Sanctuary Care Limited

Meadows House Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Meadows House Residential and 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.

Meadows Residential and Nursing Home provides care and accommodation for up to 59 people across four separate units; three residential units and one nursing unit each of which have separate adapted facilities. One of the residential units specialises in providing care to people living with dementia with behaviour that may require a response. At the time of the inspection there were 56 people using the service.

People's experience of using this service and what we found
There were a range of activities provided. However, we found for some people living with advanced dementia some improvement was needed to ensure there was appropriate stimulation available. Staff received training and support to meet people's needs but we observed staff were not always able to respond in the most creative way to people's advanced dementia needs. The provider was reviewing their dementia strategy at the time of the inspection and had recognised staff needed more support to respond in the most appropriate way throughout people's dementia journey.

We will follow up on the progress with these issues during our monitoring and at the next inspection.

We have also made a recommendation for the provider to review how feedback from people is gathered on the experiences of their care.

People told us they felt safe. Staff understood their roles in safeguarding people from harm. Risks to people had been assessed and staff knew how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. Appropriate recruitment checks took place before staff started working at the home. Medicines were safely managed. Staff worked in ways to reduce the risk of infection. There were enough staff to meet people's needs.

People's needs were assessed before they started using the service. Staff asked for people's consent before they provided care. 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 nutritional needs were assessed and met.

Staff treated people with care and kindness. People were consulted about the support they received. Staff treated people with dignity, respected their privacy and encouraged their independence. People's needs in respect of their protected characteristics were assessed and supported.

People had a personalised plan for their care. These were up to date and reflected their needs. People's wishes relating to their end of life care needs had been discussed with them or their relatives, where appropriate.

Relatives knew how to complain and expressed confidence that any issues they raised would be addressed. The registered manager understood the responsibilities of their role. Staff spoke positively about the support they received from the registered manager and management team. The provider gathered feedback from staff and people about the service.There was an effective system to monitor the quality and safety of 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 inspection rating for this service was Good (report published January 2019)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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?

Requires Improvement

The service was not always 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.

Meadows House Residential and 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team
On the first day the inspection team consisted of an inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day a single inspector returned to complete the inspection.

Service and service type
Meadows House Residential and Nursing Home is a care home that provides accommodation, nursing and personal care for older adults. People in care homes receive accommodation and nursing or personal care as a 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 held about the service. This included details about incidents the provider

must tell us about, such as any safeguarding alerts they had raised. The provider also completed a provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also contacted the local authority who commissions the service to ask for their views. We used this information to plan our inspection.

During the inspection
We spoke with three people, seven relatives, a volunteer and two professionals who were visiting the home. Most people were not able to express their views about the care provided; so, we used our Short Observational framework tool (SOFI) in different units at eh home. We observed aspects of people's care in the communal areas to help us better understand their experiences of the care they received. We tracked the care they received to ensure their needs were reflected in the assessed plans for their care. We spoke with a housekeeper, four nurses, four care workers, two senior care staff, an activity coordinator, the chef and the maintenance person and maintenance manager. We also spoke with the acting deputy manager, the registered manager and regional manager for the service.

We reviewed a range of records. This included seven care plans and two staff recruitment and training records. We also reviewed records used to manage the service, for example, monitoring records, audits and meeting minutes.

After the inspection
We continued to seek clarification from the provider to validate some of the evidence we found and spoke with the operations manager about their dementia strategy.

Good

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.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe from harm, neglect or discrimination. One person told us, "I feel safe. I'm well looked after." A relative commented, "I am quite sure that my [family member] is safe here."
- Staff received regular training on safeguarding adults. They understood the forms abuse or neglect could take and the action they needed to take if they identified any concerns. They were aware of their role under whistleblowing procedures.
- There were robust systems to report and act on concerns. The registered manager had raised safeguarding alerts appropriately and worked with the local authority in the investigation of any concerns.
- Information about staying safe was on display within the home including speak up posters for people, staff and visitors' reference.

Assessing risk, safety monitoring and management

- Possible risks to people were assessed and reviewed regularly. These included risks in relation to moving and positioning, nutrition, health risks and falls. Risk management plans guided staff on how to reduce risks. Additional records to assist the monitoring of risks such as, food and fluid intake, or positioning charts were regularly completed to monitor risks. A relative commented, "When [my family member] deteriorated their swallowing was compromised. They had pureed food. They were very careful, I think they try hard to make sure everyone is safe."
- At the last inspection in December 2018 we had found staff had not always completed the provider's electronic risk assessment template correctly. At this inspection staff told us they were now more familiar with the documents and we did not identify any issues.
- Risks in relation to the premises and equipment were monitored through a robust schedule of internal and external checks and servicing. New window restrictors had been fitted since the last inspection to add additional safety measures to those in place. Actions identified for improvement in fire and legionella risk assessments were acted on.
- Risks in relation to emergencies were safely managed. People had personal emergency evacuation plans in place to guide staff and the emergency services on how to evacuate them safely. Staff knew how to

respond in the event of a fire. Regular drills were conducted for day and night staff to ensure their knowledge was refreshed.

Staffing and recruitment

● People and their relatives said although staff could be very busy at times, there was usually enough staff. A relative said, "I think there are enough staff, there is always someone if you need them."

● There were enough staff to meet people's needs. We looked at the staffing levels across the home and saw the staffing level on the nursing unit at night was a nurse and a care worker. A number of people were nursed in bed and everyone required two staff to reposition them. This meant there were periods when people may not be able to be supported. For example, in staff breaks or during the administration of medicines, as there would be one staff member available. The registered manager told us they had identified this issue and reviewed the dependency levels of people on this unit and staffing levels were currently under review. We were told after the inspection that the night staffing levels on this unit had been increased.

● Our observations during the inspection were there were enough staff to support people's needs. People who were able to use a call bell told us that staff usually came promptly. We did not observe anyone waiting for care and support. There were enough staff to support people with their personal care, their meals and to mobilise safely. The home did not use agency staff which meant staff were familiar with people's routines and likes and dislikes.

● Robust recruitment procedures were in place to reduce the risk of employing unsuitable applicants. Staff recruitment records included completed application forms, full employment histories and evidence that all necessary checks had been carried out. Records were kept of interviews to evidence the provider explored any applicant's suitability and motivation for the role.

Using medicines safely

● Medicines were managed, administered and stored safely.

● There were safe procedures in place to ensure people received their medicines as prescribed by health care professionals. All drugs including 'as required' and controlled drugs were stored and administered safely.

● Staff received training on the administration of medicines and had their competency assessed to ensure they continued to use safe best practice. Our observations and discussions with them confirmed they understood their roles in the safe management of medicines.

● Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.

● Processes to administer medicines covertly (without obtaining consent) followed legal guidance and included the advice of the GP and pharmacist. People's medicines were also regularly reviewed by health professionals to ensure they met their needs.

Preventing and controlling infection

● Relatives and visiting professionals told us they thought the home was clean and we observed the environment was clean and free from odours.

● Regular cleaning of equipment such as wheelchairs was carried out.

● We saw hand wash facilities and dryers in communal toilets and staff used personal protective equipment such as gloves and aprons appropriately. Staff were aware of the importance of good food hygiene, how to reduce the risk of infection.

● The environmental health agency had inspected the kitchen on 5 April 2019 and awarded the kitchen at the home the top score of five.

Learning lessons when things go wrong

● There was a robust system to identify and share learning across the home. The service learned from incidents, accidents, near misses, complaints and safeguarding. Staff understood the importance of reporting and recording accidents and incidents. These were reviewed by the registered manager to ensure appropriate action was taken and to consider for any learning or patterns.

● Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.

● Lessons learnt were shared with the staff team at meetings. For example, we found learning from a safeguarding investigation had been discussed at a clinical meeting.

Good

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.

Staff support: induction, training, skills and experience

- Staff told us they received enough training and support to understand and meet the needs of people they supported. One staff member said, "We get a lot of training and supervision. We have training on falls and dementia, it's helpful and tell us what we need to know." Staff completed training on a wide range of topics relevant to people's needs and to their roles.
- We were aware some concerns had been raised prior to the inspection about staff skills in managing more complex dementia needs. We found a range of dementia training was provided and staff were having further training on dementia at the time of the inspection. Relatives we spoke with told us they thought staff were able to respond to people's dementia needs.
- Where people lived with advanced dementia, staff told us, and we observed occasionally some staff had difficulty interacting creatively with people's dementia journey. There was no dedicated training for staff who worked on the unit for behaviour that requires a response; although staff there told us they had enough training to meet people's needs. The activity coordinator said they would benefit from training on activities for those living with advanced dementia. The regional manager told us they had recently identified these issues, together with the local authority and a new dementia strategy with training was being rolled out. The operations manager confirmed the details and told us this was almost ready for roll out.
- Staff new to health and social are received a programme of shadowing and training including dementia training that followed the care certificate requirements. The Care Certificate is the recognised standard for training for staff new to health and social care.

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

- Assessments of people's needs were completed in consultation with them, their representatives and, where appropriate, health or social care professionals. This helped to understand if the home could safely meet people's needs and to start to inform care planning.
- The home used risk assessment tools as part of planning for care. The assessment included consideration of people's protected characteristics and preferences to consider how to support them in a personalised

way.

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

● People's nutritional needs were supported. People and their relatives told us they enjoyed the meals and there was always a choice. One relative remarked, "Such good meals they get, not like hospital food, proper home cooked meals, fresh snacks, drinks."

● Where people were at risk of malnutrition, meals were fortified to reduce risk. People nursed in bed had access to drinks throughout the day and, where there was an identified risk, people's fluid intake was monitored.

● We observed the meal time experience on three units during the inspection and saw that people were supported to eat and drink where needed through encouragement from staff. People were offered a choice of different plates of food to make it easier for them to make a choice.

● Where people needed modified diets to reduce the risk of choking, they received the correct diet that met their needs. The chef had information about people's modified diets, preferences dislikes, allergies, and cultural dietary needs.

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

● People and their relatives told us they were supported to maintain their health and that staff were quick to respond if they saw any decline in their well-being. A relative told us, "They are good about contacting the doctor when needed and [my family member] sees the dentist and optician."

● Care plans identified people's health needs with guidance for staff on how to support them. Care plans showed staff made appropriate and timely referrals to health professionals such as the GP, podiatrist, dentist or optician, when needed. A practice nurse and paramedic also supported the service with advice and input on people's health in addition to regular GP visits. Records of health professional visits were maintained to ensure people's needs were understood and met.

● Multi-disciplinary meetings were held with health professionals and family members where appropriate to consider how best to support some people living with dementia where there were a number of identified needs. The regional manager told us they were working with the clinical commissioning group to try to ensure these were held regularly as there had been some difficulties with health professionals being available to attend.

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

● The environment was suitably maintained and adapted, where needed, to meet people's needs. There were accessible toilets and bathrooms throughout the home with hand rails and people had their own ensuite facilities. There was appropriate signage and lift access to all floors and ground floor units had access to an outside garden area.

● The provider had identified a need to make improvements to the décor since the last inspection. The home had been decorated throughout using dementia friendly plain colour schemes. People's bedrooms were easily identified to aid orientation using different colours.

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 and their relatives told us staff asked for people's consent before they provided care. Staff had completed MCA training. We observed staff sought consent from people when supporting them. For example, in relation to their personal care and where they wanted to sit or how they wished to spend their time. Staff respected people's decisions and told us they tried different forms of encouragement, to motivate people to get up or eat or drink sufficiently

● Mental capacity assessments for separate decisions about people's health care and support needs had been completed. Where people lacked capacity to make decisions for themselves best interests' decisions were also recorded to support them in the least restrictive way possible.
● Where there were authorised applications to deprive people of their liberty for their protection we found that the required paperwork was in place, any conditions were being followed and kept under review to consider a re-application when needed. A visiting professional reviewing the authorisations told us they had found the records were in order.

Good

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 and their relatives spoke positively of the care and consideration shown by staff. One relative remarked, "They [staff] are so cheerful the way they go about their work." Another relative said, "Staff are very patient and kind here, they are calm and thoughtful."
- We observed staff knew people well and interacted with them with warmth. Where people had difficulty in verbal communication staff understood non-verbal signs of distress, discomfort or enjoyment. A relative said, "It really helps that it's the same regular staff here. You get to know them and they understand what people need."
- People's diversity and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs and how to support them with these needs for example in respect of their diet.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics in line with the Equality Act 2010. Where people's first language was not English staff worked with relatives to develop communication through cards with simple phrases.

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

- People were supported to be involved in making decisions in respect of their day to day support needs. One person remarked, "Staff ask me what I think and listen to me."
- We observed staff understood how to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who may experience difficulties in communicating verbally expressed their preferences. We observed staff gave people the time they needed to communicate and understood non-verbal cues.
- People's care records were person centred and identified the things they could do for themselves as well as the areas in which they needed support.

Respecting and promoting people's privacy, dignity and independence

● People's relatives commented that they thought people were treated with dignity and respect. A relative told us, "I have never heard any of the staff to be rude to the residents. I have no complaints. I've never seen staff being annoyed at them. They're polite, caring, it's a relaxed atmosphere." We saw staff respecting people's privacy by knocking on their doors before they entered their rooms. People's doors were closed when staff were supporting them with personal care to protect their dignity.
● We observed and staff told us they maintained people's independence as much as possible, by supporting them to manage as many aspects of their own care that they could. For example, where they chose to spend their time, or aspects of personal care they could manage.
●Staff ensured information about people was kept confidential. We saw that information about people was securely stored. Staff understood the importance of maintaining confidentiality about people's care needs.

Requires Improvement

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 now deteriorated to 'Requires Improvement.' This meant people's needs were not always met.

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

- Activities needed some improvement to ensure they provided stimulation for people's personal dementia journeys. There were long periods on the units where people with advanced dementia were sitting in their rooms, or in communal areas without meaningful activity. Care staff had access to equipment to engage people, but this was not always happening, or, the activity was not always appropriate to people's dementia experience. Some staff said they were not always confident in engaging. For some people nursed in bed there were not always records to demonstrate regular stimulation. We discussed this with the operations manager who told us this was being considered as part of the new dementia strategy. We will check on the progress with this through our monitoring and at the next inspection.
- People and their relatives told us there were enough things to do to ensure people were not isolated. A relative said, "There are things to do. Yesterday was a garden party. Last week we went to the seaside. There are games and music activities too." There was a sensory room which we saw being used by people on one unit.
- Two activities coordinators delivered an advertised programme of group activities with a range of entertainment on the four units and told us they visited people in their rooms where people preferred individual activity or were nursed in bed.
- The home had links with spiritual representatives who visited and held services. The registered manager told us a gardening club for people and their relatives had also recently been established.

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

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with eating and drinking, mobility, health needs and personal care.
- Care plans for two people with dementia where their behaviour may require a response did not always include different appropriate ways for staff to engage and support them. Staff discussed how best to respond to people at handovers and clinical meetings but did not always update the care plan. We

discussed this with the registered manager who agreed the care plans would be updated.
● People's care and support needs were regularly assessed and reviewed to ensure their needs, wishes and plans remained up to date. A relative commented, "The care [my family member] gets is brilliant. We talk about what she needs, and they listen to us. If there's any problem they contact us. There's been no issues." People also had access to an advocacy service where needed.
● Relatives told us people were supported by regular staff who knew them well and understood their routines which helped to reduce disorientation. Staff were aware of people's preferences, likes and dislikes and important aspects of their life which helped support people in a person-centred way.

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 communication needs had been assessed and were recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. For example, through communication cards or understanding people's non-verbal behaviour.
● The provider told us they could make information available to people in formats they could understand. This included large print and pictorial formats. We observed there were no pictorial menus, but staff told us, and we observed where people were unable to follow the menu there were sample plates were available at meals to help support people's choice and understanding.

Improving care quality in response to complaints or concerns
● The home had a complaints procedure in place which was displayed for reference. People also received a copy when they came to stay at the home.
● One person told us, "I have no complaints. I would say if I had a problem." A relative said, "I have had a few small issues, but the manager is very good. Her door is always open and anything I raise is dealt with straight away."
● Records showed that when concerns had been raised, these were investigated and responded to appropriately and in line with the provider's policy.
● The registered manager and provider monitored complaints to identify any possible learning to be shared with staff at staff meetings.

End of life care and support
● None of the people currently living at the home required support with end-of-life care. The registered manager told us that when needed they worked with the GP and a local hospice to help ensure people received appropriate person-centred end-of-life care.
● People's care plans recorded their and their family's wishes and preferences in respect of this stage of their lives to ensure staff were aware of their preferences and that they were respected.

Good

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 'Good'. At this inspection this key question has remained the same. 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

- Relatives told us there was a warm and open culture at the home. One relative remarked, "The best thing is the staff, the consideration, the care, understanding." Another relative said, "It feels like a home, not an institution."
- Staff said there was a supportive working culture at the service. They said the registered manager had high standards and was committed to ensuring people received good care. Some staff had been supported to become falls and dignity champions to support staff to maintain good practice in these areas.
- Staff also told us they worked well as a team and we observed this to be the case. For example, a senior care worker was observed supporting another senior care worker who had been on leave and made sure they were up to date with any changes.
- The registered manager carried out night spot checks and daily walk rounds to ensure staff were familiar to her and felt supported, any issues were identified, and that people's needs were addressed.

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

- There was a duty of candour policy and the registered manager had a good understanding of their responsibilities under the regulation. We saw this was also discussed at staff meetings to ensure staff understood what this meant.

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

- The registered manager understood their role as registered manager and had notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service as required.

● There was visible leadership and management presence at the service. People and their relatives told us they knew members of the management team and who to speak to about the service. One relative said, "The manager is good she knows everybody and understands how things should be."
● Regular meetings were held to ensure there was good communication across the home. Staff told us they understood their roles and responsibilities. They were guided by the direction and support from the registered manager and management team.
● Relatives told us that having the same regular staff was important as they knew and understood the people they supported. One relative remarked, "The strong point of the management here is the continuity of care."
● Staff told us the registered manager was supportive and approachable. One staff member told us, "If I have a problem. I can go to the manager and she listens."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Surveys were completed by people using the service with staff support because most people at the service were unable to complete the questionnaire. We were also unsure how many people at the service would have the capacity to understand the questions asked.

We recommend the provider review its systems for gathering feedback and consults best practice guidance to consider how best to capture people's voice and experiences of their care.

● Residents and relatives meetings were held throughout the year to provide information and understand people and their relatives views. Relatives told us they felt their views were listened to either informally or at meetings. A relative said, "I'm here every day. I can speak with the staff directly. Management is always available." People and their relatives were able to give their thoughts on aspects of the service and were given information about any changes, such as the electronic care planning system.
●There was a comments and suggestions box available in the reception area to collect any suggestions from visitors.
● Staff views were also sought through a staff survey. Issues from the surveys and suggestions box were considered for inclusion in the home improvement plan.

Continuous learning and improving care
● There was a system to monitor the quality and safety of the service. Regular audits were carried out across aspects of the service such as medicines, infection control, health and safety and care plans. Where audits had identified an issue, we checked and found these had been addressed. For example, a medicines audit in May 2019 identified the homely remedies policy had not been signed by the GP as agreed. We checked this action had been completed. An annual medicines audit was also completed by a pharmacist to provide additional scrutiny.
● The regional manager completed regular checks on aspects of the service and actions were identified at these visits which were signed off when completed. The local authority commissioners also visited the home to monitor the quality of the care provided.
● The provider maintained oversight of the home from key information and reports submitted electronically by the registered manager and through monitoring the progress of the home improvement plan.
● The provider held regular meetings for registered managers to share learning across their homes. Learning from a wide range of areas was shared with staff through staff meetings and supervision.

Working in partnership with others
● The home worked in partnership with local authorities and health professionals to ensure people's needs

were met.

● The home worked to maintain links with the community through the visits from a local children's nursery, community centre, school and youth programme of volunteers from a local charity.

● The home was in the process of setting up a choir for people, their relatives and staff with the support of a local church.