

Xcel Care Homes Ltd

Consort House Nursing Home

Inspection report

35 Consort Close
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Plymouth
Devon
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Tel: 01752789861

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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

Consort House Nursing Home is a nursing and residential care home. It is registered to provide accommodation and personal care and accommodation for up to 58 older people. The service supports people with nursing needs, physical disabilities, mental health and/ or dementia. At the time of the inspection there were 47 people living at the service.

The service is on three floors, with access to upper floors via a shaft lift. All bedrooms have en-suite facilities. There is an outside garden area.

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

People lived in a service which had a strong, visible person-centred culture. People were at the heart of the service. Staff were motivated to deliver high quality care by the providers embedded values of: "compassion, care, competence, communication, courage, and commitment". People told us staff were very kind and caring, and they were treated with dignity and respect.

People told us they felt safe living at the service. Overall, people and relatives told us there were enough staff to meet their needs, however others, including staff felt there needed to be more. The registered manager and provider had taken pro-active action to improve staffing numbers, and retention but stressed this was an ongoing area that required improvement.

We therefore recommend, as part of the providers overall governance framework, they listen to people and staffs continued feedback about staffing levels and act as required.

People told us they felt staff had the skills and experience to meet their individual needs and staff were complimentary of the training and support they received.

Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed. The service worked with agencies to ensure people's care and support needs were met and co-ordinated.

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 who had risks associated with their care, had these managed consistently and safely. People lived in a service which was clean and free from odour, and the environment was assessed for risks. The design and decoration of the service took account of dementia best practice, and people's bedrooms were personalised.

People were highly complimentary of the food, and people's nutritional likes, and dislikes were known and catered for. People were encouraged and empowered to keep active and socially stimulated.

People and relatives felt confident to complain, and to speak with the registered manager at any time. There was an open culture where by all safety concerns which were raised were valued and used as learning and improvement.

People had care plans in place regarding their health and social care. Care plans were individualised, so staff knew how people wanted and wished their care and support to be delivered. People's medicines were managed safely, and they received them as prescribed. People were supported with dignity and compassion at the end of their life.

People and staff told us the service was well managed. Staff were proud and motivated to work for the organisation. There was constructive engagement with staff, and people who used the service to ensure a safe and quality service.

The registered manager and staff engaged positively with stakeholders to help build seamless experiences for people. External professionals and stakeholders were positive about the management and leadership of the service, and of their proactive engagement.

Since our last inspection, a new governance framework had been created to help effectively identify where improvements were required.

The registered manager and provider were highly passionate about continuous development and admitted when things went wrong, which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.

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

Rating at last inspection (and update)

The last rating for this service was Good (Published 18 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Consort House Nursing Home on our website at www.cqc.org.uk.

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 ●

Consort House Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector, one assistant inspector, one specialist advisor for older person's nursing care, and one expert by experience. An expert by experience is a person who has personal experience of using services or cares for someone who is older.

Service and service type

Consort Nursing Home 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 looked at statutory notifications the provider had made to us about important events. In addition, we reviewed all other information sent to us from members of the public and stakeholders, such as the local authority.

We also 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 contacted the local authority commissioning team and Healthwatch Plymouth for feedback about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. Healthwatch held no information about the service.

We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke in detail with 12 people and relatives, three care staff, one team leader, two housekeeping staff, the chef, two nurses, the deputy manager, the registered manager and provider.

We looked at five care plans for people who used the service, minutes of meetings, training records for all staff, various medicines administration records, and auditing and monitoring checks.

We spoke with two health care professionals for their views about the service.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Prior to our inspection we received concerns about staffing levels and people not being moved in safe ways. We looked at this as part of our inspection and found that action had been taken to make improvements.

Staffing and recruitment

- Overall, people and relatives told us there were enough staff to meet their needs, however, some people felt more staff were needed.
- Staff told us, "Sometimes there could be more. It sometimes would be nice if we had one extra staff. When we have supervision, I brought it up then we had a lady start doing the teas, and then we had a member of staff floating...that helped".
- The registered manager explained during the summer months they had suffered with a shortage of staff, which they agreed, had impacted on the quality of the service. As a result of this, the registered manager had met with people and their families to apologise and to explain what action was being taken to make improvements.
- Additional staff had been recruited, the staffing structure had been changed to help improve opportunities for career development and pay enhancements had been awarded.
- The registered manager told us there was an ongoing challenge regarding recruitment in the health and social care sector as a whole. But explained they were continually looking at different ideas in respect of recruitment and retention.
- Agency staff were used when there was a shortage of staff. The registered manager told us they used the same agencies and asked for staff known to the service, to help ensure the continuity and safety of people's care.
- People were supported by staff who had been recruited safely, in line with the providers recruitment policy.

We recommend as part of the providers overall governance framework, they listen to people and staffs continued feedback about staffing levels and take action as required.

Assessing risk, safety monitoring and management

- People had detailed risk assessments in place relating to aspects of their care, such as behaviour, nutrition, epilepsy and diabetes.
- People who had vulnerable skin had robust care plans and risk assessments in place. These helped to ensure people received safe and consistent care from nursing staff, and others involved in their care and treatment, such as the tissue viability team. Nursing staff were very successful at treating people's skin, for example they had reduced and/or healed substantive pressure damage.

- People who were at risk of choking had been reviewed by a speech and language therapist (SLT), and had their advice and guidance accurately followed by staff.
- People had care plans and risk assessment in place regarding their mobility, and staff received training in moving and handling in order to support people safely. Staff told us they felt confident about supporting people, one member of staff commented, "All our residents have a moving and handling plan in their rooms, and on their bathroom doors, and one in the care plan, and they have their own sling. So, we know what to do". The registered manager explained that following a complaint regarding moving and handling, all staff had received an update to their training.
- People lived in an environment which was assessed for risks. Equipment, such as the fire system was serviced in line with manufactures guidelines, and weekly fire tests were carried out.
- People had personal emergency evacuation plans (PEEPs) in place, so emergency services would know how to correctly support people, such as in the event of a fire. Person told us, "I regularly hear the alarms being tested".
- People had call bells in reach, should they want to alert staff. The registered manager told us, call bell answering times were monitored for themes and trends, to ensure they were being answered promptly. They told us, "I do monthly audits on the call bells, randomly done. Looking and thinking about, what's happening here, and what can be done to make improvements".

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe living at the service, commenting "Yes indeed safe", "I feel mum is 100% safe in here", and "I have no fears at all for my wife's safety."
- Staff developed positive and trusting relationships with people which helped to keep them safe.
- People were observed to approach staff without hesitation and looked very comfortable in their presence.
- People were supported by staff who had received training in recognising signs of abuse and knowing what action to take should they suspect someone may have been abused, mistreated or neglected.
- The registered manager was aware of their safeguarding responsibilities, and had attended the local authority safeguarding management training, in addition to the providers own training.

Learning lessons when things go wrong

- There was an open culture where by all safety concerns which were raised were used as opportunities for learning and improvement. For example, medicine errors, no matter how minor, were acknowledged, with reflective practice taking place to help reduce re-occurrences or change current processes and practice.
- Data analysis was used to help identify useful themes and trends to minimise risks and reoccurrences.

Using medicines safely

- People's medicines were managed safely, and they received them as prescribed. One person expressed, "I have my medicines regularly."
- Staff received training and an assessment of their ongoing competency.
- Medicines given covertly (without people knowing), were given in line with the principles of the Mental Capacity Act 2005 (MCA). This meant people's human rights were protected.
- Refrigerated medicines were kept at the correct storage temperature.
- The provider had monitoring checks in place to help highlight where improvements were needed.

Preventing and controlling infection

- People lived in a service which was clean and odour free.
- Staff received infection control training and were observed to put their training into practice by wearing

personal protective equipment (PPE) as required.

- Cleaning checks and infection control audits ensured areas requiring improvement were highlighted, so action could be taken promptly.
- The kitchen had been awarded four out of five stars from Environmental Health in 2018. However, all actions had been completed and they were awaiting a follow up visit.

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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Prior to our inspection we had received concerns about people's nutrition and hydration, and a lack of access to drinks. We looked at this as part of our inspection and found no concerns.

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

- Assessments of people's needs were comprehensive, expected outcomes were identified and care and support, was regularly reviewed.
- Staff applied learning effectively in line with best practice, which led to good outcomes for people and supported a good quality of life.

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

- The service worked with agencies to ensure people's care and support needs were met and co-ordinated. Relatives told us, "They're very good at telling me about my husband's problems" and "They sort out the dentist and other healthcare professionals when Mum needs them."
- People told us they had access to external health and social care services, and their records confirmed this. Services, such as chiropodists, opticians, GPs, dieticians, physiotherapists and occupational therapists supported people to maintain good health and wellbeing.
- People were supported with their oral health care. A member of staff told us, "We tend to brush their teeth in the mornings and evenings...People with dentures, we tend to take them and soak them overnight...We refer them to dentists if they need to or give them mouth care if we need to".
- Visiting health professionals told us staff were always responsive and followed advice given.

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

- People were encouraged to have a healthy, balanced and varied diet, with one member of staff telling us how they encouraged people to have "Their five a day", of fruit and vegetables.
- The registered manager had created a wellbeing champion, who was responsible for sharing and disseminating information to the staff group. They told us, "The aim is to educate and improve the service." Protecting yourself from flu was this month's topic. Arrangements had been made for people and staff to receive a flu vaccination.
- Since our last inspection, some changes had been made to help improve the dining experience for people. This meant people who needed assistance were now not waiting for long periods of time before receiving their meals.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and experience to meet their individual needs. One person told

us, "I can't fault the staff at all."

- Staff were complimentary of the training and support they received.
- Staff completed the care certificate. The care certificate is a national set of induction standards for people working within the health and social care sector.
- Since our last inspection a dedicated person to induct new staff to the service had been employed. The registered manager told us, "There is a bit more continuity now, it's been a good development for our new staff."
- A recently employed member of staff told us, "I was with (induction staff) for induction training, and then I was on the floor with someone more experienced than me. They always made sure I was comfortable."
- Nursing staff kept up to date with changes in clinical practice and undertook relevant training to ensure their ongoing registration with the nursing and midwifery council (NMC). The NMC is the regulator for nursing and midwifery professions in the UK.

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

- People were complimentary of the food, one comment included, "The food is to die for in here"
- People's dietary likes, and dislikes were known and catered for.
- The kitchen team had a good understanding of people's individual needs, such as people who required a specialist diet, for health or cultural reasons.
- The kitchen team worked with external professionals in order to help support people's nutrition effectively. For example, they had asked the local hospice for advice and guidance about how to support people living with cancer.
- People were supported with their nutrition in line with their care plans.
- People had access to drinks throughout the day and were prompted and encouraged by staff to maintain their hydration.

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

- The design and decoration of the service took account of dementia best practice. For example, plain carpets and pictorial signage.
- People's bedrooms were individually personalised.
- People and or their relatives had independent access to a kitchenette, so they could prepare their own snacks and drinks.
- There was disabled access.

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.

- Staff received training in the MCA and had a good understanding of its principles.
- People's consent was obtained prior to supporting them, with their wishes being always respected.
- People's care records detailed their mental capacity, and others important in their care and support, such as power of attorney's (POAs).
- Best interest decisions were always made in accordance with legislation and people's wishes.

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

- People lived in a service which had a strong, visible person-centred culture. People were at the heart of the service. Staff were motivated to deliver high quality care by the providers embedded values of: "compassion, care, competence, communication, courage, and commitment."
- People told us, "The (staff) are lovely", "Everybody's nice", and "They look after me well. I am very happy."
- People's families had taken the time to write to the service to express their gratitude for the care the staff gave to their loved one. Comments included, "I'm ever so grateful of Mum receiving plentiful of kindness and comfort from you all", and "We feel extremely comforted to know that she is in such safe and caring hands."
- Staff spoke fondly of the people they supported, telling us "I love the residents", and "I love it here, I love the residents, I come to work with joy and love."
- A recent survey carried out to gauge people's views about the kindness of staff had been positive. Comments included, "The level of humanity, dignity, compassion, love, kindness and thought you give to residents and their families is immense", "Friendly and helpful staff" and quality of care is first class."
- People were protected in line with the Equality Act 2010. A member of staff told us, "We need to treat everyone as individuals."
- People's religious and cultural needs were respected and accommodated. For example, there were weekly church services and monthly hymn and prayer meetings.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- People told us they were treated with dignity and respect, commenting "You can have a laugh with the staff, but they treat me with respect", and "They always knock the door and ask to come in."
- The provider had a dignity tree displayed on a wall. It had been created by people, staff and relatives to help keep dignity at the centre how people wanted to be treated. Words and phrases such as "Respect me, take time to get to know me, please stop and talk to me, please listen to me, and seeing the individual not the age or the illness", had been key messages. We observed these key messages were present in staff practice.
- One member of staff told us how they had helped to improve and promote a person's dignity relating to their continence. They explained, "A gentleman used to hate his continence pads being wet, so I got him a sheath (an external catheter) ...and he is so pleased with it. Because before he used to say I feel smelly and dirty and now he is much happier."
- People's independence was promoted. Staff told us how they encouraged people to do things for themselves, as much as possible.

- People and their representatives were regularly asked for their views about their care plans and the delivery of their service, and had their wishes respected. One relative told us, "They keep us informed regarding care plan changes."

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.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had social activity care plans in place to ensure that social engagement was individually tailored.
- People told us there was enough going on to keep them entertained.
- People were encouraged and empowered to keep active and socially stimulated. The provider had an activities co-ordinator who had designed a programme of events, which took account of people's individual wishes, and requests.
- Arrangements were in place to ensure those who were cared for in their rooms, were not isolated and did not miss out on social engagement. For example, one to one activity had been designed. One relative told us, "Although mum cannot participate in much they do try to get her to join in"
- The service was part of the community. On the day of our inspection children from a local school were visiting to sing to 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.

- People had individualised communication care plans in place, so staff would know exactly how to support them. For example, one person's care plan stated, "(...) is not able to communicate verbally. She can give you a thumbs up for yes, if you ask her closed ended questions, or use her communication book to point out to options and choices".
- Staff told us how being observant to people enabled them to communicate effectively with them, commenting "Body language is important and eye contact. If they cannot speak you can understand through their eyes".
- There was a variety of pictorial and written signage to help orientate people to their surroundings.

End of life care and support

- People were supported with dignity and compassion at the end of their life. A member of staff told us, "Some people are a bit scared, so I try and stroke their heads and hold their hands to keep them quite calm".
- Staff had received training in end of life care, and nursing staff worked with external professionals to ensure people's care was co-ordinated, and that all required medicines were available.
- People's families had taken time to acknowledge the high-quality care their loved ones had received at

the end of their life. One thank you card read, "To all the nursing and caring staff that looked after Dad these last 10 days. Thank you for taking such good care of our Dad".

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

- People had care plans in place regarding their health and social care. Care plans were individualised, so staff knew how people wanted and wished their care and support to be delivered.
- People's nursing care plans were robust and reflected best practice.
- During the inspection staff responded quickly to requests for support and maintained positive interactions throughout the day.

Improving care quality in response to complaints or concerns

- People and relatives felt confident to complain, and to speak with the registered manager at any time. One person told us, "If I had a complaint and anything was wrong I would talk to the manager or her deputy".
- People's complaints were comprehensively investigated. Records showed complaints were taken seriously, and used to help improve the service where possible, with appropriate actions and records in place. The registered manager told us, "Things do go wrong, but it's how you deal and learn from them".

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. This was because the providers governance framework had not been effective in identifying when improvements were needed. This related to the confidential storage of people's personal information, the management of medicines and the dining experience. We looked at these areas as part of our inspection and found improvements had been made. Therefore, 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. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Since our last inspection, a new governance framework had been created to help effectively identify where improvements were required. This included, the recruitment of a new regional manager who visited the service monthly, to meet with the registered manager and carry out a quality monitoring visit. The registered manager was complimentary of the "Enormous support" they received.
- New monitoring checks and processes had been established and embedded into the running of the service. The registered manager told us they had engaged and involved staff in some of the auditing processes and explained, "Staff are now more interested in why I am doing what I am doing...and we have now got more views on the service, which I think has really helped".
- The provider now visited the service monthly and carried out their own review and used the Commissions Key Lines of Enquiry's (KLOEs) to base their judgements on about the safety and quality of the service.
- There was a motivated registered manager in place, who role modelled the values and ethos of the service. One person told us, "The manager is lovely".
- The management team had effective oversight of the service and when asked questions were able to respond immediately, demonstrating an in-depth knowledge in all areas.
- Staff were aware of their responsibilities, and quality checks of staff practice helped to positively reflect and ensure care and support was of a high standard, and that risks and regulatory requirements were understood and being met.

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

- People told us the service was well managed, but some people felt they did not see the registered manager frequently enough. The registered manager told us she would block out uninterrupted time on a weekly basis to walk around the service and visit people.
- There was a strong person-centred culture which kept people at the heart of the service. The culture of the service was based on the providers values of: "compassion, care, competence, communication, courage, and commitment". It was evident the values underpinned staff practice and the ethos within the organisation.
- Staff were proud and motivated to work for the organisation. One member of staff told us, "I've never done a job that I love, but I love it here. Everyone helps and gets along as a team, and it feels like a home and not

like a house".

- The provider had initiatives to show staff they were valued, to promote staff wellbeing and retention. For example, the employee of the month scheme gave everyone an opportunity to vote for staff "Who do an outstanding job, someone who goes over and above what is expected".
- Staff were complimentary of the registered manager and management team and of their values, telling us they felt "Listened to" and "They (management team) are always improving and doing their best. She (the registered manager) really wants quality people that do their jobs with love. She does the best for the residents we have".
- The registered manager had a positive, open and transparent relationship with the provider. The provider told us, "She (the registered manager) doesn't shy away from telling us if we have got something wrong".

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

- There was constructive engagement with staff, and people who used the service to ensure a safe and quality service.
- People were at the heart of the service. Residents forums ensured the person's voice was always heard and frequent surveys were used to gauge people's views. One person confirmed, "They have residents' meetings two to three times per year".
- A recent survey about the quality of the service had been very positive. Where there were areas requiring improvement, action plans had been created and people had been informed of progress. One person told us, "They react to feedback".
- The registered manager had commenced heads of department meetings. Staff told us they felt listened to. One member of staff explained, "We have asked for a larger shower/wet room upstairs for the residents and they are in the process of doing that on the top floor".

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 and provider admitted when things went wrong, which demonstrated the requirements of the Duty of Candour (DoC), to be open, honest and transparent.
- In line with legislation, the provider displayed their latest rating.

Continuous learning and improving care

- The registered manager and provider were highly passionate about continuous development.
- External workshops and conferences were attended by the registered manager and used to help maintain the staff's teams ongoing competency within the sector; and to ensure the service was delivered in line with best practice.

Working in partnership with others

- The registered manager and staff engaged positively with stakeholders to help build seamless experiences for people, telling us "We have such a great relationship with organisations".
- The service worked closely with the acute care at home team, to help prevent hospital admissions.
- The registered manager had recently worked with the local clinical commissioning group (CCG) to pilot a new medicines assessment tool for staff. Helping to improve safety and practice regarding the administration and management of medicines.
- The catering team had been part of producing a cook book, in association with the local authority, other care home providers and the local college.
- External professionals and stakeholders were positive about the management and leadership of the service, and of their proactive engagement.

