

Michael Goss

The Friendly Inn

Inspection report

Gloucester Way
Chelmsley Wood
Birmingham
West Midlands
B37 5PE

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11 September 2019

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Website: www.friendlycare.co.uk

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Friendly Inn provides accommodation and personal care for up to 30 people. There were 24 people living in the home on the day of our inspection visit some of whom were living with dementia.

People's experience of using this service and what we found

The provider had appointed a new management team since our last inspection and changes had been made to drive forward improvement. A service improvement plan was under constant review and further improvements were planned to take place. A range of new audits and checks had been introduced which demonstrated progress had been made. However, further time was needed to ensure improvements made were sustained.

The management of risk in the home had improved and staff had a better understanding of how to mitigate risks. Immediate action was taken to address the risks we identified in relation to fire safety.

Lessons had been learnt when things had gone wrong. Learning from accidents and incidents had been shared with staff. The management team understood their legal responsibilities to protect people and had shared important information with the local authority and CQC when required.

Staff were recruited safely and there were enough staff on duty to meet people's needs. Staff had received training and support, so they were more confident in their abilities to provide safe and effective care. Staff understood their responsibilities to protect people from abuse or discrimination.

People felt safe and had increased confidence in the ability of staff to deliver effective care. Feedback from people and relatives was gathered by the management team and was used to support continuous improvement.

Relationships with other healthcare professionals had improved which helped support people's health and wellbeing. Mealtime experiences had improved. The home was clean and infection prevention measures were effective.

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.

The management of people's personal information had improved. Staff were attentive and responsive to people's needs. Care was provided in a dignified way. People's right to privacy was respected and their independence was promoted.

People were happy with the social activities available to occupy their time. People enjoyed the food and

their nutritional needs were met. People received their medicines as prescribed and had access healthcare professionals when needed.

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 inadequate (published 10 June 2019) and there were multiple breaches of regulation. The provider sent us an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Enforcement

Since the last inspection we recognised that the provider had failed to notify us of incidents. This was a breach of regulation and we issued a fixed penalty notice. The provider accepted the fixed penalty and paid this in full.

This service has been in Special Measures since June 2019. During this inspection the provider demonstrated improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Friendly Inn

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 carried out by two inspectors 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

The Friendly Inn 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

The inspection took place on 11 September 2019 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included feedback from people's relatives and notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authorities who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with nine people who lived at the home and 11 people's relatives about their experiences of the care provided. We spoke with the deputy manager, the provider, the director, a deputy manager from another of the provider's services, the maintenance person, the cook, a management support consultant, the administrator, two senior care workers, one care assistant, one laundry assistant and one housekeeper.

We reviewed six people's care records and six people's medicine records. We looked at a sample of records relating to the management of the service including quality audits, action plans, training data and people's feedback. We also reviewed two staff files to check staff had been recruited safely.

After the inspection

The management team shared further information with us to demonstrate their compliance with the regulations.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management

At our last inspection risks associated with people's health, wellbeing, safety and the environment were inadequately managed. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Safe Care and Treatment)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12.

- Overall, the management of environmental risks had improved. For example, monthly checks of window restrictors had taken place to minimise the risk of falls from height. Also, a carpet door strip had recently been replaced as it had been identified as a potential trip hazard.
- However, further improvement was required in relation to fire safety at the home. One fire door was propped open with a table which meant the door would not automatically close in the event of fire which posed a risk. Immediate action was taken to address this.
- Some doors were not fitted with self-closure devices as required. Immediate action was taken by the provider to address this. Following our inspection visit the director sought advice from the fire service to ensure themselves of compliance with fire safety regulations.
- Staff had a better understanding of how to complete risk assessments to identify the level of risks associated with people's health and wellbeing. Five of the six risk assessments we looked at provided staff with the information they needed to manage risk safely. For example, one plan detailed the number of staff members needed and the type of equipment required to assist a person to move safely. Immediate action was taken to add more information to the one risk assessment which had lacked detail.
- Previously, staff practice had not always minimised risks to people. At this inspection staff spoke confidently about risk management and the actions they took to keep people safe. Comments included, "All the risks are in care plans. We talk about them at handover if risks change, so we know what to do." and "We are responsible for keeping the residents safe. We follow the care plans."

Learning lessons when things go wrong

- Accidents and incidents that happened were recorded, and action had been taken to prevent reoccurrence. This showed lessons had been learnt since our last inspection. For example, one person had fallen off their bed in August 2019 and action taken to prevent it happening again included a motion sensor mat being put into place. The mat alerted staff when the person attempted to get out of bed, so they could provide prompt assistance.
- Staff confirmed learning from accidents and incidents had been shared with them. One said, "After

accidents we review them. We look at reasons why people fall and update their risk assessment. If we are really worried we implement half hourly safety checks."

- New systems to manage and monitor risk, drive forward continual improvement and learn lessons were being embedded at the time of our visit. These systems included, monthly analysis of themes of complaints and reasons for safeguarding alerts.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. One person said, "Yes, I feel safe with the staff. They will do anything for you." Relatives shared this view point.
- Safeguarding procedures were in place to protect people from harm and were accessible to staff.
- Staff confirmed they had received safeguarding training since our last inspection to help them understand their responsibilities to keep people safe.
- Staff knew to report any suspected or witnessed abuse to the management team and whilst confident these would be addressed, understood how to escalate their concerns if they were not.
- The management team understood their legal responsibilities to protect people and had shared important information with the local authority and CQC when required.

Preventing and controlling infection

- The provider's infection prevention and control measures were effective.
- The home was clean. Housekeeping staff followed cleaning schedules to ensure high standards of cleanliness were maintained.
- Staff had completed infection control training since our last inspection to help them understand their responsibilities in relation to this. Staff wore personal protective equipment, such as gloves and aprons, when necessary which protected people from the risks of infection.

Staffing and recruitment

- Staffing levels were determined by people's assessed needs. Enough staff were on duty to provide safe care and meet people's needs in a timely way during our visit. However, two people and four relatives felt people would benefit if more staff were on duty. In response the director informed us an activities coordinator had been recruited and they were due to start work at the home shortly after our visit. This would increase staffing levels at certain times of the day.
- Staff were recruited safely. The provider had checked to ensure staff were suitable to work with people who lived at the home. Staff confirmed they had not started work until the required checks had been completed.

Using medicines safely

- People confirmed they received their medicines as prescribed. One person said, "Yes I get my medication. Staff make sure I take them. Always around the same time."
- The provider's systems for the receipt, administration, storage, and disposal of medicines were safe.
- Staff administering medicines had received training in safe medicines management and their competency to administer medicines had been assessed.
- A series of effective medicine audits and checks took place including the checks of people's prescribed creams which demonstrated improvement.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant whilst improvements had been made the effectiveness of people's care, treatment and support did not yet always achieve good outcomes or was inconsistent because improvements needed time to be embedded.

Staff support: induction, training, skills and experience

At our last inspection we found staff did not always have the skills and competencies they needed to carry out their roles effectively. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Staffing)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- Staff had received training and guidance to help them meet people's needs. One staff member told us, "There has been a big push on training recently. It's good. We are getting more face to face sessions now, so we can ask more questions which makes me feel more confident."
- However, further time was needed to ensure staff consistently put their learning into practice. For example, on two separate occasions we saw staff members did not support people safely when assisting them to move around the home. Action was taken to address this.
- The management team were planning to complete staff competency assessments. The purpose was to review the effectiveness of training provided and to ensure staff were working in line with the providers procedures and expectations. A small number of assessments had been completed.
- The provider planned to further support staff development through completion of an online self-assessment tool. The tool had been developed by a national workforce development organisation with the aim of reviewing staff values and behaviours. Once completed the information gathered would help the management team to identify any additional staff training needs and plan future training.
- New staff had an induction to the home which included working alongside experienced staff. One new staff member told us, "I found my induction really useful. It helped me understand how things worked and what I needed to do."
- Staff attended one to one meetings with a manager to help guide them with their work and continually improve their practices.
- People had increased confidence in the ability of staff to deliver effective care. A relative commented, "I have watched the staff work they are very competent."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not met their responsibilities in relation to The Mental Capacity Act which meant people were unlawfully deprived of their liberty. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Need for consent)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Improvements made since our last inspection demonstrated the provider was compliant with the MCA.
- DoLS applications had been made where people needed restrictions placed on their care to keep them safe.
- People's movement around their home had previously been restricted. During this visit people moved around freely and staff had a better understanding of the principles of the MCA.
- Staff had completed further training to help them provide care and support in the least restrictive way possible. This ensured people's rights were being protected.
- People confirmed staff gained their consent which meant people had choice and control of their lives.
- New simplified paperwork and processes had been implemented and were being embedded at the time of our visit to ensure improvement was sustained in this area.
- Care plans documented whether or not people had capacity to make specific decisions about their care. Where people had been assessed as not having capacity, plans included details of relatives who had the legal authority to make decisions on their behalf.

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

- People's needs were assessed before they moved into the home to make sure these could be met.
- Information gathered from the assessments was used to develop care plans in line with current best practice guidelines.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare professionals when needed. One person said, "If I am not well they (staff) contact the doctor for me."
- Since our last inspection referrals for specialist advice had been made in a timelier way. For example, prompt referrals had been made to the falls prevention team when needed.
- Communication with health professionals such as, district nurses had improved to help support people's health and wellbeing.

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

- People's nutrition and hydration needs were met. People spoke positively about the food. Snacks and

drinks were available to people throughout our visit.

- People were offered a visual choice of food at lunchtime which demonstrated action had been taken to improve people's mealtime experiences.
- People who were at risk of malnutrition were offered food and drinks with added calories to maintain their health.
- A nationally recognised tool to help identify if people were risk of dehydration was being implemented at the time of our visit.

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

- The environment continued to meet people's needs.
- Significant improvement had been made and further improvement was planned to ensure the environment was dementia friendly in line with best practice and research.
- People had personalised their bedrooms. One person's bedroom door was painted in the colours of their favourite football team.
- A variety of communal areas offered people choices of where to spend their time and an accessible garden area was available for people to enjoy.

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 Requires Improvement. At this inspection this key question has now improved and is rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- The management of people's personal information had improved. People's personal records were kept secure in locked cabinets. This meant staff were able to access personal and sensitive information, but it was kept away from people who did not have reason to view it.
- People and relatives confirmed care was always provided in a dignified way and people's right to privacy was respected.
- Staff understood the importance of respecting and ensuring people's privacy and dignity was maintained. They were discrete when asking people in communal areas if they needed personal care assistance and they closed doors before assisting people.
- People were supported to maintain their independence. One person explained they often went out of the home unaccompanied for short periods of time which had improved their wellbeing. The director commented, "His quality of life is better."

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

- People were happy living at The Friendly Inn and spoke positively about their care. Comments included, "I get good care. The staff are brilliant. I am very happy here," and "They are lovely caring girls."
- Relatives were complimentary about the caring nature of staff. One told us, "Staff are very caring. Most of them say goodnight and God bless and give dad a kiss, just as I would do."
- We found the provider was more caring towards the staff group at this inspection. They had provided staff with more support through increased training and guidance.
- An increase in staff morale had improved the care provided to people. Staff enjoyed their jobs and confirmed they would be happy for someone they loved to live at The Friendly Inn. One staff member said, "I love it here. We are like one big family."
- The atmosphere was friendly and relaxed. Staff had time to sit and chat with people about things that were of interest to them. People clearly benefited from this meaningful positive engagement.
- Feedback from a health professional dated September 2019, stated, 'It is very clear they (staff) are all very passionate about ensuring your residents have the best care provided to them.'
- People's diverse needs were recorded in their care plans and staff were aware of those needs.
- The management team demonstrated they were committed to achieving equality. They had attended training in June 2019 which had helped them to better understand the needs of gay, lesbian and transgender people in receipt of social care.
- Staff had received training and understood the principles of the Equality Act and supported people in a caring way which respected their disability, race, gender, religion, sexual orientation and cultural

background. Training workshops were planned for staff to attend by the end of October 2019, so they continued to develop their knowledge and understanding in this area.

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

- People and relatives continued to feel involved in decisions about their care. A person said, "Staff asked me questions about what care I want." A relative commented, "I have gone through his care plan. It's correct so I have signed in agreement." A new process was being embedded to ensure only people who had the legal authority to consent to care on behalf of people did so.
- People spent their time where and how they wished. Staff encouraged people to make choices about their day to day lives and they understood the importance of respecting people's choices.

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 Requires Improvement. At this inspection this key question has remained the same. This meant that whilst some improvements had been made, these needed to become embedded in the practice of the home to ensure people's needs were always met.

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

- Improvements were being made to people's care plans to ensure staff had the detailed, accurate information they needed to provide personalised care and manage risk. At the time of our visit five people's care plans had been rewritten. The provider told us, "We are not yet where we want to be."
- We acknowledged the improvements made. One person's catheter care plan contained clear instruction for staff to follow. For example, it advised them to check the elastic on the catheter leg bag was not too tight as this could restrict the flow of urine into their leg bag.
- Care plans that had not yet been reviewed continued to contain conflicting information. Despite this staff knew people and understood the level of care they required.
- Training and ongoing support was being provided to staff responsible for completing care plans to drive forward continual improvement. A deputy manager told us, "I believe the only way to write a care plan is if you know somebody. So, I am supporting with personal care, so I can understand their needs and get to know the person and involve them in their care plans."
- Staff confirmed they had time to read people's care plans and any changes to people's needs were shared with them during a handover meeting when they arrived for their shift. We attended a handover meeting and saw this happened.
- Staff were attentive and responsive to people's needs. On one occasion a staff member noticed a person was struggling to open a packet of biscuits. They said to the person, "Would you like me to help you." The person accepted and then thanked the staff member for their help. The staff member replied, "Always happy to help in any way I can." The person smiled and said, "I know you are."
- New technology that responded to voice commands was in use at the home. The director described the devices as 'the simplest and most effective addition to the home.' Due to its ease of use people chose and were in control of the music that played in the home .

End of life care and support

- No one at the time of our visit was nearing the end stage of their lives.
- Since our last inspection staff had completed training in end of life care.
- People's end of life wishes had been discussed and recorded where people had chosen to share the information.
- Where needed people's care plans included the ReSPECT (Recommended Summary Plan for Emergency Care and Treatment) form. This plan provides clinicians with information about whether attempts at resuscitation should be undertaken for the person.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's preferred methods of communication had been assessed and recorded.
- Care plans detailed people's communication needs and informed staff how to engage with people to ensure they provided responsive care. For example, reminding people to wear their hearing aids, dentures and spectacles to enable effective communication.
- People were provided with information in a format they could understand, and signage helped people to locate their way around their home.

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

- People were happy with the social activities available. One person said, "I like bingo and a sing song. They (staff) have taken me in the mini bus up to the shopping centre up the road." A relative commented, "He likes music. They have singers, it is one of his favourites." This feedback demonstrated activities were planned in line with people's interests.
- We saw some people chose to participate in a sing along and dancing session with staff during our visit. It was clear people enjoyed this as people were seen laughing, smiling and tapping their feet to the beat of the music.
- Other people chose to sit quietly and read a selection of daily newspapers. One commented, "I like to keep up with what's happening. I have the paper every day."
- People were supported to access their local community. People had attended coffee mornings and had been out for various meals and shopping trips.

Improving care quality in response to complaints or concerns

- People and their relatives felt comfortable to raise a complaint if they needed to.
- The provider had a complaints procedure for people and relatives to follow should they need to raise a complaint.
- Complaints received since our last inspection had been investigated and responded to in line with the provider's policy which demonstrated improvement in this area.
- Complaints were analysed monthly and learning from complaints was shared with staff, so they could improve outcomes for people.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant that whilst some improvements had been made, further improvement was needed support the delivery of high-quality, person-centred care.

Continuous learning and improving 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

At our last inspection governance systems to monitor the quality and safety of the service were inadequate. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. (Good governance)

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17 but further improvements were still required.

- Quality assurance systems and risk management had improved. A range of audits and checks had been introduced which demonstrated progress was made. For example, the provider was now compliant with the requirements of The Mental Capacity Act 2005.
- However, further improvement was required to ensure audits always identified when improvement was needed. For example, self-closure devices were not fitted to all doors prior to our visit.
- An improvement action plan was in place and was under constant review. In the five months since our last inspection, the management team had worked hard to make positive changes. However, due to the short period of time between our inspections further time was needed to demonstrate the changes had been sustainable.
- The management team was receiving additional support from a deputy manager from one of the provider's other homes and a management consultant to drive forward improvements. The management consultant had a good understand of regulation and shared information which demonstrated they had a proven track record of driving forward improvement.
- The director told us they planned to make further improvements. This included the introduction of an electronic daily records designed to reduce the amount of time care workers spend completing paperwork, enabling them to spend more time with people.
- Lessons had been learnt since our last inspection and the provider understood their responsibilities in relation to duty of candour. They had been honest and had accepted responsibility when things had gone wrong. The director told us, "We took a step back and are on a journey to rebuild."

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

- People felt the management of the home had improved. One person said, "It's got better here. I like the

new manager. Everyone is friends, and it makes it a nice and lovely place to live."

- Relatives thought the home was well run and described the management team as 'approachable' and 'friendly.' One said, "I can go to the manager's office at any time if I had a problem."
- The provider's management team had changed since our last inspection. The registered manager was supported by a deputy manager who had started work at the home in July 2019. Staff told us the changes made them feel more supported. Comments included, "Changes in the management team are definitely positive. Previously, there was no support." and "There is lots of change. It has got more professional. Even the atmosphere has changed. You can walk around with a smile on your face. Before it was gloomy."

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

At our last inspection the provider had not met their regulatory responsibility to inform us of significant events that had happened at the home. This was a breach of regulation 18 of the Care Quality Commission Registration regulations 2009. (Notifications of other incidents).

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- We issued a fixed penalty following our last inspection. The provider accepted and paid the fixed penalty notice. Since April 2019 we have received statutory notifications as required by the regulations.
- A registered manager was in post. They had started work at the home at the end of April 2019 and registered with us on 21 August 2019.
- The latest CQC inspection rating was on display. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.

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

- Feedback from people and relatives was encouraged through meetings and quality questionnaires. Feedback was used to support continuous improvement. Recent meeting minutes, survey responses and compliments showed people were happy with their care.
- Staff meetings were held each month to gain staff feedback, keep staff up to date with any changes, and ensure they were aware of the provider's expectations.

Working in partnership with others

- The management team had improved their working relationships with health and social care professionals to improve outcomes for people. For example, partnership working with the local rapid response team had prevented some hospital admissions.
- Links had been developed with the local NHS 'care at home support team.' The team support and up skill care home staff to improve care through education. Staff had completed catheter care training shortly before our visit and further training in pressure sore management and oral health training was planned to take place in November 2019.
- The registered manager worked in partnership with other managers within the provider group to improve quality standards.