

P M Tripp

Kestrel Grove 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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Kestrel Grove nursing Home is a residential care home providing personal and nursing care to 53 people aged 65 and over at the time of the inspection. The service can support up to 57 people.

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

Systems and processes were in place to keep people safe and risks associated with people's care needs had been assessed. There were sufficient staff to meet people's needs and recruitment processes and procedures were robust. Medicines were managed safely. The service was clean, and there were appropriate procedures to ensure any infection control risks were minimised.

Staff received training and supervision in order for them to perform their role. People's nutrition and health were supported and promoted. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff knew people well and care plans were, detailed and provided staff with clear guidance on how to meet people's needs. Staff respected people's privacy and dignity and encouraged people to remain independent. People and relatives could express their views about the running of the home.

People received outstanding personalised care and support which met their needs, reflected their preferences and promoted their self-worth. People benefitted from an excellent variety of activities, events and trips out that were available to reduce social isolation, give meaning and purpose and enhance their wellbeing.

The service provided exceptional and compassionate end of life care and took into consideration the needs of relatives and friends. Relatives praised the care and support both they and their family members received at this sensitive and emotional time.

The service was well led. People, staff and relatives spoke extremely positively about the registered manager and the provider. There was a positive culture throughout the service which focused on providing care that was personalised. The registered manager used a variety of methods to assess and monitor the quality of the service. They were aware of their regulatory responsibilities associated with their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was good (report published 05 January 2017). The service remains good.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Kestrel Grove Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Kestrel Grove 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager. We used the Short Observational Framework for

Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at records relating to the running of the home. Records included, five care plans, medical records, training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We sought feedback from the four professionals who worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and unsafe care. One person said, "I feel very safe here, I feel comfortable and staff are very supportive."
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. A staff member told us, "The manager always takes us seriously, but I know how to go to the local authority if needed or to whistle blow."
- The registered manager was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The risk assessments covered preventing falls, moving and handling, nutrition, skin integrity and weight assessments. A person told us, "My pressure mattress is very comfortable, go on try it!"
- Fire systems and equipment were monitored and checked to ensure they were in good working order. A maintenance team was always available to ensure continuous safety.
- Each person had a personal emergency evacuation plan which detailed the support they required to leave the premises in an emergency.

Staffing and recruitment

- There was enough competent staff on duty. Staff had the right mix of skills to make sure practice was safe and they could respond to unforeseen events. The registered manager regularly reviewed staffing levels and adapted to people's changing needs. One staff member told us, "This is the best staffing I have seen, we have a lot of carers, there is enough nurses, usually three on every day. The registered manager is also a nurse and helps as well." A health professional said, "There are a good number of staff present, and the nurses, carers, domestic and kitchen staff, plus additional staff such as the activities coordinators provide a wonderfully individual approach. The turnover of staff is low."
- On the day of our visit, when people needed assistance staff responded promptly. One person said, "From what I gather the ratio is much higher here." Another person said, "There is enough staff around here."

Using medicines safely

- We visited on a very hot day, whilst we noted there were no air conditioning units in place, staff were going to great efforts to ensure medicine areas did not exceed the recommended temperatures. Staff had used ice packs but due to the extreme temperatures on the day we visited this meant staff were having to replace these frequently. When we discussed this with the registered manager they told us they would be ordering

something more efficient to use in case of further extreme temperatures.

- The registered manager had safe arrangements for the storing, ordering and disposal of medicines. The staff responsible for the administration of medicines were all trained and had had their competency assessed regularly. Three medicine champions who had received more detailed training were available to support staff within the service.
- Medicine Administration Records (MARs) were completed and audited appropriately.
- The service pharmacy provider had recently carried out an audit of medicines and no concerns had been identified.
- The clinical commissioning group were in the service on the day we visited as part of new programme to review people's medicines and reduce amounts.

Preventing and controlling infection

- Staff demonstrated good infection control practices. Staff were seen to wear personal protective equipment such as gloves and aprons where needed and the service was clean.
- An infection control lead was in place to ensure the service complied with all infection control practices.

Learning lessons when things go wrong

- Incidents or accidents were recorded and managed effectively. The registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed prior to them moving into home and their needs continued to be assessed as and when needed. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs were detailed and identified the areas in which the person required support.
- A welcome pack and service user guide was given to people to ensure they had all the information needed in relation to what the service provided.
- The service used nationally recognised assessment tools, such as the Malnutrition universal screening tool (MUST) and Waterlow. Waterlow is a tool used to assess people's risk of pressure damage. This meant assessment tools were evidence based.

Staff support: induction, training, skills and experience

- A robust Induction programme was in place and all care staff completed their Care Certificate during their induction period. One staff member told us, "We do all the courses, they are very good." A nurse said, "We have clinical updates as part of training, they update us all the time."
- The service consistently sought new learning and development opportunities. They had worked with a local initiative to provide social care providers in Hertfordshire the chance to upskill staff teams to enable them to support service users with more complex needs. This meant the service had several champions in several key areas.
- A detailed training calendar was in place with information about training courses being held the following month. In July we noted distressed behaviour, skin integrity and pressure care training was available for staff.
- Staff were provided with opportunities to discuss their individual work and development needs. Supervision meetings took place regularly, as well as staff meetings, where staff could discuss any concerns and share ideas. One staff member said, "Supervisions are every three months, appraisals every year, mine is in September. We set targets/goals and discuss what we like to do."

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

- People told us they really enjoyed the food at the service and were offered choices, one person said, "Food is very good, and you can ask for alternatives." Another person said, "Food is excellent, we have a choice, they come with a fixed menu if you don't want that you can have anything, [staff member] drives me round the twist making sure I eat."
- Drinks and snacks were available and offered throughout the day. Fruit juices and shakes were offered as an alternative way of increasing people's fluid intake. The service employed staff specifically to provide

people with drinks and snacks called 'tray staff'. One staff member said, "I work in the tray room. I chat to people all the time and I love it. We help with breakfast and people can have a cooked breakfast whenever, if someone here asked for steak, [the provider] would get it. They look after all of us." In the tray room, all trays were colour coded, so staff would immediately know what support people required with eating and drinking.

- Care plans included information about people's dietary needs and their likes and dislikes or any specific aids people needed to support them to eat and drink independently. One person said, "I don't have much of the food here because I am Kosher. [Named provider] has told me to just ask for it when I want it and they will get it, but I don't like to ask much so I'm not a bother, but [provider] is a very nice man." Whilst the service did not have the facilities to cook Kosher food they were happy to order in this food for people if requested.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to see external healthcare professionals regularly such as physiotherapists, GPs and speech and language therapists. People's care plans were updated to provide staff with clear instructions about how to follow advice given by external professionals.

- A Healthcare professional told us, "The experienced nurses contact the GPs appropriately. We trust the nurses regarding their assessment of patients, and I cannot recall a situation where retrospectively we have considered that we should have been contacted sooner. Staff have good communication with the specialist mental health team for adults, SALT, nurses and, have a wonderful physiotherapist on site with a private gym, who has worked miracles with some residents."

- A private physiotherapist had a practice in the grounds of the service with a gym people had access to if required. Chair based exercises for people were carried out within the service.

- A Medi Bike was also available for use with a trained supervisor to support people's rehabilitation.

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

- People were complimentary about the environment they lived in. One person said, "Look at my room, it's lovely! I have all my own things in here, those are pictures of my nieces and that is my doll I bought about four to five years ago on holiday. I've got my own furniture in here." Another person said, "My room is arranged how I like it."

- The premises were suitable for people's needs and provided people with choices about where they could spend their time. There were pleasant gardens and patio areas which people, who were able to, could access independently. One person said, "Beautiful gardens I go out as much as I can."

- A tray staff member told us they supported people where possible to use the gardens. They said, "It is important to talk and interact, we ask people if they want to go outside."

- There was a suitable range of equipment and adaptations to support the needs of people using the service.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Mental capacity assessments had been completed for people and, where required, appropriate applications had been made to deprive people of their liberty within the law. We did find while most mental capacity assessments viewed recorded in detail who was involved in the best interest decisions and their views, some contained less information related to this. The registered manager told us they would add this detail.
- Staff asked for people's consent before they provided any support, such as with their meals.

Is the service caring?

Our findings

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

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

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they had friendly relationships with staff and staff were caring in their approach. Comments included, "Fantastic, they are so caring I cannot tell you. They listen to me", "Staff are caring and helpful", "Staff are wonderful, they look after me well. Everything I need is done" and, "All in all it's okay here."
- During the inspection every member of staff took time to talk to people and us. Staff said hello and continually asked if we needed anything.
- Staff enjoyed spending time with the people they supported and knew what was important to people and how to offer people comfort and reassurance. One staff member said, "I respect older people and we meet so many wonderful people here. I feel like it is my home to, I love it."
- People's electronic care records contained information about people's background, history, what was important to them and their choices and preferences.
- People were supported to establish and maintain relationships with their families and friends. One person said, "I can have visitors at any time, there is a small lounge that visitors use."

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

- People confirmed they had been involved in making decisions about their care and support. One person said, "I recently filled in a form that asked what I thought about the home and I said that it was mostly good." Another person told us, "I think there is a care plan, but I can talk to staff about anything."
- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one care plan recorded, "I choose my own clothes daily and need one person to help me to dress."
- People's religious and cultural needs were recorded and respected. The activities coordinator told us, "One person goes to the Synagogue weekly for lunch. If there are special functions for anyone's religions, we try to come in."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt the staff respected their privacy, such as knocking on their bedroom doors. One person told us, "Staff are respectful and know I like to go to bed in the afternoon, they help me and close the door. They are respectful of my privacy and knock."
- The service went to great lengths to promote people's independence. The service used a computerised system to enable staff to provide hands on rehabilitation. The system alerted staff and management about any changes to people's progress. One person told us, "I can pretty much do what I like."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- We found people at the service received individualised care from a staff team who showed an exceptional knowledge of their needs. One staff member told us, "We are trained to provide what people want, we provide personal care when they want it, in people's care plans we write as much as we can about people. [Named person] likes gardening so we sorted this out, so they can still do this." Another staff member said, "People are individual, if they want to go to the shops they go."
- People had detailed, personalised care plans. Their needs, abilities, life history, and preferences were documented. The service used an electronic care planning system and people and their relatives were involved in the care planning process. One person said, "They often ask my opinion about the care."
- People needs, routines and personalities were well known. The registered manager and staff also gave us examples of meaningful activities that were provided to people. One example was a menu plan developed with the person using pictures and recipes about the foods the person liked to eat.
- Other people had comprehensive music or video play lists, the activity organiser had carefully planned music or film playlists for people. These playlists included the person's favourite music or films, a date and time they should be played to avoid staff putting on the same film or music. One film play list recorded for a person. "Please put the film on each afternoon around 2 pm if [person] is in their room. Otherwise you can try around 11 am or 4 pm in the afternoon. Most films last 90 -120 minutes. Don't forget to set subtitles for them." Another recorded, "[named person] likes jazz as a break from the TV. Could you put on these cd's on every afternoon for [person]. The cd's are labelled for each day of the week and they last around 30 minutes to an hour each. If you want to know how to play the music, please ask [activity organiser]. [Named person] also loves racing and [activities] will let you know when there is racing on the TV especially at weekends. It is normally on ITV Racing channel."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care records. Information was available in a variety of formats if required, such as easy to read and pictorial information to meet the communication needs of people and to give people more control over their lives.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them.

- People benefitted from an excellent variety of activities and events that were available across the service and made accessible to all. There was a designated activity organiser.
- The registered manager and activity organiser developed individual activity plans with people about what they wanted to do and how they preferred to spend their day.
- The registered manager told us one person who wanted to move in under one condition if the service could accommodate their two guinea pigs. The service built a special cage in the garden the person has access to. They risk assessed this and arranged for both guinea pigs to be seen by a local Vet.
- The activity organiser was a champion of exercise and used exercise classes and an exercise bike to support people to exercise. They told us, "Six to eight people do 15 minutes on the bike and I record what they do. I analyse their data to see how people progress."
- People and staff had access to a physiotherapy gym which was in the grounds.
- Other activities available included arts and crafts, flower arranging, mindfulness and wellbeing meditation. The activity organiser added, "We arrange physiotherapy for people, relaxing music sessions, bingo, film days, entertainers and an open-ended quiz." One person showed us the weekly magazine and said, "Have a look at this it tells us everything we need. We went to the priory and the canal cruise was excellent." Another person said, "They have some activities here like arts and crafts and exercises, a good selection of things going on. They took me to play bingo the other day and I'd never played before and the funniest thing happened, I won on my first time!" A third person said, "Every day there is something to do."
- The provider and registered manager ensured people had opportunities to access the community and put on lots of events people could attend or provided transport to enable people to get out and about. A wheelchair adapted car was available for people to use to go shopping or to events of their choice.
- Children from a local school visited once a week to sing, do arts and crafts, read or play games with people, a six-week plan was in place to monitor the effectiveness and impact on people using the service and the children attending.
- The service had a number of volunteers who supported the service with the activity programme. This meant there were frequent visitors to the service creating a warm and social atmosphere.
- The service was a member of the National Activity Providers Association (NAPA). NAPA is an umbrella organisation that provided training and ideas to care providers to support person centred activities for people using the service.
- People were supported to maintain contact with their friends and family and friendships had developed within the service. Visitors said they were made to feel welcome. One relative said, "I am impressed, the staff organised a drink for me straight away it is very good."

Improving care quality in response to complaints or concerns

- The service had received no complaints recently from people or relatives. We saw evidence older complaints had been dealt with promptly and appropriately. One person said, "Absolutely happy with the service, nothing I would change." Another person told us, "I have my buzzer if I want anything and they come and see to me. I don't really have any complaints."
- In the PIR the registered manager recorded, "After each complaint received we have little workshops to reflect on this and 'how to move on strategy' is discussed with staff."
- The registered manager told us people had requested the pond in the garden was renovated and the provider had actioned this straight away.

End of life care and support

- People received an exceptional standard of care at the end of their lives. Relevant professionals were involved when required and appropriate medicines and equipment was made available to ensure people received dignified, pain free care. A syringe driver had been purchased to make sure that when needed there was no delay.

- A healthcare professional said, "Their palliative care skills are excellent, and they were one of the first homes that I have come across to purchase specialist equipment to provide syringe drivers should they be needed without potential delay. It is rare for patients to require admission to a hospice, and it is carefully considered whether the ceiling of care for an individual should be within the home. These decisions are revisited frequently, and communication with family members is done with sensitivity, yet maintaining confidentiality."
- People's preferences and choices in relation to end of life care and their cultural and spiritual needs had been explored and recorded. Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) forms were available in some people's care plans where they did not want to be resuscitated.
- The service has recently identified a private GP as an extra service for people of the Jewish faith to ensure the paperwork following their deaths can be organised quickly to meet their spiritual needs.
- The registered manager showed us feedback from people's relatives who had commented on the highly responsive, compassionate care given by staff to people at the end of their lives. One relative had written, "Over the last few months of his life my [family member] was treated with respect and exceptional care by all the staff who looked after him. From the cleaning person who came each morning to the night staff who tucked him up in bed in the evening, nothing was ever too much trouble. Cups of tea flowed and any special food he wanted was delivered to him that day. How lucky we were to find Kestrel Grove. We always felt welcomed when we came into the home. We too were supported by the nursing staff who gave us a daily update on [family members] state of health. We were able to discuss and have explained the treatment recommended for our [family member]. Your staff never hurried us and there was always an open door for us at any time." Another relative told us, "The passing of a loved one is never easy, and when my [family member] finally passed and was collected by the burial society the next day, the collection of the medical certificate, and any detail to take all pressure of myself, Kestrel Grove and the staff were exemplary in all aspects. I cannot sing their praises high enough, and I live peacefully in the knowledge that my surviving [family member] is well cared for and loved by all the staff, and when [family member] time comes I feel sure they are in the right sympathetic place. A third relative said, "Staff were respectful of their culture and went above and beyond. I could not fault a single carer."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People spoke positively about the management of the service and told us they would recommend the service to others. One person told us, "[Named registered manager] is the manager and it is well run, she is the matron." Another person said, "I have no desire to leave and would always recommend Kestrel." A third person said, "I don't mind being here. Staff are nice and helpful. There are things to do and sometimes I do them."
- The provider and the registered manager were committed to making sure the culture of the service was caring and focused on people receiving person-centred care that met their needs in a timely way. It was clear management and staff knew people extremely well and put these values into practice.
- Staff told us they felt well supported by management and felt comfortable approaching them. A staff member said, "[Provider] is the best boss I ever worked for and I would not be here if it wasn't well run." Another staff member said, "I always go to [registered manager] or [deputy manager]. They listen to me."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The management team understood and acted on their duty of candour responsibilities. They promoted and encouraged candour through openness.
- The registered manager was aware when to notify the Care Quality Commission.
- There were robust systems in place to monitor the quality of the service. The manager undertook out of hours visits of the service, so they could ensure the home was well managed in their absence and these were recorded including actions taken to address any concerns.
- Appropriate quality assurance systems were in place, management conducted several audits to ensure quality of care and health and safety standards remained high.
- The owner/provider played a very active part in the running of the service and people using the service were very familiar with who he was and his contribution. During the inspection we did not speak to the provider, but they sent us a statement detailing their commitment to supporting people, their relatives and staff at the service. They said, "I truly believe that my input into the daily life of the home above and beyond what my management team and employees do is unique. I have never been asked what I do by the inspectorate and feel strongly this be taken into consideration certainly with regards to the daily life of our Resident's and Staff."
- The provider was committed to the use of technology to support staff in their role. A person-centred

software and a digital sign in service was used to further demonstrate their commitment to GDPR.

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

- People and their families had opportunities to share views and get involved in the service. There were regular meetings held for residents and a resident's association was in place to encourage people and relative ideas and views.
- The provider used an impartial feedback service to gather feedback from people, relatives and staff. Results were exceptionally positive, and any suggestions or improvements were acted upon. A suggestion box was also present for people and visitors to use.

Continuous learning and improving care; Working in partnership with others

- There was a culture of reflection and continuous learning in the service. The registered manager and provider fully understood and promptly acted on their responsibilities. Weekly coffee morning were held with staff to discuss and reflect on any concerns.
- Staff worked extremely effectively with professionals from agencies such as health and social care to ensure people's care needs were met. One healthcare professional said, "The owner, provides a personal touch that I have not seen in any other nursing home. Examples of building a hutch for a guinea pig and providing meals for staff show that they care about staff and patients enormously, and is approachable to us and residents. The [registered manager] is also exceptional. They are extremely skilled and experienced, knows every patient and their families, and will discuss with us matters before they even become a problem. I respect their judgement and skill enormously, as do the staff. [Registered manager] is an excellent leader and leads by example."
- The service was an active member of the local Care Home Forum. This ensured the service kept up to date on best practice and learnt about new projects and interventions to deliver quality care. They had recently signed up to be connected with NHS mail.