Graysar Associates Limited

Somerville House

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

This inspection took place on the 12 and 16 August 2016 and was unannounced.

Somerville House is a residential care home without nursing. It provides accommodation for 30 people and currently has 29 residents. There is 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.

People said staff were available when they needed them. However, staffing levels varied and we found a lack of staff presence in communal areas during the afternoon. This led to a delay in people receiving support at times. We recommend the provider review staffing levels in the afternoon to ensure there are always sufficient staff on duty.

Some social activities were provided and people were able to follow their own interests .However, people living with dementia would benefit from regular meaningful occupation and stimulation. We recommend the provider seek advice and guidance on developing activities for people living with dementia.

There was a warm and friendly atmosphere at the service. People said they were safe and well cared for. "People treat me very kindly." Staff knew how to protect people from the risk of harm or abuse. They had been trained and had access to information to support them. Recruitment practices were followed to ensure that staff were suitably qualified and experienced to work at the service. Staff had the knowledge and skills needed to carry out their roles effectively. There was a strong ethos of teamwork. The manager and deputy used practical demonstrations to augment theoretical training and to supervise staff. They were approachable and staff praised the high level of support they offered.

Risks to individuals had been identified and there was guidance for staff about the ways to keep people safe. There were safe systems in place for the management of medicines. People received their medicines as prescribed. People's rights were protected by good practice in relation to decision-making. The registered manager and staff had a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People were supported to have sufficient to eat and drink. People living at the service really enjoyed the high quality of the food and the range of choices. The atmosphere was that of a lively café.

The service worked closely with health care professionals to ensure people's health and well-being was maintained as far as possible.

Positive caring relationships were demonstrated with people using the service. People were actively involved in making decisions about their own care. Dignity and privacy were respected and promoted.

People received personalised care, which was responsive to their needs. Care plans were well written, accessible and organised.
The service listened and responded to concerns and complaints.

The service promoted a person centred, positive culture where the registered manager made herself readily available to staff for advice and support . She and the deputy worked very closely together and both acted as role models to staff in delivering high quality care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

Most aspects of the service were safe .

People said they felt safe and staff were able to demonstrate a good understanding of abuse and how to report any concerns.

Staffing levels in the afternoon were sometimes insufficient to meet people's individual needs and some people were unable to attract attention for assistance when needed

There were effective recruitment and selection processes in place to protect people.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff received a range of training which enabled them to feel confident in giving people effective care.

People's rights were protected because the service followed the appropriate guidance in seeking consent.

People's health needs were well supported by means of contact with community health and social care professionals.

People were helped to maintain a balanced diet with sufficient to eat and drink.

Is the service caring?

Good

The service was caring.

People said staff were kind and helpful.

Staff relationships with people were caring and supportive.

Staff were able to describe people's specific needs and how best to support them.

People were able to be actively involved in making decisions about their care, treatment and support.

Is the service responsive?

Good

The service was responsive.

People received personalised care which enabled them to maintain and develop their health.

There was little opportunity provided in relation to stimulation and occupation. People living with dementia would benefit from regular meaningful occupation and stimulation.

The service had a system for routinely listening to and learning from concerns and complaints

Is the service well-led?

Good

The service was well led.

The service promoted a person centred, positive culture with strong leadership and good management systems to help deliver high quality care.

Somerville House

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 checked 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 12 and 16 August 2016 and was unannounced.

The membership of the inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed the information we held about the home. This included previous inspection reports and notifications sent to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

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 spoke with 10 staff which included care staff, the cook, housekeeping staff, the registered manager, her deputy and the provider. We spoke to two healthcare professionals visiting the home. We contacted the local GP practice that supported the service for their views. We also contacted the Occupational Therapy team.

We looked at the care provided to six people, which included looking at their care records and speaking with them about the care they received at the service. We spoke to four relatives, friends or visitors of people using the service.

We looked at a range of records related to the running of the service and quality monitoring information, including medication records, staff recruitment files and staff training records.

Some people using the service were unable to provide detailed feedback about their experience of life at the home. During the inspection we used different methods to help us understand their experiences. These methods included both formal and informal observation throughout the inspection. We used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. Our observations enabled us to see how staff interacted with people and see how care was provided.

Requires Improvement

Is the service safe?

Our findings

Staffing levels varied during the day. Between the hours of 7.30am and 2pm there were six care staff on duty plus the registered manager. Between the hours of 2pm and 5pm there were three care staff on duty, supported by the registered manager. In addition to these numbers, during the day there was a cook, a cleaner, kitchen assistant and laundry person on duty. There were two waking staff on duty at night. Staff rotas were regularly updated to cover for absence.

During the morning staff were not rushed and remained calm and attentive with people. Staff were able to assist people with daily tasks and take time to chat with them. However, during the afternoon there was a noticeable lack of staff presence in the communal lounge area. Although staff were in the vicinity, there were periods of up to 15 minutes when staff were not in the lounge. On the first day of the inspection there were eighteen people in the lounge after 2pm. One person needed to use the toilet but they were unable to get out of their chair. They struggled and were helped by another person using the service. We heard them say, "I can't see anyone about. I don't know how you'll manage…" and "Maybe they are at a meeting or having lunch…" The person tried for 12 minutes to get out of their chair and eventually managed as staff arrived with the tea trolley. Staff immediately assisted the person but there was a delay in the person receiving the support they needed due to a lack of staff presence.

We saw a similar lack of staff presence in the lounge on the second day of the inspection during the afternoon. On this occasion there were nine people in the lounge. Staff passed through the vicinity regularly but at one point a person woke disorientated and confused, asking, "Where am I too?" There were no staff to reassure them. On another occasion one person wanted to go to their room but needed support to use the lift, but again they were unable to attract staff attention.

Opinions about staffing numbers varied. People said staff were available when they needed them. A visiting professional said staffing levels were usually sufficient but added that at times, when the service was full, it could be "hectic" with staff "at their limits". They felt this was no different to other services they visited. Some staff said the service would benefit from some extra staff in the afternoon. One said, "There are plenty of staff in the morning but it can be problem in the afternoon, it is busy. It is quite a drop from six staff in the morning." Another said, "It can be a push in the afternoon with three staff."

The registered manager accepted our findings in our feedback session. "We know that people's needs have increased, we've often talked about it, but maybe now is the time to look at it (staffing levels in the afternoon) again." She said she would be in discussion with the provider to review staffing levels.

We recommend the provider review staffing levels in the afternoon to ensure there are always sufficient staff on duty.

A call bell monitoring system was in place with staff carrying pagers to tell them which room to attend first, as well as which room was waiting, thus ensuring people using the service received prompt attention. Response times could be monitored by the provider using this equipment, which was described as "state of

the art". This created a peaceful homely atmosphere where the only bell being used was that for emergencies. We saw evidence of an immediate response when the emergency bell was rung accidentally and four staff immediately attended the scene.

The call bell system included wall mounted buttons in all communal areas. There were two in the lounge. As well as a red emergency button, there was an orange call button and pull cord. The manager explained that they have the potential to link individual pendant alarms to the same system. This has not yet been done but is being considered as people's mobility and capacity diminishes.

People said that they felt safe living at the home. One person living with dementia said, "I'm very happy here". Another person commented, "I am happy, content and safe…they (staff) are there when needed…I have no worries. This has been a good move for me." A third person said, "When you come here you drop your worries. Some else looks after you…you can relax…"

A relative said "From what I've seen, people are mostly very happy here… seeing as they're (staff) not trained nurses, I think they're very observant". Another person confirmed they felt "very safe" They added, "…there are no problems with staff at all… It's far superior to other places I've been in".

The records we hold about the service showed there had been no safeguarding incidents in the past 12 months.

People were protected against the risks of potential abuse by staff who had a good understanding of how to keep people safe and how to report accidents or incidents. There were comprehensive policies and procedures in place for staff to follow should they have any concerns. Staff had the knowledge to identify safeguarding concerns and knew how to act on them in order to keep people safe. All staff had received training in relation to safeguarding. One member of staff said: "The residents are my priority here… If I think that anything is wrong I will say something." Staff were confident that any concerns reported to the registered manager would be dealt with appropriately. The registered manager was aware of their responsibility to report any concerns about potential abuse or neglect to the local authority safeguarding team. However, not all staff were aware of the protocol for alerting the local authority about concerns. The registered manager said they would ensure all staff were up-dated with this information.

Comprehensive risk assessments were held within all of the care records we reviewed. These included risks related to falls, pressure damage, nutrition, mobility and moving and handling. Where risks were identified, regular reviews, such as of people's skin, were undertaken and appropriate remedies are put in place.

The Provider Information Return (PIR) showed ten people had been identified as being at potential risk of malnutrition. Care plans had been put in place to address this risk with clear instructions for staff to follow to improve the outcome for people using the service. Risk assessments were regularly reviewed and updated with additional actions where necessary. For example, where one person had lost weight a referral had been made to the community dietician. Their advice and recommendations had been incorporated into the person's care plan. Staff ensured the person received the additional dietary supplements and fortified foods as recommended by the dietician.

Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character. Appropriate checks were undertaken before staff began work at the service. All pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions

and prevent unsuitable people from working with vulnerable groups.

Peoples' medicines were managed and administered safely. Staff responsible for the ordering, receiving and administration of medicines had received training to do so. Appropriate policies were in place to guide staff in relation to medicine management. Medicines were stored safely, securely, and at appropriate temperatures. There were suitable arrangements for the storage and recording medicines which required additional safe storage. Medicine administration records (MAR) were accurately completed, showing when people received their medicines. Where medicines had not been administered the reasons why this had happened, for example the person declining the medicine, was recorded. Where a variable dose of medicine had been prescribed the actual dose given was not always recorded. The registered manager and deputy said they would speak with staff and add this to the monthly medicines audit to monitor.

On the first day of the inspection discarded or unused medicines which had been dispensed were not disposed of safely. By the second day of the inspection the registered manager had addressed this with a new robust system being implemented.

The care staff completed accident or incident reports appropriately when they occurred. These were checked regularly by the registered manager who monitored them to identify any trends or patterns or if additional measures could be put in place. She gave an example of one person who had a series of falls. She contacted the GP to see if there was anything that could be done to reduce this but was told they were doing everything already.

People were kept safe from the risk of emergencies at the service. There was always a trained first aider on duty to deal with emergencies. Personal Emergency Evacuation Plans (PEEP) were in place for each person. This provided staff and emergency services staff with information about each person's mobility needs and what to do for each person in case of an emergency evacuation of the service. This showed the home had plans and procedures in place to safely deal with emergencies.

The premises were bright and clean, well maintained and well decorated, with new furniture in many rooms. The provider told us they completely redecorated each room every time there was a vacancy . We observed one such room. The person living there said, "Especially with the new furniture, it's all very smart, it all feels very nice".

Premises safety was maintained by employing outside contractors to undertake regular inspections and audits. This included lifts, laundry equipment, electrical equipment, water quality and fire protection. A maintenance person was employed to undertake repairs.

We saw evidence of recommendations being acted upon. For example, a fire officer inspection in July 2015 identified that one fire evacuation compartment was too big. Partitions had been put in place to address this. Practical training in the usage of fire equipment has been improved. This was corroborated by staff who said they had been shown how to use fire extinguishers.

Staff had access to appropriate cleaning materials and to personal protective equipment (PPE) such as gloves and aprons. People were cared for in a clean, hygienic environment and there were no unpleasant odours in the home. Bathrooms and toilets contained liquid soap and paper towels to promote hand hygiene. Two bathrooms were observed where the bath was used for storage of surplus equipment such as walking aids. This indicated a shortage of storage space. The deputy manager said that more suitable storage areas could be found so that people's personal bathing areas were kept clear.

The laundry room was tidy and soiled laundry was appropriately segregated and laundered separately at high temperatures in accordance with the Department of Health guidance.

The laundry room was small and was crowded with equipment and laundry. The room had no natural ventilation and became very hot when the machines were running. Two electric fans were observed, one on top of each machine, with trailing flexes. These fans were not fixed in place and presented a potential hazard, as they could fall off into piles of laundry beneath. This was discussed with the registered manager and the deputy manager. They felt that the issue could be resolved by installing a fixed overhead ceiling fan. By the end of the inspection they had raised this issue with the provider. Plans are now in place for replacement fixed fans to be installed.

Good

Is the service effective?

Our findings

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. A visiting health professional said, "Staff are generally well trained and knowledgeable."

New staff were supported to complete an induction programme before working on their own. New inexperienced staff were also supported to complete the Care Certificate. The Care Certificate sets out competencies and standards of care that are expected, which enables them to develop the skills they need to carry out their roles and responsibilities. Staff said they were well supported by the registered manager and provider, and they had regular training opportunities. One said, "The training is very good…we can request various topics…"

A comprehensive training programme was in place for staff which included safeguarding, risk assessment, manual handling, first aid, infection control, and food hygiene. Specialist dementia training and other health related topics had been undertaken with local nurse educators . Staff said they had been supported to complete level 2 and 3 care qualifications. 39% of care staff had achieved Level 2 and 27% had achieved level 3. New staff had undertaken the Care Certificate.

Staff supervision took place quarterly but more frequently if there were concerns. This enabled them to discuss issues about work or training, and to receive feedback about their performance. Appraisals were undertaken every six months. The registered manager offered close levels of supervision. Staff told us they felt very well supported by the registered manager: One said, "The management here are always around and always very supportive."

The registered manager said, "My philosophy is that everyone here should be able to do everything, so we do lots of swapping around to give all staff that experience." Staff said they liked being rotated around to different activities.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under MCA.The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).
We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People's rights were protected because the staff acted in accordance with the Mental Capacity Act 2005. The

registered manager had identified seven people who they believed were being deprived of their liberty. They had made DOLS applications to the local authority. Where people had been assessed as having capacity, staff were aware of the need always to seek consent. For example, one person had a special "profiling" bed which came with inbuilt adjustable rails which could be raised or lowered. Above this bed was a sign "do not use bed rails without permission". A member of staff said, "We wouldn't use them without the resident's written permission". This meant that the issue of consent was being observed.

People's dietary needs and preferences were documented and known by the chef and staff. The home's chef kept a record of people's needs, likes and dislikes. People's needs and preferences were also clearly recorded in their care plans. People were referred appropriately to the dietitian and speech and language therapists if staff had concerns about their wellbeing.

One person had been referred for dietary advice following admission to hospital. When this person returned to the service, staff requested a review of her assessment as her condition appeared to have improved. The specialist changed the recommendations which were then implemented. The whole process happened within 3 weeks. This enabled the person to receive a more normal diet which assisted their rehabilitation.

People using the service were very complimentary about the food. They appreciated both the quality and the range of food on offer. Cakes were specially prepared to celebrate people's birthdays. The atmosphere at mealtimes was happy and relaxed.

People visiting the service said: " The food here is superb. There is good variety and choice. The chef goes out of her way to make special things for people". One person said, "The food is very good. You get loads of fresh vegetables."

People's health care needs were monitored and any changes in their health or well-being prompted a referral to their GP or other health care professionals. A visiting professional said the service always made timely and appropriate referrals. They added, "Any equipment we advise they put in place. They are following our recommendations to the letter." They gave the example of repositioning people to prevent pressure damage. During the inspection we observed staff frequently visited one person cared for in bed to change their position and offer diet and fluids. The weather was warm during the inspection and staff ensured people were offered a variety of hot and cold drinks throughout the day to avoid the risk of dehydration. One person described the "remarkable" improvements to their health and well-being since moving to the service. As a result of staff encouragement and support the person was enjoying a more independent life. They said, "It took a year but I am more confident and independent now and having a lovely time…"

Good

Is the service caring?

Our findings

People received care and support from staff who had got to know them well. The relationships between staff and people receiving support demonstrated dignity and respect. One person described how care staff always respected their personal privacy and dignity when they helped them take a shower: "They are always very aware of that". A visitor commented, "They always knock on the door and treat [name of resident] with great respect." One person said, "Staff are nice and friendly. They are there but not intrusive…" Another said, "They (staff) are all very nice to me…I have never seen or heard anything to concern me…"

People were happy and contented. The atmosphere was friendly and warm. People said they had made friends at the service and enjoyed the company of others living there. One person commented, "I have friends here. I know everyone…" Staff engaged with people in a patient, sensitive and kindly manner, whether this was helping them to move independently along the corridors or giving explanations to help them sit or stand safely .

People received care and support from staff who had got to know them well. People's records included information about their personal circumstances and how they wished to be supported. This showed the service had taken time to understand people and what was important to them. Many people had lived in the home for several years.
Visitors explained that this home had a good reputation locally for giving high-level care. Comments included, "This place has had a very good reputation for some time now…it has a lovely homely feel".

People were treated with kindness and compassion in their day-to-day care. People using the service confirmed that their privacy and dignity was respected. Some examples of comments received included; "The care here is brilliant… Good carers who know their job... They're always on the go… They go out of their way for them (people using the service)." Staff talked with great affection and commitment about people living in the home. One said, "I love to listen to what people have done in their past."

Where people felt able to talk about this sensitive subject, their wishes regarding end of their life care had been discussed with them and recorded. Treatment Escalation Plans (TEP) were in place which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance so they were not subjected to unwanted interventions or admission to hospital at the end of their life if this was their choice.

People were dressed in clean clothes with personal items of jewellery. A visiting professional commented that people were always well presented. They said, "People are very well looked after in that respect."

People's bedrooms were personalised with family photographs and decorated to their taste. Individual name plaques, some home made by family members, were on people's doors. This helped some people to recognise their bedroom. The dining room had well-dressed tables, decorated in strong bright colours, café style. A new wing had been designed so that corridors were linked in a continuous square so people could

always find their way back to the sitting room. This sort of detail enabled people living with dementia to find their way around the service.

Good

Is the service responsive?

Our findings

People's social needs had been assessed and catered for by means of a range of activities. Activities were provided between one and three times per week. This included quizzes, bingo, visiting entertainers and a monthly religious service. Two people were unaware of any activities provided. One said, "Activities? Not a lot going on. Occasionally we get an entertainer." Another person said they would not be interested in activities. They said, "I have come here for a rest not to keep busy!" Another person told us about the varied activity and social events they enjoyed independently. They were supported to attend a local luncheon club, older people's club and the local village film club. They described the pleasure this brought them, "I meet lots of different people. We have a laugh and a chat…"

During the inspection there was little opportunity provided in relation to stimulation and occupation, although some people occupied themselves with knitting or reading or chatting with others. However other people, less able to converse with others were unoccupied and either dozing or watching others. People living with dementia would benefit from regular meaningful occupation and stimulation.

We recommend the provider seek advice and guidance on developing activities for people living with dementia.

During the initial meeting with the manager and the deputy we asked whether there was anything they were particularly proud of that they would like to bring to our attention. The registered manager said they were particularly proud of one "success story" concerning a person with a mental health condition who had been transferred from a different service.

On arrival the person was refusing medication and had to be admitted to hospital. After discussing this issue directly with the person , and working alongside the person's GP and occupational therapist, the registered manager developed such a trusting relationship with the person they agreed to look at the issue of medication. An appointment was arranged by the registered manager with a consultant psychiatrist and the person was able to have some of their medication reduced. The impact was that some distressing side effects were removed, continence improved and the person became less reclusive. This was a good example of person centred care where the person was fully involved in making decisions about their own medication. They were empowered to take action to improve their own health. The person concerned confirmed that their personal choice had been respected: "I like it that I'm by myself, I prefer that, it's my choice. I can just please myself with what I do."

Health professionals commented that there was a strong team ethos: "The staff are very team oriented here… it's one of the best homes I worked in… I've seen staff come down from the top floor to support people down on the ground floor. Everybody really mucks in, there's no feeling of them and us." This means that people received a responsive service with the organisation working around their needs.

People's care was planned according to their individual needs. Detailed care plans were in place for staff to follow. These included care plans relating to people's specific needs such as moving and handling, personal

care and their mental and physical health needs. People's preferences about how they wished to receive their care were recorded in their care plans for staff to refer to. Care plans were reviewed monthly or more often if necessary in response to their changing needs. People were involved in planning and reviewing their care. Notes in the care plan recorded conversations with people and changes implemented, such as reviews of medication.

People knew how to raise concerns or complaints and the provider had a complaints policy in place, which was displayed on the notice board in the hallway. One person said, "I have no complaints or worries but I could speak with the manager or staff if I had." The procedure on display directed people to raise any unresolved concerns with the Care Quality Commission. This notice also contained a reference to the now defunct CSCI.

While we want to hear about people's experiences of care service, we do not have the power to investigate or resolve complaints. Important information about the role of the Local Government Ombudsman role in dealing with complaints had been omitted from the complaints procedure.

Good

Is the service well-led?

Our findings

The culture at Somerville House promoted open communication and had an ethos of person centred care and continuous improvement. The service was well led by a registered manager and deputy manager; both had worked together in post for a number of years. They demonstrated strong team working and leadership skills. The register manager described how she had been mentored by the provider and now in turn acted as a role model for the deputy manager. The provider confirmed that the registered manager had developed significant skills and ability over the years so that she was now able to manage and lead the home well in the absence of the provider.

Staff spoke positively about communication and how the manager encouraged team working and an open culture. They appreciated the 24/7 on-call system which meant staff were always able to access support. "The manager is very good…very understanding, she listens, you can say anything to her… she's got a great rapport with everybody" A visiting professional said, "Yes the service is well managed. There is good organisation…there is very good communication with us."

There was a clear vision as to how to continue to develop and improve the quality of the service. Quality assurance systems were in place to monitor the quality of the care and support given. This included a prioritised programme of planned maintenance and planned refurbishment for all aspects of premises and equipment. The registered manager used a monthly schedule of audits to check quality against our five key questions. Actions to improve the service were identified and carried out. For example, the Care Review Sheet was amended to include a section on the Mental Capacity Act. Changes were made to the menus to widen choices available.

As part of the quality monitoring system in place, the deputy manager undertook monthly medicine audits. Where errors or omissions were identified the deputy manager met with staff to discuss the error and identify any additional training or support staff required.

People, staff and relatives were all empowered to contribute to improvements in the service.
For example, residents' meetings were held every three months which relatives also attended. These showed that feedback was being asked for and had been received, for instance, regarding the choice of food. Minutes were taken and displayed on the noticeboard in large print. This made it easy for residents to read.
Statutory notifications were sent to CQC as and when required. Feedback questionnaires were completed by staff and healthcare professionals. Comments included, "This is one of our top ones…it is a good one. I would definitely recommend it."

Records reviewed during the inspection, for example staff files, care records, daily notes and audits were well organised, easy to read and up to date. All records requested during the inspection were readily available. Staff personnel records and individual care records were securely stored. A visiting health professional said the records were good for their purpose. They added, "We get a good clear picture of what's happening…"

People benefitted from the partnership working established with other professionals. This ensured people received appropriate support to meet their health care needs. Health professionals said the service made appropriate referrals and always acted on their advice or recommendations.