SMN Investment Limited

St Michaels Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
St Michaels Nursing Home is a residential care home providing accommodation, personal and nursing care for up to 39 people in one adapted building, which includes a ground floor extension. At this inspection there were 29 people using the service, including 16 people receiving nursing care.

People's experience of using this service and what we found
People's care and daily living arrangements were mostly individualised but not always ensured in a timely or responsive manner. Related management improvements were identified. This included, to ensure increased opportunities for people to participate in activities they enjoyed and were meaningful to them. However, this was not yet fully demonstrated as embedded or sustained ongoing.

Risks to people's safety associated with their health condition, environment and any equipment used for their care were accounted for. Health and reportable incidents were routinely monitored and analysed, to help inform or improve peoples' care and prevent any reoccurrence when needed.

The provider's safeguarding, emergency contingency planning and staffing measures, helped to protect people from the risk of harm or abuse. People's medicines were safely managed to ensure people received their prescribed medicines, as and when they should.

The environment was suitably adapted, clean, well maintained and designed to meet people's needs. We were assured the provider was meeting with requirements and nationally recognised government guidance concerned with the prevention and control of infection, including COVID-19.

Overall, there were effective arrangements for the assessment, planning and delivery of peoples' care, in line with nationally recognised standards and the law. Introduction of an electronic care plan record keeping system was in progress, to optimise accessibility and the timeliness of record keeping.

People were generally well supported to maintain or improve their health and nutrition through consultation with relevant external health professionals, when needed for people's care. Standardised and lawful information sharing, helped to ensure people's care was consistently informed when they needed to move between services.

Staff were informed, trained and supervised for their role. People were supported to have maximum control of their lives and staff supported them in the least restrictive way possible. The provider's related policies and systems supported this practice.

Overall, staff were caring to ensure people's dignity and rights. Staff knew people well and overall understood how to communicate with people, in a way they understood.

The service was generally well managed and led. Regulatory requirements were being met. Staff we spoke with understood their role and responsibilities for people's care.

The provider had established effective governance arrangements for routine service monitoring and oversight, to ensure the quality and safety of people's care. A range of service improvements were demonstrated, either made or in progress from this, which also included remedial actions when things went wrong.

The provider strove to work in partnership with relevant authorities, care partners and others with an interest in people's care at the service. Related consultation and feedback was used to help inform and improve the service.

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

Rating at last inspection
This service was registered with us on 21 December 2021 and this is the first inspection.

The last rating for the service under the previous provider was requires improvement, published 27 June 2019.

Why we inspected
The inspection was prompted in part due to concerns we received about safety with regard to staffing and the management of risk; including from a provider notification following an incident where a person sustained a serious injury. This incident is subject to further investigation by CQC, as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

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.
The overall rating for the service is good.

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? 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 not always responsive. Details are in our responsive findings below.	**Requires Improvement**
Is the service well-led? The service was well-led. Details are in our responsive findings below.	**Good**

St Michaels 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 team consisted of 2 inspectors and an expert by experience who spoke with people's relatives by off-site telephone calls. 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 Michael's 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 Michael's 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 provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

This inspection was unannounced.

What we did before the inspection
We reviewed information we received about the service since initial registration in December 2022. We sought feedback from local authority care commissioners who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and any improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 6 people who used the service and 9 relatives; 2 nurses, including the nurse clinical lead/deputy manager; 6 care staff, including 1 senior and 1 team leader; a cook, a cleaner, a laundry assistant. We also spoke with the registered manager; 1 external senior support manager and the nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how staff interacted with people and reviewed a range of records. This included 8 people's care plans, multiple medicines records, complaints, staffing and management records. This included meeting minutes, equipment maintenance records; quality, care and systems audits along with some of the provider's operational policies for people's care and safety. Following the inspection, we continued to seek clarification from the provider, to validate evidence found.

Good

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 were protected from the risk of harm or abuse.
- Staff knew how to recognise abuse and were confident to report any, either suspected or witnessed, in accordance with local procedures.
- The provider had notified us of any safeguarding incidents when they happened at the service. The notifications demonstrated their related consultation with the local safeguarding authority for vulnerable adults and any actions taken to mitigate any further risk to people when needed.
- People and relatives were sufficiently informed to help keep people safe and knew how to raise any safety concerns if they needed to.

Assessing risk, safety monitoring and management
- Overall, risks to people's safety were effectively assessed and managed. This included risks associated with people's health condition, environment and any equipment used for their care.
- Management arrangements for the ongoing monitoring and analysis of individual health incidents, helped to inform or improve people's care when needed.
- Staff we spoke with, understood people's care needs for their safety. Individual care plans we looked at, included the care steps staff needed to follow to mitigate any risks identified and showed regular reviews. For example, to help people move, eat and drink safely. Regular care plan reviews were identified.
- Emergency contingency measures and incident procedures were in place, which staff knew to follow in any event. Such as in the event of a fire alarm, a person's fall or sudden health deterioration.
- People, staff and most relatives we spoke with, felt people's safety needs were being met. Their related comments included, "Definitely safe." "They [staff] couldn't do a better job considering [person's] state of health."

Staffing and recruitment
- Overall, there were safe staffing arrangements for people's care and related service delivery.
- Staff were safely recruited. This included ensuring required pre-employment checks before prospective staff commenced working at the service.
- Following the provider's initial registration for this location, the provider and registered manager had worked with success over time, to recruit additional permanent nursing and care staff for people's care. With high use of agency staff in the interim.
- At this inspection, staffing levels and skill mix was demonstrated as safe and sufficient. Use of agency nurses was minimal with consistent use of the same agency nurse when needed, to promote continuity of

care. A staffing tool was introduced, to help inform staffing levels based on people's health and care dependency needs.
● People, staff, relatives and visiting professionals noted staffing improvements. One person said, "There was a problem at night having to wait, but that's all sorted; what I ask for gets done." A relative told us, "It felt a lot like it was short staffed when we had so many agency, but it's much better now." A visiting professional said, "Visibility of staff was an issue but that's improved; they've been brilliant providing 1:1 care for [person], even though they are still waiting for funding – and with a great result, as [person's] had no falls since."

Using medicines safely
● People's medicines were safely managed. We found safe arrangements for the ordering, receipt, storage, administration, recording and disposal of people's medicines when needed.
● We observed staff giving people their medicines safely. This included making appropriate checks before and after giving medicines, to ensure people received right medicines at the right time. People were supported to take their medicines in the way they preferred and with sufficient water to take them with when needed.
● Medicines protocols were in line with nationally recognised guidance, which staff responsible understood to follow, to ensure the safe administration of medicines only when required. For example, to give prescribed pain relief when needed for people who were not able to request this because of their individual health condition, such as dementia.
● There were safe arrangements for people to manage their own medicines, if they chose and were assessed as safe to do so. There was no person managing their own medicines, at the time of this inspection.

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 supporting people living at the service to minimise the spread of infection.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was responding effectively to risks and signs of infection.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

The provider followed current government guidance concerned with visiting in care homes. People's rights to family life and to receive visitors were being met

Learning lessons when things go wrong
● Management monitoring and analysis of any health or safety incidents at the service, helped to inform or improve people's care when needed for their safety, and prevent any further reoccurrence.
● The provider had notified us and relevant authorities of any significant incidents when they happened within the service, to help us check the safety of people's care when needed.

Good

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 good, and people's feedback confirmed this.

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

- Overall, people's needs and choices for their care, were effectively accounted for and understood by staff.
- Staff we spoke with, understood people's assessed needs, related choices and the nursing or personal care steps they needed follow to meet these. This information was mostly well recorded in people's written care plans for staff to follow. For example, to ensure effective nutritional, skin or emotional care.
- However, we found one person recently admitted to the service for a few weeks short term care, did not have a short-term care plan devised by the service following their admission, as per the provider's policy. This meant there could be an increased risk to the person from this of receiving inconsistent or ineffective care. In mitigation, we saw relevant hospital discharge and local authority care commissioning needs assessment information was provided, or the purposes of the person's related placement at the service, which staff knew to follow.
- We discussed our findings with the provider's nominated individual and registered manager, who told us about their remedial action in progress to rectify this. Related measures, included the phased introduction of an electronic care plan record keeping system and related staff instruction, which recent staff meeting minutes also showed. This was also subject to ongoing management monitoring, to ensure completion.
- Staff said, "There's instruction and support for staff and time to get used to the system; it's easy to access, record and track care given on the hand-held devices we all carry." "It's really good for any staff member who may be dyslexic, or has difficult writing, as the care inputs are a touch of a button, or there's predictive text and care dots, which you can speak to verbally record care."
- Staff were also informed through a comprehensive range of care policies, which were regularly reviewed against nationally recognised guidance for people's care.

Staff support: induction, training, skills and experience

- Staff were trained and supported to perform their role and responsibilities.
- This included by way of initial care and service induction, including completion of the care Certificate as relevant to staffs' job role. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors, that should form part of an induction programme.
- Records showed that staff training was mostly up to date. Following a recent change of training provider along with IT e-learning platform instruction for staff, any overdue training updates were booked for staff to complete during June and July 2023; overseen by the provider's staff training lead.
- Additional nurse training was booked for syringe driver-use in end-of-life care and due to take place via the local hospice. In response to staff feedback following a recent management survey, arrangements for individual care staff supervision and vocational training were subject to further review with regard to the

frequency and format of supervisions, and to ensure increased support for staff completing NVQs, as needed.

● Staff we spoke with felt they were provided with the training, support they needed. One care staff said, "Really good support here right from the get-go; I had a thorough induction and training, including theory and practical where required, such as moving and handling; and I've had regular 1:1 review meetings held with me to make sure I'm on track." A nurse told us, "Definitely well supported; training is ongoing with regular updates; we have some additional training booked and due soon."

Supporting people to live healthier lives, access healthcare services and support

● People were usually well supported to access relevant external health professionals when they needed to. This included for both routine and specialist health screening. For example, in relation to people's optical or footcare needs, or in response to any concerning health changes. Records showed that staff followed related care instructions from external health professionals, when needed for people's care.

● We found reasonable explanation following a delay in access for one person's routine health screening. A further appointment had been made by staff on the person's behalf, with related arrangements to complete this.

● Staff we spoke with, understood people's individual health conditions, how they affected them and their related nursing and personal care needs.

● Peoples' care plans provided guidance regarding people's individual health conditions, which staff understood to follow. For example, in relation to diabetes or pain management; or to enable staff to understand and act following signs of any person's delirium associated with possible infection, or a person's sudden health deterioration.

● Nationally recognised clinical assessment and health monitoring tools were used in accordance with best practice recognised. For example, in relation to skin integrity, nutritional status, or to enable staff to recognise clinical signs of sepsis or delirium, such as the 'PINCHME tool'. This is a mnemonic, for Pain, Infection, Nutrition, Constipation, Hydration, Medication, Environment, which aids staff to look for obvious causes of delirium.

● Related feedback from people, relatives and staff included, "Staff are very good at their jobs." "Staff look after me, any appointments and if I'm unwell they get the doctor." "Staff acted swiftly when they need to for [person] and got in touch with the medical service." "Care continuity is much better now there's a lot less agency staff; the ones that do come now are regular - they understand and work as part of the team."

Staff working with other agencies to provide consistent, effective, timely care

● The provider worked with relevant authorities and external care providers when need for people's care.

● Standardised information sharing procedures were in place for people's care and treatment, if they needed to transfer to another care provider. Such as, in the event of a person's hospital admission, or their return to local community health service provision within their own home. This helped to ensure people received consistent and informed care and treatment, as agreed with them or their representative.

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

The environment supported people's independence, choice, orientation, mobility and safety needs.

● Since their initial registration for this service, the provider had commenced a comprehensive phased programme of environmental repair, renewal and upgrading of the premises.

● Appropriate signage and information was visibly displayed, to help people's understanding and orientation. Such as, by way of picture signs or large print.

● Hand-rails were fitted in bathrooms, toilets and corridors, with sufficient space for people to move around safely.

● People were generally happy with their environment, which included level access to a planted patio garden area with seating. People could personalise their own rooms, as they chose.

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 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 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, 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.
● The MCA was being followed to obtain people's consent and ensure their best interests or obtain appropriate authorisation for their care when required.
● Staff understood the principles of the MCA. Related records showed how people's care was agreed. This included decisions that could be made by another legally appointed to act on the person's behalf with regard to the person's finances or health and welfare.
● Throughout the inspection we saw staff consulted with people before they provided care and checked people were happy before leaving them.

Good

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 as 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
- Overall, people were treated with respect by staff who promoted equity of care.
- The provider had sought to ensure that all staff understood and followed expected care aims and values, which were set out in line nationally recognised guidance. Feedback from staff and related management records we looked at, showed this was recently promoted via further staff training and instruction, such as through individual or group meetings held with staff, when needed.
- During this inspection, we observed staff engaging with people in a kind, caring manner.

Overall, staff demonstrated they knew people well and understood the importance of establishing good relationships with people and their families.
- We received many positive comments from people and relatives. This included, "Staff are lovely, and are easy to talk to." "I spend a lot of time there, staff are very caring."

Supporting people to express their views and be involved in making decisions about their care
- People's involvement and choice for their care and daily living arrangements was generally well promoted and respected at the service.
- We observed how staff engaged with people to ensure their involvement and choice. For example, choice of clothing, food and where they wished to spend their time.
- People's care plans showed their individual daily living preferences, care and lifestyle choices and any beliefs that were important to them, which staff understood
- People could be supported to access independent or specialist advocacy services, if they needed someone to speak up on their behalf; or a relevant professional to inform any formal decisions that needed to be made about a person's care or treatment, in their best interests. Related information regarding how to access this was visibly displayed at the service and demonstrated as taken up when needed.

Respecting and promoting people's privacy, dignity and independence
- People's rights to privacy, dignity, choice and independence were respected and promoted.
- We observed staff supporting people in ways that ensured this. For example, making sure people's clothing was protected or properly adjusted; closing doors when needed for people's dignity; checking people were happy, comfortable and provided with drinks or any chosen personal items to hand, before leaving them.

Requires Improvement

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 requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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's care and daily living arrangements were mostly individualised but not always timely or responsive to their preferred daily living arrangements.
- People were supported to maintain contacts with family and friends, who were important to them. However, arrangements and opportunities for people to participate in social activities they enjoyed or in a way they understood, did not always meet with their known choices, needs and preferences. Discussion with the registered manager and related management records showed this was under review, with improvement actions and timescales for achievement identified. However, this was not yet demonstrated as fully embedded or sustained for people's care.
- During this inspection, we observed two occasions when staff were present but did not respond in a timely manner, to people's verbal requests for assistance. We also saw that staff did not respond, to ensure sufficient space in between another person's mealtimes. Following the person's choice of a late morning cooked breakfast, staff then provided the person's lunch time meal two hours later and without asking them, which the person was therefore unable to eat.
- We saw staff responded in a timely manner to answer people's calls bells, and often provided individualised care and comfort, in the way people preferred, understood or that was helpful to them. For example, staff told us about one person living with dementia who could easily become distressed, causing them to walk around rapidly and continuously in way that resulted in an increased risk to their safety from falls. When this occurred, we saw staff supported the person in a calm, sensitive and least-restrictive way, to prevent this from happening.

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 was mostly meeting the accessible information standard for people's care.
- Relevant service information was provided for people, which could be provided in other formats if needed. Such as large print or pictorial. This helped people and relatives to understand what they could expect for their care, how to raise any concerns or contact other authorities with an interest in their care, if they needed to.
- With the exception of the registered manager, staff did not understand to use British Sign Language to

fully ensure effective communication with one person receiving care at the service. The person themselves, lip read and was provided with a white board and pen as an aid for written communication, which was acceptable to them. Following this inspection, the nominated individual and registered manager gave us remedial assurance. However, the person's communication needs were not responded to, in order to suit their preferred method in the first instance.
● British Sign Language is a sign language used in the United Kingdom; and is the first or preferred language among the deaf community in the UK.

Improving care quality in response to complaints or concerns

● Overall, the provider's complaints handling arrangements helped to inform or improve people's care when needed.
● People and relatives knew how to raise any concerns or make a formal complaint if they need to. This information was visibly displayed at the service by way of the provider's 'complaints procedure.'
● Records were kept of any complaints received, which showed investigation outcomes and responses. Two relatives were unhappy with initial responses to their individual complaints. One was subsequently resolved to the complainant's satisfaction, the other remained in progress at the time of this inspection.
● People and relatives said that they knew how to complain and overall were confident to do so. Most were satisfied that any issues they raised were acted on.

End of life care and support
● End of life care principles concerned with people's dignity, comfort and choice for their end-of-life care, including care of their body after death were followed.
● Staff understood people's care plans, which took account of any life limiting health condition, or individual advance decision made with regard to their preferred end of life care arrangements. For example, decisions regarding care and treatment, preferred place of death, who would be involved and care of their body after death.
● Where any person had legally appointed other(s} to make important decisions regarding their health and welfare. This information was also formally checked to ensure validity and recorded for staff to follow in any event.
● Links were established with a local hospice end of life care team, to help inform and support people's end of life care when needed.

Good

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 quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Overall, the provider had established effective arrangements for governance and service oversight, to regularly check the quality and safety of people's care and inform service improvements.
- There was a registered [general] manager for the service and a deputy manager/clinical nurse lead, who understood their role and responsibilities for people's care.
- The registered persons were able to demonstrate a range of improvements for people's care, either made or in progress. Examples included, environmental, staffing, care and record keeping improvements. Related management measures for staff monitoring and performance, also helped to ensure this.
- There were clear procedures in place for communication and reporting in relation people's care and safety within the service, which staff understood. For example, incident and error reporting, whistle blowing and concerns raising.
- Staff we spoke with were motivated and confident in the service improvements introduced by the nominated individual and registered manager. Their feedback included, "There's been a lot of work following the new owner [provider]; we've concentrated on the clinical side as a priority – getting meds, care planning and communications up to scratch – we are getting there. "A lot of new staff have joined; it's now becoming a good team and more cohesive." If things aren't right we are told what we need to do and why – there's plenty of support from management and the nurses."

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

- The provider had sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
- Incident management records we looked at during this inspection, showed appropriate action was taken to ensure the quality and safety of people's care, including any remedial measures when needed, to help prevent any reoccurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.

- There was a welcoming and generally positive atmosphere at the service, where overall people, relatives and staff were regularly consulted, to help inform or improve people's care when needed.
- The provider had recently commenced the first of their proposed, periodic questionnaire type quality

surveys with people and relatives. Therefore, the results were not yet collated.

● The provider was able to demonstrate how they worked with staff to promote effective care values and directives. This included by way of their training, instruction and regular individual or group staff meetings, including any formal disciplinary procedures, when needed. Arrangements for staff supervision were subject to further review in relation to frequency and format, in response to feedback obtained from a recent quality survey held with staff.

● We found a range of other service improvements either made or in progress, which were informed in part following feedback from people, staff, relatives and external stakeholders. Examples, included providing additional refresher training for staff, with regard to communication, record keeping, positive behaviour support and safe moving and handling. Also, to increase opportunities for people to participate in activities they enjoy.

Working in partnership with others

● The provider strove to work in partnership with relevant authorities, educational providers and external health and social care partners. This included for information sharing purposes regarding people's care and treatment, which was mostly ensured in a timely manner when needed.

● Following a delay in providing information requested by a care partner, management remedial action was in progress, to rectify this and help prevent any reoccurrence.

● The Herbert Protocol was used, which staff understood to follow in any event. This is a national scheme, which includes the care provider, local authority police and other agencies. Useful information is compiled by the care service, which can be used to help locate a vulnerable person, if they go missing.