

Shaw Healthcare (Nailsea) Limited

# Sycamore Lodge

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

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

Sycamore Lodge is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sycamore Lodge is registered to support up to 78 people. At the time of this inspection 70 people were using the service.

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

Improvements were still required to the recording of people's topical creams and repositioning charts. We recommend the provider implements a robust system for checking these records.

People were supported by enough staff who knew people well. People's care plans contained important information relating to their medical conditions, life histories and any sensory requirements. Some care plans required improvement in relation to people's individual needs, such as catheter and seizure care.

People were supported by staff who received training and who had a good understanding of the different types of abuse and who to report any concerns to. The provider monitored safeguarding concerns and incidents and accidents, including any outcomes or actions required.

People and relatives felt able to raise any issues or concerns with staff and the management. Complaints were logged, including any actions taken. People were supported to have maximum choice and control of their lives. Staff respected people's choice and gave examples of how they promoted people's independence and privacy. People, relatives and health professionals' views had been sought and staff felt the management was approachable and accessible.

People were supported by staff to access health and social care professionals if the need arose. The provider and the registered manager were accessible and approachable and the provider's senior management team visited the service at least weekly.

### Rating at last inspection

The last rating for this service was requires improvement (published 11 June 2021)

The provider completed an action plan after the last inspection to show what they would do and when to improve.

At this inspection we found most improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we made recommendations in relation to staffing and experienced staff to meet's people's care and treatment. At this inspection we found the provider had made some improvements to

ensuring agency staff were regular and familiar with people's individual needs.

#### Why we inspected

We carried out a comprehensive inspection to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Sycamore Lodge on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Sycamore Lodge

## 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.

#### Inspection team

The inspection was carried out over two days. On the first day the team consisted of two inspectors along with an Expert by Experience and a specialist nurse advisor. One inspector undertook day two. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Sycamore Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 announced on the morning of the inspection.

#### What we did before the inspection

We reviewed information we had received about the service and their improvement plans. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

#### During the inspection

We spoke with nine people and five relatives during our inspection along with the registered manager, the

deputy manager, the area manager and the quality manager. We also spoke with two nursing staff, five support staff, head of maintenance and the administrator. We reviewed a range of records, including six care plans, medicines administration charts and quality assurance documents.

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.

Following our inspection, we fed back to the registered manager and the nominated individual as well as the provider's management team. The registered manager sent additional information to support our inspection including paper copies of three people's skin care charts.

# 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 remained requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection people's care plans were not always current and care was not always delivered as assessed. This was in relation to poor records relating to pressure care charts, daily nutrition and hydration charts and one person's needs had not been recorded so in line with using their specialist cushion. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found most improvements had been made. However, we recommend the provider improves their monitoring of daily records in relation to topical creams and pressure care charts.

Assessing risk, safety monitoring and management

- Most people's care plans were current and up to date. However, some required additional information relating to their catheter care and seizure care. For example, we found generic information in people's care plans describing how staff should support people with their catheter care including when it required changing and how often to empty it. We also found one person's care had generic information in relation to seizures rather than how they might present whilst having a seizure. It is important people have individual care plans that identify how staff should provide care and support to the person. This is because the care and support one person needs can be different to the care and support someone else requires in relation to their catheter and seizure care. We fed this back to the registered manager.
- People's care plans confirmed whether people were at risk of their skin breaking down and what support they required. However, we found due to the service using a mixture of electronic and paper records, information was not always being recorded to reflect whether the person had received their care or declined it. For example, some care was recorded electronically, some was recorded on paper. Not all these records were the same. We fed this back to the registered manager who sent us confirmation people had received their support in line with their assessed need.

We recommend the provider implements one system for the recording of care delivered to prevent shortfalls or inaccurate records being maintained.

- People at risk of losing weight had a care plan and risk assessment that confirmed they required their weight to be monitored and a specialist diet. People's records were current and up to date in relation to the support they were receiving.
- Staff knew people well and had a good understanding of how to support people with their individual needs, including any risks.

### Using medicines safely

- People were receiving their medicines as required but there were some shortfalls in the recording of topical creams on the first floor in Harvest unit. For example, out of five topical cream charts two people had two missing signatures out of ten days. We reviewed if these charts had been checked by a senior member of staff. All five topical cream charts had some missing signatures that confirmed they had been checked by a senior member of staff.
- Following the inspection the registered manager confirmed daily checks were completed by senior staff for the recording of people's topical creams. Spot checks are then completed by team leaders who address any shortfalls.

We recommend the provider implements a robust system that is effective in monitoring the recording of topical creams to prevent shortfalls or inaccurate records being maintained.

- People received their medicines from nurses who were responsible for administering medicines. Records confirmed people received their medicines as prescribed.
- Medicines audits were completed monthly. This checked the safe storage of medicines, whether staff had received training, the recording of records and if people had received their medicines as prescribed.
- Medicines were stored safely.
- The providers first aids kits were up to date.

### Staffing and recruitment

- At our last inspection we recommended the provider put measures in place to ensure people were supported by sufficient numbers of suitably qualified, competent, skilled and experienced staff to meet people's care and treatment needs.
- At this inspection improvements had been made as people were supported by enough staff who were familiar with their individual needs. However, at the time of our inspection there were still a number of vacancies across the service. For example, there were 527 support worker vacant hours although the registered manager confirmed only 95 hours were still left to recruit to as job offers had been made to cover 432 hours. There was one team leader vacancy, one activity co-ordinator vacancy and two and a half house-keeper vacancies. The registered manager confirmed they were using regular agency to support the service with all roles apart from the house-keeper roles. The registered manager and staff felt this was working well as improvements had been made to having regular agency staff. One member of staff told us, "Staffing is getting better. More staff and regular staff". Another member of staff told us, "We have agency staff but the same familiar faces. Residents get to know the staff".

### 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



- We were assured at the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- There were systems in place that monitored the reporting of incidents and accidents. Daily monitoring was undertaken by the registered manager. This was through the electronic care system 'KareInn'. The system would prompt the registered manager if actions were required. Records confirmed details of the incident and any actions taken.
- The provider had quality assurance systems in place that monitored incidents and accidents such as falls, and reporting of injuries, diseases and dangerous occurrences (RIDDOR). This was undertaken once a month by the senior management team. Checks were an opportunity to monitor any trend or themes and to ensure any learning or improvement were identified and actions taken to prevent similar incidents happening again.
- Staff discussed incidents within their staff meetings. This included health and safety and any issues with equipment. Records confirmed this.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received safeguarding training and who had a good understanding of the different types of abuse and who to go too if they had concerns.
- The provider had a safeguarding tracker in place. This recorded concerns raised, the nature of the safeguarding issue, including any action taken.

# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

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

Staff support: induction, training, skills and experience

- People were supported by staff who received training, supervision and an annual appraisal.
- Staff received training in moving and handling, infection control, equality and diversity, mental capacity and safeguarding awareness. Staff also received competency checks in relation to using personal protective equipment and administering medicines safely. Records confirmed this.
- Nursing staff received a range of clinical training such as end of life, wound care and venepuncture. The registered manager confirmed during COVID-19 nursing staff had been unable to access face to face training due to restrictions. However, they were now looking at staff accessing training either face to face or via eLearning. Training they were planning for staff included; venepuncture and catheter care awareness. During our inspection we identified staff were not always familiar with best practice in relation to people's catheter care. We fed this back to the registered manager so they could address this with staff prior to them receiving refresher training in catheter care training.
- The registered manager confirmed staff would be accessing over the next few months the following eLearning training. This included, managing stoma care, Parkinson's awareness, respiratory management: caring for a person with respiratory issues, stroke awareness, sepsis awareness: early detection and care & diabetes awareness.
- The registered manager since our last inspection had implemented a daily meeting for key members of staff from the different floors within the home. These were an opportunity to discuss actions from the previous days meeting, any appointments or staffing issues, important information relating to GP visits, any issues with the building and how people were presenting that day. These were recorded so there was a clear audit trail of discussions and any action could be followed up the next day. The registered manager felt these were working well and were an opportunity to share important information and check how the service was doing.
- People were supported by staff who felt supported and who received regular supervisions. Staff told us, "I feel well supported" and "[Name] is good, I couldn't find a better manager". Supervisions were an opportunity to review any learning opportunities as well as any training needs. Records confirmed this.
- Staff received an annual appraisal. This was an opportunity to review the member of staff's performance including any areas which required improving.
- Staff completed the Care Certificate. This is a set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sector.

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

- People were supported to maintain their nutrition and hydration. Staff offered people plenty of choice with their meals. If needed this was done visually so that people could see the options available to them.
- People's care plans contained important information such as if people required a modified diet or if they were at risk of weight loss. Referrals were made to specialist advisors such as dietitians and GPs if concerns were identified.
- Most people and relatives were happy with the meals. One person told us, "I have breakfast in the dining room usually. I mostly have just toast but I can have bacon and egg if I want to". During the inspection we did receive some feedback from one person and one relative who had experienced meals arriving cold. We fed this back to the registered manager to investigate and take action.
- Kitchen staff were responsible for preparing meals where people required their diet to be modified. They had systems in place that ensured people's meals were modified in line with their individual requirements. Meals were labelled by the kitchen staff and were then taken up in a heated trolley where support staff would give people their meal.

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

- The home was clean and comfortable. There was a lounge and dining area on each unit, all had plenty of chairs and areas for people to sit, listen to music or watch the television. The head of housekeeping told us there was an ongoing programme to maintain soft furnishings such as replacing curtains and chairs.
- People's bedrooms contained personal items such as photographs and ornaments.
- The home was purpose built. People could use handrails should they need to, and a lift assisted people and visitors so they could access all floors of the home.
- People and their visitors could access the garden which had areas where people could sit and enjoy being outside. One relative told us, "When it's warm we go out and use the garden. (Name) likes the garden and enjoys all that is going on".

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

- People's care plans contained important information relating to their sensory needs. This included whether the person required hearing aids or glasses.
- Care plans contained important information relating to people's religion.
- The registered manager or an allocated member of staff undertook pre-assessments for people prior to moving into the home. This was an opportunity for the service to consider if Sycamore Lodge was suitable and if they had adequate staffing to meet person's needs safely. The registered manager felt this was working well.
- People were supported by staff who had a good understanding of the protected characteristics under the Equalities Act 2010. More information can be found under the caring section of this report.

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

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 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 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. People's care plans contained important information such as if the person had capacity. Where people lacked capacity a

capacity assessment had been undertaken.

- People were supported by staff who had received training in mental capacity.
- Staff gave people choice and control in everyday decisions such as what time they would like to get up and how they wished to spend their day including what they wanted to eat and drink and when. One member of staff told us, "Even if someone has dementia, we look at the care plan first but still offer them choices".
- People's care plans contained important information relating to any diagnosis such as dementia and who staff should go to should a decision need to be made in relation to the person's care and treatment.

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

- People were supported with referrals to health care professionals when required. For example, referrals were made to tissue viability services, mental health services, dietitians and regular visits were undertaken by GPs. Details of any appointments or visits were recorded within the person's care plan including any outcomes. One relative told us, "(Name) had just been seen by the GP".

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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 supported by staff who had a good understanding of equality and diversity. One member of staff told us, "I've had equality and diversity training". They went on to say, people are treated equally regardless of their; "Race, gender, colour, sexuality and religion".
- People felt supported by staff who treated them well. The provider had received recent feedback from people. Some comments from a questionnaire sent in April 2022 included staff being, 'friendly', 'the staff are kind' and 'I like everyone who looks after me'.
- During our inspection we observed staff speaking to people in a kind and caring manner. They supported people calmly when they became upset, providing reassurance when required.
- The registered manager and the deputy, whilst walking around the home acknowledged people and they spoke with people in a respectful manner.

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

- People were supported by staff who encouraged people to make decisions about their care and support. For example, we observed people being given a choice on where they would like to sit and how they would like to spend their time. One person told us, "I am usually up and dressed by 9am but that is my choice".
- Staff were able to give good examples of how they encourage and promote people's choice and control. One member of staff told us, "We give people choice with their clothes, washing and personal care, if they would like a shower or a bath. Choice of meals".

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who had a good understanding of how to respect people's dignity and privacy and promote their independence. One member of staff told us, "We make sure people's curtains are closed and bathroom doors. We knock and always ask people".
- People were encouraged to maintain their independence. For example, one person told us it was important to them to maintain their strength and mobility through walking. They told us, "I am walking around as exercise for my back. It is helping me to get fit and stay mobile".

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good.

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

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

- People's care plans were electronic. They contained important information such as life histories, which included where the person had lived most of their life, where they had been born, what school they had gone to and if they had siblings or been married.
- People's care plans had important information relating to their medical histories. Although we found generic information was recorded in relating to people's catheter care and seizure information. More information can be found in the safe domain of this report.
- Care plans were monitored and reviewed when required. The electronic care system would send a prompt should changes be identified. The registered manager confirmed this was a good way of ensuring care plans were current and up to date.

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.

- No one at the time of the inspection required information to be presented in an alternative format. The registered manager confirmed should this be required they would ensure this was done.
- People's care plans contained important information informing staff of any sensory requirements. For example, if the person wore hearing aids or glasses.
- Staff knew people well and they were able to give examples of how they used differing approaches depending on the person's needs. One member of staff told us, "I offer visual choices". We overheard another member of staff during the inspection say to someone, "Let me help you put your hearing aid in so you will hear better".

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 had access to a variety of activities within the home. However, just prior to our inspection one of the activities co-ordinators had left leaving just one activities co-ordinator to support the home in the weekly activities timetable.
- Weekly activities included, bingo, singing, board games, puzzles, skittles, hair and nail care. People views

had been sought in relation to the activities within the service. Some comments included, 'Not enough to do, bored' and 'don't get to go outside'. Feedback from one relative who told us, "(Name) is always on their own. There is no social contact at all". We observed during our inspection people undertaking colouring, watching television, listening to music. In the afternoon, there was exercise to music and two people were supported to access the outside garden area.

- People were supported with keeping in touch with friends and family. This was through face to face meetings, newsletters and phone calls.

Improving care quality in response to complaints or concerns

- People and their relatives felt the management were accessible and approachable. During the inspection we observed relatives raising issues with staff.
- The provider had a complaints policy and procedure in place. Complaints were logged including the details of the complaint, the result including any action taken. Two complaints had been received in the last three months.
- The registered manager confirmed there had been issues with losing items of clothing and that they were working on improving the laundry system. Improvements included ensuring items were labelled and smaller items being washed in a net bag to prevent them being lost.
- Various compliments had been received. Relatives comments included, a thank-you card from one family member who said, '(Name) was happy and well cared for here'. Another relative had thanked a member of staff personally, saying, '(Staff name) was always kind and thoughtful which was really appreciated'. Two professionals had also taken the time to provide positive feedback. One had said, 'Great job caring for (Name), they have come on leaps and bounds since being here and you are doing a fantastic job'. Another professional had commented on how impressed they had been with the checks the person had received following a fall and how organised they felt the home was.

End of life care and support

- People were support by staff who had received training in how to support people at the end of their life. No one at the time of the inspection was being supported with end of life care.

# 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.

At our last inspection the provider's quality assurance systems had failed to identify shortfalls found during our inspection. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made.

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

- The home had quality assurance systems in place that checked the recording of incidents and accidents including analysing any trends. Care plan audits and the quality of people's mealtime experience was undertaken. However, the monitoring of daily records was not always effective. For example, the service at the time of the inspection was transitioning over from paper records to an electronic system called, 'KareInn'. This included care plans and the recording of what care people had received. During our inspection we found not all paper topical cream charts and repositioning charts were recording people had received their care as required. Senior staff were responsible for checking these paper records daily. On some occasions these paper records had not been signed as checked and some gaps remained. The provider's medicines audit and operations manager compliance audit had failed to identify these shortfalls. More details of our recommendation can be found in the safe domain of this report.
- The senior management team visited the service at least twice a week. They undertook quality auditing of all aspects of the home. This included, falls, care plans, safeguarding, complaints, the service improvement plan, health and safety, training, staffing and agency use.
- Staff responsible for leading the shift attended a daily hand over meeting. This provided staff with important information such as any changes to people's care, updates on the running of the service, planned visits and appointments and any issues or actions from the previous meeting.
- There was now a clear management structure in place. This consisted of a registered manager, a deputy and a clinical lead. This was a newly established team within the last six months. Staff felt the management of the home were accessible and supportive.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager held residents and relatives meetings. These were an opportunity to share any important updates about the service and seek ongoing feedback about what was working well and any



areas of improvement. Topics discussed included, catering, activities and trips, and any future events.

Records confirmed this.

- A new monthly newsletter shared day trips people had enjoyed, pictures of activities and updates of up and coming events.
- People were able to stay in contact with families through a newspaper style update. Families could send pictures and family news online. The service could then access this and print the information out for people into a newspaper style family update.
- Staff felt the management was open and accessible. One member of staff told us, "It's getting better". Another member of staff told us, "It's improved a lot. The management are approachable, and they get things done". Staff were recognised by the registered manager with a new poster style newspaper celebrating staff achievements and their continued hard work.
- Relatives felt able to raise issues to the management team. One relative told us, "(Name) is very approachable, they are usually around at weekends which is good". During the inspection we observed one relative having a conversation with staff about aspects of their loved one's care.
- People, staff and health care professional's views were sought through customer satisfaction surveys. This was an opportunity to seek feedback and make improvements to the service.

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

- The registered manager understood their role and responsibility under the duty of candour. They worked in an open and transparent way and were enthusiastic to improving people's care experience. Records confirmed where they had documented their duty of candour following an incident. They felt this was important to improving care and recognising when lessons could be learnt from.
- All staff we spoke with felt the running of the service had improved following the new management team. One member of staff told us, "The team leaders, senior will help, and the manager asks us if we are okay and checks our well-being". Another member of staff told us, "It's improved a lot. The management is approachable". Another member of staff told us, "It is really good. Couldn't find a better manager".

Continuous learning and improving care

- The management team was working hard to recruit the right staff with the right attitude. There had been a big drive in recruiting staff who the registered manager felt would improve the quality of the care people received. They confirmed staff retention was improving which meant improvements to the service could be built upon as the staff team was stabilising and becoming familiar with their roles and responsibilities.
- The management of the service undertook daily walk arounds. This was an opportunity to monitor the day to day running of the service. They also made changes to systems and process when improvements were identified. This meant they were continually looking to improve the service and care people received.
- The providers area manager held a weekly meeting with the registered manager. They were also available for daily support should the service need this.

Working in partnership with others

- The management and staff worked closely with health and social care professionals such as doctors, dieticians and mental health nurses. This was to ensure people's individual needs were being supported through interventions to achieve positive outcomes for people.
- The registered manager had a positive working relationship with the local authority and contracts and compliance officer. Where areas of improvement had been identified through visits and meetings an action plan was updated including who was responsible for addressing the shortfalls.

