Brendoncare Foundation(The)

Brendoncare Alton

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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Brendoncare Alton is a large nursing home providing personal and nursing care to 60 people aged 65 and over at the time of the inspection. The service can support up to 80 people.

Brendoncare Alton provides purpose-built accommodation across five households, each with their own facilities. Two of the households specialise in providing care to people living with dementia. At the time of the inspection, the service was coming to the end of a major refurbishment programme. Four of the five households were in use and re-development of the final household was almost complete.

People's experience of using this service and what we found
People were safeguarded from the risk of abuse and processes were in place to share any relevant learning from incidents, to reduce the risk of re-occurrence. Staff ensured people received their medicines safely and as required. There were sufficient staff to meet peoples' care needs in a timely manner.

Staff's delivery of care to people incorporated best practice guidance. People received their care from well trained staff who had on-going support and supervision in their role. Staff ensured any referrals to other services were made promptly for people and their healthcare needs were met. People benefited from the well designed and thoughtfully decorated environment, which was clean, homely, familiar and attractive.

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.

Staff treated people with kindness, respect and compassion as they provided their care. People were encouraged to express their views and to be actively involved in decisions where possible. Staff ensured people's privacy and dignity was upheld during the provision of their care.

People received individualised care, planned around their needs and preferences. People were provided with opportunities for activity and social contact. People's complaints were listened to and responded to appropriately. People were consulted about their end of life wishes and were well supported.

There was a positive, open culture focused on achieving good outcomes for people. The provider ensured people and staff's views were sought and acted upon. There was a clear governance framework for the service. Processes were in place to identify any potential risks to people's safety or the quality of the service and to drive improvements. The service worked with key organisations to enhance the delivery of people's care.

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

Rating at last inspection
The last rating for this service was Good (published 30 June 2017).

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?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brendoncare Alton

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 was completed on day one by an inspector, an assistant 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 day two the inspection was completed by one inspector. The local fire service also completed a routine inspection on the first morning of the inspection.

Service and service type
Brendoncare Alton 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
We gave 24 hours' notice of the inspection because we needed to ask the provider if the fire service could complete their routine inspection in conjunction with us.

What we did before the inspection
We contacted two commissioners of care for their views of the service provided. We reviewed notifications and information we had received about the service since the last inspection.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with 11 people who used the service and one relative about their experience of the care provided. We also spoke with one of the volunteers at the service. We spoke with 17 members of staff including the registered manager, one of the two deputy managers, the head of care, four nurses, five care staff, an activities co-ordinator, the chef, the property services manager, the housekeeper, and the practice educator. We also spoke with a visiting health care professional. We observed staff interactions with people on four households and the morning senior staff handover.

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

Good

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.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's systems, processes and practices safeguarded people from the risk of abuse. Staff had access to relevant training, safeguarding policies and guidance. People told us they felt safe.
- Staff understood their safeguarding responsibilities. One staff member said, "I would write it down and report it to the nurse or manager and they would investigate." Staff understood how to take any concerns outside of the service using the provider's whistleblowing policy if required.
- The registered manager ensured any concerns about people's safety were reported, logged and reviewed. They undertook a monthly incident analysis which included a review of safeguarding concerns and enabled any learning to be shared across the provider's services.

Assessing risk, safety monitoring and management

- Potential risks to people were identified, assessed and managed for their safety. For example, where people were at risk of falls, relevant equipment was in place to alert staff people had got up and might require assistance. Some people at very high risk of falls were funded for one to one care and this was provided. People told us they felt safe in the home, one person said, "They [staff] hoist me, there are always two staff. They always check the equipment before they move me."
- Staff had fund-raised to purchase a 'chair raiser' to assist those who fell without injury up from the floor. This was particularly useful on the advanced dementia household, in maintaining people's dignity and reducing their stress following a fall, as staff could avoid lifting them with a full body hoist.
- Staff understood how to manage people's behaviours if challenging. Staff had completed training in dementia and responding to behaviours which may challenge and had access to relevant guidance. Staff providing one to one care, especially on the household for people with advanced dementia, were seen to keep people engaged with activities they enjoyed, which helped reduce incidents due to anxiety or boredom.
- The provider ensured equipment staff used in the provision of people's care was checked and maintained. The provider ensured the building and associated utility services were safe. The fire service did not identify any issues of concern in their routine audit.
- On one household we identified two people still had rails on their beds, which were not used or required to prevent them falling, the maintenance person had not removed them. People can be at risk from entrapment or falls from their use and they should only be used with a risk assessment and authorisation. We brought this to the attention of the nurse and they were immediately removed. We did not identify any issues with their use on the other three households.

Staffing and recruitment

● The registered manager ensured through the staff rostering, there were sufficient suitable staff with the right skills and knowledge for each household. They completed a monthly dependency assessment and listened to feedback from staff about staffing needs. People told us, "If I press my bell, they come right away." A person cared for in bed said, "Staff check on me regularly."

● Staff underwent effective training in safety systems, processes and practices. They received training in areas such as health and safety, first aid, moving and handling and fire safety.

● The provider had robust recruitment processes to ensure only suitable staff were employed. They ensured all relevant pre-employment checks were completed to ensure staff's suitability.

Using medicines safely

● People received their medicines safely from trained, competent staff. Staff had access to up to date medicines policies and guidance. For example, staff used a recognised pain scale to determine if people needed medicines prescribed for use 'as required' to alleviate any pain.

● Staff assessed the level of support people needed to take their medicines safely. This ensured people who could self-administer their medicines had the freedom to do so. People who required their medicines covertly, without their knowledge, had the correct legal requirements in place to ensure this was safe and in their best interests.

● Staff used the provider's electronic medicine administration record (Emar) to order, manage and record the administration of people's medicines. This enabled staff to ensure people received their medicines as intended.

● Staff ensured people's medicines were stored safely, including controlled medicines which require a higher degree of security. People's medicines, were securely stored in their bedrooms and the temperature was monitored to ensure their effectiveness. This promoted people's privacy and dignity when their medicines were administered.

Preventing and controlling infection

● The service appeared visibly clean throughout. Housekeeping staff were deployed across the service and cleaning schedules demonstrated the cleaning completed. A person confirmed, "The cleaners are very thorough."

● Staff used colour coded chopping boards and food temperature probes to prevent cross contamination in the kitchen. Processes were in place to ensure the safe management of linen and waste, to prevent the risk of cross-infection.

● Staff completed relevant training, including infection control and food hygiene. Staff were observed to follow the provider's infection control policy and wore the personal protective equipment provided, to reduce the risk of people acquiring an infection. There was plenty of provision of hand washing facilities, for people, staff and visitors.

Learning lessons when things go wrong

● Staff understood their responsibilities to raise any concerns. Investigations into safety incidents were thorough and open and any required actions were taken, to ensure people's safety. Processes were in place to enable any learning from incidents to be shared amongst the staff team.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

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

- People's needs and choices were holistically assessed prior to their admission and took into account their mental health and social care needs. This information was shared with staff through the daily shift handovers, to ensure they understood people's needs.
- People's care was delivered in line with legislation and evidence-based guidance. For example, the renovation of the two dementia households followed current best practice guidance. Staff used recognised tools to enable them to assess and manage potential risks to people associated with the development of malnutrition and pressure ulcers.
- The provider's senior leadership team provided a support network to enable the sharing of practice, advice and knowledge with staff from across their services.
- Processes were in place to prevent discrimination through equality and diversity polices and person-centred care planning. For example, the chef asked people and staff what their dietary, cultural and religious needs were and ensured they were met.

Staff support: induction, training, skills and experience

- Staff received an effective induction, which incorporated the Care Certificate, which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.. One staff said, "The induction was really good. After training I had eight shadow shifts, they make you feel really comfortable before you work on your own and I could have asked for more if I needed them."
- Staff also received mentoring, on-going training, supervision and an annual appraisal of their work and professional development. Staff reported their supervisions were useful and supported them in their roles. People told us they felt staff had the training they needed to support them.
- Staff were supported to access additional training if needed. Some staff had requested an English language course which was arranged. Staff were encouraged to undertake further professional qualifications, and nurses were supported with their professional re-validation.

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

- Overall, people enjoyed their meals. The chef planned meals on a six-week rotation and people had choices at each meal. People's feedback on the meals was sought through the residents' meetings and records showed meals were changed in response to their feedback.
- Staff had arranged the dining tables as people wished, to encourage social interaction. Staff sang with

people on one household prior to their meal.
● On one household lunch was not totally consistent with the other households. On both days there was a delay in the arrival of the lunch trolley, which meant people were waiting. Staff were more stretched and did not always support people with their lunch whilst seated next to them. There were the same number of staff and people's care needs were no higher than on other households. We spoke to the registered manager who was already aware and was taking action.

Staff working with other agencies to provide consistent, effective, timely care
● Staff worked well together as a team to ensure people received co-ordinated care. The service participated in the 'Red bag' initiative, aimed at improving communication between homes and hospitals and ensuring the safety of the person's records and personal possessions should they be conveyed to hospital.
● Staff identified if people needed to be referred to other services promptly and ensured any required referrals were made and chased up for people. Staff liaised with the Clinical Commissioning Group at an early opportunity about any issues for people.

Adapting service, design, decoration to meet people's needs
● The registered manager had consulted people about their preferences and choices for the decoration and soft furnishings used for the refurbishment of the service. People had voted on their choices from the names of local villages for the new households.
● The environment was homely and well-furnished. The household for those living with advanced dementia, had been decorated using blues and greens which evidence shows are calming. There were contrasting colours which enabled people to identify changes in flooring and rooms. There was sensor-controlled lighting and the use of pendant lights and lamp shades throughout added to the non-clinical feel.
● People were provided with plenty of space upon each household to manoeuvre, set up activities and relax. Throughout there were small seating areas, where people could meet. A person told us how they enjoyed lunch at one of these areas with their spouse daily, which gave them privacy and said they felt "spoilt" by staff. People had access to outside space.
● Wet rooms had been installed to provide people with the choice of a shower or bath. Bathrooms were accessorised, this made them more recognisable and relaxing. Kitchenettes had been installed on each household, this enabled people to make their own drinks where possible and enabled staff to interact with people whilst preparing their food and drinks.

Supporting people to live healthier lives, access healthcare services and support
● People told us their healthcare needs were met. One person said, "I tell [staff member], she tells the doctor and the doctor comes out, no problems." People were referred to a range of health care professionals as required. People had plans in place to manage conditions such as diabetes and for wound care.
● People's oral health care needs were assessed and met. Staff received relevant training. A staff member told us, "Each person has a form for the delivery of their personal care which includes oral health. We ensure people have toothbrushes and toothpaste."

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 had completed training and understood the principles of the MCA. One staff said, "It's about understanding that people have choice, just because they want to make a decision you might think is bad doesn't mean they don't have capacity."
- Staff ensured where people lacked capacity to make specific decisions, MCA assessments were completed and through consultation with relevant others, staff determined what was in the person's best interests.
- Staff recognised when people lacked capacity to consent to their care and were deprived of their liberty. They ensured authorisation was sought to protect people's human rights.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and compassion by staff. People told us, "They are so kind to me" and "They're always helpful." We observed there was a culture of caring, staff enjoyed their work and most engaged with people well.
- Staff's dementia training included how to communicate with people. People had communication care plans to inform staff of their communication needs and how these should be met. For example, a person's care plan instructed staff to introduce themselves and establish eye contact before touching the person. There was guidance for staff about how to respond to people's non-verbal communications and how to assess if they might be in pain using a recognised tool.
- Staff demonstrated concern for people. They checked with people at lunchtime if they were enjoying their meal and ensured their comfort and welfare.
- Staff had a good understanding of the people they cared for including their personal preferences. A person said, "They know my routine and how I like things done." Staff told us, "It's about getting to know people, little things like how they like their tea can make all the difference."

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

- Staff recognised when people wanted support from their representatives to help them understand their care and ensured they were involved. People's care plans demonstrated input from people and their relatives. Where people lacked anyone to represent their interests, staff were able to provide them with details of advocacy services.
- Staff were observed throughout the inspection to involve people in decisions about their day to day care. For example, what they wanted to eat and drink. People's wishes were respected, such as where they wanted to eat.
- Staff had sufficient time to spend with people and talk to them, they were patient. A person told us, "The care is not rushed they are very helpful. We have a good old gossip when they provide my care. I can talk to them."

Respecting and promoting people's privacy, dignity and independence

- Staff completed relevant training in equality and diversity and dignity, this ensured staff understood how to respect people's privacy during the provision of their personal care. People confirmed staff upheld their privacy and dignity.

● Staff responded compassionately to people's distress. A staff member told us, "[Name of person] was just in her room crying missing being in her old flat, so I sat with her a while and it was so nice to be able to comfort her and know I'd helped her to feel better."
● Staff understood confidentiality. One staff member said, "It's spoken about in training. Things like not leaving paperwork out, keeping doors closed and locked and not giving out people's information."
● People's preferences were considered when scheduling staff and there was a mix of male and female staff rostered to provide people with a choice. A person said, "I like a female to help me when I am showering, and they know that."
● Overall people's independence was supported. A person told us, "They give me a flannel to wash my face and where I can, then they do the rest." We saw people were encouraged to feed themselves where possible.

● Two people on one household told us they found certain staff were overly cautious in relation to managing the risk of them falling, which potentially could reduce their independence. We brought this to the registered manager's attention, for them to address with the staff concerned.

Good

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.

Good: This meant people's needs were met through good organisation and delivery.

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

- People we spoke with could not all recall having been involved in their care plans. However, records clearly demonstrated people and their relatives had been involved in their initial assessments, care plans and reviews of their care.
- People's strengths were taken into account and reflected in the delivery of their care. For example, on the dementia household several people were supported one-to-one by staff. One person had retained the ability to play card games and dominoes. Staff were seen engaging the person in these games whilst supporting them, which gave both the person and staff pleasure.
- People's care plans fully reflected their care needs, history, interests and aspirations. A person told us, "Staff know about my working background. Staff are interested."
- The registered manager was able to describe to us how they would accommodate the needs of people from the LGBT community. The service was inclusive of all.

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.

- Staff identified people's information and communication needs and these were addressed within their communication plan. Staff were informed via the daily handover of people's communication needs. Staff were able to access information in other formats as required for people from the local Age Concern.

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

- Staff ensured they understood people's interests. There were a range of regular activities and entertainers, which people chose whether or not to attend. One person told us, "We do arts and crafts with three-year-olds, it's lovely to see them." They also showed us craft the children had made with them.
- Staff ensured people's religious needs were met, such as through the provision of church services.
- Staff ensured the needs of those who could not participate in many activities were met. For example, staff used an interactive device which projected images onto the floor or table to engage people living with dementia. It encouraged people's social activity and interaction through the use of imagery and music. We observed people enjoying interacting with the device.

● People were encouraged to maintain relationships which were important to them. Several people's relatives liked to visit daily for large parts of the day and were made to feel welcome. Another person told us, "I belong to a club in Alton and a driver collects me and brings me back here."

Improving care quality in response to complaints or concerns

● People were provided with information about how to make a complaint about the service in accordance with the providers published complaints policy. People told us they knew how to make a complaint if they wished. Staff understood their role in supporting people to make any complaints as required.

● Any complaints received were logged on the provider's electronic reporting system to enable the investigation and outcome to be recorded and tracked. Any complaints received were processed in accordance with the complaints policy. The registered manager ensured action was taken following complaints to reduce the likelihood of repetition for people.

End of life care and support

● The provider's focus on ensuring people received the care they needed in a place of their choosing at the end of their lives was set out in the end of life policy. Staff had received the nationally recognised Six Steps end of life training, to provide them with the relevant knowledge and skills to support people. A health care professional told us, "End of life care is excellent, it's personalised as they have staff that care."

● People, their relatives and relevant health professionals were involved in making decisions about their end of life care and their wishes were documented within their care plans. People had ReSPECT forms in place where appropriate. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency should they be unable to make or express choices.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- The provider had a clear vision to deliver high quality care, through their philosophy and mission statement as outlined in their statement of purpose. There was an open and transparent culture. A visiting health care professional told us staff were, "Good at picking up the phone" and "Open to help."
- Staff were valued, and their contribution was recognised through initiatives such as the provider's 'Extra mile award.' We saw on one household the whole team had been nominated by a relative who felt staff had worked well with relatives to facilitate peoples' smooth move to an upstairs household as part of the refurbishment programme.
- Staff were provided with equal opportunities and any needs they had in relation to their protected characteristics as defined by the Equality Act were met. For example, if staff required the training to be delivered in a different way to meet their needs, this was provided.
- The registered manager kept under review the culture of the service, including the attitudes, values and behaviour of day and night staff. They were aware that, on one household, aspects of people's experience were not consistently as good as other households. They were taking action to ensure this was addressed for people to improve their experience.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour and ensured people and their relatives were informed of incidents that occurred.

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

- There was an experienced registered manager in post who understood their responsibilities. They ensured CQC were notified of all relevant events at the service. People and staff told us the service was well managed and the registered manager was visible.
- The registered manager was supported by two deputy managers and the heads of departments, who met daily to discuss and address any potential issues.
- There were clear processes in place for staff to account for their decisions, actions, behaviours and performance, through their job profile, training, supervision and audits. Staff were supported and developed

in their roles. Senior staff had attended a leadership academy to develop their skills and attended skills development days.

● The registered manager told us they felt well supported by the provider and the governance structure to deliver what was required for people. Resources had been provided to enable the complete refurbishment of the service.

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

● People's views of the service were sought through their reviews, the 'resident of the day' programme, resident and relative meetings and annual surveys. People reported the registered manager was approachable. One person commented, "I know the manager, she walks round. I think she would listen to any queries."

● Staff's views were also sought through meetings and surveys and they felt their ideas were listened to. A staff member told us how they had suggested improvements to a form, to make it more service specific and streamlined. They said, "I was very pleased, I brought the idea up and shared it with the manager. They have tweaked the form."

● Volunteers were actively encouraged and added value to people's experience. For example, we met one male volunteer who spent their time speaking one-to-one with men, which gave them more opportunity for male input, in addition to input from the male care staff. We observed a gentleman and the volunteer really enjoying their conversation.

● Staff encouraged the local community into the service through initiatives such as the recently established dementia café, which enabled local people living with dementia and their carers to meet and socialise with people at the service. The service also hosted a regular rock painting group and participated in national events such as 'Silver Sunday,' which celebrates older people. People and staff were eagerly preparing for an imminent visit by their royal patron, which they were looking forward to.

Continuous learning and improving care

● Staff audited various aspects of the service to identify any issues or potential areas for improvement. Prior to the inspection, the registered manager had identified an issue with some records whilst completing an audit. They had followed the provider's policy and were in the process of completing their investigation. This demonstrated the robustness of the provider's audit system in identifying and addressing potential issues.

● The provider ensured there was also external scrutiny of the service. Records demonstrated there were regular visits by staff from head office to review the service and speak with people and staff. The service's pharmacist audited their medicines annually, to check for any issues.

● The registered manager completed a monthly analysis of various aspects of the service, including incidents and safeguarding, to identify any trends and to ensure relevant actions had been taken. For example, the August 2019 analysis showed who was at higher risk of falls and the actions taken to manage this risk for them.

Working in partnership with others

● Staff worked in partnership with organisations such as Social Services and the Clinical Commissioning Group (CCG) to enhance the delivery of people's care. This had resulted in opportunities for staff, such as accessing 'Restore2' training run by the CCG. Restore2 is a tool developed by the local CCG specifically for use by care and nursing homes, to enable them to quickly identify and respond if a person's condition deteriorates.

● A health care professional informed us the service was also part of an 'Enhanced Care Project.' A multi-disciplinary team, visited the service fortnightly and reviewed all aspects of two people's care with them and their family, including their wishes, needs, medicines and diet.