Trustees of Petworth Cottage

Petworth Cottage Nursing Home

Inspection report

Fittleworth Road
Byworth
Petworth
West Sussex
GU28 0HQ

Tel: 01798342785
Website: www.pcnh.co.uk

Date of inspection visit:
25 March 2019

Date of publication:
25 April 2019

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:
● Petworth Cottage Nursing Home is a nursing home that was providing personal and nursing care to 27 people aged 65 and over at the time of the inspection. The nursing home is in a converted building arranged over two floors, with a lift and extensive grounds which are accessible to people.

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

People's experience of using this service:
● People liked living at the service and told us they were happy. People said staff had time for them.
● Staff were kind, compassionate and caring towards people.
● Staff were very skilled at identifying and meeting people's needs at the end of their life, to ensure they experienced a comfortable, dignified and pain free death. Relatives told us how staff had provided exceptional end of life care.
● People's needs were met by appropriately trained staff.
● People received care that was responsive to their individual needs.
● People enjoyed fresh, home cooked meals. The service had received an award in recognition of the improvements they had made because of their participation in a local nutrition programme.
● People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
● The new registered manager had a clear understanding of both the strengths of the service in terms of end of life care and the areas that required further work. They had identified that some processes were underdeveloped, and some policies required review. This work was well underway for people.

Rating at last inspection:
● At the last inspection the service was rated good (25 August 2016).

Why we inspected:
● This was a planned inspection to check that this service remained good.

Follow up:
● We did not identify any concerns at this inspection. We will therefore re-inspect this service within the published timeframe for services rated good. We will continue to monitor the service through the information we receive.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our well-led findings below.

Petworth Cottage 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:

● The inspection was completed by an adult social care inspector 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. The Expert by Experience had experience of caring for older people.

Service and service type:

● Petworth Cottage Nursing Home is a 'care' home. 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.

● Petworth Cottage Nursing Home is registered to accommodate up to 32 people.

● 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 completed on 25 March 2019 and was unannounced.

What we did:

● Prior to the inspection the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

● We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
● We emailed five professionals to seek their feedback on the service but did not receive any feedback. During the inspection we spoke with the GP for the service who provided highly positive feedback.
● During the inspection we spoke with 10 people and five relatives/friends.
● During the inspection we spoke with the registered manager, a nurse, a care worker, the chef, the administrator, a cleaner, the activities coordinator and two trustees of the charity that run the service.
● We reviewed three people's care plans and three staff files. We reviewed people's medication records, staffing rosters and records related to the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. Their comments included, "Very" and "Yes. Always felt safe."
- Information was displayed for people and their representatives about how to raise any concerns.
- Safeguarding policies were in place to ensure people were protected from the risk of experiencing harm or abuse, these were in the process of being updated. Staff had access to both policies and safeguarding information in the staff handbook.
- Staff had undertaken relevant safeguarding training. They knew the types of abuse people could potentially experience. They understood their role and responsibility to report any concerns.
- The registered manager had not needed to report any safeguarding concerns to the local authority as the lead agency for safeguarding. They had attended a safeguarding for managers course and understood their role and duties.

Assessing risk, safety monitoring and management

- People had risk assessments in place which addressed identified risks to them. The risk assessment informed staff what the risk to the person was and the measures in place to manage it. This included the number of staff required to support the person and any required equipment or guidance. Where staff were instructed to re-position people regularly to manage the risk of them developing pressure ulcers, records demonstrated staff had provided this care as described.
- Risks to people were managed in a manner which did not restrict their freedom, choice or control. Staff were instructed about what people liked to do and guided to support their choices. People's care plans documented what they could do for themselves. For example, whether the person could walk and any equipment they required to do so safely.
- The nurse call system had been recently updated. This enabled people to be provided with a pendant they could wear on their wrist. This ensured they could walk freely in the knowledge they could summon assistance as required.
- Maintenance staff ensured relevant safety checks had been completed in relation to fire, electrical, gas, water and asbestos safety. Processes were in place to ensure equipment was maintained and serviced. Staff had undertaken fire training, and drills and guidance were in place for how to evacuate people in an emergency. Relevant action was underway to address areas that required attention. For example, work was underway to upgrade some of the fire doors as required.
- People's records were accurate, complete, legible and up to date and available to relevant staff. This ensured staff could support people to stay safe.

Staffing and recruitment

● People told us there were sufficient staff to provide their care. They said if they pressed the bell, staff came, and they stayed with them for as long as required.
● The registered manager used their professional judgement, combined with discussions with the senior team as people's care needs changed, to determine the staffing levels for the service. People and staff's feedback and records reviewed, demonstrated there were always sufficient staff rostered.
● In addition to senior staff that led the staff shifts, there was also an on-call to ensure staff could seek advice as required.
● There were currently two staffing vacancies for nurses, one in the day and one at night. Staff vacancies were covered with regular agency staff, to ensure continuity for people.
● The registered manager ensured the required pre-employment recruitment checks were completed prior to offering staff employment. This ensured only staff suitable for their role were recruited.

Using medicines safely
● Processes were in place to order, store, administer and dispose of people's medicines safely.
● The registered manager had updated the medicines policy this year. It provided relevant up to date guidance and included a covert medicines policy and processes to follow if a person's medicines needed to be crushed or if a person wanted to self-medicate. People told us they received their medicines as needed and confirmed staff supported them to self- medicate where they wished to do this.
● People received their medicines from trained staff. Nursing staff had recently updated their medicines training externally, and this included a competency assessment. People's medicines were now stored in a new spacious, air-conditioned treatment room, to control the temperature at which medicines were stored. Controlled medicines which require an additional level of storage, were safely stored, monitored and recorded.
● Staff were observed to administer people's medicines safely in accordance with the instructions provided. Staff had guidance for medicines people took as required and used a recognised pain scale to assess if people might require a medicine due to pain they could not verbalise. Clear records were maintained of when and where people's pain relief patches were applied, to ensure these were rotated. Medicines administration was then recorded on the person's medicine administration record.

Preventing and controlling infection
● The service was clean and hygienic. Staff were observed to clean the service throughout the inspection. People told us their rooms were cleaned regularly.
● Staff were observed to wear the gloves and aprons supplied when they provided people's care. People confirmed staff wore them.
● Staff had undertaken training in both infection control and food hygiene. They had access to an up to date infection control policy. There were two infection control leads in the service to advise and guide staff.
● The kitchen had been awarded a rating of five by the local environmental health department which is very good.

Learning lessons when things go wrong
● Staff understood their responsibility to raise any concerns and to record any safety incidents. Staff had been reminded of their responsibilities in relation to recording falls and bruising at the February 2019 staff meeting, to ensure there were clear lines of accountability within the staff team. There was evidence that when incidents occurred, these were investigated, to identify if any further actions were required for the person's safety. Staff ensured people's relatives were informed of incidents.
● Staff have been asked to form both a falls team and a bruises team to monitor any incidents of these types and to identify any areas for potential improvement through prevention.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's physical, mental health and social care needs were assessed by either the registered manager or their deputy, prior to the offer of accommodation. This ensured staff understood and were able to meet the person's needs. Staff ensured they obtained any relevant assessments from other agencies to inform their care planning.
- The provision of people's care was based on recognised guidance, for example, in relation to end of life care. Staff used recognised tools to assess risks to people, for example, those associated with their nutritional intake and the development of pressure ulcers. The registered manager was reviewing all policies to ensure they were up to date and current.
- Staff kept themselves up to date with developments in practice, through on-going training, attendance at care forums and reading professional journals.
- Staff training included equality and diversity, and this was underpinned by the provider's statement of purpose and new polices, which were about to be issued, in relation to protecting people's rights, diversity in care and equality. Processes were in place to prevent discrimination against people, including in relation to their protected characteristics under the Equality Act, when making decisions about their care and support.

Staff support: induction, training, skills and experience

- People's needs were met by appropriately trained staff, who were provided with a range of required and additional training suitable to their role.
- Staff received an induction to their role and care staff completed the Care Certificate. This is the nationally recognised qualification for those new to social care. Staff were then provided with ongoing training opportunities relevant to their role. For example, care staff had recently attended end of life training with the Macmillan nurses.
- Staff were supported with their ongoing professional development; nine staff had completed a national vocational qualification. Nurses were supported to maintain their professional registration.
- Staff shared and disseminated their learning from external training, for example, attendance at a team building and time management day. A system of annual appraisals had been introduced, to enable staff to reflect upon their performance and identify their learning needs. Staff reported they felt well supported within their role.
- Staff had received group supervisions through the regular staff meetings and one to one observations of their practice. The registered manager was introducing a new structured programme of ten competency assessments for care staff from April 2019, to provide them with a more comprehensive programme of practical supervisions, to further enhance and develop their skills and competency.

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

● People provided positive feedback about the quality of the meals provided. Their comments included, "Food is very good" and "Always a choice."

● The chefs prepared fresh, nutritious meals on-site. People were provided with a selection of hot and cold breakfast options. There was a choice of two main meals at lunchtime, which included a vegetarian option. Snacks were provided throughout the day. We saw where people required pureed meals, each element was pureed separately to ensure it was well presented. The chef met with people daily to discuss their food choices with them for the next day.

● People had nutrition care plans in place, which were reviewed monthly. They noted the person's preferred foods and addressed any dietary or hydration risks to them. Staff assisted people who required support with eating or drinking their meals as required.

● Staff encouraged people to come and eat in the communal areas. However, most people chose to eat in their bedrooms and their choices were respected.

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

● People told us staff ensured their health care needs were met. They said staff provided transport and escorted them to see the dentist or GP if they wished to go and see them.

● The service had clear systems and processes for referring people to external services. There were three daily staff shift handovers and meetings. This ensured people's needs were identified and relevant referrals made to external professionals in a timely manner.

● People were referred to professionals such as speech and language therapists, dieticians and physiotherapists as required.

● Staff worked across services to understand and meet people's needs. Staff worked closely with both the Macmillan community nursing team and the hospital palliative care team to provide people's end of life care in the place of their choosing.

● People were supported to ensure their health needs were met. Many people were under the care of the local GP who visited the service as required. People received a six-monthly medical review, which included a review of their medications.

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

● People had access to several communal lounges within which they could socialise with others or their families. There was a quiet lounge for people.

● A range of high quality seating was provided in the communal areas. This enabled people and their families to be seated comfortably and ensured there was not the feeling of sitting in an 'institution,' but someone's own lounge. The communal areas were attractively decorated for people with flower arrangements completed by volunteers.

● There was also a 'retro' lounge, which reflected 1960s and 1970s design. This provided a reminiscence space for people living with dementia, designed to stir memories of this period through the room's design and décor.

● The grounds were accessible to people with the recent addition of a garden walk for people to enjoy at the front of the building. There was a patio for people to sit outside.

● People were provided with appropriate signage around the service to orientate themselves. The lift was able to accommodate a stretcher for people's dignity as required.

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.

● Staff had undertaken training on the MCA. Care staff understood the principles of the Act and were able to demonstrate how it applied to their day to day work.

● Where people had a power of attorney in place to make decisions on their behalf, a copy was held on their file. This demonstrated what decisions the attorney was authorised to make.

● People were supported to make their own decisions about their care wherever possible. People confirmed staff consulted them about their care.

● Staff used a recognised tool to enable them to assess people's level of cognitive functioning, to enable them to identify if people might lack the capacity to make a specific decision. People's care notes demonstrated significant others had then been consulted as part of a best interest decision as required. A relative confirmed, "We were fully consulted about all decisions." However, these assessments and best interests decisions had not been fully documented as per good practice guidance. The registered manager told us they had already identified processes to document people's consent to their care were underdeveloped. They were in the process of introducing written consent forms for people to sign to demonstrate their written consent to their care.

● The registered manager had also written and was about to issue to staff a consent to care and treatment policy. This included the actions to take, including record keeping, where people lacked capacity to give consent. The registered manager was already addressing this issue for people.

● People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found applications had been made for people where appropriate, and people's relatives had been consulted prior to the application being made.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were "very good to me," "generally very nice to me" and, "You build up a relationship with the staff."
- Staff were seen to treat people with kindness and compassion throughout the inspection as they provided their care. There was a stable staff team which provided consistency in staffing. People were observed to be relaxed and comfortable in the presence of staff.
- Staff treated people as individuals. Staff although busy, had sufficient time to get to know people, which they confirmed. All staff including the cleaners had a good knowledge of people's preferences and interests. Staff were able to tell us information about people ranging from their preferred routines to what football club they supported.
- Staff demonstrated concern for people's welfare and were quick to respond to signs of distress or discomfort.
- Staff had completed communication training, to enable them to understand how to communicate with different people. People's communication needs and how to meet them were documented for staff's guidance. For example, a person's care plan noted they had limited speech and would communicate their wishes by pointing. Staff were to ensure they gave the person plenty of time to communicate. We spoke with this person who confirmed staff were "good." Another person was living with dementia and staff were instructed to ensure they were given time to express any anxieties. We observed staff ensured they were on a person's level who was distressed when they spoke with them. They maintained eye contact, as they engaged the person in a friendly and open manner.

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

- Staff ensured they sought people's verbal consent for their care throughout the inspection. They offered them choices and sought their views. People told us, and their daily care records confirmed they had been consulted and their verbal consent for their care sought. People were actively involved in making decisions about their day to day care.
- Staff ensured they involved people's relatives in decisions about their care where this was their wish. Where people did not have any representatives, they ensured they had access to advocacy services.
- People told us staff had time for them. The staff roster was designed so two care staff were allocated to each corridor, this ensured staff were focused on meeting the needs of small groups of people. The provider had a loyal staff team, staff had often worked for the service for a long time. People received timely care from familiar staff. At the afternoon staff shift handover, staff were able to provide detailed feedback about how each person had been that morning, in terms of their health, welfare and mood.

Respecting and promoting people's privacy, dignity and independence

● Staff underwent dignity, respect, and equality and diversity training. They were able to describe the measures they took to ensure people's privacy and dignity were upheld during the provision of their personal care. A relative confirmed, "[Loved one's] privacy and dignity have been upheld throughout." Staff were observed throughout the inspection to ensure people received their personal care in private. Discreet signage was used to inform visitors if a person was receiving personal care and therefore they should not attempt to enter the room. The nurses monitored care staff's interactions with people and the registered manager completed dignity audits, to explore people's experiences with them.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Prior to admission people were visited and their needs, strengths and preferences were discussed with them and documented. People we spoke with were not very aware of their care plans and could not recall them. If people had signed to demonstrate their involvement with their care planning, this would have provided written confirmation of their involvement. Processes were being introduced to document people's consent to their care.
- People had a named nurse and key worker to ensure they had a point of contact and staff responsible for their care planning.
- The registered manager had responded to external feedback received in 2018 and made improvements to care plans for people, to ensure they were more detailed and individualised. Staff had received training in person centred care planning, where the care is planned around the needs of the individual. People's care plans reflected their physical, emotional, mental and social needs and their preferences about how they wanted their care provided.
- People or their relatives were asked to complete a personal profile document for staff to gain a greater understanding of the person's preferred choices over their care and daily routines. The content of the personal profile, varied depending on how much people or their families had decided to document. However, staff still knew people well as they spent time talking to them. There was a resident of the day process, whereby staff spent time getting to know people and their personal background.
- People were supported to follow their personal interests. For example, staff had identified a person had been a pilot in their working life and had taken them to visit an airport. One person told us how they were looking forward to playing bridge that afternoon and members of the local community came in to play with them. Another person's pet came to visit them.
- There was an activities programme which included both group and one to one sessions. Staff designed activities appropriate to people's needs, for example, for those living with dementia, there were sensory activities. Staff took people out into the community using the provider's minibus.
- People were supported to be as independent as they wished. A person told us how they enjoyed going out for walks by themselves. People confirmed they were encouraged to do what they could for themselves.
- Staff ensured people could maintain social relationships that were important to them. People told us their friends and relatives visited them regularly. The service had many volunteers from the local community and relatives of former residents, who served refreshments to people twice a day and did flower arranging. This provided people with a range of visitors to engage with daily. This was particularly of benefit to people who did not have relatives to visit them regularly.
- People's spiritual needs had been identified and met. There was a monthly non-denominational church service and local priests visited people as required.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded

and highlighted in care plans. These needs were shared appropriately with others. We saw evidence the identified information and communication needs were met for individuals.

Improving care quality in response to complaints or concerns

● People received a copy of the complaints process with their welcome pack. They knew how to make any complaints or raise issues and felt they were listened to. Their comments included, "Tell them ... put it right," and "Always can go to [name of registered manager]." No written complaints had been received recently. However, there was evidence verbal complaints were noted and relevant action taken for people.

End of life care and support

● Staff including nurses and care assistants had received relevant training in end of life care and symptom management. The staff team had built good links with the local hospice and local Macmillan nurses. Staff used a coding system to identify those approaching the end of their lives. The daily shift handover discussions ensured staff quickly identified people in the last days of their life whose condition may be unpredictable and change rapidly.

● People were consulted about their end of life wishes and had comprehensive advanced care plans in place. Their end of life plans reflected their choices and preferences, including their spiritual and cultural needs.

● End of life plans detailed how the person's symptoms would be assessed and managed effectively. Staff ensured anticipatory medicines to ease people's symptoms were available as required and staff had been trained to administer medicines via a syringe driver to people as needed. This ensured people received this care when required, from staff they knew.

● Staff had produced an information leaflet for the relatives of those approaching the end of their lives, entitled, 'Preparing to say goodbye.' This provided relatives with information about the physical, emotional and spiritual changes which may occur and how these could be met for the individual. People were also provided with information leaflets on advance care planning and cardiopulmonary resuscitation. A relative told us how helpful the leaflets had been in their understanding and said, "The care has been unbelievable" and "The way [loved one] has been treated has put us at ease."

● We saw staff treated people's relatives with compassion and kindness at the end of their loved one's life. Staff ensured people were provided with dignified care after they had passed away and supported relatives with great sensitivity.

● People were not forgotten once they had gone. There was an annual remembrance service for those who have lost loved ones. The registered manager told us relatives derived great comfort from the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People told us they knew the registered manager, who they found responded well to any requests. They told us overall, they were happy with the way the service was run and there was a nice atmosphere.
- The provider's statement of purpose set out the aims, objectives and values for the care provided. These included the protection of people's human rights and the provision of person centred care focused on the needs of the individual.
- The management team were readily available to people, their relatives and staff. The registered manager was scheduled alongside their deputy to work different hours, which enabled them to meet with night staff at the start or end of a staff shift. We observed relatives felt at ease and freely approached the registered manager.
- The registered manager promoted a positive, open, 'no blame' culture amongst the staff team. They welcomed feedback and could demonstrate the actions they had taken in response to feedback. For example, following external feedback, they had reviewed and made improvements to the level of detail provided in people's care plans.

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

- The service had a manager registered with the Care Quality Commission. Since the last inspection the previous registered manager had left, and the new registered manager registered with CQC on 17 May 2018. The new registered manager was the previous deputy manager, which has provided continuity in the management of the service for both people and staff.
- The new registered manager had a clear understanding of both the strengths of the service such as end of life care and the areas that required further work such as some processes and policies. The registered manager set themselves monthly goals and had already made significant progress. The medication policy, the statement of purpose, and the complaints policy had been reviewed and updated. A falls checklist and procedure had been implemented. Staff had been issued with a staff handbook which outlined their role and responsibilities.
- The registered manager was well supported in their role, by the board of trustees who regularly visited the service and provided support and leadership on projects; such as the current refurbishment of one of the corridors. The registered manger attended the regular board meetings, to provide updates on the service. There was a good working relationship between the registered manager and the board.

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

characteristics

● People's views had been sought on areas such as safety and dignity. People were asked to complete an annual survey. Feedback on office security from the last survey circulated in October 2018 had been acted upon and there was now a door keypad for additional security. Staff's views were sought at the monthly staff meetings.

● The Friends of Petworth Cottage were an integral part of the service's links with the local community. They hosted various social events across the year to raise funds for the service. In addition, the service had links with the local church. The service had held two parties to celebrate the work and contribution to the service from their volunteers.

Continuous learning and improving care

● Processes were in place to monitor the quality of the service provided and these were used to drive service improvements. An infection control audit was completed in October 2018. This identified various actions were required which had been completed. There were regular hand hygiene audits. Staff were required to complete a template as part of their resident of the day check, to assess the quality of the care plans.

● The provider's pharmacist had recently audited their medicines, required actions such as updating the medicines policy had been completed. People's medicine administration records were regularly checked for any gaps. The registered manager was introducing a monthly medicines audit as part of their programme of improvements.

● The annual health and safety audit had been completed in February 2019 by an external contractor. The provider was addressing the items identified as requiring action.

Working in partnership with others

● Staff had good links with other agencies and worked in partnership with them. A local GP told us the service worked collaboratively and openly with them. Staff had close working relationships with the Macmillan nurses and the hospital palliative team. Staff had accessed end of life training with their Macmillan colleagues.

● The service had participated in the 'Nutrition Resources in Care Homes' (Nrich) programme run by the local clinical commission group. A dietician completed a full nutritional audit with the aim of improving people's nutrition and hydration where possible. The service had received a gold award in recognition of the improvements they had made as a result of the programme.