

R & E Kitchen Care Limited

St Johns Nursing Home

Inspection report

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Date of inspection visit:
07 February 2023
08 February 2023
21 February 2023

Date of publication:
17 March 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

St Johns Nursing Home is a care home registered to provide personal and nursing care for up to 38 people. The service provides support to older people, some of whom were living with dementia. At the time of our inspection visit there were 38 people living at the home.

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

People told us they received good quality care and they felt safe living at St Johns Nursing Home. Staff had a good understanding of assessing and managing risks related to people's health and medical conditions. There were systems in place to support people against the risks of suffering abuse and the registered manager investigated incidents appropriately. People had experienced positive outcomes in relation to reduction in falls and management of pressure sores. The home was clean and hygienic and there were appropriate systems in place to manage health and safety risks.

People's needs were fully assessed and appropriate plans of nursing and care were in place. People told us they enjoyed the food at the home and they had plenty of access to drinks. Staff received effective training around meeting people's healthcare, nutritional and hydration needs. 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. The environment at the service was suitable for people's needs.

The provider was responsive to people's needs and people's care plans reflected their abilities and preferences around personal care. People were supported to lead active social lives. People told us they felt happy to raise complaints and that issues were always resolved. Staff had training in providing empathetic and responsive end of life care. The provider had received many letters of thanks from relatives of people who had spent their final days at the service.

People told us they had positive working relationships with staff. They said staff were patient, caring and that they treated them with dignity and respect. People were supported to maintain independent skills around their daily living where possible. People were involved in making decisions about their care and the provider considered people's equality and diversity when planning and reviewing care.

There was effective leadership and management in place. There were systems in place to oversee and improve the quality of care, which helped promote people's safety and wellbeing. The registered manager was a visible presence and had a good understanding of the day to day running of the service and people's nursing and care needs. The provider worked in partnership with health and social care professionals to promote positive outcomes for people.

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

Rating at last inspection

This service was registered with us on 2 November 2021 and this is the first inspection. The last rating for the service under the previous provider was good, published on 22 May 2019.

Why we inspected

This service had not previously been inspected and we wanted to check that people were receiving safe care and support.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

St Johns 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was completed by 1 inspector and 1 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.

Service and service type.

St Johns Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. St Johns Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since their registration with CQC. The provider was asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke to 17 people and relatives to gain feedback about their care. We spoke to 13 staff including, the registered manager, senior staff, nursing and care staff.

We reviewed records relating to people's care and the running of the service. These included care records for 8 people, 5 staff recruitment file, audits, policies, incidents reports, health and safety records, quality assurance records, medicines administration records and care records.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us they felt safe living at the service. Comments included, "I feel totally safe because of the staff", "The family think [my relative] is very lucky to be here", and, "My daughter doesn't worry. She has peace of mind that I am safe and well cared for."
- The provider had policies and procedures in place to safeguard people against the risk of suffering abuse or coming to avoidable harm. The registered manager had a good understanding of local safeguarding procedures and had reported, investigated and acted upon concerns raised to promote people's safety.

Assessing risk, safety monitoring and management

- Risk assessments were in place which identified and reduced risks related to people's health, medical conditions and the care home environment. Risk management plans were regularly reviewed by nursing staff and discussed at team meetings and staff handover. This helped to ensure risk management plans were embedded in everyday working practice.
- The service had achieved positive outcomes in relation to the management and prevention of pressure sores. There had been a number of examples where people were admitted to the service with a pressure sore, which had subsequently been healed through the input of nursing and care staff.
- The provider had effective policies and procedures in place to manage health and safety risks. This included risks relating to; fire safety, environmental safety, legionella and maintenance of equipment.

Staffing and recruitment

- People and relatives told us that there were enough staff in place. Comments included, "Yes, there are enough staff." People told us staff were attentive and that they did not experience delays in receiving care. Comments included, "They do come fairly quickly when I call them. They are very good."
- Staffing levels were assessed using recognised assessment and dependency tools, which helped to calculate an appropriate staffing ratio. The registered manager had organised staff into 3 separate teams, which were assigned to supervise specific parts of the care home on each shift. This helped to ensure appropriate numbers of staff were deployed in every part of the service.
- During the inspection we observed that there were enough staff to meet people's needs. People were attended to without delay when receiving support with their personal care, accessing activities, support with meals and drinks.
- There were safe recruitment processes in place to help determine candidates' character, experience and conduct in previous employment.

Using medicines safely

- The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.
- People's care plans included detailed information about their prescribed medicines. This information included; reasons for prescription, possible side effects and people's preferred routines around administration.
- People had access to 'when required' (PRN) medicines if they needed them for pain or anxiety. PRN medicines care plans clearly documented when these medicines should be offered and how staff should measure the effectiveness of administration. This helped to ensure staff could recognise when people required these medicines to help minimise any pain they experienced.
- There were appropriate care plans and risk assessments in place to help ensure people received their topical creams as prescribed. This included details of the location and frequency of application and assessments to reduce the fire risks associated with the use of emollient creams.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had followed government guidance regarding visiting during the COVID-19 pandemic. Since the relaxation of restrictions, people told us their friends and families could visit whenever they wished.

Learning lessons when things go wrong

- The registered manager investigated incidents, looking for causes and trends. Any learning from investigations into incidents was shared with staff through meetings and supervisions. This helped to ensure learning from incidents was embedded and risk of reoccurrence was reduced.
- Examples of good outcomes from investigating incidents included; reductions in use of medicines to help reduce risks related to falls, implementation of care equipment to reduce risk of falls and minimise restrictive practice, changes to care plans to provide additional support when people's needs changed.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 care and nursing needs were comprehensively assessed. A pre-admission assessment was carried out to determine if the service could meet people's needs. The provider reviewed information from professionals to develop people's care plans and risk assessments. This helped to ensure that people had the right support and appropriate care related equipment in place.
- The provider had developed policies and procedures in line with national guidance and best practice. There were systems in place to ensure updates in best practice guidance were incorporated into policies and changes were communicated to staff through supervisions, staff meetings and written correspondence.
- The provider had incorporated technology to help enhance the delivery of care. There was an electronic care planning system in place, which staff used to record care and medicines administration. The registered manager used the system to monitor key aspects of people's care to identify changes to people's needs and assess how effectively identified risks were being managed.

Staff support: induction, training, skills and experience

- People told us that staff were competent in their role. Comments included, "The staff are well established and know what they are doing", and, "They are very well trained." Staff received training in line with The Care Certificate. The Care Certificate is an agreed set of standards expected of specific job roles in the health and social care sector.
- Nursing staff were supported to maintain their professional registrations and attend training relevant to their role. Some care staff had obtained additional qualifications in health and social care, which helped to promote their knowledge and skills.
- Staff received effective induction, supervision and ongoing support in their role. Senior staff regularly met with staff to review their working performance, identify good practice and ongoing training needs. There were effective systems in place to monitor staff training needs and ensure they received regular training updates. Staff we spoke with were positive about the support they received in their role.

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

- People told us they enjoyed the food at the service, and they were given choices about what and when they ate. Comments included, "The food is good. I get a cooked breakfast which I enjoy and a choice of food for lunch", and, "The food is lovely. I like it because it is tasty and nice. I get a good choice. We have plenty of snacks and drinks throughout the day."
- People's nutrition and hydration needs were documented in their care plans. Care plans detailed any risks identified in relation to eating and drinking. Care plans highlighted where people were at risk of dehydration or malnutrition, including actions to take if staff had concerns. People told us they were regularly offered

drinks throughout the day. Comments included, "They come around with tea on a trolley, so I always have a drink to hand."

- There was clear guidance in place where people had been assessed as requiring a modified diet to manage risks related to choking. All staff had received training in preparing meals and drinks to modified textures, which helped ensure people only received meals and drinks in line with their assessed needs. One relative told us, "[My relative] was having problems with eating and they [staff] realised she had a problem swallowing. They now have pureed food."
- The registered manager had worked with people to improve their dining experience. This included arranging seating plans to meet people's preferences and improving the visual appearance of food that was required to be prepared in a modified form. This helped to encourage people to eat and drink well during mealtimes. One relative said, "[My relative] is now eating and feeding himself. When he arrived, he was very weak and fragile." We observed that people's dining experience was calm, sociable and people were supported appropriately to eat and drink.

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

- People told us they had access to regular healthcare services and they were supported with positive health outcomes. Comments included, "The GP comes in 3 times a week and has been in to see [my relative] when he had a chest infection" and, "Yes [I do access regular healthcare services]. I will be getting some new dentures soon."
- There was a thorough approach to planning and coordinating incoming admissions from other services. There were examples where people moved into the service after their needs changed, with arrangements fully considering people's and relatives individual circumstances, sensitivities and preferences. One relative told us, "[My relative] was concerned and didn't want to go into a care home. She and the family are delighted that she is here. Within 3 months her health has improved."
- The provider had successfully worked with commissioning and healthcare services to provide reablement care. These short-term placements were focussed on helping people regain their mobility, skills and improving health after discharge from hospital. This system helped to promote safe hospital discharge and enabled them to return to their own homes once fully recovered.
- People's healthcare needs were documented in their care plans. This included records of referrals to doctors, mental health services, speech and language therapists, community nursing teams, dermatologists and social workers. One relative told us, "[My relative's] skin was dry and he was rundown. He is so much stronger now. They have really cared for him." This reflected that people had appropriate input and care in relation to their health.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- There were appropriate systems in place to gain consent from people to provide their care. Staff understood the principles of the MCA by respecting people's rights and freedoms to help ensure care was provided in the least restrictive way.
- Where people were assessed as lacking capacity to give consent to care, the provider consulted with the person who had the legal authority to act on people's behalf and followed appropriate processes to make decisions in people's best interests.
- The provider had submitted DoLS applications appropriately. Records reflected that conditions on authorised DoLS were being met.

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

- The service was well lit throughout and had recently been decorated. One relative said, "They have really improved the home and worked hard to make it homely and welcoming." Corridors were free from clutter as care equipment had been stored away appropriately. The provider had installed heating and air conditioning in communal areas of the home in response to extreme seasonal fluctuations in temperature. This helped to keep people warm or cool depending on weather conditions.
- People's rooms were reflective of their history, interests and hobbies. People were encouraged to decorate their rooms with pieces of furniture and personal items bought from home, making their rooms their own individual personal space. One relative said, "[My relative] has photos of all the family and everything is accessible for her [in her room]."
- Bathrooms, and toilets provided adapted equipment which aided people's independence. There were passenger and stair lift available to aid people's movement between floors. There was a secure garden space which people could use, which helped to promote their wellbeing.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 that staff were kind, attentive and caring. Comments included, "I actually think they [staff] are extraordinarily kind and it is very noticeable when they are talking to residents". We observed many warm interactions between people and staff. Staff took the time to talk with people throughout the day in a friendly and unhurried manner. One person commented, "They [staff] are very good to me, kind, caring and get me anything I want. They always take the time to come see me and speak to me."
- There were policies in place to help ensure staff considered people's protected characteristics under the Equality Act 2010, when planning and delivering care. Staff had completed equality, diversity and inclusion training.
- Staff ensured people could participate in events and celebrations that mattered to them. In one example, a person was supported to attend a relative's wedding virtually as they were unable to physically travel there. The provider facilitated a reception at the service where the married couple and family visited to celebrate the wedding with their loved one.

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

- People were offered choices in their day to day support. This included offering choices around their food, how they dressed, which activities they took part in and which staff supported them with their personal care. Where people were unable to articulate their choices, staff used their knowledge of people's preferences to offer appropriate support.
- People and relatives were involved in planning and reviewing their care. Comments included, "They [staff] telephone and email me with updates all the time and sort things out quickly. If I want anything, I just ask and they do it", and, "They [staff] are wonderful at phoning me and updating me."
- The provider had made links to local advocacy services. This helped to ensure support was available if people needed support or advice around their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity. We observed staff knocking on people's doors before entering their rooms and encouraging them with personal care in a patient and respectful manner. Comments included, "They [staff] always ask me [if I want to receive personal care] and explain what they are going to do", and, "They [staff] do not rush me [during support with personal care]."
- Care plans documented the aspects of people's care that they didn't require help with. This promoted their independence and reduced the risk of staff de-skilling people through providing a greater level of care than was needed.
- There were policies and procedures around information sharing and storage of care records. The provider

ensured that people's private information was only shared in line with their instruction and wishes. This helped to promote their privacy and confidentiality.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- Care plans contained details of people's medical backgrounds, life histories and preferred personal care routines. Care plans were reviewed at regular intervals or when people's needs changed. The provider used technology to promote people's safety and independence. This included the use of care related equipment to aid in the reduction of falls and assisting people's mobility.
- The registered manager recognised where people were more responsive to particular staff if they were anxious or reluctant to engage in their personal care. Preferred staff were allocated to work with people in these circumstances to help give them encouragement and reassurance. This helped people to remain calm and accept help with the care they needed.
- People's care plans detailed desired positive outcomes and how staff could help people achieve these. In 1 example, a person had been admitted to the home requiring the use of a hoist and 2 staff for all transfers. Working in partnership with a physiotherapist, staff supported the person to regain their mobility and they were now able to walk around the home with a frame unaided by staff.

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 had opportunities to follow their interests and hobbies and join in a range of social events. This included communal events in the home, trips into the community and visiting entertainers. We observed people to be active and social with others during the inspection. Staff helped people move from one communal area of the home to another to take part in activities or lunch. This helped to give people variety in their day and helped to avoid them being stuck in the same room for prolonged periods.
- People who were cared for in bed had access to individualised activities. For example, people with sensory impairments were offered a range of visual, audio and sensory activities which helped to give them companionship and meaningful occupation during their day.
- The provider ensured that cultural events were recognised and all people who wished to celebrate events were given the opportunity. For example, the provider held 2 separate Jubilee parties for residents on each floor of the service. The registered manager had recognised where people who lived on the first floor might find a big party overwhelming, so organised a themed event on the first floor which was tailored to people's needs. This helped to ensure that everyone had the opportunity to celebrate this event.
- People were able to practise their faith with both visits to their chosen place of worship and faith leaders visiting the home. People were also supported to attend virtual religious services if they wished to follow their faith but were unable to physically attend.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider assessed people's communication needs and documented them in their care plans. This helped staff understand how best to communicate with each person. Information could be provided in different formats, such as large print, if required.

Improving care quality in response to complaints or concerns

- People and relatives told us that they would be happy to raise any complaints or concerns to the registered manager. Comments included, "I would speak to the deputy manager during the week or the registered manager at weekends [if I had an issue]. I would also speak to the nurse on the medical side or the receptionist. They sort things out straight away", and, "I would speak to nurse or the registered manager/deputy manager."
- The provider had a complaints policy in place which detailed how complaints and concerns would be responded too. The registered manager took a proactive approach to investigating people's concerns. They carried out thorough investigations and gave timely feedback to people about findings once investigations were complete.

End of life care and support

- People were supported to document their wishes for the care and support they wanted towards the end of their life. People had advanced care plans in place, which meant that end of life care could be planned, coordinated and dignified. The provider had received a number of letters of thanks from relatives whose loved ones received end of life care at the service.
- The provider gave emotional support to families leading up to and after people passed away. This included providing private spaces to spend with loved ones, providing food and toiletry packages if they had extended visits to the home and providing support after people passed away.
- The provider worked in partnership with a local hospice team to develop an empathetic and responsive approach to delivering end of life care. Staff had attended a series of training programmes at the hospice and incorporated many good practices into their everyday care of people.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives told us they were happy with the service and received a high standard of care. Comments included, "I am delighted to be here", and, "They [staff] are very good to us and I am very happy living here." The provider had received many compliments from people and relatives in relation to the quality of care and the personalised service they received. Positive feedback was shared with staff to reinforce good practice.
- The registered manager was visible and approachable to people, relatives and staff. Comments included, "The home is well-managed, and the manager is good too", and, "I know [all the management team] and they are all really nice people. The [registered] manager is very approachable too."
- The provider had very clear visions and values for their service. Their statement of purpose clearly set out the range of needs the service could accommodate and what people and relatives should expect in terms of quality of care, consultation and communication. The registered manager told us, "We know what we are good at and work hard to keep improving. We are wanting to provide care that you would be happy for your mother to receive."

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

- There were policies in place to help ensure the provider was honest and transparent with people if there were incidents, mistakes or if things went wrong. The registered manager understood their responsibilities in relation to duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure and oversight in place. The registered manager and the deputy manager's working schedules meant a senior member of management was present every day of the week. There was a clinical lead in place who oversaw the supervision of nursing and care staff. Management staff had regular time together to hand over information, which promoted a consistent approach.
- The registered manager and clinical lead completed regular audits of care plans, care records, medicines records, and health and safety, to help give them assurance about the quality and safety of the service. The provider's operations manager also completed quality audits. Any issues identified in audits were addressed with staff and discussed in regular meetings between the provider and management team. This helped to ensure issues and actions were followed through appropriately.

- The registered manager had submitted appropriate statutory notifications about significant incidents at the service.

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

- The provider had effective systems in place to gain people's feedback about care. This included reviews meetings and questionnaires. All feedback was gathered together and analysed to identify any trends, areas of consistently positive feedback or issues which need addressing. The feedback received over the past year had been very positive, with people, relatives and staff praising the quality of care and communication with the provider.
- Staff attended regular team meetings where the registered manager shared positive feedback to reinforce good practice and encourage learning.
- The provider had fostered a positive relationship with the local community. This included links with local schools, who frequently came to visit the home. The registered manager also kept in contact with residents who had been discharged from the service and were now living in the local community. For example, at Christmas, the registered manager visited previous residents to deliver presents and send season's greetings.

Continuous learning and improving care

- The registered manager had continuously assessed where changes could be made to improve the quality and safety of the service. At the time of inspection, they were in the process of implementing changes to audits around call bell responses, repositioning records and records of people's eating and drinking. This helped them to assess the quality and effectiveness of planned care.
- The registered manager held yearly appraisals with staff to gain their feedback about ways to improve the service. Feedback from staff was collated into an action plan to improve the quality of care. Feedback from recent staff appraisals led to the provider implementing shadow shifts for agency staff, so they had a working knowledge of the provider's electronic care planning system. This helped promote quality and consistency in the recording of care notes.

Working in partnership with others

- The provider worked in partnership with professionals connected to people's care to ensure they received appropriate input and support. This included contacting professionals for their input when people's needs changed.