changes in people's needs were highlighted. The registered manager also told us about a weekly multi-disciplinary meeting and we saw records of these which showed each person's health and current needs were discussed so that any changes in how their care was delivered or referrals to other professionals could be addressed. This showed that the service ensured that people received consistent care that reflected their current needs.

We saw and staff confirmed that people were able to see health professionals when they needed to. A doctor visited the service weekly and people had access to the doctor as they required it. The records we viewed showed that people had accessed health professionals such as; tissue viability nurses, an epilepsy specialist nurse, physiotherapists and opticians. This meant that people were supported to access health professionals to maintain their health and wellbeing and advice sought was followed by staff when required.

People's needs were met by the adaptation and decoration of the service. The home looked clean and fresh and was odour-free. We saw there were specially adapted facilities in place to support people. For example, there were assisted bathrooms and shower rooms. This meant people could have their needs for personal care met safely. People were able to have personal items in their rooms such as photographs and ornaments, and we saw that bedrooms were homely. People who used the service had dementia and we saw that dementia friendly signage was used to help people orientate themselves, for example, pictures were used to identify bathrooms. People's bedroom doors were different block colours and clearly decorated to look like a front door, to help people with dementia identify their bedrooms. Pictures of the person were also used to help people identify which room was theirs. This showed that the service had considered and catered for people's needs with the design and decoration of the service.

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. We observed that people were asked for their consent before care was carried out. When people lacked mental capacity about certain aspects of their care, we saw that a decision specific test of their capacity was carried out, in line with the MCA. We saw that decisions were made in people's best interests when required and relevant people were consulted before any decision was made on behalf of a person, for example, relatives and health professionals. These best interest decisions were accurately recorded and shared with staff to ensure that people's rights were protected.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found that people had been referred for a DoLS authorisation when this was required. This showed that the service was working in line with the current legislation and guidance to ensure that people's rights were protected.

Good

Is the service caring?

Our findings

At our last inspection we found the service was caring. At this inspection the service continued to be caring.

We observed throughout the inspection and relatives confirmed that people were treated with kindness and respect. One relative said, "I think it's a wonderful place, the outside doesn't do justice to the wonderful care inside. Staff are caring and they know [my relative] so well." We observed that staff were kind and compassionate in their approach when supporting people. For example, the registered manager told us that one person liked to sing and responded well to staff singing to them. We saw that staff sat down and sang with the person whilst they supported them to have a drink. The person was smiling, laughing and singing along with staff, showing that they enjoyed the kind and thoughtful interaction whilst being supported with their needs. We observed that staff used people's names and asked about their welfare regularly, which made people smile. This showed that people were treated with kindness and respect.

We saw that people had access to the emotional support they required. One person, who was living with dementia, regularly shouted, "help." We saw that staff responded to their calls and sat down with them, providing the reassurance and emotional support they needed. We saw that staff spent time with the person, holding their hand, which clearly relaxed the person. The person was visibly calmer when staff spent time with them and provided the emotional reassurance they needed as well as acting quickly to relieve their distress. This showed that staff were respectful of and responded to people's need for support and reassurance. Another person who was prone to becoming anxious, was supported to each their lunch. We saw that the staff member sat down with them and provided the support they needed in a calm and unrushed way. They provided explanations that the person needed to relay their anxieties which meant that the person was able to eat their lunch and enjoy chatting whilst they did so. This showed that people's emotional needs were responded to in a calm and caring way.

We observed that people were offered choices about their care and support throughout the inspection. For example, we saw people were asked where they would like to sit and how they wanted to spend their time. We observed a staff member seeking one person's consent prior to putting an apron on them at breakfast time. The person declined an apron and staff respected their choice and supported them to eat their breakfast. This showed that people were empowered to make choices and treated with dignity and respect.

Staff knew how to communicate best with people to help them make choices. Each person had a specific communication care plan in place which guided staff on how best to support the person with making their own choices and decisions. For example, one person's care plan stated that staff should use short, clear, simple sentences when communicating with the person. We saw that staff did this in order to help the person understand and communicate with them. We also saw that visual aids were available to help people make informed decisions. For example, a large visual menu was available in the dining room to help people choose the food they would like. Staff we spoke were able to explain to us how they encouraged people to people to make their own choices in line with what was written in people's care plans. One staff member described how training they had received had encouraged them to better communicate with people who were living with dementia. They said, "Communication is not just verbal, you have to consider people's body

language and expressions." This showed that people were supported and encouraged to make choices and decisions about their care, taking their communication needs into consideration.

People's privacy and dignity was maintained. We observed staff discreetly wiping people's mouths when supporting them to eat which protected their dignity. We also saw that one person, who was wearing a skirt, needed to use a hoist to safely move to a wheelchair in the lounge. Staff supporting the person, used a blanket to cover their lower body to ensure their dignity was protected. People were able to access their bedrooms whenever they chose to and could have privacy by themselves or with their visitors; we saw that staff respected people's wishes for privacy. The registered manager told us that one person often liked to have time alone in their bedroom and this information was included in their care plan so that staff knew their wishes to have privacy. These examples showed that people's privacy and dignity was respected.

Good

Is the service responsive?

Our findings

At our last inspection we found the service was responsive. At this inspection the service continued to be responsive.

People and their relatives were involved in all aspects of their care. We saw that a pre-admission assessment was completed before a person moved to the home to ensure their needs and preferences could be met and that regular reviews of care plans were completed. People and their relatives were involved in developing 'life story' booklets which contained information about people's important relationships, interests and hobbies so that staff had access to information to enable them to provide personalised care. Staff told us they had opportunities to look at people's care plans and were familiar with the information contained in them. Relatives told us they were involved with developing plans of care and that they were regularly contacted by staff when there were any incidents or changes in relation to their relatives. One relative said, "Staff are very good at keeping us involved and informed about everything." People's diverse needs were assessed and planned for including any religious or sexuality needs. This showed that people and their representatives were involved in care planning and staff knew people well in order to provide personalised care.

People had access to activities that interested them. A relative told us, "There is always something going on when [the activities coordinator] is here. I've seen them doing arts and crafts and things out in the garden. [My relative] really enjoys the singers that come in. Even though [my relative] forgets quickly, you can see that they really enjoy the music." We saw that planned events were advertised at reception and relatives were invited to join in with planned activities including parties, singers and a weekly breakfast club. People who did not like group activities were supported to access other activities of their preference such as going out to local cafes. An activities coordinator told us, "[Registered Manager's name] is willing to let us take risks if it makes people happy, like taking people out. I took [Person's name] to church the other day because they wanted to go." This meant that people were supported and enabled to participate in activities that interested them and were important to them. People were supported to maintain important relationships as visitors were welcomed at any time and staff supported one person to attend a celebratory meal with their family and another person to attend a family funeral. This showed that people received personalised care that was responsive to their individual needs.

Relatives knew how to raise concerns and complaints and felt able to do this when required. A relative said, "[Registered Manager's name] always make an effort to speak to me and ask me how things are. I know I could go to her if I needed to." Information on how to make a complaint and information about other agencies who could help with complaints was available to people in reception. There was an appropriate complaints policy in place and the registered manager had a complaints record to ensure that all concerns, even minor concerns were recorded and acted upon. We found that when a concern had been raised, it was thoroughly investigated and responded to, which showed that complaints were taken seriously and dealt with in line with the provider's policy to ensure that lessons were learned and improvement made when required.

At the time of our inspection, no one was receiving end of life care. However we found that advance care plans were in plan and people and their relatives had been consulted to gain their wishes and preferences for end of life care including details such as where they would like to be cared for, pain management and who they would like to visit them. We saw that the home was operating a 'purple flower scheme'. This scheme meant that a purple flower would be displayed at the person's bedroom door and their care records would be in a purple folder if they were receiving end of life care. It let people know to be quiet and respectful and this information was displayed clearly for all staff. This showed that people were supported to have a comfortable and dignified death when the time came.

Good

Is the service well-led?

Our findings

At our last inspection the service required improvement because the provider needed to ensure the quality and safety audit processes were further developed to ensure an effective and safe service were provided. At this inspection we found that improvements had been implemented and sustained.

There was a registered manager in post and the provider had a nominated individual, both of whom knew the service well. The registered manager understood their responsibilities and was supported by the provider to deliver what was required. It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We saw that the rating of the last inspection was on display and a copy of the last inspection report could be accessed by people and visitors to the home. Notifications were received promptly of incidents that occurred at the service, which is required by law. These may include incidents such as alleged abuse and serious injuries. The registered manager was open and transparent in sharing information about these incidents.

Relatives and staff told us that the registered manager and nominated individual were approachable and supportive. A relative said, "[Registered Manager's name] is always here and always makes an effort to speak with me and tell me about things." Another relative said, "[Registered manager's name] is always around and is approachable, so are the nurses. I'm here often and have never seen anything I shouldn't have. The care is wonderful." A staff member said, "[Registered Manager's name] is good. She's always about on the floor to answer questions and help us out with anything. She's also not afraid to get her hands dirty and help out." We saw that the registered manager and nominated individual were visible throughout the home; they knew people well and chatted to them as well as providing care and support when required. The registered manager was present during lunch times and throughout the day to enable them to review the day to day culture and working of the home and how staff interacted with people to provide good quality care. Staff told us this was usual practice. There was an open and inclusive atmosphere where people worked together to achieve good outcomes for people. A staff member said, "I like working here. I like making a difference. If I can make someone smile then my job has been worthwhile."

The registered manager and provider had effective systems in place to monitor quality and safety. Regular audits took place including checks of medicines, care plans and equipment to ensure that any issues were identified and action taken to make improvements. The registered manager had re-written a number of care plans to ensure they were accurate and up to date and we saw these were effective and regularly reviewed. Incidents and accidents were regularly analysed by the registered manager and action was taken when required. For example, a person had been found on the floor. The registered manager investigated and found that the person's sensor mat had not been plugged in. The registered manager took action to communicate to staff the importance of ensuring all sensor mats were plugged in when required. This showed that action had been taken to ensure risks were managed and learning had taken place and been communicated to the staff team. No further similar incidents had occurred. This showed that systems and processes in place to monitor the quality and safety of care provided were effective.

People, relatives and staff were starting to feel more engaged and involved in the development of the service. There were regular resident and relatives meetings, alongside annual surveys which gave people the chance to share their feedback on the quality of the service provided. We saw that the survey asked relatives whether they felt included with how the home is run. Whilst most people's response was positive, some were neutral and we saw that action was being taken to increase relatives' involvement with events being planned, a newsletter being produced regularly and relatives being encouraged to attend planned meetings. This meant that action was being taken in response to feedback. A 'You said, we did' board was planned to be introduced to communicate the changes that had been made following feedback. This showed that the provider had plans in place to further increase the engagement and involvement of people, relatives and staff.

We found the registered manager and staff team had systems in place to provide consistent care and work collaboratively with other agencies. This included engaging with a range of health professionals such as doctors, physiotherapists and specialist nurses. The registered manager told us they had support from local doctors in the form of a regular multi-disciplinary meeting. We saw this was effective in ensuring people had access to the healthcare support they needed. The staff team had regular opportunities to discuss peoples care and they had handover meetings at the start of each shirt. We also saw that the registered manager and provider had worked alongside the commissioners to complete an action plan for improvement and this has helped to improve the quality of care and outcomes for people for used the service. This meant the service worked effectively in partnership with other agencies to improve outcomes for people.