

## Care UK Community Partnerships Ltd

# Manor Lodge

### Inspection report

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### Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

# Summary of findings

## Overall summary

Manor Lodge provides accommodation, personal care and nursing for up to 120 people some of whom may be living with dementia. At the time of our inspection, 117 people were living at the service. The service was delivered in a purpose built building set over two floors divided into seven units. The service was set in a residential area with easy access to the local community and had a large garden. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

At the last inspection, the service was rated Good. At this inspection we found the evidence supported a rating of outstanding in caring and well led, there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Staff were well trained and attentive to people's needs. Staff were very compassionate and able to demonstrate that they knew people well. Staff created a homely environment and treated people like family with dignity and respect. Staff were passionate about providing individual care to people that added value to their lives. Staff were inclusive of people's choices and beliefs and treated people with dignity and respect.

Staff shared the registered manager's vision to provide outstanding care. There was an inclusive culture at the service and people's, relatives and staff's views and opinions were listened to. There was a strong governance framework and the service worked towards making continuous improvements, by following research and using innovative ideas.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents. People were cared for safely by staff who had been recruited and employed after appropriate checks had been completed. People's needs were met by sufficient numbers of staff. Medication was dispensed by staff who had received training to do so.

People were safeguarded from the potential of harm and their freedoms protected. Staff were provided with training in safeguarding adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People had sufficient amounts to eat and drink to ensure their dietary and nutritional needs were met. The service worked well with other professionals to ensure people's health needs were met. People's care records showed that, where appropriate, support and guidance was sought from health care professionals,

including a doctor, district nurse, tissue viability nurse, palliative care nurse and dementia specialist. The environment was appropriately designed and adapted to meet people's needs.

People were provided with the opportunity to participate in activities which interested them at the service. These activities were diverse to meet people's social needs. People knew how to make a complaint should they need to. People were provided with the appropriate care and support at the end of their 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 remains Good.

### Is the service effective?

Good ●

The service remains Good.

### Is the service caring?

Outstanding ☆

The service has improved to Outstanding

The service was exceptionally caring.

People and relatives repeatedly told us how caring and kind the staff were.

Throughout the inspection we saw the positive relationships that had formed between staff and people.

Staff were passionate about providing individual care to people that added value to their lives. Staff were inclusive of people's choices and beliefs and treated people with dignity and respect.

### Is the service responsive?

Good ●

The service remains Good.

### Is the service well-led?

Outstanding ☆

The service has improved to outstanding

The registered manager and staff were passionate about providing people with the best care and experience possible.

Staff shared the registered managers vision to provide outstanding care.

There was an inclusive culture at the service and people's, relatives and staffs views and opinions were listened to.

The registered manager had formed strong relationships with partnership agencies to provide support at the service.

There was a strong governance framework and the service worked towards making continuous improvements, by following research and using innovative ideas.

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# Manor Lodge

## 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 24 and 25 September 2018 and was unannounced on the first day. The inspection team consisted of two inspectors and an expert by experience on the first day and one inspector on the second day. An expert by experience is someone who has experience of using services.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority.

During the inspection we used observation to gain feedback on people's experience at the service.

During our inspection, we spoke with nine people, ten relatives, the registered manager, deputy manager, clinical lead, ten care workers and a nurse. We also spoke with two visiting healthcare professionals. We reviewed eleven care files, four staff recruitment files, audits, meeting minutes, questionnaires, medication records and policies held at the service.

## Is the service safe?

### Our findings

People told us that they felt safe living at the service. One person said, "I definitely feel safe, the care is very good." A relative told us, "My relative is absolutely safe, they are much happier in themselves, and I have never felt better about a place, it is excellent."

Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. Staff were aware that the service had a safeguarding policy to follow and a 'whistle-blowing' policy. The registered manager worked with the local authority to fully investigate any concerns and protect people. In addition, the registered manager ensured staff learned lessons from investigations and implemented changes to policies and procedures to ensure people remained safe.

Staff had the information they needed to support people safely. Staff undertook risk assessments to keep people safe. The assessments covered preventing falls, moving and handling, nutrition and weight assessments and prevention of pressure sores. Staff knew it was important to follow these assessments to keep people safe. Staff closely monitored people each day and were proactive in the treatment and prevention of pressure sores. The nursing team were very proud of their ability to support the healing process when people had been admitted with wounds or pressure sores. They showed us examples of wounds that had healed, and how this had improved the quality of people's lives. One relative explained how their loved one was more comfortable and less agitated due to the work staff had done to heal a wound they had on admission to the service. They went on to say they felt like they had their relative back now to how they used to be.

The registered manager kept under review the numbers of staff required to support people and adjusted these numbers where necessary. They did not need to use agency staff at the service. The registered manager calculated the number of nurses and care workers required dependent on the needs of people using the service. They had recently put in a business case to the provider to have the number of care workers increased due to the changing needs of people which had been agreed. In addition to the core nursing staff and care workers, the service employed cleaning staff, chefs, maintenance staff, administration staff and activity staff. The registered manager and deputy manager were not included in the core staff so that they could focus on the management needs of the service and provide support to staff on the floor. Staff we spoke with told us that they felt there were enough staff on each shift and that they had time to spend with people. One relative told us, "There are absolutely plenty of staff, they meet [person's name] needs so well. They are very efficient in what they do."

The manager had an effective recruitment process in place, including dealing with applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity and undertaking a criminal record check with the Disclosure and Barring Service (DBS). In addition, people were invited to take part in the interview process to assess the suitability of new staff.

People were cared for in a safe environment. Infection control was closely monitored, and processes were in place for staff to follow to ensure people were protected from infections. The registered manager employed general maintenance staff for the day to day up keep of the service. There was regular maintenance of equipment used and certificates were held, for example for electrical and water testing. A relative told us, "[Person's name] wheelchair is well looked after and they clearly know and understand how to use equipment safely." There was a fire plan in place and each person had an individual fire evacuation plan completed. Regular fire evacuation drills were completed. In addition, we saw the registered manager had policies in place should there need to be an emergency evacuation and business contingency plans were in place. The registered manager held a clinical review meeting weekly which included discussing lessons learned from any accidents or incidents and had processes in place to review these with staff.

Medicines were managed and administered safely. People told us that they got their medicine on time and when they needed it. Only trained and competent staff administered medication which was stored safely in accordance with the manufactures guidance. Regular audits of medication were completed, and policies and procedures were up to date.



## Is the service effective?

### Our findings

The registered manager was very keen for staff to develop their knowledge and progress their careers within the care industry. Training was supported at all levels to equip staff with the skills they needed to perform their roles. Qualified nurses were supported to keep up to date and registered with the Nursing and Midwifery Council. Training was provided face to face either by trainers at the service or by the providers representatives. In addition, the registered manager sourced external training for staff to develop their skills. One member of staff told us how they had been on a course to help them support people with dementia; they were now a dementia champion at the service and had been supported to instigate several changes on the dementia unit to enhance the experience of people living there.

Staff felt supported at the service. New staff had an induction to help them get to know their role and the people they were supporting. The registered manager told us that all staff when they started were on a probationary period and, any staff that were new to care, completed the Care Certificate. This is industry recognised good practice training for staff new to care which equips them with the knowledge and skills they need to safely support people. Staff told us that they had regular staff meetings and supervision to discuss the running of the service and their performance. Staff told us this was a two-way process for staff to receive support and updates on best practice.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2015 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff knew how to support people in making decisions and how people's ability to make informed decisions can change and fluctuate from time to time. Staff had received training in MCA and DoLS and had a good understanding of the Act. One member of staff told us, "Don't assume someone does not have capacity, observe their body language and facial expressions when talking with them." We saw consideration to people's capacity were clearly documented in care plans; for example, we saw written in one person's care plan they have the, 'Right to make own decisions even if unwise or eccentric to others as they have their own values, beliefs and preferences.' Appropriate applications had been made to the local authority for DoLS assessments. We also saw assessments of people's capacity in care records had been made. This told us people's rights were being safeguarded.

The registered manager and chefs at the service were very passionate about providing food that was nutritious, fresh and pleasing to the eye. They had put a great deal of work into providing a menu that met everyone's needs, including people on soft and pureed diets. We saw that the chef took time to pipe any pureed food so that they still presented as the food that had been pureed. For example, sausages still looked like sausages and sandwiches still looked like a sandwich even though they were in puree format.

Staff carried out nutritional assessments on people to ensure they were receiving adequate diet and hydration. Staff also monitored people's weight for signs of loss or gains and made referrals where

appropriate to the GP for dietitian input. Where appropriate, the chef provided special diets such as fortifying people's food to encourage weight gain. People were very complimentary of the food and chef and said that they had enough food and choice about what they liked to eat. One person told us, "The food is good it's cooked very well." We observed a dining experience and saw that this was a social occasion for people.

People were supported to access healthcare. The service had good links with other healthcare professionals such as, district nurses, tissue viability nurses, palliative care team, dementia team and GPs. The registered manager told us that they worked very closely with a GP surgery and practice nurse who supported them with medical reviews and assessments on people. Also, they informed us they were building links with the other GP surgeries that people were registered with.

The environment was appropriately designed and adapted to support people. The service was spacious, and people had their own room which was personalised to their choice. The registered manager had kept the service updated and well maintained with an on-going maintenance and redecoration programme.

## Is the service caring?

### Our findings

The service had a very strong person-centred culture. Staff were very passionate about the service and the people they worked with. All staff we spoke with were highly motivated to ensure people had a good experience whilst living at the service. Staff felt it was important for people to feel like they were at home and had strong bonds with people, referring to them as family members. One member of staff told us, "I love and enjoy every aspect of my job, I enjoy hearing people laugh and seeing them smile and knowing that when people are not feeling good I have made them smile. Bringing joy enhances their life and my life. They love you like family."

Throughout the inspection, we saw all staff positively interacting with people. Staff always greeted people and spoke with them, we never saw a member of staff walking past a person without engaging in some way with them. We saw staff stop and greet people with a hug and we saw how this improved people's well-being by the smiles on their faces. One member of staff told us, "We are like a family here, I always come in everyday and think if my mum was here how would she feel."

Everybody we spoke with was very complimentary of the service and repeatedly told us how good the staff and management were. We had comments such as, "Staff go the extra mile, they're very caring and loving, it's not just going through the motions of doing a job." Another person said, "Staff are very kind they will do whatever they can for you. They all know who I am they pop their heads round and have a little chat whenever they're passing."

The service had an inclusive culture, relatives told us that they felt included in all aspects of their relative's care and that communication was very good with staff. Relatives repeatedly told us that they felt comfortable about raising any issues or concerns they had with the manager or staff. One relative said, "The manager has told me not to go home unhappy, to speak to someone." Another relative told us, "Staff tell you, don't hesitate to tell us and they mean it." It was important to staff and the registered manager that relatives never left the service with any worries about their loved one. We also received many comments from relatives about how they felt they could relax when not visiting their relative because they knew they were being well looked after. One relative told us that they had a negative experience whilst their loved one was at another service they said, "Now they are here, I truly feel like I can breathe again."

There was a strong emphasis at the service on promoting people's independence. The registered manager employed a physiotherapist full time at the service and, due to the success of this, they had employed a physiotherapy assistant as well. We had lots of positive feedback from people and relatives on how working with the physiotherapist and staff had made a significant impact on people living at the service. People had become more mobile and regained some of their independence back. One relative told us, "Staff organised a physio as soon as she came here for her mobility. [Relative's name] says she wants her independence, she wants to be able to open her own drawers. Already they've got her to walk to the lounge with the frame, she couldn't do that before." Another relative told us, "[Relative's name] is permanently in bed now. The physio has been out and already her legs are stretching out again. They're even helping us to get a referral for a wheelchair again, they don't give up on anyone here."

Staff worked with people in a kind and caring way whilst supporting their independence. On the advanced dementia unit the staff had created a 'tree of life'. From each branch was a photo of people who lived on the unit with a short sentence about them; for example, 'I love having a cup of tea', or 'I love going to church'. The dementia champion on the unit had been supported to make the unit feel homely whilst being a dementia friendly environment. They had taken time to get to know people and what was important to them whilst making changes to the environment. One person liked the royal family and the staff had made a display of members of the royal family outside their room for them to enjoy. Other areas of the unit had also been adapted so that there were rest areas for people to sit who liked to walk around which had items that may engage them, such as the travel corner.

Staff had put a lot of thought into mealtimes and made the dining area more inviting for people. They worked on mealtimes being a social occasion with staff sitting and eating with people whilst supporting them. By doing this it had stopped people worrying about eating when a member of staff was sitting with them without food. It had also stopped people worrying that they needed to pay for their meal. One person had stopped eating as they were worried that they needed to save their food for their child. The staff came up with an innovative way to encourage them to eat by always providing them with two plates of food, this had enabled the person to eat as they were no longer worried about saving food. The staff were very keen that people kept their independence in any small way for as long as possible. One person who needed support with drinking did not like staff physically giving them a drink. Staff provided them with a cup with two handles that way the person felt in control, holding on to the handle to whilst the staff gently guided the drink to their mouth using the second handle. This had improved the person fluid intake whilst still supporting their independence and dignity.

People and relatives repeatedly told us how caring staff were and how this had made a difference to their loved one's lives. One relative told us, "Staff have a nice easy feeling, but professional at all times. They have done so much for him, he's transformed and given us back our father." Another relative told us how thoughtful staff had been in preventing their loved one being in pain, they said, "Staff give him painkillers twenty minutes before he has a shower, or his dressing changed, they think of everything." They went on to say, "Staff know how to do things properly they have his pain under control. He used to cry it broke my heart, but here, he's okay, relaxed."

People were treated with dignity and respect and their cultural and diverse needs were respected. People were supported to have access to religious support at the service and in the community if they wished. People told us that staff always treated them with dignity and respect. One person said, "They close my curtains and leave me to it they know not to disturb me." Another person told us staff treated them with dignity and respect, they said, "It's the way staff talk to you, the way they listen they really do care." Another person told us, "Staff never talk down to me it feels like I am a part of their family." One person told us how staff's genuine caring attitude towards them had helped their recovery. They said, "At the beginning staff had to help me from the chair to the bed, they were so good, now I can do it on my own with a walker but they still make sure it's safe for me."

The level of communication at the service between relatives, people and staff was very inclusive. People and relatives told us that they had regular meetings with staff and were kept up to date with any changes in care needs or changes at the service. There was a service user guide available for people and their relatives. In addition, the service published a newsletter to keep people informed of any activities or helpful information. If anybody required, the services of an advocate to support them this was made readily available so that people could express their views independently.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. People and their relatives were actively involved in their care planning. Before people were admitted to the service the registered manager met with them and their family or carers to do a full assessment of their needs to see if they could be met by the service. Care plans were then formulated identifying how people liked to be supported. One person told us, "They [staff] always ask me what I want. We chat about everything they do for me, and 'I've signed my care plan when it's correct.'" Another person told us, "They [staff] asked me so much when I first came, they asked everything, I'm very happy with what they have provided for me." We saw that care plans were reviewed monthly with people and relatives or sooner if needed. From care plans we reviewed we saw these were very individual and informative, clearly demonstrating people's preference for care and containing all the updated information staff needed to provide support. One person told us, "They know me too well sometimes, it's the way they take an interest in you, it's like having family, they know how I prefer to have my tea too."

The registered manager explained to us how on the advanced dementia unit they had noticed people were more distressed around the evening mealtime and were not willing to eat as well, in contrast to the rest of the service. They trialled moving the evening meal back by an hour just on this unit and found people were less distressed and their evening nutrition intake improved. We saw that the staff were very good at recognising when people needed additional support or expertise for example, from the mental health team and dementia responsive team or the tissue viability nurse. We saw prompt referrals were made to these services for their advice and support in response to people's changing needs.

Staff encouraged people to maintain their interests and looked after their well-being. People told us that they enjoyed varied interests and activities at the service. One person said, "They [staff] know I like to read, they come around with books all the time for me. If I'm not in, they leave them there for me, it's a good choice too." Staff told us how one person used to run a pub and enjoys music so they set up a room for them with music playing and jugs of drinks and they go around and pour people's drinks and host a music session with them. Staff told us that they really enjoyed doing this and it takes them back to a time when they used to run a pub. We saw where possible people were involved with meaningful activities, one person told us that they helped in the kitchen peeling vegetables. We saw other people enjoyed helping folding napkins and laying tables or helping in the garden.

The service was very well resourced with activity staff and we saw a number of activities taking part at the same time in different parts of the service. People could join in the activities that were scheduled throughout the service; if needed staff would help them to attend. There was an activity programme completed weekly which people had so that they could choose which activities they would like to attend. The registered manager had recently secured the use of a minibus from the provider so that people could plan trips of their choice into the community. There were a number of external groups and activity staff that came into the service to provide musical entertainment or yoga. During our inspection, a petting zoo had also been organised for people to come into the service. We saw that staff engaged with people on a one to one basis and had a philosophy of providing meaningful interactions. For example, if supporting somebody with a

drink in their room, staff would provide this on a tray and sit with the person also having a drink and chatting.

The registered manager had a robust complaints process in place that was accessible and all complaints were dealt with effectively. People said if they had any concerns or complaints they would raise these with the registered manager. However, people told us they generally did not have any complaints.

The service was very passionate about providing quality end of life care for people. The registered manager told us that a number of people had come to them for end of life care however they had recovered their health. One relative told us, "My father arrived here very poorly we were told it was near the end, they have now returned him to independent living." Staff made sure that end of life care plans were very detailed so that people could have all their wishes addressed for a peaceful passing.

## Is the service well-led?

### Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Since our last inspection the provider has been supporting and promoting services to go from 'Good to Great'. The registered manager had been taking part in this to continually improve services to become great or outstanding services. The provider had learnt throughout the organisation from other inspections and shared this learning with registered managers to look at ways of how they can continually improve the experience for people whilst using services. The registered manager gave us an example of how they had looked at the language used at the service. They now refer to each individual unit as communities as they want to encourage people to feel like they belong to part of a community. They had also changed some language used in care plans to be more descriptive to show staff how to offer support to people. During the inspection, it was evident from the feedback people, relatives and staff expressed, they felt at home or part of a community, and as if they were part of a family whilst living at the service.

Throughout the inspection it was evident that staff shared the registered manager's vision for the service and there was a strong sense of belonging from staff. One member of staff told us, "We want to feel like people's families and for this to be their home. For people to have dignity and independence in a happy environment."

Staff shared the registered manager's values and worked hard to promote evidence based best practice. The manager had invested time training staff and had put resources into providing a good experience for people living with advanced dementia. They had used evidence-based research to change the environment and provided items such as different coloured plates and glasses which had been shown to help people eat and drink. They also used music therapy at the service and had done research on using music with people living with dementia. One person had been given headphones and began tapping their feet to the music, when they had previously not been engaging. The registered manager arranged for regular musicians to come in and one person at the end of their life opened their eyes when they heard the musician and said the musician's name whilst they played gentle music to them in their room. The person died the following day, but the registered manager and staff took comfort from seeing how much they had enjoyed hearing the musician one last time.

The registered manager truly believed in delivering outstanding care, they told us, "We want to make people feel loved, welcome and as if they were at home." They believed living at the service was a start of a new journey for people, that should be fulfilling and enjoyable. When people first came to live at the service staff made a life book for people of all the significant events through their life. There were blank pages in this book for photographs to be added whilst they lived at the service. The registered manager felt this was very important for people's families so that they could see their life was still fulfilling. All staff were very passionate about improving the quality of people's lives and for them to feel like they were part of a family.

People benefited from a staff team that worked effectively together and understood their roles and responsibilities. Although the service was large, from speaking with staff and watching their interactions, there was a strong feeling of team work at the service. One member of staff said, "I really enjoy working here, I get lots of support from the manager and nurses." Staff felt very supported by the management team and there was a system in place for staff to contact management out of hours if they needed advice or support.

Staff told us that they had regular staff meetings and supervision. Staff felt they could discuss anything in these and that their ideas would be listened to. Staff also told us that they had a handover meeting which all staff participated in to ensure continuity of care on every shift, and to have updates on any changes to people's care. This demonstrated that people were being cared for by staff who were well supported in performing their role.

People were actively involved in improving the service they received. The registered manager was very interactive with people and relatives and had developed innovative ways to gain people's feedback. They involved people and relatives by inviting them to vote on decisions by doing 'Dot' voting. This is where options are put up and people vote by putting a dot by the side they wanted to vote for. They had used this method to decide on what charity in the community people wanted to support and following the vote picked a local homeless charity. The registered manager also had a board up in the shape of a flower which people, relatives or staff could write on if they wanted to compliment a member of staff for 'going the extra mile'.

There were regular meetings held with people and their relatives to get feedback on how the service was running and to ask for their opinions. We saw from minutes they discussed general care, cleanliness of the service, maintenance, food and activities. People fed back what they had enjoyed and if they had any requests or issues these were discussed and resolved. The registered manager also gathered feedback on the service using questionnaires for people, relatives, visitors, staff and other healthcare professionals. We saw from feedback that actions taken from the questionnaires were fed back to people, together with the progress made for example gaining access for the service to have use of its own minibus. This showed that the management listened to people's views and responded accordingly to improve their experience at the service.

The registered manager engaged with the local community at the service. Local church groups came in to offer access to worship. In addition, local pre-school children came into the service to engage in activities such as reading with people. The service had also been working with Mencap for people to participate in joint activities, we saw photographs of pottery being made together. The registered manager had also arranged for a dementia tea party to be held at the service to give people and their relatives who may be living with dementia in the community an opportunity to find out about the service.

As part of the culture of continual improvement, the registered manager is working in conjunction with the Chelmsford Education Project Manager and the Chelmsford Dementia Alliance to launch the 'Archie Project'. The Archie Project is a unique intergenerational dementia awareness project created to reduce the stigma and fear associated with the word dementia. The focal point is a book which tells the story of a scarecrow called Archie who has a dementia (Alzheimer's disease). The story uses the idea of colour being drained from Archie when he is in a state of ill being, feeling unloved and invisible in his community to a gradual return of colour when he is included, in a state of wellbeing, loved and being treated no differently to his friends. The children from the local school who are taking part in this project will then be regularly visiting the service to engage with the people who live there to help them keep the 'colour' in their life's.

The registered manager worked in partnership with other agencies. They were currently taking part in a pilot



with NHS services around medication usage in care homes. The aim of the pilot was to optimise medication being used to cut down on wastage and unnecessary prescribing and prevent hospital admissions. In addition, the registered manager told us that they had worked closely with district nursing services and encouraged other professionals to make use of the facilities at the service for meetings and training opportunities.

The registered manager had a number of quality monitoring systems in place to continually review and improve the quality of the service provided to people. They carried out regular audits, for example, on people's care plans, medication management, accident and incidents, health and safety, and environment. Lessons learned from audits and investigations were shared with staff to improve practice. The registered manager understood their regulatory requirements and were prompt at sending notifications to the CQC when required. People's information was stored securely within locked offices.