

## Barchester Healthcare Homes Limited

# Sherwood Court

### 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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Sherwood court is a residential nursing home providing nursing and personal care for up to 68 older people and or people living with a dementia. At the time of the inspection 57 people were living at the service. The service was purpose built over two floors; split into two units. People had access to communal areas and bathrooms on both floors, all bedrooms were of single occupancy. The service was situated in a residential area of Preston, close to local amenities and public transport links.

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

Medicines were managed safely; staff had received the appropriate medicines training and competency checks. People told us they felt safe living at the service and investigations into allegations of abuse had been completed. Records confirmed the service shared lessons learned with the staff team. Staff had been recruited safely. We received mixed feedback about the staffing numbers in the service. The registered manager discussed their plans to introduce overlap shifts in the service. Staff had received training to support them in their role.

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. Consent to care and treatment had been recorded in people's care files. People had access to relevant professionals to support their health needs where required.

People were supported with food and fluids. The registered manager took immediate action to amend a person's nutritional record where an administration error was noted. The service had been developed to meet the needs of people. A large refurbishment was planned for early 2020.

People received good care; we observed staff offering timely and appropriate support to people. People told us they were supported to be independent and choices were offered to them.

Care files had been developed and some people we spoke with confirmed they had been involved in their development. A range of activities were available to people in the service. People's individual and diverse needs were considered. Complaints were investigated and acted upon appropriately. Positive feedback about the service was seen.

We received positive feedback about the registered manager and the changes since she came to post. A range of audits were taking place and we saw senior management visited the service regularly. The service was open and transparent with the inspection and requests for information was provided promptly.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement (published 17 December 2018) where there was a breach of regulations in relation to recording of consent and the management of medicines. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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 re-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 responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Sherwood Court

## 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 team consisted of three inspectors, a specialist pharmacist adviser, specialist nurse adviser and one 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

Sherwood court 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

Prior to our inspection we looked at the information we held about the service. This included any investigations, complaints or notifications which the provider is required to send to us by law. Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

### During the inspection

To understand the experiences of people living at the service we spoke with five people who used the service and five relatives as well as one professional visiting during the inspection. We also requested feedback from four professionals. We spoke with 13 staff members. These included three care staff, four nurses, housekeeping, reception staff, the activities coordinator, the chef, the regional director and the registered manager who took overall responsibility for the service. We also undertook observations in a number of public areas in the service. We reviewed a number of records. These included three care files in full and sections of a further five care files, medication administration records, staff files and training records. We also reviewed records relating to the operation and oversight of the service.

### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure the proper and safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager had improved systems which ensured medicines were managed safely. People who used the service raised no concerns in relation to their medicines. Comments included, "I get them just after dinner and at tea time, the same time every day. I can't eat food so have to have liquid through a tube. Sometimes they are early but if they are late I buzz them" and "Yes I do [receive] my medicines on time; no problem."
- Staff had access to policies, procedures, guidance and training to support staff in administering medicines. Medicines competency checks were being undertaken on the staff responsible for their administration.
- Medicines were being stored safely in locked cabinets in people's bedroom and clinic rooms. Temperature recordings were completed where all medicines were stored and fridge temperature checks were completed daily. Regular audits were undertaken and stock checks records were completed which confirmed medicines management was monitored by the service.
- We observed medicines were administered in a patient centred manner and staff wore a 'do not disturb' tabard. Medicines administration records included relevant information which ensured they were administered safely. Detailed protocols supported the administration of medicines prescribed on a 'when required' (PRN) basis. We saw one person's record did not have an PRN protocol. The registered manager took immediate action to ensure this was in place to support this administration. Homely remedies (a selected list of medicines to treat minor ailments) had been approved by the GP for each person who used the service. There was a regular stock check of these medicines and administration was recorded.

### Assessing risk, safety monitoring and management

At our last inspection we recommended the provider sought nationally recognised guidance which ensured all risks to people were assessed in a timely manner. The provider had made improvements.

- The registered manager had ensured risks were assessed and managed safely. Records were seen which confirmed a range of servicing and checks were completed. This confirmed the service was monitored and safe for people to live in. A fire risk assessment had been completed as well as checks on emergency

equipment.

- Individual risk assessments were in place. These provided staff with information about people's individual risks and how to manage these safely. These included; bed rails nutrition and falls.

Systems and processes to safeguard people from the risk of abuse

- The service had developed safe systems to investigate and act on abuse allegations. Policies and guidance were available to support and guide staff on dealing with allegations of abuse. Records of investigations were completed which noted the actions taken; including referrals to professionals where required.
- People who used the service and relatives we spoke with told us they felt safe in the service. Comments included, "I feel very safe, and quite content" and "I do, yes [feel safe]." Relatives told, "Yes I do [think they are safe]; the staff are very caring and friendly, they are marvellous" and "Yes, I do, but once I found a man outside who had tailgated a visitor out of the home. I made sure he got back inside and told the manager who has now put up notices warning visitors."
- Staff we spoke with understood the procedure to take if they suspected abuse. They told us, "I would report them straight away to nurse in charge or the [registered] manager" and "People are safe, I would not have any hesitation to report any concerns to [registered manager] or higher if she did nothing."

Staffing and recruitment

- The registered manager ensured staffing numbers were monitored and reviewed which supported the needs of people living there. We received mixed feedback in relation to the staffing numbers in the service. Comments included, "I think they could do with two more [name of unit]. It is very hard work for them if someone does not turn up for work", "I don't think there is ever enough staff but I don't think they are short. They seem to have the correct ratio of staff to residents", "They are short of staff as people's needs are different and they should have more staff to cater for those needs" and "From what I have seen, yes, I don't think they could get any more crammed in here."
- Staff told us, "I love working here but the [shift] there are not enough staff. An extra pair of hands would be really useful" and "There are enough staff we don't need more staff."
- The registered manager told us and meeting minutes we looked at confirmed staffing in the service was discussed with the staff team. The service was in the process of introducing an overlap shift to cover busy periods in the service. The service completed a dependency assessment tool which confirmed the staffing required to meet the needs of people safely. Staff were visible throughout the inspection responding to people's needs.
- The provider had developed systems which ensured staff were recruited safely. The staff files we reviewed confirmed relevant checks had been completed. This confirmed the staff were suitable for their post. Checks included referencing from previous employers, proof of identity and interview questioning.

Preventing and controlling infection

- The registered manager ensured systems had been developed to prevent and control infection risks. The service was clean and tidy and a range of personal protective equipment was available in the service. Staff were observed making use of these during the inspection.
- A cleaning schedule was in place and records confirmed cleaning was completed in all areas of the service. Audits were noted which confirmed the service was clean and safe for people to live in and staff to work in.

Learning lessons when things go wrong

- Systems had been developed by the service which supported lessons learned. Where incidents had occurred; records included the findings and any actions taken as a result. Records confirmed the service



reflected on lessons learnt and the information was shared with the staff team.

## 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection the provider had failed to ensure records which confirmed formal consent had been obtained. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- The registered manager had developed effective systems which ensured formal consent was obtained. Care records confirmed consent to care and treatment had been obtained and as a result of the inspection the registered manager confirmed they were introducing formal consent to include the administration of medicines. People told us they had been involved in decisions about their care. We observed staff knocking on doors wanting to be invited in.

At our last inspection we recommended the provider sought nationally recognised guidance to ensure mental capacity assessments were in place and reflect people's current needs. The provider had made improvements.

- The registered manager ensured mental capacity assessments had been completed where appropriate and best interests meetings had been held. DoLS applications had been submitted to the assessing

authority and there was evidence these were being followed up by the service. Where DoLS applications had been approved the service had notified the Care Quality Commission of these.

Staff support: induction, training, skills and experience

- The registered manager had developed effective systems which ensured staff were appropriately trained to meet people's needs. People who used the service and relatives told us, "We have well trained nurses and carers. Three carers have been trained to change my [piece of equipment]", "If they don't feel comfortable doing something they will say so and get someone who did" and "Yes, they do have quite a lot of training."
- Staff confirmed they received training relevant to their role. Comments included, "Definitely, I have done lifting and handling and last year I went on a DoLS course and I have also done a lot of online courses", "The training and induction were really good" and "We get enough [training] I will try and swap a shift to do training in the day." Training records confirmed staff had received the relevant training to support them in their role. However, one person told us more training to manage challenging behaviours effectively would be beneficial. The registered manager confirmed ongoing training had been completed for staff for nasogastric tubes and confirmed the dates planned for the remainder of the staff team.
- Staff told us and records confirmed regular supervisions were undertaken. This would ensure they were supported and identified goals going forward.

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

- The registered manager ensured people's needs were assessed prior to moving into the service. Preadmission assessments had been completed. We noted some of these required more detailed information about the person. We discussed these with the registered manager who provided a copy of the new documentation planned to use in the service to assess people prior to admission to ensure they could meet their needs.
- People who used the service and relatives confirmed they had been involved in decisions relating to their care. A relative said, "Recently the manager has been through it with me and made some changes. As far as I know it is working."

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

- The service ensured people received appropriate diet and fluids. Care files contained information which confirmed their needs. Up to date guidance was available to support staff where people required specialised support. We discussed the nutritional needs with the registered manager for one person where they required their nutrition through a nasogastric tube. We noted that the record did not reflect their needs. The registered manager took immediate action and confirmed this was an administration error and that the person was receiving their nutritional support as required.
- We observed meal times in both dining areas. People were supported appropriately with their meals and choices were offered to them; staff took their time with the meal service. Tables were nicely set; cutlery and condiments were available. People told us they were happy with the food provided. Comments included, "The meals are alright and I get what I like, more or less", "The meals are fine. If I don't like anything they will make me something else" and "The food is excellent and always adequate amounts; they can have seconds if they want." However, one person said, "The meals are good but at meal times it can be like a mad house."
- The kitchen was clean and tidy and plenty of supplies of food was available for the meal preparation. Cleaning checks were being completed.

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

- The provider had good systems in place which demonstrated relevant professionals were involved in the health care and support for people who used the service. Records confirmed a range of professionals visited

the service and we saw professionals visiting on the day of the inspection.

- The registered manager discussed good links which had been established between the service and the GP. People and relatives told us the service ensured they were reviewed by relevant professionals where required. They said, "They always come in and check that you are alright, I am well cared for in here" and "They have. I had a [medical event] and the staff noticed so the carer got the nurse and she called the doctor who sent me to hospital." However, others told us, "I come quite often so I am kept informed but once they rang me at 4:00am to say the paramedics were coming" and "If I ring before 11:00am they cannot tell me because they are in a meeting. It once took until 3:00pm to get through to be told [name of person] was in hospital."
- The registered manager told us they were commencing a specialist dementia programme with a specialist team. This would support and improve outcomes for people living with a dementia.

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

- The service had been developed to meet the needs of people's living at the service. Corridors were wide and accessible. Communal areas were available in all units in the service and outside space was accessible and safe for people living there. Bedrooms were of single occupancy and had been decorated with people's possessions. People told us, "I am comfortable in my room" and "My room is very nice, I can't fault it." The registered manager discussed a substantial refurbishment planned for early 2020.
- The service was located in a communal area close to Preston city centre. Public transport links were close by as well as a range of shops and the local hospital.

# 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

- The service had developed systems which ensured people received good care and their diverse needs were met. They told us, "They are absolutely on top of the world! They are very kind and caring and thoughtful, you don't want for anything", "Yes they are [caring]" and "Some are very good and some can be awkward but I tell them straight."
- Relatives told us, "Yes, you can hear the way they talk [to the residents]", "They are very good" and "The staff are really nice and always have a chat when I come in."
- We observed staff delivering care appropriate to people's needs in a timely manner; staff we spoke with told us people received good care. They said, "People get good care" and "Oh yes, they are family now."

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

- The provider had systems in place which ensured people were encouraged to express their views and were involved in decisions about their care. One person told us, "I chose when I want to go to bed and get up. I tell them I am going to bed and I do." Staff told us people were offered choices and able to express their views. They said, "Oh yes, definitely" and "Certain ones will and some will just walk away so we try to do something different."
- Care files included information about how to support people's needs and the registered manager discussed how they encourage people and families to complete 'all about me records'. This would support information relating to people's likes and choices. Information relating to advocacy service was on display to guide and support people in making important decisions.

Respecting and promoting people's privacy, dignity and independence

- The registered manager had developed systems which ensured people's privacy, dignity and independence was promoted. People who used the service and relatives told us staff treated them with dignity and respect and their independence was promoted. Comments included, "They are all very thoughtful", "They do [respect my privacy] I am quite happy here" and "They try to keep me going, I don't want to stay in bed all day, but it is getting hard."
- Staff told us they respected people's privacy and dignity. One said, "Yes, the whole time." We observed staff speaking to people respectfully and knocking on bedroom doors before entering.
- Confidential information was stored securely which confirmed the service understood its responsibilities in relation to the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets requirements for the collection and processing of personal information of individuals.

## 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 remained the same. 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

At our last inspection we recommended the provider sought nationally recognised guidance to ensure all people living in the service had up to date relevant care plans. The provider had made improvements.

- The service had developed systems which ensured their needs were supported. Care files were in place which included information about how to support their individual needs. These included; oral hygiene, personal care, falls, mobility, moving and handling, mental health, cultural and spiritual needs. Daily records had been completed. These included, daily checks, fluid records, wellbeing observations and personal care delivery.
- People confirmed care plans were in place and were discussed with them. They told us, "Yes, I am aware of it", "Yes, and it has been reviewed recently – I am happy with it" and "Yes I have and it is reviewed every twelve months." However, one relative told us, "No, I am not aware of [persons] care plan."

End of life care and support

- The service had ensured systems were in place to support people at the end of their life. Records included end of life care plans where required. Do not attempt cardio pulmonary resuscitation records had been completed and signed by the relevant people.

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.

- The Service ensured systems were in place to support people's individual communication needs. Pictorial aids were on display to guide people around the service such as accessing bathrooms and public areas. Care files contained information about how to support their communication needs.
- Technology was being used to good effect in the service. WIFI was available and this was being extended to all areas of the service as part of the planned refurbishment. Computer systems were in use to develop programmes and monitor the service as well as enabling access to guidance, policies and procedures for staff to access.

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

- The registered manager had developed systems to support people to access activities and maintain relationships with family, friends and the wider community. People and relatives told us they were welcome in the service. Comments included, "All my family visit regularly and if they take me out I can come in when I like", "There are no restrictions, I can come here when I want" and "There are no restrictions at all. I have been in at 9:00pm and at lunch times."
- People said that activities were available for them to access and notice boards with an activities programme were on display in the service along with photographs of activities taking place. These included; movie night, social event at a local church and watching remembrance events.
- People told us, "Sometimes they have concerts downstairs but I would rather be up here", "Yes, I am aware [of the activities] and I do join in with some of the things they do. They are all friendly" and "If I know how to do things I will join in. They usually ask if I want to join in so it is up to me, but I usually do."
- The feedback from relatives about the activities was mixed. They said, "There is a board in reception. They have something on every day" and "They go to church for coffee mornings and there are always entertainers." However, one relative said, "They don't do enough entertaining, activities are a quick in and out." There was an activity staff member on duty during the inspection. We saw them engaging people in activities in the service as well as supporting people to go out into the community to local event.

Improving care quality in response to complaints or concerns

- The service had developed systems to act on and investigate and complaints or concerns. Up to date policies and guidance was available to support staff in dealing with any complaints or concerns.
- People and relatives we spoke with knew how to raise a concern. They told us, "I have never complained, I am content" and "I have never had to complain." One relative told us of the actions the service had taken as a result of a complaint. Records were seen which demonstrated the actions taken as well as the next steps by the service. We discussed one ongoing complaint with the registered manager who confirmed the actions they had taken as a result. Staff were able to demonstrate how they would deal with any concerns or complaints. One said, "I would go to the [staff member] and then the manager".
- A range of positive feedback was noted. Comments included, "I would just like to thank [staff member] and all of the other people involved in chat; lovely meal last night", "Just a thank you note for everything you did for my [name of person]. You are the best manager Sherwood [court] has had. You're so friendly and kind the place seems much happier and much better run since you arrived" and "We would just like to thank you for your kindness support and professionalism."

# 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 requires improvement. At this inspection this key question has now improved to 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

- The registered manager promoted a positive culture in the service which was person-centred and supported good outcomes for people. All staff were very supportive of the inspection process and the registered manager clearly understood the needs of people who used the service as well as its operation and oversight. Requests for information was acted upon appropriately and information following the inspection was provided in a timely manner.
- A range of certificates were on display in the entrance to the service. These included; certificates of registration for the service and registered manager, food hygiene ratings and employer's liability insurance. The ratings from the previous inspection were on display in the service and on the website.

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 registered manager demonstrated their understanding of duty of candour. Records confirmed the service was open and honest when things went wrong. Information was seen which confirmed the outcomes of investigations and any feedback to relevant people. This included a completed report which detailed the actions taken and any lessons learned as a result.

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

- The registered manager had developed good systems to ensure the service was monitored and safe for people to live in and staff to work in. A range of audits had been completed which included the areas covered, any findings from these and the actions required as a result. Records were seen which confirmed senior management undertook regular reviews at the service and monitored the quality and performance. These included feedback from people who used the service and family members as well as random audits on a selection of areas such as care files, pharmacy reviews and health and safety.
- We received positive feedback from people, visitors and staff about the registered manager. Comments included, "I am well supported by the manager", "The registered manager is really good and works hard", "As far as I know I think she is doing a good job. She is more hands on" and "The manager is putting things right." However, one person told us they did not always feel valued by the management.

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



- The registered manager ensured systems were in place to engage and involve people in the service. Staff told us and records we looked at confirmed team meetings were taking place and a range of topics were discussed. These included, uniforms, infection prevention, documentation, shifts, Christmas rota, CQC and resident lunches. Daily meetings with the senior members of each department were held. This provided an opportunity to discuss the day and any actions required; for example, meals, any illness, staffing issues and appointments. We observed one of these meetings taking place during the inspection.
- Feedback was obtained about the service and collated by the provider. New surveys were in the process of being submitted to people and relatives. This would enable their views to be heard and acted upon. A notice board in the entrance hall demonstrated the actions taken by the service as a result of feedback in a 'you said we did' format. This was in relation to providing more entertainment in the service.

#### Continuous learning and improving care

- The registered manager ensured systems had been developed to support continuous learning and improving care. A range of information and guidance was on display in the public areas of the service. Policies and procedures were in place to support the delivery of care to people and staff received training which was relevant to their role.

#### Working in partnership with others

- The service had developed good links with others and was working in partnership. We observed professionals visiting during the inspection. Records we looked at confirmed a range of professionals were involved in the care and support of people who used the service. Referrals to relevant professionals were made. Most relatives told us they would be informed if their relative was unwell. However, one relative told us, "We have asked for a [professional review] but as yet nothing has happened." A weekly visit was undertaken by the GP team in the local area where people's needs were reviewed.