Hampton (Midland Care) Ltd

Midland Care 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?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Midland Care Home is a residential care home providing personal and nursing care to up to 66 people. The service provides support to people with dementia, people with an eating disorder, people detained under the mental health act, people with mental health needs, people with limited mobility and blind people or partially sighted people or visually impaired. At the time of our inspection there were 46 people using the service.

Midland Care Home was purpose built. The service has communal areas, assisted toilets, bathing facilities, and bedrooms with en-suite facilities sited over three floors, known as Sunflower, Daisy and Lily. There is an accessible garden.

People's experience of using this service and what we found
People's safety was underpinned by the provider's policies and processes. Potential risks to people were assessed and measures put in place to reduce these. Lessons were learnt and improvements made through the analysis of reports of accidents and incidents. People were supported by sufficient numbers of staff who had undergone a robust recruitment process and had undertaken training in topics to promote their safety. Medicine systems were managed safely. People lived in an environment which was well maintained and clean, with safe infection control and prevention measures.

People's health and wellbeing needs were assessed, and their health and welfare monitored by staff. Staff liaised effectively with health care professionals to achieve good outcomes for people. Staff had the knowledge and experience to meet people's needs. Staff were supported by ongoing assessment of their competence to fulfil their role and responsibilities. People's dietary needs were met.

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.

Family members were complimentary about the quality of care provided to their relatives. They spoke of the kind, caring and the compassionate approach of staff, and were confident that their relative's privacy and dignity was promoted.

People's needs were recorded in personalised care plans, considering all aspects of their care, including protected characteristics as defined by the Equality Act. Opportunities were available for people to engage in a range of activities within the home and local community, which included observance of their religious beliefs.

Family members were complimentary about the registered manager and management team and were kept informed of key events affecting their relative. Systems, processes and effective governance and

management meant the provider kept under review the quality of the service provided. Staff were supported and monitored to enable them to deliver good quality care. The registered manager and management team worked effectively with partner agencies to achieve good quality outcomes for people.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 16 February 2021).

At our last inspection we recommended that audits were reviewed to ensure all areas for the safety and quality of the service were monitored. At this inspection we found the registered manager and senior leadership had a good overview of audits carried out to monitor the safety and quality of the service.

Why we inspected
The inspection was prompted in part due to safeguarding concerns received and a review of information we held about this service, which included the CQC rating history.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Midland Care Home

Detailed findings

Background to this inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors, 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.

Service and service type
Midland Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Midland Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with six people using the service and two relatives in person. We spoke with eight family members by telephone, we sought their views about their experience of the care provided. We spoke with the registered manager, the head of health care, the clinical service manager, two registered nurses, two-unit managers, the head cook, three care staff and two members of the housekeeping team.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and a variety of records relating to the management of the service.

Following our site visit the provider continued to provide information, which included data to support quality assurance and staff training. We also received information on the management of medicines and evidence to support how the service worked in line with the Mental Capacity Act.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

● Potential areas of risk were assessed and improvements to systems and processes meant these were kept under review to reflect people's changing needs. Measures were put into place to reduce risk and promote safety. For example, the use of pressure relieving equipment to promote skin integrity.

● Family members were aware of equipment used to promote and maintain their relative's safety. A family member told us, "The home has lowered the bed and there is a crash mat by the bed. They now have a Zimmer frame; the staff are aware of [relative's] wish to be mobile."

● Potential areas of risk related to people's health care needs were monitored and recorded, specific to their individual needs. For example, people at risk of poor nutrition and hydration had their food and fluid input recorded and their weight monitored so measures could be taken if a deterioration in their health was found.

● Personalised Emergency Evacuation Plans (PEEP's) had been undertaken for each person. The PEEP identified the level of risk, any individual factors which needed to be considered to facilitate an emergency evacuation, such as equipment to be used to assist with mobility. Other factors to be considered to support a safe evacuation were also considered. For example, people's communication needs, such as a hearing impairment.

● People's safety was maintained by staff and external contractors who undertook scheduled checks of systems and equipment to ensure they were in good working order.

Staffing and recruitment

● Staffing numbers were continually reviewed based on people's needs. This ensured there were sufficient numbers of staff with the necessary training, skills and competence to support people's safety and meet their needs. We noted staff responded to people in a timely manner and had time to sit and talk with people. A person told us, "I ring the call bell if I need anything and they [staff] come and ask if they can help me."

● Family members told us their relative was safe. In some instances, their comments were linked to the number of staff available to provide support and care. A family member told us, "There are always staff in the lounges, I see staff helping people to the toilets, I see staff walking with residents and staff encouraging people to go to the dining room."

● Staff were recruited safely. Staff records included all required information, to evidence their suitability to work with people, which included a Disclosure and Barring Service check (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

● The provider had systems in place to safeguard people from abuse, supported by staff who had

undertaken training in safeguarding.
● Safeguarding referrals were made to the appropriate organisations in a timely manner, consistent with local safeguarding protocols.
● The registered manager kept a record of any safeguarding concerns. The information included the nature of the concern, who had raised the concern and its outcome, which included information to learn and improve the safety of people. For example, additional training for staff in falls management.

Using medicines safely
● Medicines were administered, stored and disposed of safely and information about a person's medicine was recorded within their medication, healthcare and treatment plan.
●People received their medicines as prescribed. Medicine was administered by staff trained in the management of medicine who had their competency regularly assessed.
● People's records provided information as to the medicine they were prescribed and why. Records included people's preferences as to how they preferred to take their medicine, along with information as to allergies.
● We observed medicine being administered. Staff were caring in their approach, providing an explanation as to the medicine, and took time to support the person to ensure all their medication had been taken before the electronic medication administration record was signed.
● The registered manager following our site visit provided information to evidence how people's medicine was managed safely and in their best interests. For example, how people's mental capacity was assessed where they declined to take their medicine. And information as to the protocols staff followed where people were prescribed medicine to be given as and when required.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes
● People had contact through visits by family members and friends. The registered manager told us that in consultation, and with the agreement of family members all visitors continued to evidence a negative lateral flow test for COVID-19 before meeting their relative.
● Agreed plans and arrangements were in place to support family members and friends to continue to visit people at the home, should there be an outbreak of COVID-19 or any other infectious disease.

Learning lessons when things go wrong
● Processes were in place to learn and improve people's care following an accident or incident.
● Staff documented accidents and incidents, detailing the event and the action taken. These were reviewed by the management team. Where improvements were needed these were documented and shared with the staff. For example, following a person's fall, staff had been reminded that a person should not be assisted from the floor, without seeking further guidance from emergency services.

● Incidents and accidents were reported to the relevant authorities, including the local authority, safeguarding teams and the Care Quality Commission.

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 comprehensive inspection published on 11 December 2019 we rated this key question Requires Improvement. At this inspection the rating has changed to 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 physical, mental health and social care needs were comprehensively assessed, and improvements to the assessment process had been embedded into practice. People's assessed needs were kept under review. Assessments of people's needs where appropriate used recognised assessment tools based on clinical health needs and good practice guidance.
- The assessment of people's needs included and took account of their protected characteristics as defined under the Equality Act. For example, people's culture and beliefs.
- Assessments determined where equipment would be beneficial to reduce risk, promoting safety and wellbeing, and to support and encourage people's independence.

Staff support: induction, training, skills and experience

- People's needs were met by staff with the skills, knowledge and experience to deliver effective care and support. This was achieved through a recently developed induction programme tailored to the specific roles of staff.
- Staff had the opportunity to attend additional and more in-depth training in key areas linked to people's needs. Staff member's spoke enthusiastically as to how additional training was helping them to better understand the different types of dementia, how it affected people's daily lives, and their role as members of staff in supporting people well.

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

- People's nutritional and hydration needs were met. People's preferences, considering their culture, beliefs and health care needs were recorded in their nutrition and hydration plan.
- Potential risks linked to malnutrition and hydration were assessed. Measures to improve people's nutritional needs included the provision of prescribed meal supplements, and high protein and calorie diets.
- People's meals were provided in part by an external company, which provides prepared meals to care homes, and by catering staff employed at Midland Care Home. A number of people had their meals delivered by a local resource, who provided meals to meet their cultural needs.
- People we spoke with were positive about the meals provided. A person told us, "The food is quite nice, I am able to choose something different if I don't feel like having what is on the menu."

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

- Staff liaised with a range of health care professionals to support the safe and effective transfer of people between hospitals and the care home, to ensure their needs were met.

● The registered manager had organised training for nursing staff to improve the quality and consistency of information made available to ambulance staff when they were called to a person in an emergency.

Supporting people to live healthier lives, access healthcare services and support
● People's day to day health needs were met. Staff monitored people's health needs consistent with their personalised care plans. For example, a diabetes or epilepsy and seizure plan, which included information about external health care professionals involved in a person's care.
● Referrals were made to the relevant health care professional. For example, where people were at risk of poor nutrition or were at risk of choking, dieticians and speech and language therapists were involved in their assessment and care.
● Health care practitioners from local GP practices and health centres visited the home to review people's health care needs which included the medicine they were prescribed.
● Family members told us they were involved in key decisions about their relative's health and were kept informed about important health related matters. A family member told us, "Yes I feel involved, if there are any issues, me or another family member get a call to tell us what is happening."

Adapting service, design, decoration to meet people's needs
● The property has been designed to enable people to spend time in their bedrooms which had en-suite facilities and provided sufficient space and furniture to enable people to receive visitors.
● Communal rooms, including lounges and dining rooms provided space to enable people to spend time with each other, gather together to take part in activities, watch the television, read, or listen to music. Corridors and doorways were wide to support easy access for people throughout the home.
● A garden was available for people which was accessible to people with mobility difficulties and provided a range of outdoor seating and tables to enable people to relax and spend time with others.
● There were assisted bathing and shower facilities, and toilets which provided equipment to support people with mobility difficulties, including those requiring the use of a wheelchair or equipment to assist with bathing.
● There was signage throughout the home to support people to identify their own room and the communal areas of the home. Signage on communal bathing and toilet facility doors was provided in English and Gujarati.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met
● People's capacity was assessed consistent with the MCA. People's records included information as to their

capacity to make an informed decision about individual aspects of their care and treatment.

● The registered manager following our visit provided documentation to evidence where a best interest decision had been made to administer a person's medicine covertly (without their knowledge) as the person had been assessed as not having capacity to understand the health implications of declining to take their medicine.

● We found the service was working within the principles of the MCA. DoLS applications had been submitted to the appropriate authorising body and were awaiting a decision.

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 comprehensive inspection published on 11 December 2019 we rated this key question Requires Improvement. At this inspection the rating has changed to 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 and supported well, and their equality and diversity was respected. Information was now included within people's care plans detailing how people's equality and diverse needs were to be met.
- People's views and that of family members were sought as part of the assessment process. This meant information about their personal history, background and preferences were recorded and used to influence how their care and support was provided.
- The cultural diversity of people was supported by a diverse culture of staff, which meant staff in some instances were able to speak with people in their preferred language and supported them to observe and practice their religious beliefs.
- Family members spoke well of staff about their kind and caring approach. A family member told us, "Really nice and excellent response from staff. The staff show such commitment, they are all excellent and nice people."
- People spoke positively about staff's approach. A person told us, "It's alright here, the staff seem nice, we have a bit of a laugh and joke with each other."

Supporting people to express their views and be involved in making decisions about their care
- People were able to express their views and contact with family members and those important to people was encouraged.
- People's care records provided key information about who was important to them. Family members told us they were kept informed of key information and been involved in the initial assessment and planning of their care. A family member said, "I always see the manager and am kept up to date all the time. I was involved initially in the care plan."
- Staff spent time with people, laughing, talking and walking with them. This provided people with assurance that they were important and created a calm and caring environment.
- Family members were complimentary about the consistent staff team and the time they had to respond to any requests made. A family member told us, "Anything I have asked they have done, like getting a cardigan. The staff are so joyous, they are all amazing. There isn't one staff member that isn't good. It's because they have continuity of staff."

Respecting and promoting people's privacy, dignity and independence
- People's privacy and dignity was promoted, and staff encouraged people to maintain their independence. Our observations and information held within people's records supported this. For example, a person's records documented the person's abilities to get up, wash and dress themselves without assistance. It

directed staff to provide encouragement, only when the person lacked motivation.

● Family members told us how staff had the time to support their relative when they became anxious or upset. A family member said, "My [relative] got close to another resident who passed away, the staff sat down with them and explained what had happened, they were really brilliant with [relative]."

● Family members spoke with confidence about the promotion of their relative's privacy and dignity. A family member told us, "Staff always shut the door and put a 'do not disturb' sign up on the door."

Good

Is the service responsive?

Our findings

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

At the comprehensive inspection published on 11 December 2019 we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

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

- Opportunities and the range of activities for people to engage and take part in both within the home and within their local community had increased. A timetable of activities was available, displayed on noticeboards with photographs of events and activities which had recently taken place.
- Visitors were welcomed into the home to spend time with family and friends, which included attending organised events. A family member said, "Last week we went to a Hawaiian party that was good, they do a lot of activities."
- People were supported to adhere to the religious beliefs and values. A Priest visited the home to meet with some people, whilst others attended a local Hindu Temple supported by staff.
- We observed people having their nails painted, reading and a person making a bracelet.
- Family members spoke of activities their relative enjoyed. A family member said, "There are activities and my relative is supported to take part, they like a bit of a dance every now and again. They [staff] organise events and there is a trip to the seaside coming up soon." A second family member spoke of visits to museums, and local parks.

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

- People's care records fully reflected their physical, mental, emotional and social needs, which included protected characteristics under the Equality Act, for example cultural diversity and beliefs. A person's records referenced the importance of family members in their care, which included daily visits to encourage them to eat the meals provided which met their cultural needs.
- All aspects of people's health care needs were centred around the person and linked all aspects of their needs with each other. For example, a person's records who required support with their mental health, made it clear to staff that if the person experienced distress or anxiety, staff needed to consider a potential physical cause, such as an infection.
- People's care was person centred, highlighting information known about the person to support a positive outcome for them. For example, a person's records detailed how staff were to encourage a person when they became anxious or distressed, by encouraging them to move away from a high stimulus environment and use breathing techniques.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have

to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● People's communication needs were considered as part of the assessment process and were supported by a communication plan, which included information as to whether the person required hearing aids or glasses and included information as to any difficulties with speaking.

● People's preferred language was also considered. For example, where people's first language was not English, staff in some instances were able to speak in Guajarati, or where not, prompt cards to enable people to express their choices were used.

Improving care quality in response to complaints or concerns

● Concerns and complaints were recorded and responded to consistent with the provider's policy.

● Family members were aware of how to raise a complaint or concern and had confidence that should they raise any concerns these would be managed well. A family member told us, "If I needed to raise a concern, I would go to either of the managers, I have not had any need to do so. There is a complaint procedure on their website if needed." A second family member said, "From my dealings with the home, I think it [raising a concern] would be positive and they would listen to me and take action."

End of life care and support

● People's views and those of family members were sought, and were recorded within the section, my wishes for the future, end of life and palliative care plan.

● At the time of our inspection there was no one in receipt of end of life care. However, family members we spoke with confirmed their views and that of their relative had been sought. A family member told us, "There is an end of life plan in place."

● People's records included information in relation to advanced decisions, which included decisions as to whether resuscitation was to be attempted, known as DNACPR (Do not attempt cardiopulmonary resuscitation). Family members we spoke with confirmed they were aware of these.

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we recommended that audits were reviewed to ensure all areas of the safety and quality of the service were monitored. The provider had made enough improvements.

- Governance arrangements supported the ongoing monitoring of quality performance, through effective communication systems and delegated areas of responsibility.
- The provider's service development plan was an overarching document pulling together information gathered through audits carried out both internally and by external organisations.
- The registered manager had good oversight of the provider's service development plan. Where improvements were required, these were recorded, and a date set for compliance. For example, an audit of staff training identified the target for attainment was not as expected, action was taken, which showed significant improvement in compliance.
- The provider recognised staff contribution to the quality of care through external and internal recognition of awards, which included nominations and feedback from family members, the management team and their colleagues.

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

- People's care was person centred. Care records contained information to support staff to deliver care considering people's wishes and preferences. A family member told us the registered manager had visited them at home, and further meetings had taken place where information had been gathered about their relative and what was important to them.
- Family members were positive about the day to day culture of the service, which included the open and warm approach adopted by the registered manager and staff team. A family member told us, "The registered manager is very good, approachable and very professional." A second family member when speaking of the staff said, "One of the things is that I see staff and people around, there is an atmosphere of community."
- Staff spoke of the training opportunities and the level of dementia care training being provided by an external trainer, which they said would continue to support them in providing individual and personalised care.

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 provider, registered manager and management team had a good understanding of the duty of candour and had reported incidents appropriate to the local authority and care quality commission.

● Family members were informed of any accidents or incidents involving their relative, and any actions they had taken to reduce similar events. A family member told us, "My [relative] has had a few tumbles and they have let me know." A second family member said, "They have told me that [relative] has fallen a few times. They assist them in a wheelchair now, as my [relative] won't use the walking frame."

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

● Staff were supported through ongoing supervision and guidance, which included meetings held on both on an individual and team basis. Team meetings were used to share information about the quality of the service, and provided feedback as to what was working well, and where improvements were needed.

● Family members who lived outside of the United Kingdom sent photographs electronically to the home. These images were then printed and given to their relative, supporting family relationships and the sharing of key events.

● Staff spoke of good morale amongst the staff, they spoke of seeing improvements in communication between staff and the management team. A staff member told us, "[Registered manager] is very supporting, she is amazing."

● Family members spoke of their views about the quality of care being sought, both electronically and by paper-based surveys.

● The facilities manager met with people informally and recorded their views on a number of issues, which included, the management team, staff approach, the environment and meals.

Continuous learning and improving care

● The provider had commissioned a consultancy firm to carry out an independent review as to the quality of care provided. The provider shared the report of their findings with us.

● Information from accidents, incidents, safeguarding concerns, complaints and concerns was reviewed and analysed. The analysis of information was shared with staff and documented in minutes of staff meetings.

● The provider was working towards the Gold Standards Framework, this supports staff to provide quality care for people at the end of their life, with the support of partnership working with health-based community services.

● The registered manager and clinical service manager had undertaken a minor illness training course. This helped in the early detection and referral for treatment for people to a health care professional.

Working in partnership with others

● The registered manager spoke of strong and supportive links with key organisations, which included the local authority, safeguarding teams and commissioners of the service.

● Audits as to the quality of care were carried out by commissioners of both health and social care. The outcome of these audits were used by the registered manager and referenced within the provider's service development plan to support continuous improvement of quality.

● The registered manager also spoke of strong and supportive links with health care professionals of local health care centres, who provided clinical support to people at the home, and targeted training for staff in key areas.