Avery Homes (Nelson) Limited

St. Giles Care Home

Inspection report

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14 February 2018
15 February 2018

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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?	Requires Improvement

Summary of findings

Overall summary

The inspection was unannounced and took place on 14 February 2018. We agreed with the registered manager to return on 15 February 2018 to complete the inspection. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these concerns and we also discussed the information with partner agencies.

The home is registered to provide accommodation and personal care, for a maximum of 66 people and there were 58 people living at the home on the days of the inspection. Some people lived at the home on a permanent basis whilst others were admitted to the home from hospital on a temporary basis, for a package of care and physiotherapy before returning to their home in the community.

A registered manager was in place. A manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected St Giles on 13 July 2017, when we rated it as 'requires improvement.' We found some people who felt that the service could be improved because staff did not have time to spend quality time with them and some relatives felt that the service was not always responsive to people's needs in terms of a timely response. We also found that improvements could be made to the management of medicines and some aspects of the monitoring of the service such as audits of pressure relieving equipment.

At this inspection we found improvements had been made. People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met.

People felt safe living at the home. Staff were available to people and demonstrated good knowledge about people living at the home. Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they provided and when to involve others to help people make important decisions. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a good choice of meals and were supported to access professional healthcare outside of the home, for example, they had regular visits with their GP and any changes to their care needs were recognised and supported by staff.

People said staff were caring and treated them with respect. We saw people were relaxed around the staff supporting them and saw some positive communication with staff. Staff showed us that they knew the interests, likes and dislikes of people and people were supported to enjoy various activities. We saw that staff ensured that they were respectful of people's choices and decisions.

People were involved in planning their care. Relatives also said they were involved in reviews of people's care and said staff listened to them. People knew how to raise concerns and felt confident they could raise any issues should the need arise and that action would be taken as a result.

The provider had systems in place to check and improve the quality of the service provided. However, we found that further improvements were needed to ensure care plans reflected the care provided and to ensure medicine audits were robust enough to identify areas for improvement and taken action in a prompt way.

People, relatives and staff were positive about the overall service. The registered manager demonstrated clear leadership and staff were supported to carry out their roles and responsibilities effectively, so that people received care and support in-line with their needs and wishes.

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.

People told us they felt safe living at the home and they were supported by staff who knew how to keep people safe from harm.

People said staff were available to keep them safe.

People were supported by staff to take their medicines as required to support their health needs.

Is the service effective?

Good

The service was effective.

People were supported by staff who received training and on-going support to enable them to provide good quality support.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People had a choice of meals and drinks and were supported to access external health professionals to support their wellbeing.

Is the service caring?

Good

The service was caring.

People's needs were met by staff who were caring in their roles and respected people's dignity and privacy.

People were involved in planning their care and said staff respected their choices.

Relatives were free to visit whenever people wanted them to and felt listened to.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

People chose how they spent their day and were supported to enjoy a range of activities.

People and relatives felt supported by staff to raise any comments or concerns about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

The provider had systems in place to check and improve the quality of the service provided. These systems had not consistently identified that action was required to ensure peoples care plans reflected their current care needs and further improvements could be made to the management of medicines.

Staff felt supported by the management team; were clear on their roles and responsibilities and said the registered manager had a clear vision on improvements for the home.

St. Giles Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 14 February 2018 and was unannounced. The inspection team consisted of one inspector, an inspection manager, a specialist advisor and two experts by experience. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had nursing expertise. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. We agreed to return and complete the inspection on 15 February 2018, when the inspection team consisted of two inspectors.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke with the clinical commission group (CCG) and the local authority about information they held about the provider. Prior to the inspection we had received concerns about care at the home from a coronial investigation and the inspection followed up on these concerns and we also discussed the information with partner agencies. This helped us to plan the inspection.

During our inspection we spoke to 19 people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six relatives and two friends of people living at the home during the inspection.

We spoke to the registered manager, four nurses, six care assistants, two housekeeping staff, the chef and a receptionist. We also spoke to two healthcare professionals who were visiting the home during the

inspection and a teaching assistant from a local school who were part of a project bringing people living in the home and school children together. We looked at records relating to the management of the service such as, care plans for ten people, incident and accident records, medicine management records, two staff recruitment files and quality audit records.

Good

Is the service safe?

Our findings

At the last inspection on 13 July 2017, we rated this key question as 'Good.' At this inspection the rating remains unchanged.

People we spoke with told us they enjoyed living at the home and they felt safe. One person said, "Staff look after people; [I feel] safe." Another person told us, "I am safe. They [staff] go the extra mile." Relatives we spoke with also felt people were safe living at the home. One relative commented, "They feel safe and are safe; no doubt about that."

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. One member of staff told us, "I know where to go, I would definitely be listened to." Another member of staff confirmed, "I can raise concerns, the managers would want to know."

People told us staff knew how to keep them safe. For example, one person told us, "I'm not very good on my feet, so there are always two staff present when I use the walker and for washing and dressing." Another person told us how staff supported them to mobilise and said they felt their risks were well managed. Staff we spoke with knew the type and level of assistance each person required. For example, the number of staff required to support people on different activities to keep people safe.

People told us staff were available to keep them safe. One person said, "Staff are great; [they are] there when I need them." A second person said, "When you ring [call bell] staff check I'm OK." Relatives told us that staff responded to and supported people when needed. One relative said, "They [staff] respond, they are there when it matters."

We observed support provided to people in the one of the communal lounge areas. We saw people were helped by staff and we saw one person experiencing anxiety and distress. We saw staff respond and offer reassurance, which was effective in supporting the person and we saw them becoming settled in response.

Six staff members we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels were, "The right level to respond to people." Another member of staff told us the management team were responsive and would call staff to arrange cover on the occasions when staff were off work unexpectedly, for example if they were ill. Staff told us there had been a recruitment drive to employ new staff and on the day of our inspection we saw several new staff shadowing experienced staff as part of the induction. The regional manager commented, "Staffing is settled now, we have a settled staff team which brings improvements in continuity. "

The registered manager told us that staffing levels were set by the provider at the beginning of the year but could be changed if required. For example, they told us they had recently changed the shift patterns in one unit to provide more staff cover over the early evening period. They were currently reviewing the

effectiveness of this change.

The provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included obtaining Disclosure and Barring Service Checks (DBS) before staff worked with people. Completing these checks reduces the risk of unsuitable staff being recruited. Two members of staff also confirmed the checks made and told us they hadn't been able to start work until references and the DBS had been received by the provider. One member of staff said, "References and DBS check need to be in place; without them you can't start."

People we spoke to told us they got their medicines when they needed them. One person told us, "I get all my medicines okay, no complaints." Two people told us they got pain relief medicines when they requested them. We spent time with a member of the nursing staff during a medicine round and looked the medicines records for 14 people. We observed the nurse wore a tabard advising they were administering medicines so that other staff did not interrupt them. We saw people were offered their medicines with the nurse offering support and guidance. We also spoke to a healthcare professional visiting the home on the day of our inspection. They advised they checked medication for those people living at the home on a temporary basis and they had no concerns with the medicine management at the home.

People were protected from harm by the prevention and control of infection. We saw that a housekeeping audit was completed monthly and daily spots checks completed to ensure the required standard was maintained. One member of the housekeeping staff told us, "I have done infection control training, I complete an environmental audit each day and report to registered manager." The registered manager also told us, "I do a walk around [of the home], so I can see if things are OK." Staff told us and we saw they were supplied with uniforms and there were stocks of personal protective equipment such as gloves and aprons. We observed staff using gloves and aprons when supporting people with personal care.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. For example, we saw that following one incident the registered manager had provided learning to managers at the providers other homes. They had also given feedback on their learning to other registered managers at the local authority manager's forum. As a result of learning from the incident, we also saw that admission assessment forms had also been amended to capture more information to ensure that sufficient information was available to meet people's needs.

Good

Is the service effective?

Our findings

At the last inspection on 13 July 2017, we rated this key question as 'Good.' At this inspection we found that the service remained effective.

People we spoke with felt staff had the knowledge to support people with their needs and provide effective care. One person told us, "They [staff] know what they are doing." Staff we spoke with told us that training helped them to do their job. One member of staff we spoke with described the training provided as, "Fabulous." Staff told us practical training was provided, which they preferred. All staff were able to give examples of how training had impacted on the care they provided. For example, one member of staff told us how manual handling training had helped show them the right way to support people. We spoke to two nurses both of whom confirmed they received on-going training.

We spoke to three new staff all of whom advised that induction training was good. One member of staff told us the induction gave them the right information and they were currently shadowing an experienced member of staff so they could observe the care required and also get to know people living at the home. They said, "I'm working with a buddy and getting advice from other staff."

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. Staff understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. One relative also commented, "They [staff] always give her the choice. [Person's name] makes the decisions." Staff told us where people were unable to give verbal consent they looked for facial expressions and hand gestures to gain consent and enable people to communicate choices. One member of staff confirmed, "We need to give people choice its part of what we do."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations so an assessment could be made to review the person's care and make a new application if needed.

People told us they enjoyed a choice of meals and we saw people were supported with drinks throughout the day. We saw people enjoy a valentine themed lunch on the day we visited. There was a choice of meals and people were also offered a choice of drinks to have with their meal. One person told us, "There's two choices but if you don't want it, [staff] can fix something else." Another person told us, "If you want more, just ask." Care records included notes of people's likes and dislikes which had been shared with the kitchen

staff. We saw some people were supported with specific diets to meet their health care needs, for example, softened food where they may have difficulty swallowing. This was confirmed by relative's, one of whom told us, "[Person's name] is on soft foods. They are fine. Food quality is brilliant." Another relative told us how staff knew their family members individual needs regarding their fluid intake and supported them accordingly. We saw a drinks trolley for alcoholic drinks was available in one dining room. One person smiled when they told us told us how they enjoyed a drink with their meal. They said, "I like a gin and tonic."

On the first day of our inspection we observed that some people were left seated at the table for over 30 minutes before their meals were served. When we spoke with some people they said meals were sometimes only warm and could be hotter. We discussed this with the registered manager who advised they had not received any complaints. They showed us feedback forms from people which did not record these concerns, however the registered manager said they would look into this following the inspection.

We spoke to the chef who told they asked people and relatives about menu planning. They also said each day there was a designated resident of the day, on this day the chef would meet with the person and discuss the food they liked and their preferences and choices. They advised staff updated them on any changes in people's health and they were aware of any specialist diets, for example, if people were at risk of choking and needed softened foods. They said they felt supported by the registered manager.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. One person said, "The doctor comes if you need him and the optician." Relatives told us they were happy with the actions taken by the staff in monitoring people's healthcare needs. One relative commented, "Staff are proactive they assess if [person's name] needs to see the GP and sort it all out."

We spoke to a two healthcare professionals visiting the home on the days of our inspection. One healthcare professional said they felt people were well cared for. They said they enjoyed a good open relationship with the staff, who they felt were proactive in seeking advice and followed any recommendations made in supporting people's wellbeing. The second healthcare professional advised they had no concerns, people were cared for and staff were very responsive to people's healthcare needs.

The premises were suitable to meet the needs of the people who used the service and had a homely atmosphere. The home was bright and well-lit and communal areas were well decorated. We saw people's rooms were personalised and reflected their life histories and interests. One person said, "[I have a] lovely room, it's the right size and it's the way I like it."

Good

Is the service caring?

Our findings

At the last inspection on 13 July 2017, we rated this key question as 'Good.' At this inspection we found that the service remained caring.

People said staff were caring. One person said, "The girls are great." Another person said, "I'm well looked after. Nothing is too much trouble." "Relatives also said they felt their family members were respected by the staff and they said staff treated them with dignity. One relative commented, "[They are] compassionate staff. Very kind and friendly."

One relative had told us staff had purchased a valentines card for them on behalf of their family member and also arranged a special valentine's meal for them. They said, "Bless them they [staff] are really kind. It really cheered [person's name] up." We also saw staff had written valentines cards for some of the people living at the home. One person smiled when they showed us their card and said staff were kind to send it. Staff had decorated the dining area with hearts and flowers and the chef had prepared heart shaped cookies for the afternoon snack.

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member talk to them and offer reassurance. We saw the person become more settled in response.

The registered manager had received written compliments about care provided. For example, one relative had sent them a card saying, 'Thank you very much fort looking after [person's name] so well in their one year stay. The quality of life they enjoyed was far better than living on their own.' A second relative had written to say, 'Thank you for help and care in looking after [person's name] You are all such caring, calm dedicated people.'

People were able to make choices about their care. People told us they choose how and where to spend their day. One person told us, "I can choose to go down [to the communal lounge] but I choose to say in my room. There's no rules' stopping me doing things." Relatives also confirmed people were involved in making choices about their care. One relative said, "[Person's name] has choices."

Some people received physiotherapy to support their move back to their home in the community. People told us they valued the physiotherapy sessions in supporting their independence. One person told us they had gained confidence to move more through the sessions. One relative also told us the sessions had supported their family member in learning how to move from their chair correctly.

People and relatives told us they had been involved in planning and reviews of their care. One person said, "I'm involved in everything [planning their care]." A second person said they were involved in in planning their care and added, "We have updates too." Another person commented, "I can say what I want." One relative said their relative had a care plan and, "We went through it last week with them [staff]." Another

relative told us they were invited in when their family member was resident of the day and all aspects of their care was reviewed and they felt listened to.

People's relatives told us they were able to visit when they chose and they felt welcomed by staff. They said they felt their family members were respected by the staff. One relative said, "Staff are respectful in the way that they do things." We also spoke to two healthcare professionals visiting the home who also commented that staff were welcoming.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I enjoy working here. I love to help people. I think about how I would like to be cared for…..people are well cared for." Another member of staff commented, "When people leave you are sad but pleased at the same time [for their improvement]."

Good

Is the service responsive?

Our findings

At our last inspection in 13 July 2017 we rated this key question as 'requires improvement'. We found some people who felt that the service could be improved because staff did not have time to spend quality time with them. Some relatives felt that the service was not always responsive to people's needs in terms of a timely response. At this inspection we found improvements had been made and this key question is now rated as 'good.'

Relatives told us staff were responsive to people. One relative said, "They know [person's name] well. The treat them as their own person." One relative told us of the progress their family member had made with the encouragement of staff. They told us, "Staff have supported them and [Person's name] has made good progress." We saw that staff knew people's preferences, for example, at lunch we staff advise 'they don't like too much on their plate' and 'I will leave some out for [person's name], they will eat when they are ready.'

People told us staff responded when needed but on occasion staff would check they were safe before leaving to complete other tasks and then returning again a few minutes later. One person said when they rang the buzzer for help, "They [staff] check I'm okay, then come back." We spoke to the registered manager about this. They said told us they had a system in place that allowed them to monitor response times to buzzer calls and these showed people were responded too promptly. They advised they would look into the comments raised with us following our inspection.

People, relatives and staff we spoke with told us that people enjoyed a range of activities and that relatives had improved with the appointment of a new activities co-ordinator. Staff told us how people enjoyed both group and individual activities. On the days of our inspection we saw people enjoy three group activities, a visit from a faith group, a music concert from external entertainers and a visit from a group of school children from the local primary school.

The activities co-ordinator told us they had made the link to the local school and several people living at the home had visited the school to talk to the pupils about their life histories. On the day of our inspection a group of school children visited the home to show people their projects and to also enjoy dinks and cakes with people living at the home. We saw that people really enjoyed the children's visit and chatting to the children. Staff told us how different people had benefited from the project, particularly one person living at the home that was a former teacher and really 'come alive' during the visits. We also spoke to the teaching assistant who accompanied the children. They praised the project and said how much both the children and people living at the home, enjoyed meeting each other and benefited from the project.

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover and a daily clinical meeting. The clinical meeting had been introduced by the registered manager so that they could be briefed on all clinical issues. For example, if people required wound management care or had a GP or hospital appointment an update was provided.

People told us they could raise any concerns with staff. One person told us they had no complaints but, "I would if needed, I'd go to the office." Other people told us if they had an issue or concern they were happy to raise these with staff and they were confident they would respond. One relative told us they had a concern so they spoke to staff, who took action and responded. Another relative commented they had, "No concerns; if there was anything I would speak to one of the staff." We saw that where written complaints had been received during the last twelve months, these had investigated and the supporting documentation showed the progression and conclusion of the complaint.

We saw that plans were in place to support people at the end of their life to receive the care they wanted. Staff we spoke with were aware of those people receiving end of life care and what this meant for them. We were advised that end of life good practice had been shared across homes within the provider group. The provider had appointed a member of staff to lead on end of life care and they were responsible for reviewing care provided. The registered manager advised that families were now more involved and they had received positive feedback to date. This was confirmed by one relative we spoke with who complimented staff and told us how staff had supported them and spent time in explaining the care of their relative. They said, "I was really anxious but they've taken time to talk to me."

Requires Improvement

Is the service well-led?

Our findings

At our last inspection in 13 July 2017 we rated this key question as 'requires improvement'. We saw that improvements could be made to the management of medicines and some aspects of the monitoring of the service such as audits of pressure relieving equipment. At this inspection we found improvements had been made but further improvements were needed in care records. We found that action was required to ensure peoples care plans reflected their current care needs and further improvements could be made to the management of medicines. Therefore the rating for this question remains unchanged.

One the first day of the inspection we found care plans needed reviewing to ensure that they accurately recorded people's current needs. For example, we looked at wound care for one person. We found that several care plans were in place making it difficult to establish which care plan was the current one. We spent time with the registered manager and regional manager working through the plans and established some care plans had not been closed when they were no longer in use and a new care plan had been put in place. We found another person's care plans didn't clearly and accurately record the how staff had monitored the person's health and the care that had been provided when they had become unwell. The provider's governance systems had not identified that this was the case and this meant that staff did not always have clear and up to date guidance to refer to. We spoke to the registered manager and the regional manager about this. They acknowledged that the care plans needing improving. On the second day of the inspection this issue was discussed with the management team and the two people's care plans were updated to reflect what we had found. We spoke to the person's GP who was visiting the home on the day of our inspection. They advised they were happy with the care provided and said the staff were responsive to the person needs.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review areas such as infection control, equipment and the environment. We found that although audits had been improved in a number of areas further improvement was required in the medication audits. For example, we found that medicines were dispensed using blister packs which were not dated and we found the records three people did not match the medication that remained. This issue had not been identified in the provider's medicines audits. We also found some records had not been consistently completed, for example, fridge temperatures were not consistently recorded and some MAR sheets had missing signatures.

We asked the registered manager about this. They acknowledged that the date should be showing on the medicine blister pack to making the recording and auditing of these medicines more robust. On the second day of our inspection they contacted the pharmacist to request this change when the next cycle of medicines were dispensed. They advised that a medication audit was completed monthly and any recording errors were addressed directly with the staff involved.

We saw residents meetings were held for people to give feedback on the service provided and capture ideas for new activities at the home. For example, people living at the home had requested a cinema room. The

registered manager had discussed this with the provider and had secured funding and a new cinema room was now planned. However, the meeting had not been successful in capturing people's feedback about the temperature of meals and the comments about staff checking they were safe before leaving to complete other tasks and then returning again a few minutes later. We discussed this with the registered manager who said these concerns had not been raised by people. The advised that they would address these issues at the next resident's meeting.

There was a registered manager in place who was present during our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they liked living at the home and it was well run. One person said, "One relative also said, "It's a lovely home & lovely staff. Well managed." Another relative said they rated it, "10 out of 10!" Staff were clear on their roles and responsibilities and said the registered manager had a clear vision on improvements for the home. The registered manager told us they ensured that walked around the home each day so they could see the care being provided and said over the past year improvements had been made based on their observations. For example, following consultation with people the layout of dining tables had been changed so people now all sat together. The registered manager said feedback showed that people preferred the new layout as it made for more sociable mealtimes. This was confirmed by a relative who told us, "Lunchtime is better now they all sit together."

Staff we spoke with told us they felt the supported by the registered manager. One nurse we spoke with told us, "Management are supportive; I am listened to. I have suggested things I am listened to." Another nurse told us the managers door was, "Always open," So they could approach them for advice or to chat. Two members of staff also told us how the registered manager had supported them personally, which they appreciated and said made them feel valued. One member of staff said, "They were really understanding. Makes me want to give more back." Another member of staff commented, "[Registered manager's name] is approachable. If it wasn't for them I would be here."

Staff we spoke with told us that they had regular supervisions and felt they could always approach the registered manager for advice and support. One member of staff said, "You don't have to wait for a supervision, you see the manager any time you need." Staff attended meetings, which they said provided a good opportunity to discuss any issues or changes and they felt involved in the running of the home.

The registered manager said they kept their knowledge up-to-date by attending training and managers forums and they felt supported by the provider. For example, the provider had supported the redecoration of the home and the purchase of new equipment. The registered manager said they completed monthly manager's report giving the provider an update on the home, for example, any incidents and staffing levels. Records we saw showed the management team worked with other agencies to support the well-being of the people living at St Giles. For example, we saw referrals to GP, social workers and consultants. We also saw links to the community, for example, the link with the local primary school.

The registered manager told us they kept their knowledge up-to-date by attending training and meetings with managers from the providers sister homes. We saw that the registered manager had shared knowledge and learning across the provider.

Records we saw showed the management team worked with other agencies to support the well-being of the

people living at St Giles. For example, we saw referrals to falls prevention team and speech and language therapy team (SALT) and GP surgeries. We saw that on one occasion clear communication had not been promoted between St Giles and another healthcare agency and this had resulted in a coronial investigation. We saw that as learning from the incident the provider had updated their admission assessment forms to capture more information to ensure that sufficient information was available to meet people's needs. The registered manager had also provided learning to other registered managers at the local authority manager's forum.