May Residential Homes Limited

Emerson Court

Inspection report

129 Wingletye Lane
Hornchurch
Essex
RM11 3AR

Tel: 01708442351
Website: www.emersoncourt.co.uk

Date of inspection visit:
23 November 2021

Date of publication:
07 January 2022

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
Emerson Court is a residential care home which was providing personal care to 17 people at the time of our inspection. All people living at the service were older people, most of whom had dementia. The service can support up to 21 people in one adapted building over two floors. At the time of our inspection one bedroom had been converted to a visiting room so relatives can visit people during the COVID-19 pandemic.

People's experience of using this service and what we found
We undertook this inspection at the same time as CQC inspected a range of urgent and emergency care services in North East London. To understand the experience of social care providers and people who use social care services, we asked a range of questions in relation to accessing urgent and emergency care. The responses we received have been used to inform and support system wide feedback.

People were kept safe. There were systems in place to help protect people from abuse. People's risks were assessed and monitored. There were enough staff working at the service and recruitment processes were robust. Medicines were managed in a safe way. Infection control practice followed national guidance and sought to keep people safe from infection. Lessons were learned when things went wrong as incidents were recorded and actions completed to keep people safe.

The service worked effectively. People's needs were assessed in line with the law, prior to their admission. Staff received induction and training, so they knew how to work effectively with people. Staff were supported in their role through supervision and appraisal. People were supported to eat, drink and maintain healthy diets. Staff communicated effectively with other agencies to ensure people received good care. The provider had adapted the building to ensure it met people's 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. People's choices were respected, and decisions made in their best interests.

The service was caring. People and relatives thought staff were caring. People were supported to express their views. People's privacy and dignity were respected, and their independence promoted.

The service was responsive. Care plans were person-centred, and staff knew people's preferences. People's communication needs were met. People were able to take part in activities they could enjoy. People and relatives could complain and when they did, complaints were responded to appropriately. The service recorded people's end of life wishes and worked with other agencies to ensure people were treated with respect and dignity when they approached the end of their lives.

The service was well led. A positive person-centred culture was promoted. People, relatives and staff thought highly of the provider and the management team. The registered manager understood duty of candour and acted appropriately in this regard. Staff understood their roles and the registered manager

fulfilled the service's regulatory requirements. People, relatives and staff were able to be engaged and involved with decisions that affected the outcomes of the service. There were quality assurance systems so the provider could monitor and improve the care people received. The service worked with other agencies to the benefit of people using 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
The last rating for the service under the previous provider (Peter Warmerdam) was good, published on 19 September 2017. This service was registered with us under the current provider on 5 December 2019 and this was the first inspection.

Why we inspected
This was a planned inspection based on when the service registered with us.
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 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?

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.

Emerson 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.

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 carried out by one inspector.

Service and service type
Emerson 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
We reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications of significant incidents the provider had sent us. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and

professionals who work with the service. We used all of this information to plan our inspection.

During the inspection
We spoke with two people who used the service about their experience of the care provided. We spoke with 11 members of staff including five care staff, one domestic staff, one activities coordinator, the deputy manager, the registered manager and two directors for the provider. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medicines records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke over the telephone with six relatives about their experience of the care provided. 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 for 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

- There were systems and processes in place to safeguard people from risk of abuse. People and relatives told us they felt people were safe. One person said, "I feel safe."
- Staff had been trained on safeguarding and told us what types of abuse there were and what they would do should they suspect it. One staff member told us, "[There is] physical, mental, psychological, financial and racial abuse. [I would] report to manager straight away." Staff had received training in safeguarding and followed the provider's safeguarding policy.
- The service recorded safeguarding concerns appropriately and informed the local authority, families and the Care Quality Commission when these types of incidents occurred.

Assessing risk, safety monitoring and management

- People's risks were assessed and monitored. One staff member told us how they limited risks to people, "Observing what the resident can and can't do. The care plan and risk assessment safeguard how we care for the residents. There is a risk assessment in place for the resident when we hoist them."
- Peoples' care plans highlighted risks to them. Care plans focused on people's needs and preferences and raised potential areas of concerns appropriate to each individual. Where care plans informed readers about risks, there were actions to help mitigate risk. Risks assessments had been completed on areas such as mobility, confusion, incontinence and pressure areas.
- There were various actions in place to assist mitigate risk. For example, one person's care plan stated they were at increased risk of falls. The care plan stated there was a buzzer mat in place to alert staff if the person was mobile and staff were instructed to check on the person regularly; records showed these checks were completed.
- There were Personal Emergency Evacuation Plans (PEEPS) in place for all residents. These provided information about individual risks to people and how they needed to be supported in an emergency. This showed the service planned to keep people safe in the event of an emergency.
- Regular checks were made on equipment, which people used. These checks were also made to the premises to ensure these were safe for use. This included maintenance checks on gas, fire systems and water. This meant the provider had systems in place to keep people safe.

Staffing and recruitment

- People and relatives told us they were enough staff to meet people's needs. At our last inspection on September 2017, people and relatives had mixed views about staffing. At this inspection, people and relatives told us they were enough staff. One relative said, "There always seems to be enough when I go and see [family member] and they are attentive to people when they need it."

● Staff rotas showed there were sufficient staff on shift at all times and there were systems in place, such as using existing or agency staff to cover shifts, to ensure people needs were met by staff in a timely manner.
● Recruitment processes were robust. The provider made checks on staff to ensure they were safe to work with people. This included criminal record checks, employment history and identification.

Managing medicines safely
● Medicines were managed safely. People and relatives told us they were content with the support people received with their medicines. One person said, "They don't make mistakes with medicines here."
● Medicine administration was completed appropriately. We observed a member of staff administrating medicines and saw they did this in an unhurried manner ensuring people were comfortable and able to have a drink where required.
● Staff received training in medicine administration and completed regular competency assessments in this area.
● Medicine Administration Record (MAR) charts were maintained and completed appropriately. These charts were audited to ensure errors were picked up and people had taken their medicines as they were supposed to.
● We counted three people's medicines and found them all to be in order. We also noted controlled drugs, which have strict legal control as they can cause serious problems if not used correctly, were stored correctly with adequate systems in place to ensure they were kept safely and administered properly.

Infection Control
● 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.
● We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong
● Incidents and accidents were recorded so lessons could be learnt, and improvements made when things went wrong. One relative told us what happened when there was an incident, "Yes, [it happened] only once a couple of months ago [family member] lost their balance on the mat and that was the only time but they are very good at letting me know."
● Incidents and accidents were recorded and these were reviewed by a member of the management team. Immediate actions were taken to keep people safe following incidents and the management team followed this up with further actions to limit recurrence of incidents as much as possible. Learning was shared with staff and families as appropriate.

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 consistently good, and people's feedback confirmed this.

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

● People's needs were assessed before they moved into the home. This meant the provider could find out people's needs and ensure they could meet them effectively. Assessments contained information about peoples' needs and preferences, recording what their requirements were and what was important to them. These assessments then became the foundation of people's personalised care plans.

● Assessments recorded people's protected characteristics, such as race, religion and sexuality. This meant they were in line with the law and sought to ensure people had equal rights.

Staff support: induction, training, skills and experience

● People and relatives told us staff had the right knowledge and experience to do their jobs. One relative told us, "They are trained very well but also how they work with us as a family."

● Staff received an induction when they started working for the provider. This included shadowing experienced staff, training, reading policies and procedures and getting to know the people at the service.

● Staff were trained on how to do their job. Training was provided online or in person. Staff training was tracked by the provider to ensure all staff had completed the training they were supposed to. Training topics included safeguarding, moving and handling and nutrition and hydration. One staff member told us, "Training every six months on fire safety, safeguarding, dementia, DOLS, diabetes and first aid, meds (medicines) too."

● Staff received supervision and appraisal. One staff member said, "[We have] one to one supervision every 3-6months. If there is something to do [learn] we can go to management anytime though and discuss whatever you want." Supervision and appraisal records showed staff were able to seek knowledge and be involved with working practice at the service.

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

● People were supported to eat and drink enough to maintain a balanced diet. A person told us, "The food is lovely, if you want a little more you only have to ask."

● People were supported to eat and drink. We observed people having their lunch and saw they were appropriately supported to eat and drink by staff who worked with them in an unhurried and polite manner. People were provided choices at mealtimes and also offered food and drinks throughout the daytime.

● The service worked with people who had special dietary needs. Staff at the home provided a specialised diet to those who required it. This included for both health and cultural reasons. Where necessary what people ate and drank was recorded so information about their nutrition and hydration could be shared with health professionals who could then make informed decisions about what people should eat and drink. One staff member said, "We have [one person] who is on thickener. The SALT team is involved, and they provide

instruction. They sent [the] thickener [and] they had to observe us giving the thickener." This meant people were supported by staff who assisted them maintain a healthy diet.

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

● People were supported to access to health care and live healthier lives. Relatives told us health concerns, and, in some cases, they felt their family member's health had improved since moving into the home. One relative said, "She put on weight when she went in, which was a good thing." The same relative told us, "There have been incidents, one earlier this year when they were worried about her eyes and they called an ambulance immediately, so they are on the ball with things like that."

● People's health care needs were recorded in their care plans. Staff monitored different aspects of people's health to help keep them safe and support health care professionals with their care of people. Nutrition and hydration, bowel movements and people's weight were some of the areas where staff monitored people's health. There were also hospital passports in people's care plans to support with emergency care should it be required.

● Correspondence with, and advice from, health care professionals was recorded in people's care plans. We noted numerous health professionals involved in people's care. These included, but were not limited to; GP, palliative care team and Speech and Language Therapists. This meant people were supported with their health care needs.

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

● The service worked with other agencies to ensure people received effective care. People's care was recorded on a digital system which ensured all staff had ready access on up to date care provided to people. This information was shared as appropriate, with health and social care professionals who also supported people. Where these health and social care professionals, such as GPs and social workers, had provided information and instruction about people's care, staff had recorded this in their care plans.

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

● The service was well maintained and suitable to meet people's needs. The premises were decorated to a good standard and people had a choice on how they could decorate their rooms. One relative told us, "This home is clean and tidy with no smell with a well-maintained garden and everything is well decorated."

● Most areas of the service were accessible to people including a garden and pagoda area.

● The provider had adapted a conservatory to support people and relatives maintain face to face contact during the COVID-19 pandemic and had installed microphone and speakers to assist with communication there. They had also converted one bedroom into a visiting room to facilitate visits safely.

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.

● People's consent to make decisions were recorded in capacity assessment in their care plans. Relatives told us they were involved with supporting people make choices with their care. One relative said, "I am involved as [family member] can't express those decisions. communications are difficult. Yes, they do [involve me in decisions}."

● Where people were unable to make decisions, decisions were made in people's best interests. Where this happened, families, health care professionals and or advocates were involved as per best practice. One relative said, "[Local authority] contribute towards [person's] care cost and a social worker from there has been to the home and undertaken an assessment of DOLS and they are working on it. I've communicated with them by phone and email." DoLS authorisation applications were made where it had been identified people needed to be deprived of their liberty so as to keep them safe.

● Staff understood their responsibilities to people and giving them choices, whether or not they were deemed to have capacity. One staff member said, "We involve people in decisions about their care from start of day to end of day, what they want to eat, where they want to sit, what they wear. We involve 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 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 were well treated and supported by staff. Observations, feedback gathered at survey and what people and relatives told us confirmed this. One person said, "They are very caring." One relative said, "They are angels."
- Observations of staff showed they were attentive when people sought their time and they appeared not rushed when supporting with people. People also smiled when staff made themselves known to people and looked comfortable when touched and reassured by staff. Feedback in surveys about staff included compliments such as, "Very experienced professional and caring staff."
- Staff respected people's equality and diversity. One staff member said, "We have done equality and diversity [training]. It's complicated sometimes! Everyone is so different." Another staff member said, "You have to respect their religious beliefs, their food." Staff had received training in equality and diversity and documentation at the service sought to ensure people's human rights were maintained.

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

- People were supported to express their views. Care plans contained documentation, which indicated people, relatives or advocates had been involved with decision making. Care plans were reviewed regularly, and relatives and health and social care professionals were invited to be involved in this process. A relative told us, "Once a year or so we go over [family member's] care plan and that's updated, and I get emails if there are updates so we as a family know. The communication is really good"
- Meetings were held with people and relatives, so they had the opportunity to be involved with decisions. During the pandemic these had occasionally occurred over the phone. Records also showed people and relatives' views were gathered via surveys.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us privacy and dignity was respected. One person said, "They respect our privacy it is a nice home." We observed staff knocked on people's doors before entering and closed doors when attending to people in their rooms.
- People's confidential information was kept securely. It is was either stored in lockable cabinets in locked offices or on password protected electronic devices.
- People were encouraged to be independent. Staff prompted people, where appropriate, to do things for themselves. One staff member told us, "We encourage them as much as we can with their daily needs."

Good

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

- People received personalised care. Individual's needs and preferences were recorded in care plans, which meant they were person centred. Care plans were reviewed regularly and also reviewed when people's needs changed.
- Staff knew people well, including their needs and preferences. When we spoke with staff, they were able to tell us about individuals, how they knew them and what they liked and disliked. One staff member told us, their understanding of person-centred care, "Treating everyone as an individual, their preferences and their needs."
- Staff could read information about people in their care plans and were updated when changes were made through systems such as handovers. Up to date records were maintained as the service used electronic care notes, which staff accessed through handheld devices.

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

- People's communications needs were met. Care plans contained information about people's communication needs so staff understood people's differing needs. One staff member said, "We will talk eye to eye, we can show residents pictures. We can tell by visual expressions if they can't verbally communicate"
- There were pictorial menus to assist people make choices with food and activities. There were also pain charts so non-verbal people could be assisted to describe whether they were in pain or not. The service also had white boards for people to write down information when they could not speak. There were also flash cards with pictures to assist people communicate. The provider told us they could provide documents in easy-read format when needed.
- Relative's told us they felt people's communication needs were met by the service. One relative told us, "My [family member] is not verbal but because they [staff] know [them], if things aren't right, they know as they understand [person]. They have advanced dementia. They [staff] seem to understand and [person] is happy." Relatives input was sought during care planning and review, and relatives could provide information about people's communication needs to assist staff meet those needs.

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 were able to participate in activities. One person told us, "If I don't feel like joining in, I can sit and watch there is plenty to do if you want to." A relative told us. "I think [person] gets offered the opportunity to do activities. They prefer one to ones and likes individual attention and gets it. I know they have done things like bingo and crafts; they have the music on too sometimes and [family member] likes it."
● We observed people taking part in activities, bingo and other games, and saw people were able to make choices with music and their participation with activities. We also saw staff working one to one with people. We were shown photographs of recent events where people had participated in activities such as making pizzas and having tea and scones.
● Care plans recorded people's activity preferences and participation. The service employed two activities coordinators to support people with activities. The activities coordinators had links and subscriptions with associations that provided activity resources and ideas. One of the activity coordinators told us, "I am part of the golden carers and there is a weekly webinar for different activity coordinators all around the country. We sit and listen and give input and get ideas about activity coordination." This meant the provider had invested in ensuring people had things to do.

Improving care quality in response to complaints or concerns
● People and relatives were able to make complaints, and these were responded to appropriately. One relative said, "I would be happy to complain but never had a need too."
● Complaints were recorded, and actions completed in response to the complaints. This was in line with the provider's policy. Apologies were made to people and relatives, where appropriate, and improvements to service made where possible.

End of life care and support
● People were supported at end of life. Staff had received training in palliative care and working with people who were at the end of their lives. The service worked alongside health care professionals to ensure people and their relatives were supported appropriately when people were about to die. One staff member said, "It's their preference and showing them dignity [is good end of life care]. We work with other teams, for the medicines, the beds and pressure areas and also religions and faiths, what they can do etc. We cooperate with families."
● People's wishes for their end of life were recorded in end of life, or advanced, care plans. People's wishes with regard to resuscitation had also been recorded. Where this happened people, health care professionals and relatives had been involved in the process.

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 high-quality, person-centred care.

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

- The provider promoted a positive and open culture. Staff spoke positively about the provider and management team. One staff member said, "Very supportive, the management. Their door is always open, they can help. It is home from home here for us and the residents. We are like a family." A relative told us, "They are very friendly and approachable and nothing they wouldn't do to help. They are honest, which is what I want. They tell you what is going on. I trust them. They have not let me down." A person who used the service said of the senior staff, "[They are] ideal."
- Staff at the service understood what person-centred care was and sought the best outcomes for people. Care plans were person-centred, and staff worked to meet individual needs, in line with people's preferences and the provider's policies.

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 understood duty of candour and was open and honest when things went wrong. Relatives highlighted the provider's transparency and communications with people and their relatives confirmed this. Apologies were made when the provider had been found to be at fault and there was recognition the service always wanted to do better.

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

- Staff were clear about their roles. The registered manager understood risks to people and the regulatory requirements for the service. There was a management structure in place, which people and relatives were aware of and we were told of the director's input at service in positive terms.
- Staff knew they were required to report concerns and knew to report these concerns to the registered manager or directors. Staff had job descriptions for their job roles so knew what they were supposed to do.
- The registered manager understood their legal requirements. They notified CQC when required and informed local authorities of any adverse events if and when they occurred.

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

- People, staff and relatives were able to engage with the running of the service. We saw minutes of meetings and survey responses and analysis.

● People were able to discuss things they wanted to at residents' meetings. We saw people were happy with the food and staff and the service sought their feedback about these things. One person told us, "They always ask me if I am happy."
● People's equality and diversity was considered when gathering feedback. People's specific communication and cultural needs were considered when seeking feedback. Feedback was gathered in means that suited people. For example, in writing when people couldn't verbally communicate.
● Staff were able to engage with the provider through regular meetings and surveys. Minutes of meetings showed staff involvement and engagement with the service. Staff supervisions also provided this opportunity. Meeting discussions covered people's personal care, COVID-19 testing and incident reporting. One staff member told us, "We have meetings once a month and COVID is discussed, what can we do better and how staff feel or what can anyone do or if you need to speak to a counsellor."

Continuous learning and improving care
● The service sought to continuously learn and improve care. There were quality assurance systems in place to monitor both the care and safety of people in the home. These systems could identify shortfalls so the provider could make improvements where possible.
● These systems included audits completed by both the provider and external agencies. For example, we saw monitoring completed by the local authority and audits completed by an external consultant. The external consultant completed mock inspections to ensure the service was seeking to provide quality care and working in line with health and social care regulations. Where recommendations had been made, actions had been undertaken to improve how the service worked.
● Other regular audits we saw included internal medicines audits, spot checks, managerial walk arounds and providers monthly audits. These provider audits covered health and safety, care planning and staff supervision. This meant the provider sought to continuously learn and improve.

Working in partnership with others
● The service worked in partnership with others. Staff worked alongside numerous agencies to benefit the people who lived at the service. These included health care professionals, social workers and other local community organisations.