

Embrace (UK) Limited

Guy's Court 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?

Requires improvement 

Is the service well-led?

Good 

Overall summary

The inspection visit at Guys Court took place on 24 March 2015 and was unannounced.

Guy's Court provides nursing and personal care to older people and people living with dementia. It is a three storey purpose built home, with a passenger lift to all floors. There is a separate dementia unit. At the time of the inspection there were 33 people living at the home

There was a registered manager in place. 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.

At the last inspection on the 6th January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

People who lived at the home told us they felt well cared for, safe and secure. People's care and support needs had been assessed before they moved into the home. Care records we looked at contained details of people's

Summary of findings

preferences, interests, likes and dislikes. Relatives we spoke with told us they had been consulted about their relative's care and were informed of any changes that occurred. People who lived at the home told us their views and choices were listened to by the staff and registered manager.

We observed staff interaction with people during our visit, spoke with staff, people who lived at the home and relatives. We found the deployment of staff were sufficient to meet the needs of people and keep people safe. Staffing levels were sufficient to ensure people's safety and meet their needs.

The registered manager had safeguarded people against unsuitable staff by following their recruitment policy and all checks were in place before staff started work. One recently employed staff member said, "The recruitment process was good all checks done before I started work."

We observed medication being dispensed and administered in a safe manner. We observed the nurse administering medication and dealt with one person at a time to minimise risks associated with this process. We observed the nurse had a very caring attitude towards people and ensured the person took their medicines as directed.

We observed staff assisting people at lunchtime to eat their meals. They were kind and patient, engaging with the person they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time. Comments about the quality and quantity of food were positive. One person who lived at the home said, "The food is excellent and there's plenty of choice. However staff appeared to be rushed in the dementia unit. The registered manager may look at the way staff were deployed at mealtimes. This would ensure people who lived at the home were supported to have their meals in a timely manner.

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted.

Records showed that staff members had completed key training in all areas of safeguarding vulnerable adults, Infection control, dementia awareness and moving and handling techniques. These were mandatory training courses. Staff members we spoke with told us that training was discussed with the registered manager at supervision meetings which were held on a regular basis. There were no restrictions to develop their role in terms of access to training courses and further professional qualifications.

There were a number of people living with dementia at the home. There were specific staff responsible for organising meaningful activities designed to stimulate people with dementia. Staff were seen to be playing various games in the afternoon. We saw the activity coordinator was organising reminiscence sessions in the specially designed area for people living with a dementia condition.

We found examples where the home had responded to changes in people's needs. We saw referrals had been made to external professionals. For example a referral had been made to the General Practitioner (GP) when one person had lost weight over a period of time. However the action plan informed us the person required to be weighed weekly. This was not consistent, as the care notes told us three weeks had passed by without the person being weighed. This could put people at risk of not receiving appropriate care that had been identified.

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time.

We found a number of audits were in place to monitor quality assurance. Records demonstrated identified issues were acted upon in order to make improvements. The registered manager and provider had systems in place to obtain the views of people who lived at the home and their relatives.

We made a recommendation that the service ensures records are kept up to date of actions identified in care plans to ensure people were receiving the right care at the right time.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The Service was safe.

People we spoke with including relatives and health professionals told us the service was safe and people who lived at the home said they felt secure and protected by the way the service operated.

Suitable arrangements were in place to respond to allegations of abuse.

We found staffing levels were sufficient to ensure people's safety and meet their needs. Also people were protected from unsuitable personnel working in the home because the recruitment procedure they had in place was followed correctly.

Procedures were in place to ensure medicines were safely administered.

Good



Is the service effective?

The service was effective.

People were cared for by staff that were well trained and supported to give care and support that was identified for each individual who lived at the home.

The registered manager and senior staff had a good understanding of the Mental Capacity Act. They assisted people to make decisions and ensured their freedom was not limited.

People were provided with choices from a variety of nutritious food. People who lived at the home had been assessed against risks associated with malnutrition.

Good



Is the service caring?

The service was caring.

We observed that staff treated people with respect, sensitively and compassion. Staff respected their rights to privacy and dignity.

People were supported to give their views and wishes about all aspects of life in the home and staff had a good understanding of people's needs.

Good



Is the service responsive?

The service was not always responsive.

There was an established programme of activities. During our observations we noted people engaged in activities.

Records showed people and their family members had been involved in making decisions about what was important to them. People's care needs were kept under review.

Requires improvement



Summary of findings

People where able consented to their care. For those who could not, the service made sure that steps were taken so that decisions were made in their best interest.

People's health needs were not always consistently managed.

Is the service well-led?

The service was well-led.

The registered manager carried out processes to monitor the health, safety and welfare of people who lived at the home.

Audits and checks were regularly undertaken and identified issues were acted upon.

The views of people living at the home and relatives were sought by a variety of methods.

Good



Guy's Court 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 was an unannounced inspection visit carried out on the 24th March 2015.

The inspection was carried out by an adult social care inspector and by 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. The expert by experience on this inspection had a care background with expertise in care of older people.

Prior to our inspection we reviewed historical information we held about the service. This included any statutory notifications, adult safeguarding information and comments and concerns. This guided us to what areas we would focus on as part of our inspection.

We spoke with a range of people about the support and care people received at Guys Court. They included the registered manager, 9 care staff, three relatives and 10 people who lived at the home. We also contacted Lancashire commissioning department at the local authority. We did this to gain an overview of what people experienced whilst living at the home.

On the day of our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people using the service, who could not express their views to us.

We had a walk around the building and looked at all areas of the premises. Part of the inspection was spent looking at records and documentation which contributed to the running of the home. They included recruitment of staff, three care plans of people who lived at the home, maintenance records, training records and audits for the monitoring of the service. We also spent time observing staff interactions with people who lived at the home.

Is the service safe?

Our findings

People who lived at the home told us they felt safe and secure. One person who lived at the home said, “The surroundings and staff make me feel safe.” A relative we spoke with said, “I do feel my [relative] is safe here. I come every day and I see for myself that my [relative] is well cared for. I can go home at night and know they are well cared for.”

We saw there were safeguarding policies and procedures in place. Staff we spoke with were knowledgeable about the actions they would take if they witnessed any abuse taking place. One member of staff told us, “If I saw any form of abuse going on I would not hesitate to report what I had seen to the manager.” Training records we looked at confirmed staff had received related information to ensure they had the knowledge and understanding to safeguard people. A member of staff said, “Safeguarding training is part of our mandatory training schedule.”

During our observations we saw staff were available to support people by providing care and support they needed. We witnessed call bells answered in a timely manner. One person who lived at the home said, “They don’t take long to come to my room when I press the buzzer.” However we noted in some bedrooms the situation of the call bell was not in easy reach for the person once they were transferred from the bed to a chair. This could put people at risk should they require assistance in an emergency. We spoke with the maintenance person who told us they had an extension cable to adjust the call bells and would check on the ones that required attention.

Care records of people who lived at the home contained an assessment of people’s needs. This led into a review of any associated risks. These related to potential risks of harm or injury and appropriate actions to manage risk. They covered risks related to, for example, falls, medication, pressure area care, deprivation of liberty and mental health care.

We looked at staffing levels the registered manager had in place to establish if there were enough staff to meet people’s needs. Staff, people who lived at the home and relatives felt the deployment of staff both in the nursing units and the dementia unit were sufficient to meet the

needs of people and keep people safe. Comments included from someone who lived at the home, “There’s enough staff to look after people very well here.” A staff member said, “I feel we have enough staff around.”

Staffing levels had been assessed and were monitored as part of the organisations audit processes. The registered manager told us they reviewed staffing levels on a regular basis. For example when admissions went up or down, staffing levels were amended.

We examined two staff recruitment records. We found correct procedures had been followed when staff had been employed. This included references from previous employers, criminal record checks, qualifications and employment history. The provider had safeguarded people against unsuitable staff by completing proper recruitment processes and checks prior to their employment.

Staff recruitment records had documentation to confirm staff had completed an induction programme following their successful recruitment. This covered for example, first aid, fire safety, accident reporting and health and safety. A staff member we spoke with about the recruitment process said, “The recruitment process was good all checks done before I started work. It was a good induction period of learning for me.” This recruitment process confirmed the registered manager had systems to protect people from unsafe care because staff were properly recruited and received induction training.

During our walk around the dementia unit we did notice good signage around the home to support people living with a dementia condition. For example pictures of toilets on bathroom doors and pictures of beds on bedroom doors. Also different colours so people could identify items. This would help people to be more familiar and safe with the surroundings. The registered manager told us they were always looking for ways on how to make the environment more dementia friendly and safe for people to access all parts of the building.

We observed medication being dispensed and administered in a safe manner. The nurse took their time and concentrated on one person at a time to minimise risks associated with this process. We observed the nurse had a very caring attitude towards people and ensured the person took their medicines as directed. One example was the nurse explained the importance of taking a person’s medication as they became agitated. The nurse sat down

Is the service safe?

at the same level and spoke in a calm sensitive way to encourage the person to take their medication. A relative we spoke with said, “[My relative] is on medication and she gets it on time.”

There was a clear audit trail of medicines received, administered and returned to the pharmacy. Related documents followed national guidance on record-keeping. The registered manager told us the local pharmacist was regularly providing information on good practices so that medicines were administered safely. Medication was stored safely and only nursing staff administered medicines. This ensured medication processes were carried out using a safe and consistent approach by trained nursing staff.

The registered manager and the organisation undertook medication audits on a regular basis to identify any issues and underpin the safe administration of medication to people who lived at the home. Records we checked included monitoring of stock control, storage area cleanliness, record-keeping, errors and audit trails of medicines going in and out of the home.

There were controlled drugs being dispensed at the home. This medication was locked in a separated facility. We checked the controlled drugs register and correct procedures had been followed.

Is the service effective?

Our findings

The feedback we received from people who lived at the home and their family members was positive. People told us they felt staff understood their needs and said they received support and care. Comments from people who lived at the home included, "Staff are very efficient." Also, "They know what they are doing and understand what I need." A relative we spoke with said, "They keep me up to date day by day with how [relative] is. They tell me everything that happens."

We looked at training records for staff members. Records showed members of staff had completed key training in all areas of safeguarding vulnerable adults, infection control, dementia awareness and moving and handling techniques. These were mandatory training courses in line with the providers policy. Staff members we spoke with told us that training was discussed with the registered manager and there were no restrictions to develop their role in terms of access to training courses. For example one staff member told us they were interested to continue their professional qualifications, 'national vocational qualification level 5' (NVQ). They had been supported by the registered manager and requests agreed by the organisation.

Training records for all staff we looked at identified when their mandatory training was due, when they had completed the course and what courses had been identified. One staff member said, "We are always encouraged to update our training." Also, "Attendance and accessing training is not an issue with our manager." A relative we spoke with said, "Generally staff are well trained for the job here." A person who lived at the home said, "Staff are very efficient. They're well trained."

The staff members we spoke with told us they received regular formal supervision in terms of one to one meetings with their manager. They also told us their performance was appraised formally. These meetings gave staff the opportunity to discuss their own personal and professional development, as well as any issues or other business they may wish to discuss. One staff member confirmed supervision took place on a regular basis and said, "Supervision sessions are held every two months or so. We always have them with the manager."

Comments from people were positive in terms of their involvement in their care planning and consent to care and support. One person who lived at the home said, "They always through the process of coming here asked for my agreement to what support I felt was needed for me."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the registered manager. The (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

There were policies in place in relation to the MCA and DoLS. We spoke with staff to check their understanding of the MCA. Staff were able to demonstrate an awareness of the legislation and associated codes of practice and confirmed they had received training in these areas. Records we looked at showed staff had attended training. The registered manager told us it is the policy of the service to ensure all staff received training on MCA and DoLS awareness.

The registered manager had requested the local authority to undertake a DoLS assessment on a person who lived at the home. We looked at the persons care plan and found appropriate arrangements in place to support this person. The 'best interest plan' was being reviewed every four weeks by social services and the registered manager. This showed the service knew the correct procedures to follow to make sure people's rights had been protected. During our observations we did not see any restrictive practices. The registered manager had also requested further DoLS assessments for people and were awaiting response from the local authority.

We observed breakfast and lunch being served in a relaxed and unhurried manner. We saw people were provided with the choice of where they wished to eat their meal. In the dementia unit three people required assistance with meals in their rooms. We found sufficient staff to support people in the other parts of the home. However staff appeared to be rushed in the dementia unit due to two staff on at meal times and eight people to support. We spoke with the staff members who felt they were sufficiently staffed on the dementia unit. However our observations found people

Is the service effective?

were waiting to be supported. This could mean food going cold and not all people getting the support they required. We spoke with the registered manager who would look at deploying extra staff in the dementia unit around mealtimes.

In the dining room on the ground floor we observed staff assisting people to eat at lunchtime. They were kind and patient, engaging with the person they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time. Also at lunchtime a staff member who was assisting a person to eat observed another person on a separate table becoming agitated. The staff member went over to the agitated person, spoke to them in a calming manner and stayed with the person until they had started to eat again. Comments about the quality and quantity of food were positive. One person who lived at the home said, "The food is excellent and there's plenty of choice. We are offered drinks all the time." Also another person said, "I like the food here I get enough to eat and drink."

We spoke with the cook about meal preparation and people's nutritional needs. They confirmed they had

information about special diets and personal preferences and these were being met. They told us this information was updated if somebody's dietary needs changed. The cook went round in the morning to all the people who lived at the home to check what meals they would like.

We found the kitchen clean and the chef had undertaken appropriate food hygiene and safety checks. The chef had a good understanding of people's preferences and dietary requirements. They told us, "All the residents have a diet plan." We reviewed care records and found people's nutritional needs were frequently assessed. People's weights were checked regularly and potential risks of poor diet had been assessed. This meant people were protected from malnutrition and dehydration because staff had monitored their related health.

People we spoke with told us they had access to healthcare professionals to meet their health needs when this was required. One relative said, "My [relative] does see a doctor when he needs one." Another person told us, "They ensure my friend has regular check-ups with the dentist and so on."

Is the service caring?

Our findings

Family members and people who lived at the home we spoke with said they felt staff were caring and respectful. A relative said, "Staff are very patient and kind. I would say they are compassionate too. They treat residents like Kings and Queens. I feel I'm part of a family here." A person who lived at the home said, "You can't fault the staff. They are very kind and respectful. They keep my room private and knock before they come in."

We spent time in all areas of the building which included the dementia unit. This helped us to observe the daily routines and gain an insight into how people's support and care was managed. Our observations confirmed staff had a good relationship with people who lived at the home. We saw that staff knew the people they cared for and showed warmth and compassion in how they spoke to people in their care. For example we saw a staff member sit and talk with a person who wanted some attention. The staff member sat and held the person's hand that was a little upset and gently led her away to a quiet area.

We observed staff being patient and respectful towards people. For example, one person wished to move from one chair to another approximately five yards. The staff member transferred the person to the wheelchair and ensured the foot plates were fixed despite it being a short distance. We spoke with a staff member who said, "I know it was a small way to go however you have to be respectful and patient of the person's needs in order to keep them safe and not at risk." We saw staff assisting people who lived at the home to eat at lunchtime. They were kind and patient, engaging the people they were attending to in conversation and making the lunchtime meal a pleasant and relaxing time.

We spoke with staff to gain an insight into their understanding of the way people should be treated and cared for. Staff gave examples of how to treat people with dignity. One staff member said, "It is so important to treat people with respect and dignity. You have to remember each person is an individual and has different needs and you have to be aware of and respect that."

We observed examples of staff being respectful of people's privacy as we walked around the building for example, We observed staff knocked on people's doors and they would not enter until a response was given.

During the inspection we used SOFI observations. We observed staff being very kind to people. They were seen to be taking time to sit with individuals, talk with them and offer choice. People were seen to respond positively to this by smiling and laughing and talking with staff. One person who lived at the home said, "Staff will sit and talk to me. They can tell me anything I want to know. My wife comes and they make her welcome."

There were no restrictions to visitors coming into the home at any time during the inspection. Those we spoke with told us the service kept them informed and involved in their relative's care and support. One relative said, "Staff are respectful and kind when dealing with my [relative]. They keep me informed of things."

The care plans we looked at were centred on people's personal needs and wishes. Daily events that were important to people were detailed, so that staff could provide care to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted. One relative said, "The care for my [relative] is given the way we discussed it." People felt their family's views were taken into account. We saw evidence to demonstrate people's care plans were reviewed with them and updated on a regular basis. This ensured staff had up to date information about people's support and care needs.

We spoke with people who chose to remain in their bedrooms in order to gain an insight into how their care was being delivered. We saw they were comfortable and were attended to regularly throughout the day by staff. Call bells were responded to quickly when people required assistance. Staff were very patient and sensitive when accompanying people to transfer from one room to another. For example one person required the bathroom. A staff member immediately called for assistance from another staff member and they both supported the person in a dignified way to the bathroom.

The registered manager discussed with us end of life care. They had details of end of life care arrangements to ensure people had a comfortable and dignified death. This included consultations with health professionals and family members. Staff and the registered manager we spoke with had a good understanding of making sure people who were receiving end of life care were treated sensitively.

Is the service caring?

The registered manager told us people who lived at the home had access to advocacy services. Information was available in the documentation the service gave to people,

so that people were aware of who to contact should they require the service. This meant it ensured people's interests were represented and they could access appropriate services outside of the home to act on their behalf.

Is the service responsive?

Our findings

People were supported by staff who were experienced, trained and had a good understanding of their individual needs. The registered manager encouraged people and their families to be fully involved in their care. This was confirmed by talking with people and relatives. We saw information in people's bedrooms in the dementia unit about their likes and dislikes and preferences around how they wished to be supported. This meant the registered person had ensured nursing and care staff were informed of people's needs and how best to support them. One relative said, "[relative] is limited in her ability to be responsive but I have seen staff are experienced enough supporting people with dementia. They know what they are doing."

There were a number of people living with dementia at the home. There were specific staff responsible for organising meaningful activities designed to stimulate people with dementia. Staff were seen to be playing various games and in the afternoon and the activity coordinator was organising reminiscence sessions in the specially designed area for people living with dementia. We observed people enjoying the surroundings and interaction with staff. One person said, "I like to watch things going on in the lounge with the lady doing activities." We spoke with the staff member responsible for providing activities for all people living at the home. "I really enjoy supporting people to enjoy the events we put on. I do get time to spend one to one sessions with people." Staff confirmed to us they had received training in 'dementia awareness' to support people to engage in social activities that stimulate people living with a dementia condition.

We found examples where the home had responded to changes in people's needs. We saw referrals had been made to external professionals. For example a referral had been made to the GP when one person had lost weight over a period of time. However the action plan informed us the person required to be weighed weekly. This was not consistent, as the care notes told us three weeks had passed by without the person being weighed. This could put people at risk of not receiving appropriate care that had been identified.

We spoke with the registered manager and staff about their process for care planning when people were admitted to the home. They told us care plans were developed with the

person and family members if appropriate as part of the assessment process. We found examples of this in care plans of people signing they agreed to the support and care. Also from comments by people who lived at the home and relatives. One relative said, "I discuss any changes with staff. I'm happy that staff do get doctors involved if my [relative] needs one. I could look at her care plans if I asked."

Care records we looked at were developed from the assessment stage to be person centred, which meant they involved the person in planning their care. The details demonstrated an appreciation of people as individuals. For example we saw history profiles of people and information of their preferred routines and how they wished to spend their time. This gave staff and the management team information about individuals and enable relationships to grow. One staff member said, "The more we know about people the more we understand them as individuals."

People who lived at the home were encouraged and supported to maintain relationships with their friends and family members. Relatives we spoke with told us they were always made welcome at any time. One said, "I'm made welcome here. Staff always have a smile for me when I arrive." Another said, "The staff always ask if I would like a drink they are a friendly bunch."

The service had a complaints procedure on display in the reception area for people to see. The registered manager told us the staff team worked closely with people who lived at the home and relatives to resolve any issues. Concerns and comments from people were acted upon straight away before they became a complaint. For example we spoke with a relative about complaints and they said, "I have raised concerns and I'm happy with the outcome and how it was dealt with."

People we spoke with about the complaints policy were aware of it and knew the process to follow should they wish to make a complaint. One person who lived at the home said, "You can complain to manager if something wasn't right but I've not needed to complain. I know the process."

We recommend that the service ensures records are kept up to date of actions identified when people are at risk of poor health. This would ensure identified health issues for people who lived at the home were being addressed.

Is the service well-led?

Our findings

People who lived at the service and visiting relatives we spoke with told us how supportive the registered manager was. Comments from people included, "I know the matron and I am happy to discuss my [relative] care with her. I could speak to her about anything and she would sort it." Also a relative said, "Truly wonderful, always available if I want to talk to her." Also, "She's a lovely lady and she would always listen and help with any problems."

People told us the service was relaxed and found a good atmosphere around the building. Comments from relatives included, "It's always a pleasant atmosphere when I come to visit my [relative]." A staff member said, "We work well together it's a friendly environment to work in."

People we spoke with all knew who the registered manager was and told us she always had time to spend with them. They told us she always around supporting staff and helping people who lived at the home. One relative said, "The manager is a 'hands on' person. She knows staff and residents well. She has put several changes in place."

People who lived at the home and their relatives were involved on a regular basis with the staff and management team in a productive meaningful way, to help continuous development of the service. For example the registered manager regularly invited relatives into to complete 'surveys'. Comments from the last survey include, "I cannot fault the staff they are happy, loyal and hard working."

Staff we spoke with told us there was a commitment to providing a good quality service for people. One staff member said, "I take pride in the care and support we provide to people. I know we are a good home." Staff confirmed they were supported by the registered manager and enjoyed their role.

Staff and 'resident' meetings had been held at the home and minutes of the meetings were available for inspection. The last 'resident meeting took place on the 28th January 2015. The meetings provided people who lived at the home the chance to express their views on the quality of the service. People we spoke with told us the meetings were useful and gave them a chance to comment on how they felt the home was run. For example from the last meeting people expressed a view to be able to get out more. From these suggestions the registered manager contacted the provider and requested transport to be provided. A mini bus is to be given to the home to enable people to go out in the community. We saw evidence the transport had been agreed by the providers.

We found there were a range of audits and systems put in place by the registered manager. These were put in place to monitor the quality of service provided. Audits were taking place approximately six monthly. The registered manager showed us a copy of the findings from a recent audit of the environment. It showed a commitment to improving the premises in terms of major refurbishment both inside the building and the garden areas for the benefit of the people who lived at the home. One staff member said, "The budget had been agreed and the changes will benefit everyone."

The registered manager took part in monthly 'provider meetings' which were used to monitor the quality of the service provision. We noted senior managers from the organisation were involved in meetings which confirmed the registered manager received appropriate support to manage the service well. Monthly audits were completed by the registered manager for these meetings such as, care plans of people and medication audits. The results and what action taken from the meetings were relayed to staff to ensure they were aware of how the service was monitored and the quality was continually improving.