

Fineware Homes (Stevenage) Limited

# Roebuck Nursing Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

This inspection was carried out on 14 November 2017 and was unannounced. At their last inspection on 14 March 2017, they were found to not be meeting the standards we inspected. This was in relation to management systems and the lack of activities meet people's needs.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, effective, responsive and well led to at least good. At this inspection we found that they had made the required improvements and were meeting all the standards. However, there were some areas that needed further development. This was in relation to person centred activity planning, some quality systems and obtaining people's views.

Roebuck Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 61 people in one adapted building. At the time of the inspection there were 37 people living there as one of the three floors was not in use.

The service had a manager who was registered with the Care Quality Commission (CQC). A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

People, relatives and staff were positive about the running of the home. There were systems in place to monitor the quality of the home, listen to people and value staff. However, further development was needed to involve people in the running of the home and obtain their views. There was a complaints process which people knew how to use and were confident they would be acted upon.

People were supported in a safe and appropriate way and staff knew how to recognise and report any risks to people's safety. There were sufficient staff who were recruited safely and were well trained and supported. Medicines were administered in accordance with the prescriber's instructions. However, records needed to be consistently maintained.

People were encouraged and supported to make choices and staff worked in accordance with the principles of the Mental Capacity Act 2005. People were treated with dignity, respect and kindness and were supported in accordance with their preferences and wishes. We found that confidentiality was promoted.

People received person centred care in relation to support needs. Further development was needed to help ensure activities always reflected people's hobbies and interests. People and their relatives were involved in planning their care. People enjoyed a variety of food and were supported to live a healthy and balanced life.

## 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.

People were supported in a safe and appropriate way.

Staff knew how to recognise and report any risks to people's safety.

There were sufficient staff who were recruited safely.

Medicines were administered in accordance with the prescriber's instructions. However, records needed to be consistently maintained.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported.

People were encouraged and supported to make choices and staff worked in accordance with the principles of the Mental Capacity Act 2005.

People enjoyed a variety of food and were supported to live a healthy and balanced life.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity, respect and kindness.

People were supported in accordance with their preferences and wishes.

Confidentiality was promoted.

### Is the service responsive?

Good ●

Is the service responsive?

The service was responsive.

People received person centred care in relation to support needs. Further development was needed to ensure activities always reflected people's hobbies and interests.

People were involved in planning their care.

There was a complaint's process which people knew how to use and were confident they would be acted upon.

### **Is the service well-led?**

The service needed further development to be consistently well led.

There were systems in place to monitor the quality of the home, listen to people and value staff. However, these needed to be developed further and applied consistently in some cases.

People, relatives and staff were positive about the running of the home.

The ethos of the management and staff team was to put people's needs first.

**Requires Improvement** ●

# Roebuck Nursing Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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 Health and Social Care Act 2014 and to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we reviewed information we held about the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR) submitted to us. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make. We reviewed the action plan that the provider sent us following our last inspection which detailed how they would make the required improvements.

The inspection was unannounced and carried out by two inspectors and an expert by experience. An expert by experience is someone who has used this type of service or supported a relative who has used this type of service.

During the inspection we spoke with eight people who used the service, four relatives, five staff members and the registered manager. We received information from service commissioners and health and social care professionals. We viewed information relating to four people's care and support. We also reviewed records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us due to their complex health needs.

## Is the service safe?

### Our findings

People told us that they felt safe. One person said, "I feel safe. I prefer to sit in my room and do my own thing. They are always popping in, night staff pop in at 8pm and say, 'would you like a cup of tea?'" Relatives also felt people were safe. One relative said, "I can go away and not worry."

People were supported by staff who had a good understanding of how to keep people safe and were confident that the registered manager had a zero tolerance to any abuse. Staff knew how to recognise and report abuse. They received regular training and updates. There was information about safeguarding people from abuse displayed around the home to raise awareness.

Potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly. Risk assessments were in place for areas including falls, skin integrity, the use of equipment and nutrition. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. A relative of a person who was at high risk of falls told us of the steps taken to reduce the risk of falls. They went on to say, "They're always checking on [them] in [their] bedroom."

People who were at risk of developing pressure ulcers had appropriate risk management plans in place to support staff in understanding how to mitigate these risks. For example people had appropriate pressure mattresses in place and staff regularly checked if these were set at the right setting. Every person who required a pressure mattress had their weight recorded and the setting on the mattress appropriately adjusted if they gained or lost weight to ensure that the effectiveness of the mattress was maximised. In addition staff regularly repositioned people who were not able to change their position in bed. One staff member told us, "We turn people every two hours [unless they were able to do so] and we also change people`s position if they sit in their chair all day." We found that this was effective in preventing people developing pressure ulcers and in healing those for people who had moved into the home with a pre-existing pressure ulcer. The management team maintained a log of incidents and we saw that all accidents and incidents were reviewed to ensure all remedial actions had been taken and the risk of a further incident was reduced.

Regular checks of fire safety equipment and fire drills were completed. Staff knew how to respond in the event of a fire, however, they were not clear on if they should evacuate or wait outside and advise the fire brigade who attended where people were. We discussed this with the provider, the registered manager and the deputy manager who all stated the staff were instructed to evacuate. We saw that the fire procedure was discussed at supervisions. However, the policy was not clear. The management team told us that they would liaise with the local fire officer to ensure their policy reflected what was needed. The provider ensure that other checks, such as electrical or health and safety assessments, were also completed to help maintain people's safety.

People and their relatives and staff told us that there were enough staff available to meet people's needs. One person told us, "They (staff) always come when I need them, I wait just a minute or two, it's only when there is an emergency I have to wait." A relative said, "There are enough carers, but it's always good to have more." We noted that during the inspection that there was a calm atmosphere and that people received

support when they wanted it.

Staff told us that there were enough staff to meet people's needs and that staff levels were amended when people's dependency increased. We were told that the home used agency staff when they were able to cover shifts with regular staff. However, staff told us that it was normally the same agency staff. We spoke with an agency staff member and noted that they knew the home well. Staff told us they inducted agency staff if they had not worked at the home previously and they could feedback on the quality of the work done by the agency staff to their manager. They appreciated that if the standards of the agency staff was not satisfactory then they were not used anymore.

Safe and effective recruitment practices were followed to help make sure that all staff were suitable to support people who may be vulnerable. All pre-employment checks were completed to help ensure staff were fit for the role. This included written references, proof of identity and qualifications and criminal record checks.

People's medicines were managed safely. One person told us, "It's very good here, the nurse brings my medication, at home I was getting in a muddle with it." Staff who were administering medicines followed the guidance and recommendations set out by the National Institute for Clinical Excellence (NICE) when administering and managing people's medicines. We observed the deputy manager giving medication sitting down with the person and spending time explaining what the medication was for and why they should take it. They said, "We'll do them one at a time, start with the big ones."

Medicines were stored safely and administered by trained staff. However, we checked a random sample of boxed medicines and those in the pharmacy blister packs and found that stocks were not always accurate with the records. This was because quantities from the previous cycle had not been added to the current record. There were regular medicines audits completed but these did not detail if they had checked these particular medicines. The registered manager and deputy manager told us that they would introduce a more robust auditing tool and address these recording issues with staff. Staff received training and regular competency assessments. People received regular reviews to help ensure medicines they were taking were still appropriate for their needs.

There were systems in place to help promote infection control. These included cleaning regimes and schedules and training for staff. Staff were observed by the management team during tasks to ensure they worked in accordance with the home's policy. We observed that staff took appropriate actions to protect people from the risk of infection. They had a small trolley which they took with them with a supply of personal protective equipment (PPE) every time they attended to people in order to provide them with personal care. Staff used aprons, gloves and frequently washed their hands between the tasks they carried out. The environment was clean and odour free. We saw that the equipment had been labelled with a green sticker after it was cleaned and safe to be used again. Every person who required hoisting had their individual slings in their own bedrooms. Relatives told us that the home was always clean.

Lessons learned from complaints, accidents and incidents were shared at team meetings, supervisions or as needed in one to one meetings. We noted that any issues were discussed and remedial actions put into place. For example, a staff member had omitted to document an incident and the importance of this and possible implications were explained. The staff member stated they now had a better understanding. One staff member told us, "[Registered manager] and [deputy manager] keeps us informed of any issues."

## Is the service effective?

### Our findings

People and their relatives told us that they felt staff were skilled and knowledgeable to support people living at the home. One person said, "They are very conscious of your dignity, they are well-trained."

Staff received training to support them to be able to care for people appropriately and safely. This included training such as moving and handling, safeguarding, falls, communication and dementia care. Staff told us they had regular training and they were well prepared for their role. Newly employed staff members told us they received an induction training which included classroom training and also shadowing a more experienced senior staff member until they felt confident in working more independently. One staff member said, "I had an induction training which included safeguarding, manual handling, health and safety and others and I also shadowed a senior carer until I was ready to work on my own." Another staff member said, "Newly employed staff will have training delivered by [name of the trainer] then they will work with us until they are ready. We will teach them everything they have to know about care and observe if they are competent."

Staff told us they felt listened to and supported by their managers to carry out their roles effectively. One staff member said, "I am well supported. I have regular supervisions and staff meetings where we can talk about things." Another staff member said, "I do have regular supervisions and we have general staff meetings as well as senior staff meetings so we are well supported to know everything." We noted that training was up to date and there was information displayed in the training room to help maintain an awareness of key facts.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The management team demonstrated an understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They knew what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful and they had their human rights to freedom protected. The appropriate applications and documentation was in place for all aspects of people's lives.

People's mental capacity was assessed when there was a need for it. In case people had a diagnosis of dementia staff assessed if they were able to understand and take decisions about receiving care and support in the home. Where people lacked capacity best interest decisions were in place to ensure the care and support people received was in their best interest. For example, support for people who lacked capacity to understand why it was important for them to take their medicines, these were administered covertly if it



was in their best interest. The decision to administer medicines this way was taken by people's GP, pharmacist and the person's relative if appropriate.

People were supported and encouraged to make their own choices. People told us that their choices were sought and listened to. One person told us, "I don't like people to boss me, they don't boss me here, I decide what I want to do. They are very nice, they understand me." We heard staff offering choice at almost every opportunity. This included if they wanted their TV on, what programme they wanted to watch, if they would like their quilt pulled up some more. We noted that staff listened for people's response and responded appropriately.

People's choices, preferences and needs were shared with professionals who also supported them. This included dieticians and GPs.

People's day to day health needs were met in a timely way and they had access to health care and social care professionals when necessary. For example, GP, speech and language team (SALT) and a chiroprapist. We found that the staff team, led by the registered manager, was prompt when identifying changes to people's health. One relative told us that the team had supported them with arranging blood tests for their relative. They told us, "It makes my life so much easier."

Some people who lived at Roebuck nursing home had complex health needs. We found that nursing staff were effectively meeting people's nursing needs. For example where people required oxygen therapy the nurses ensured they had adequate supply of oxygen tubes and control measures were in place to help ensure people's needs were safely met. People who had urinary catheters had these changed regularly and care plans were clear in how frequently these had to be changed also indicating the size and the type of the catheter. We saw that staff involved health care professionals in people's care when it was a need for it.

The home was designed in a way so that people could move around easily, whether this is independently or with the use of mobility aids. Equipment was well situated in bedrooms and bathrooms to enable people to be independent where possible and there was an appropriate supply of equipment, such as hoists or commodes, to ensure there was not a delay for people waiting for assistance. There were call bell points available in all rooms in case a person needed assistance. There were lounges with ample seating on each floor and sufficient dining tables so people could enjoy a meal together if they wished. Bedrooms were personalised and clean. There was an accessible garden which people told us they enjoyed.

People were supported to enjoy a variety of food and their individual likes, dislikes and dietary and support needs were well known by staff. One person said, "The food is excellent, you have a choice, you order the day before, if you don't like the choices, you can have an omelette. Between each meal they bring you coffee, tea or juice." Assessments had been undertaken to identify if people were at risk of not eating or drinking enough and if they were at risk of choking. There was a nutrition champion in the home who arranged for fortified foods and for the activity organiser to make smoothies in people's bedrooms to encourage improved nutrition. We observed staff supporting people appropriately. Dining areas were appropriately decorated to give purpose to the area. Tables were nicely laid with condiments, glasses and cutlery. This was particularly effective for people who lived with dementia as it gave them a visual prompt that there was food served in there.

People were offered a choice of drinks and snacks throughout the day and staff monitored people's nutritional intake. People were weighed regularly and where a weight loss or excessive weight gain was identified staff involved the person's GP and a dietician to ensure they had specialist advice in meeting people's nutritional needs. We noted that there were picture menus to help people to make a choice. We

saw people enjoying a cooked breakfast which was served when they were ready. There were a number of people who needed assistance to eat but staff supported them in an unhurried and calm manner.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. One person said, "There's no-one I could find fault with, they are lovely people. I'm settled here." A relative told us, "The carers are very good, very friendly and nice."

People received care from staff in a kind, caring and respectful manner. Staff were friendly, courteous and smiling when approaching people. We observed sensitive and kind interactions between staff and people who used the service. The way people related to staff demonstrated good relationships between them based on respect and trust. A relative told us, "They're always chatting and laughing with my relative], they do get time to chat."

We observed staff supporting people in the lounge. One person said of a staff member, "She's lovely" and to the staff member, "Don't ever go" As the staff member began to leave the room the person became anxious and the staff member said, "I'll go and get ... (another resident), then you'll have plenty of people around you." This demonstrated that staff were aware that people liked to have company and took the time to explain what they were doing.

Staff treated people with dignity. They addressed people using their preferred names and it was clear that staff knew people well. They knocked on bedroom doors and greeted people when they went in. Bedroom doors were closed when staff provided personal care to people. When bedroom doors were opened staff made sure people looked presentable and dignified.

People looked well groomed, their hair looked clean and combed. There was a relaxed and happy atmosphere in the home. The relaxed manner staff approached people with created a sense of calm and a warm homely feel in the home where people were smiling and seemed happy. Staff were familiar with how people communicated and responded appropriately. For example, one person was becoming frustrated, the staff member changed the subject and got them talking about some pictures brought in by family members. We noted the person quickly relaxed.

Staff respected people and supported them with dignity. We noted that there was a clear ethos that people's needs were to be met before anything else. One staff member told us, "It's all about them."

Care plans we looked at evidenced that people made decisions about their care and staff respected their choices and wishes. For example, staff were having discussions with a person regarding their diet. Although staff gave suggestions to the person and encouraged them to choose healthy meal options and suggested the involvement of a dietician in their care the person refused. We saw that staff continued to encourage the person over a period of two months giving them enough information for them to make an informed decision and then change their mind. They then requested a visit from the dietician and also change to their diet.

People were supported by staff who knew them well and had good relationships with each other. This was evident in how people responded to staff and the awareness staff had about people's needs, life histories and preferences. They were able to tell us about people's health, families and important relationships and

their interests. Plans included some information that showed the person as an individual and helped staff to meet their needs in a way that they liked.

People were encouraged maintain relationships in whatever form they took. Relatives and friends of people who used the service were encouraged to visit at any time. Some stayed for a meal. One person told us, "When I first came in, I wanted to go home, I was lonely. The staff suggested I chat with another lady who had worked at Welwyn stores, I loved Welwyn stores, at the end of the fortnight I said I'm staying. There were too many difficulties at home."

People's records were stored in a lockable office in order to promote confidentiality for people who used the service.

## Is the service responsive?

### Our findings

When we inspected the service on 14 March 2017, we found that they were not always providing activities that met people's needs. At this inspection we found that although some more development was needed, they had made the required improvements.

People were supported to participate in activities and told us that they enjoyed them. One person said, "[Name] the activity worker encourages me to join in activities, [they] brought me in a patchwork to do. I love their quizzes and painting. I used to like cooking, sometimes I feel I'd like to do cooking, but I can't now. I do the crossword in the newspaper every day. I helped (activity worker) with the poppies, I painted a poppy, it's on my wall. The time goes really quickly here." A relative told us, "They encourage [person] to get involved, but they let her do what [they] enjoy." They told us this included having an odd cigarette, watching TV and enjoying their own company. They also told us that the staff encouraged the person to spend some time out of their room.

We found that there were two dedicated activities staff in the home who were responsible for planning activities. We noted that there had been a remembrance activity themed week for people who wanted to participate. One activity staff member looked after the social needs of people who spent their days in their bedrooms and provided one to one activities to them. The other activity staff member organised events in the home, group activities, entertainment for people who were able and liked to socialise. Activities included arts and crafts, music, bingo, gardening (weather permitting) and weekly church service. The church service was taking place during the inspection and people were enjoying singing Christmas carols. We found that this was an area still in development. The activity staff captured and completed a preference form for people where they identified what people liked to do or were interested about. However activities for people with different cultural backgrounds were not as developed and more work was needed to ensure activities were tailored around people`s interests.

People's care plans were detailed and person centred in relation to care needs. They contained information about people`s medical conditions, personal care needs, medication, risks to their well-being, MCA and also records when other health or social care professionals visited, and care reviews. However care plans were not as personalised as they could have been and contained little information about people`s preferences. For example, what time people preferred to go to bed or rise in the mornings or what they liked to wear. Although this information had not been recorded in care plans staff were knowledgeable about what people liked and disliked and what their preferences were. For example, staff were able to tell us people`s favourite foods, drinks, what they liked to wear and what was important to them like jewellery or handbags. We observed a staff member handing a plastic apron to a person saying, "Is this what you were waiting for?" Although there were different clothes protectors available for people the person clearly wanted a plastic apron staff were using when serving food and staff knew what they wanted.

During the inspection we observed staff being prompt in supporting people and responding to their needs in a way that confirmed they knew people well. This included ensuring they had items around them that they enjoyed using and receiving personal care at a time that suited them. A person who used the service told us, "I have a shower, you can ask for one whenever you want, at least once a week, they keep records." Another

person told us, "They're very kind. They say to me, do as much as you can, they will help me if I get stuck and put cream on my legs. They always apologise if I have to wait." A relative said, "I wouldn't want [person] to be anywhere else, it's like a hotel". They went on to say on one occasion their relative had had been incontinent on the chair and they asked the cleaner to clean the chair. The next day they came in all the chairs in the room had been cleaned and the room had been given a spring clean.

The service frequently supported people at the end of their life. The registered manager was extremely knowledgeable in this subject and ensured that staff received the appropriate training and support to meet people's needs. People had their wishes documented in their care plans and staff had regular meetings with people, their relatives and health professionals to ensure that they experienced a calm, dignified and pain free death. We saw feedback from relatives of people the home had supported. They were very complementary about the kindness, support and professionalism of the whole team.

Complaints and minor concerns raised had been fully investigated. We noted that the management team responded to the complainant in a way that encouraged people to raise concerns. Their response was apologetic and informed them what they were doing to ensure there was not a reoccurrence. People and relatives told us that they knew how to raise concerns and were confident that the registered manager would address any issues promptly. A relative told us, "On occasion I've written to [registered manager] and it's been sorted." They went on to say that all actions discussed at review meetings were completed.

## Is the service well-led?

### Our findings

When we inspected the service on 14 March 2017, we found that the systems in place to monitor the service and identify and resolve any issues were not yet effective and required further development. At this inspection we found that they had made the required improvements, however, there were areas that needed further development. These were in relation to the medicines audit process, consistently personalised care planning and activities and ensuring they providing opportunities to obtain people's feedback.

There was a need to further develop people being more involved in the running of the home to ensure that they were asked for their views and suggestions. Surveys were not always sent out but for those which had been, we saw that the feedback about the home was positive. There were plans to use an external agency to carry out a whole home survey. Full meetings for people and their relatives were infrequent. The last meeting was held in May and there were plans for another in the upcoming months. The deputy manager told us that the activities organiser had regular meetings, however, notes for these were sparse and they did not demonstrate people's involvement in decisions about the home. The deputy manager told us that the 'Your Day' review tool which was being redeveloped with the support of the local authority would help them better capture people's view about the service they receive and help them gain more feedback about the way the service ran and influence changes. The management team acknowledged that this was an area they needed to develop.

There were quality assurance systems in place which were being developed at the last inspection. These were used consistently and appropriately. As a result any issues found were addressed. For example, gaps in recording and health and safety updates. However, we noted that medicines audit system needed to be amended to ensure it was robust and as a result, some issues with recording had not been identified. The newly developed tool used for recording all incidents, complaints, wounds, people's dependency and outcomes of audits, was discussed and reviewed at management meetings. This meant that the management team was able to implement action plans and monitor progress of those actions. The registered manager and deputy manager told us that the system had made it much easier to monitor the quality of the service and identify trends or themes.

The registered manager was well known throughout the home and people told us they liked them. We noted that they checked people had what they needed and knew people well. One person said, "[Registered manager] is often round and about, she's always popping in." Another person told us, "The home is run well and they are kind." Relatives told us that the registered manager was always responsive to any concerns and they felt they could approach them as needed. Relatives also told us that the registered manager had been supportive to them as well as their family member.

Staff were positive about the registered manager and how the service was run. One staff member said, "It's much better now, was hard at first all the changes but now everything is good." Relatives were also positive about how the service was run. One relative said, "They get excellent care here, anything they need,

[registered manager] is on it." The registered manager worked with the provider to develop ways to show staff how valued they were. This included changes to pay rates, training and development and meals out for the team.

Staff told us that they learnt good practice and standards from the registered manager. Staff told us they felt involved in the running of the home. They told us that the registered manager promoted positive values and their ethos was putting people first. One staff member said, "It is very clear that the manager feels very strongly about us providing good care to people. We treat everyone as individuals, everybody is different with different needs and it is important for us to know people well." Another staff member said, "We do work as a team and the manager is very good in managing us. The nurses help us and we help the nurses there is no difference it`s all teamwork."

The service worked in partnership with other agencies to help ensure people received the appropriate support. They also ensured they kept them informed of any changes to practice or guidance to ensure their knowledge was up to date. For example, the registered manager always retained copies of nursing journals and shared this information through in house training and meetings. They shared any events or concerns, including any safeguarding concerns and queries, with the local authority who commissioned care services for people and had worked through a previous action plan. This included how they managed complaints. The service was also working with a local provider's association to introduce further champions in the home in key areas. There was regular contact with health care assessors and hospital discharge teams to help aid the smooth transition for people. The registered manager was an advocate for people, ensuring that equipment and resources were requested through external agencies.

There were regular team meetings where the staff discussed changes to practice and any issues. The meetings included information to help staff remain informed about changes to the home and future plans. One staff member told us, "We have lots of meetings."

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.