Mrs M Lane

Kingsley House Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

We undertook an unannounced inspection of Kingsley House on 7 August 2018. The service was last inspected on 31 January 2018, when we rated the service requires improvement in every domain and overall. We identified five breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which related to safe care and treatment, person-centred care, dignity and respect, safeguarding service users from abuse and improper treatment and good governance. The provider sent us an action plan in March 2018, telling us about the improvements they had made and plan to make. At this inspection, we found that the provider had made the necessary improvements and was meeting the Regulations.

Kingsley House 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.

Kingsley House provides accommodation and personal care for up to three older people who were living with the experience of dementia. There were three people living at the service at the time of our inspection.

The provider is not required to have a registered manager in place because they are registered as an individual. The provider runs and manages the service.

People were consulted about day to day decisions and staff had received training on the Mental Capacity Act 2005 so they knew that they needed to ask people for their consent before delivering care. However, people's capacity to make decisions about their care and treatment was not always assessed and recorded. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

Risks to people's wellbeing and safety had been assessed, and where risks had been identified, the provider had taken appropriate action to mitigate these.

The provider had sought relevant guidance and had taken steps to improve the environment to meet the needs of people living with the experience of dementia.

Staff provided a range of activities to people using the service. The provider had purchased new activity material and staff consulted people about what they wanted to do.

People were supported by staff who received regular training and who were regularly supervised and appraised.

The provider told us they ensured that lessons were learned when things went wrong. Although there had been no incidents and accidents since our last inspection, they told us they would ensure that incident reports would include an analysis or actions needed to minimise the risk of reoccurrence.

We saw that staff supported people in a kind and caring way and interacted with them throughout the day. People were supported with their individual needs in a way that valued their diversity, values and human rights.

The provider had a number of systems to monitor the quality of the service and put action plans in place where concerns were identified. There were arrangements in place to protect people from the risk of infection and the environment was clean and free of hazards.

People's needs were assessed prior to receiving a service and care plans were developed from the assessments. Care plans were comprehensive and contained details of people's background and care needs.

There were procedures for safeguarding adults and staff were aware of these. Staff knew how to respond to any medical emergencies or significant changes in a person's wellbeing.

Staff followed the procedure for recording and the safe administration of medicines.

The provider employed enough staff to meet people's needs safely and had contingency plans in place in the event of staff absence. Recruitment checks were in place to obtain information about new staff and ensure they were suitable before they started working for the service.

People's health and nutritional needs had been assessed, recorded and were being monitored. People had access to healthcare professionals as they needed, and their visits were recorded in people's care plans. People's end of life wishes were recorded and respected.

The provider sought guidance and support from other healthcare professionals and attended workshops and provider forums in order to keep abreast of developments within the social care sector and shared important information with staff.

There was a complaints procedure in place which the provider followed. However, no complaints had been received in the last year.

Staff told us that the provider was approachable and supportive and encouraged an open and transparent culture within the service. There were regular staff meetings where relevant issues were raised.

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.

Risks to people's wellbeing and safety had been assessed, and where risks had been identified, the provider had taken appropriate action to mitigate these.

Staff followed the procedure for the recording and safe administration of medicines.

There were procedures for safeguarding adults and staff were aware of these.

There were enough staff on duty to meet people's needs in a timely manner. Checks were carried out during the recruitment process to ensure only suitable staff were being employed.

Is the service effective?

Requires Improvement

The service was not always effective.

People were consulted about day to day decisions and staff had received training on the Mental Capacity Act 2005 so they knew that they needed to ask people for their consent before delivering care. However, people's capacity to make decisions about their care and treatment was not always assessed and recorded. Processes had been followed to ensure that, when necessary, people were deprived of their liberty lawfully.

The provider had taken appropriate steps to improve the environment in a way to support people who were living with the experience of dementia.

Staff received training and training certificates were available. People were supported by staff who were supervised and appraised.

People's health and nutritional needs had been assessed, recorded and were being monitored. People were protected from the risks of inadequate nutrition and hydration.

Is the service caring?

Good

The service was caring.

Staff supported people in a kind and caring way and interacted with people throughout the day.

People were supported with their individual needs in a way that valued their diversity, values and human rights.

Care plans contained people's background and their likes and dislikes.

Is the service responsive?

Good

The service was responsive.

The provider had taken steps to improve the provision of activities for people using the service. They had purchased new material to meet the needs of people living with dementia.

People were consulted about their end of life wishes and these were recorded in their advanced care plans.

People's individual needs had been assessed and recorded in their care plans prior to receiving a service, and were regularly reviewed. Care plans contained enough detail for staff to know how to meet peoples' needs and were written in a person-centred way.

There was a complaints policy and procedures in place.

Is the service well-led?

Good

The service was well-led.

The provider had a number of systems in place to monitor the quality of the service and put action plans in place where concerns were identified.

The service conducted satisfaction surveys for people and visitors. These provided information about the quality of the service provided.

Staff found the provider to be approachable and supportive.

The provider encouraged good communication with staff and people who used the service, which promoted a culture of openness and trust within the service.

Kingsley House Residential Care 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 comprehensive inspection took place on 7 August 2018 and was unannounced.

The inspection was carried out by one inspector. 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 service, including notifications we had received from the provider informing us of significant events that occurred at the service. Notifications are for certain changes, events and incidents affecting the service or the people who use it that providers are required to notify us about.

As part of the inspection, we spent time observing how staff provided care and support for people to help us better understand their experiences of care. This was because some of the people who lived at the home had complex needs and were unable to tell us about their experience of living there. In order to do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not speak with us.

During the inspection we looked at the care records of all three people who used the service, three staff files and a range of records relating to the management of the service. We spoke with the provider, the administrator and a care assistant. Following the inspection, we contacted four healthcare and social care professionals and obtained feedback from three. We also to spoke with the relative of a person who used the service.

Good

Is the service safe?

Our findings

At the last inspection on 31 January 2018, we found that not all risks that people faced had been identified, assessed and mitigated and we identified some concerns which could potentially cause harm to people, that the provider had not identified. At this inspection, we found that improvements had been made.

Following our concerns, the provider had sought advice from the local authority's safeguarding team and an occupational therapist and had installed a gate at the top of the stairs to prevent people from falling, should they become disorientated during the night.

At the last inspection, we identified that there was no risk assessment for a person who was using the stairs, and whose mobility had steadily decreased. After our visit, the provider had arranged for a physiotherapist to visit and assess the person's mobility and to provide advice on how to meet their needs. During our visit, we saw that the person had been moved to a downstairs bedroom, and had been provided with a more suitable walking aid. Therefore, healthcare professionals had agreed that the person's needs were being met and there was no need for them to move elsewhere. Other risks to people's safety and wellbeing had been assessed and there were action plans in place to mitigate these risks.

At the last inspection, we saw that accidents and incidents did not include details of any investigation or action taken to prevent reoccurrence. None of the records indicated a review by the provider and there was no indication of lessons learned. At this inspection, the provider told us they had not had any incidents or accidents since our last visit. However, they told us they had discussed this with the staff team and assured us that all incidents and accidents would be analysed and reviewed in order to learn from these and mitigate the risk of reoccurrence.

We checked medicines storage and medicines administration records (MAR) charts for all three people who used the service. All prescribed medicines were available and were stored in a locked medicines cupboard in the lounge. A temperature chart was in place and staff recorded temperatures twice a day. On the day of our inspection, although the room was ventilated and felt quite cool, both the room and medicines cabinet temperature reached 29 degrees, which exceeded the recommended maximum of 25 degrees. We raised this with the provider who immediately called the pharmacist for advice. They told us that the pharmacist was going to deliver an air conditioning unit within a few hours. Furthermore, we discussed the need to think ahead to the winter months when room temperature is more likely fluctuate. The provider told us they would think about re-locating the medicines cabinet in a spare room upstairs, so that they could maintain a constant temperature.

MAR charts were completed appropriately and there was no gap in staff signatures. We checked the number of tablets in each pack and found that the stock corresponded to the staff signatures. This helped to provide us with some indication that people were receiving their medicines as prescribed.

Staff undertook medicines training and the provider assessed their competencies regularly. The provider undertook regular medicines audits and we saw that these were thorough. No errors had been identified in

the last three months we checked. A healthcare professional stated that the provider was "acutely aware in administration and of proper use of medications."

Staff had received training in infection control and we saw they used protective equipment such as aprons and gloves when carrying out personal care. All areas of the home were clean and tidy and free of any hazards and all cleaning products were safely locked away. People had personalised their own bedrooms with photographs and objects of their choice.

Staff undertook regular checks during the day and night to ensure that people were safe. People were protected through the provider's safeguarding procedures. The provider knew how to raise alerts of incidents of potential abuse to the local authority's safeguarding team as necessary. They also notified the Care Quality Commission (CQC) as required of any notifiable incidents. However there had not been any safeguarding concerns recently. Staff had access to the safeguarding policy and procedures and were aware of the whistleblowing policy.

The provider had a health and safety policy in place, and staff were aware of this. There were processes in place to ensure a safe environment was provided, including making sure various checks were carried out including gas, water and fire safety checks. A general risk assessment was in place which included medicines administration, infection control and manual handling. Equipment was regularly serviced to ensure it was safe, and we saw evidence of recent checks. This included fire safety equipment such as fire extinguishers. The home had achieved the maximum score of five in their food hygiene rating in January 2018.

The service had taken steps to help protect people in the event of a fire. People had Personal Emergency Evacuation Plans (PEEPS) in place. These took into account people's individual needs and abilities and provided instruction about how to support them to evacuate the building safely in the event of a fire. A fire risk assessment had been undertaken in October 2017 and we saw that all actions identified had been completed. For example, a fire extinguisher in the laundry room had been serviced following a recommendation. Windows were all fitted with window restrictors to prevent them from opening wide and to help manage the risks of falling from a height and these were regularly checked.

Recruitment practices remained safe and the provider ensured staff were suitable to support people. No new staff had been recruited since our last inspection.

Requires Improvement

Is the service effective?

Our findings

During our last inspection on 31 January 2018, we observed staff using a practice to prevent people from walking around the home, which could be restrictive. They placed a table in front of people to prevent them from getting up from their chair. At this inspection, we saw that staff asked people if they wanted the table in front of them or on the side, and their decisions were respected. The tables were used appropriately and not as a restrictive practice.

The Mental Capacity Act (MCA) 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

During the inspection, we saw examples where people were consulted and consent to their care and treatment was obtained verbally. For example, people were asked gently if they needed to use the toilet, and staff supported them when they agreed to this. Staff told us people were consulted in other aspects of their care and we saw evidence that for two people, authorised representatives had signed their records. However, for one person using the service, their care records indicated they could not sign because of their condition and the provider had signed on their behalf. There was no evidence that a mental capacity assessment had been completed in regard to whether the person could give consent to their care and support while living at the home. From our observations, we found that this person was able to understand questions and give us their opinion on a range of subjects. We asked them if they could write their name and they told us, "Yes of course I can." We offered our note book and they wrote their full name legibly. We discussed this with the provider who told us they did not think the person was able to do that. We advised that staff should not assume that when living with dementia, a person is unable to understand, given consent or sign their own records. The provider stated they would take this on board in future.

We recommend that the provider seek national guidance in relation complying with the code of practice of the Mental Capacity Act 2005.

The provider had identified people who might have been deprived of their liberty and had taken appropriate action to make sure these were in people's best interests and were authorised by the local authority as the supervisory body.

Staff employed at the service told us they had received training in the MCA and we saw that MCA training was provided to staff.

At our last inspection on 31 January 2018, we recommended that the provider seek relevant guidance in relation to improving the environment to meet the needs of people living with the experience of dementia. At this inspection, we saw that the provider had made further improvements to the environment. They told us they had visited a day centre to get ideas and had consulted relevant guidance. As a result, we saw evidence that people had been consulted regarding the colour of their room, and each room had been painted in the colour of their choice. The communal areas were also painted in bright colours and some of the ceilings had been painted to look like the sky with clouds. One person told us, "I love it, it's like being outside." The garden was well maintained and colourful with a range of flowers and shrubs, as well as a seating area. There was clear signage and toilet doors were painted red so people could identify these quickly and there were photographs of people on their bedroom doors.

People's care and support had been assessed before they started using the service. Assessments we viewed were comprehensive and people and/or their representatives had been involved in discussions about the care, support and any risks that were involved in managing the person's needs. People had been referred by the local authority and the provider had obtained all relevant information from them including people's background and their medical history. Assessments included daily living such as eating and drinking, getting up and retiring to bed, personal hygiene, communication, going out and the use of equipment. Each area was rated between one and four. The total score indicated what the level of needs the person needed and how to meet these. This information helped staff deliver a personalised service to each person who used the service.

People were supported by staff who had appropriate skills and experience. Staff told us they had received an induction when they started to work for the service. This included training and working alongside other staff members. Staff told us they were able to access the training they needed to care for people using the service and this included online and classroom based training.

We viewed the training matrix where the provider recorded all training delivered to staff. This indicated that staff had received regular training and refreshers in subjects the provider identified as mandatory, such as moving and handling, health and safety, safeguarding, first aid, food hygiene and infection control. They also received training specific to the needs of people who used the service such as dementia, equality and diversity, dysphagia (difficulty in swallowing) and end of life care. There was evidence of certificates in the staff members' records to confirm this.

People were cared for by staff who were well supported. During the inspection we spoke with members of staff and looked at staff files to assess how they were supported within their roles. Staff told us they received regular supervision meetings with the provider. One staff member said, "Yes I get regular supervision with [Provider]." Supervision meetings included observations of specific tasks such as assisting a person with personal care, administering medicines and communication skills. Any comments were recorded and shared with the staff member who signed the record. The provider told us that these meetings provided an opportunity to address any issues and to feedback on good practice and areas requiring improvement.

Staff also received a yearly appraisal. This enabled staff and the provider to reflect on their performance and to identify any training needs or career aspirations. One staff member stated, "Yes we get an appraisal the same time every year. We discuss how the year has been and what is planned for the next year."

People's nutritional needs were recorded in their care plan. We viewed the menus for the week and saw that

these changed daily on a six-weekly cycle. We observed staff showing pictorial menus to people who used the service to ask them what they wanted to eat. The food served was hot, cooked from fresh ingredients and looked appealing. We noticed that people enjoyed their meal and finished it, before being offered dessert. People had adequate amounts to drink throughout the day, and were offered snacks between meals. A healthcare professional told us, "I was once there at lunch time and the food looked appetising."

There was information about people's dietary needs, including any allergies in their care plans. One person's care plan indicated they needed to be offered plenty of fluid during the day and snacks between meals. We saw that staff offered these in line with the guidelines in the person's care plan. People's likes and dislikes were recorded and respected. For example, one person liked certain meals that reminded them of their country of origin and staff told us they offered this regularly. There were 'Nutritional Screening Assessments' in place which were reviewed monthly. These stated the person's body mass index (BMI), their weight and any condition that may indicate a risk of malnutrition. Relevant professionals were consulted, for example speech and language therapists (SALT) if staff needed advice about a person's ability to eat and swallow food.

People were given the support they needed to stay healthy. The provider was responsive to people's health needs. Staff told us that external health care professionals provided guidance for them on how to support people with various conditions and visited people regularly. Records of external professionals' visits were recorded and included the reason for the visit and actions taken. A healthcare professional told us, "Staff are always there if I need any assistance with clients."

Good

Is the service caring?

Our findings

People told us that staff were kind and caring. One person stated, "Oh it's all good here, I can assure you. It's lovely" and "They're ever so kind." A relative stated, "The carers are caring, kind and gentle. My [family member] speaks very warmly of them. [They] are very positive about them." A healthcare professional echoed this and said, "In my opinion Kingsley house offers a professional, caring and kind environment for their clients. Most people there have some type of dementia and the staff are very attentive."

At the last inspection on 31 January 2018, we found that although staff supported people in a kind and caring way, they rarely interacted with people apart from asking them what they wanted to eat or drink. We also found that people were not always supported with their individual needs in a way that valued their diversity, values and human rights.

At this inspection, we saw that improvements had been made. We saw several examples where staff were attentive to people's needs and anticipated what they wanted. For example, a member of staff discreetly escorted and supported a person who needed to use the toilet. When another person appeared too hot, they were provided with a fan and asked if they wanted to change their clothing. They agreed and were escorted to their room to choose alternative clothing. They came back saying, "That's better. Thank you so much. You're very kind." Throughout the day, people were asked if they wanted to listen to music or watch television. When they asked to watch television, they were consulted about what they wanted to watch. We observed a member of staff reassuring a person who was anxious and voicing their worries about a family member. The staff member showed patience and spent time chatting, validating the person's feelings and gently explaining the family situation.

The staff and provider spoke respectfully about the people they cared for. Staff talked of valuing people and respecting their human rights and their diverse needs. Staff we spoke with knew people well and were able to tell us their likes and dislikes. People looked clean and well kept and had clean fingernails.

Staff told us they ensured they listened to people's wishes and respected their choices. They added that people were consulted about the running of the home and improvements to be made. Although people were unable to confirm this, care plans recorded their likes and dislikes, such as favourite food and interests.

People had 'privacy and dignity' care plans. We saw evidence in these that people were consulted about how they wanted to be cared for. For example, a person had been asked if they preferred their bedroom door to be open or closed. We saw they had opted to have their door open because they would feel anxious or unsafe if their door was closed.

Staff were seen to knock on closed doors before entering and said they always respected privacy and dignity by ensuring that people's choices were respected and closing doors when delivering personal care. One person went and spent time in their room before lunch to have a rest. Staff respected this and provided lunch to them when they were ready for it.

Good

Is the service responsive?

Our findings

At our last inspection on 31 January 2018, we found that there were few organised activities and these were not always person-centred and did not always meet the needs of people living with dementia. At this inspection, we found that some improvements had been made.

There was a board displaying the activities planned for the day. However, this was not in a format easily understood by people using the service, such as in a pictorial format. The plan stated that the morning activities included a 'Ducks on a lake' film with a soft music background, and this was playing when we arrived. One person told us they enjoyed watching the ducks.

One person was reading the newspaper. We noticed that their care plan stated they wore glasses, but they did not have their glasses at the time. We raised this with a member of staff who told us that the person did not like wearing their glasses. However, when they offered these to the person, they wore them immediately and kept them on.

We asked if people took part in outings. Staff told us they sometimes take people to the provider's other service when there are events, but stated that it was difficult to take some people out due to their conditions. A relative said that they visited mostly at weekends, and were not aware that activities or outings took place. They told us, "I don't know what happens, if anything, in the week, but I haven't seen any evidence of any activities. I mentioned once about outings, and they said it was difficult because of the needs of the people." We discussed this with the provider who told us they would discuss with staff how they could plan specific manageable outings to meet the needs of individual people who used the service.

There was a folder which contained a plan of scheduled activities such as exercises to music, drama therapy, ball games and newspaper. There was also a schedule of proposed activities to take place in 2018. These included a barbecue, clothing sale, Christmas shopping and in-house entertainment. A hairdresser visited the home regularly as well as a drama therapist and a priest. A healthcare professional told us, "They have different activities on offer, I was once there when a musician was singing to the people."

At our last inspection, we found that staff did not spend time with people, and did not interact with them. At this inspection, we saw that staff sat with people throughout the day, making conversation and chatting in general. A member of staff involved a person in crosswords, asking them for help with the clues. This was interactive and when the person started to get bored with this, we noticed that the member of staff did not insist, but instead asked the person what they would like to do, and offered alternative activities.

Health and social care professionals we spoke with told us the service met people's needs. One social care professional told us, "[Person] is appropriately placed and the front line staff at the care home know [them], [their] needs and habits well. They are able to offer a culturally sensitive service e.g. know the songs [they] like to sing etc." A relative added, "I think [family member] is looking happy. Looking at her reaction to carers, she is not nervous or irritated."

Care plans were developed from the initial assessments and contained information about the care needs of each person and how to meet these. Care plans were detailed and included the person's needs and wishes in all areas of support including personal care, diet and weight, sight, hearing and communication, oral health, mobility, cognition, personal safety and social contacts.

Each section highlighted the level of support people required and what they were able to do by themselves. Care plans included a life history section which was clear and detailed. This stated details about family background, particular health needs, interest and hobbies and significant events. For example, one person's experience during the war helped staff understand and conduct discussions about this. Care plans were reviewed monthly and reviews were signed by people or their representatives.

The service had a complaints procedure in place and this was displayed in communal areas. The provider told us they had not received any complaints since our last inspection. They added that they aimed to listen to people and when there was an issue or a query, this was addressed immediately. There was a suggestion box in the hall but the provider told us this was rarely used, and visitors would relay any concerns verbally.

The provider had an 'end of life policy'. People's end of life wishes were recorded in their care plans and each person had an advanced care plan in place. This included where they would like to be cared for at the end of their life. It identified each person's medical conditions and needs and detailed how these needs would be met. For example, if a person's wish was to die at the home, the risks and benefits were recorded. The end of life care plans were written clearly and in a person-centred way. The provider managed another service which had achieved accreditation to the Gold Standard Framework (GSF), an approach to planning and preparing for end of life care. They told us they used this approach in Kingsley House.

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Good

Is the service well-led?

Our findings

At our last inspection on 31 January 2018, we found a number of breaches of regulations which raised concerns about the effectiveness of the leadership and governance of the service. At the inspection of 7 August 2018, we found that improvements had been made and all regulations were met.

The provider had put in place a range of audits to review the quality of the care provided. These included environmental checks and health and safety checks. Records were kept of safeguarding concerns, accidents and incidents. We viewed the results of some audits which indicated they were carried out regularly and action was taken to address any shortfalls identified. In addition, the provider came into the home daily to speak with staff and people who used the service and carry out observations of the care and support people received.

People were supported to give feedback about the service through meetings and quality questionnaires. These questionnaires included questions relating to how they felt about the care and support they received and whether their needs were being met. It also included questions about the quality of the food, the environment and their social needs. However, they told us records of meetings and quality questionnaires were kept at their other service, so we were unable to view these. We advised the provider to keep copies of these at Kingsley House and they told us they would do this in future.

The provider divided their time between the service and their other service but told us they visited daily to discuss any issues with the staff on duty. They also said they were available to speak with people who used the service and staff at any time. They spent time speaking with people on the day of our inspection and people appeared to know them and enjoy their company.

Staff were positive about their job. They told us they felt supported by the provider and were confident that they could raise concerns or queries at any time. Staff told us they had regular meetings and we saw evidence of these. The items discussed included health and safety, training and issues concerning people who used the service. However, we did not see any evidence that issues raised at our last inspection had been discussed with staff. We raised this with the provider who told us that issues were discussed in a number of ways, such as verbally in a group, during handovers and individual supervisions.

The provider kept abreast of developments in social care by attending the provider forums organised by the local authority. They also attended training and networking meetings which included lectures about different topics. They told us that all important information was cascaded to the staff team to ensure they were informed and used new knowledge to continue to improve their practices.

There was a business plan in place which included what was planned in terms of refurbishment and areas of improvement. We saw that some improvements had been made, including developing the environment to suit people living with dementia, and making the garden attractive and welcoming.

The service worked closely with healthcare and social care professionals who provided support, training and

advice so staff could support people safely at the service. Records showed that professionals visited people at the home and had established good working relationships with staff. Their comments included, "We have known [Provider] for many years and we have found her to be proactive in managing the home", "In my opinion the home is run at a very high standard" and "On the occasions I have had contact with the home manager she has always been professional and prompt in her responses."