Qualia Care Limited

High Peak Lodge Residential & Nursing Home

Inspection report

Bedford Square
Leigh
WN7 2AA

Tel: 01942262021

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
High Peak Lodge is a residential and nursing home that is registered for younger and older adults, people living with dementia, sensory impairment or a physical disability. It is situated close to Leigh town centre. All the rooms are for single occupancy and have en-suite facilities. High Peak Lodge can accommodate up to 39 people. At the time of the inspection 35 people were living at the home.

People's experience of using this service and what we found
People spoke positively about the care provided and the caring nature of the staff. People and their relatives told us about noticeable improvements they had seen as a result of the support provided. One person said, "The staff have helped me back on my feet. I couldn't walk when I came here. I'm on a standing frame now taking small steps." A relative stated, "My [relative's legs] used to be in a poor condition. Through the continued support of they staff, they now have the legs of a teenager."

Staff had all received training in safeguarding and knew how to report concerns. The home had consistently followed local authority reporting procedures, to notify them of any incidents or potential abuse. Accidents, incidents and falls had been consistently documented with analysis completed to look for trends and minimise future risks.

Staff spoke positively about the training provided, with completion monitored to ensure their knowledge and skills remained up to date. People and relatives told us the felt the staff were competent and good at their jobs. One person told us, "They are very well trained, they know their stuff."

People received personalised care which met their needs and wishes. People and/or their relatives had been involved in discussing their care, providing information about life history, likes, dislikes and goals, to ensure staff could support them as individuals. Care plans clearly explained what people wanted and had been reviewed regularly to reflect people's changing needs.

People enjoyed the food and drinks provided, confirming they were offered choices and received enough throughout the day. We found meal times to be a positive experience, with people receiving support and encouragement in a dignified way and in line with their care plan.

People told us they had enough to do each day to keep them occupied and engaged. The home had a weekly activities programme, facilitated by two coordinators. Along with internal activities, outings had also been planned and attended, to enable people to socialise in the local community.

The home had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
This was the first inspection since the home was re-registered in October 2019 due to a change in the provider.

Why we inspected
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received. Newly registered services or providers are inspected within 12 months.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

High Peak Lodge Residential & Nursing Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection team consisted of an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
High Peak Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
Prior to the inspection we reviewed information and evidence we already held about the home, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the home. Notifications are changes, events or incidents that the provider is legally obliged to send to us

without delay. We also sought feedback from partner agencies and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection
We spoke with 16 people who lived at the home and 11 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, nursing staff, senior carers and carers.

We reviewed a range of records. This included seven people's care records, seven staff personnel files and multiple medication records. We also looked at other records relating to the management of the home and care provided to people living there.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At this inspection this key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse:
● People we spoke with told us they felt safe living at High Peak Lodge. Relatives also had no concerns about the safety of their loved ones. One person told us, "I am looked after very well", whilst another stated, "The staff are really good, I do feel safe."
● The staff we spoke with all knew how to identify abuse and how to report any concerns. They confirmed training in safeguarding had been provided, which was refreshed regularly. One stated, "We all do safeguarding training. I would go to my manager and report any concerns. If they didn't do anything, I would go higher up."
● Safeguarding's had been reported in line with local authority guidance, with subsequent notifications submitted to CQC where required. Completed forms were stored in different files, depending on the type, nature and severity of the incident.

Staffing and recruitment:
● Enough staff had been deployed across the home to meet people's needs. People and relatives we spoke with, told us there were enough staff on duty to look after people safely. Comments included, "There are always enough staff to look after [relative]" and "If I need help the staff are really good. I never have to wait."
● Staff feedback was also positive. Comments included, "Yes, we have enough staff. More often than not we have seven carers on as well as nurses" and "To be honest with you, we do have enough, though sometimes feel like we could do with more, as can be very busy."
● The home used a system to determine staffing levels, which was based on the number of care hours people required and the amount of staff needed to meet these. This system showed current staffing levels exceeded what was required to meet people's care needs.
● Safe recruitment procedures were in place, to ensure staff employed were suitable for the role and people were kept safe. Personnel files contained references, proof of identification, work histories and Disclosure and Baring Service (DBS) checks. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong:
● Care files contained detailed risk assessments which explained each risk and how these would be managed. Where people were at risk of skin breakdown, skin integrity plans had been used effectively, with pressure relieving equipment in place, including air flow mattresses and pressure cushions.
● People assessed as requiring a modified diet, received these in line with guidance. Care files explained people's dietary needs and we observed people receiving the correct diet during meal times.
● The home was proactive in assessing and identifying potential risks and seeking the appropriate help. For

example two people had been identified as having difficulties with swallowing their medicines, so requests had been made for medication to be prescribed in liquid form, to reduce the risk of choking and ensure both people could take this consistently.

● The home had effective systems in place to ensure the premises and equipment were safe and fit for purpose. Safety certificates were in place and up to date for gas and electricity, hoists, the lift and fire equipment, which had all been serviced as per guidance with records evidencing this.

● Call points, emergency lighting, fire doors and fire extinguishers were all checked regularly to ensure they were in working order. There was an up to date fire risk assessment in place, along with personal emergency evacuation plans.

● Accidents, incidents and falls had been documented consistently, with analysis completed to look at what had occurred, what interventions where already in place and what could be done to minimise the risk of a reoccurrence in the future.

Using medicines safely:

● Medicines were being managed safely. Nursing staff had all received training in medicines management and their competency in administering medicines had been regularly assessed.

● Each person had a medicines identification sheet, which detailed any allergies and special instructions, such as how they liked to take their medicine. Each person's medicines administration record (MAR) we checked had been completed accurately and consistently.

● We saw 'as required' (PRN) protocols in place for people who took this type of medicine, such as paracetamol. These provided staff with information about what dose to give, how often, what for, any side effects and whether the person could request the medicine. If not, signs to look for that would indicate the medicine may be required, where also included.

● Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs (CD). We found these medicines had been administered and documented as per guidance.

● Where it was deemed appropriate to administer a medicine to a person covertly, which means without their knowledge, this had been done within a best interest framework and had included input from a pharmacist, to ensure people's medicines would still be effective if given differently, such as crushed and mixed with food.

Preventing and controlling infection:

● The home was clean and free from odours with appropriate infection control and cleaning processes in place.

● The home had last been inspected by the local authority's infection control team in January 2019, achieving an overall rating of 84 out of 100. We saw actions generated following this visit had been actioned, including improving the overall décor.

● Bathrooms and toilets contained liquid soap and paper towels, although not all contained hand wash guidance. This was discussed with the registered manager during feedback, who agreed to address straight away. Staff had access to and used personal protective equipment (PPE) such as gloves and aprons, to minimise the spread of infection.

Good

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 this inspection this key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
● People we spoke with told us they had been involved in discussing their care and making choices. Comments included, "We have meetings about what I need and want" and "I decided what I wanted. I get up and go to bed when I want, there are no rules."
● Pre-admission assessments had been completed before people moved into the home, to ensure the environment was suitable and their needs could be met. A checklist had been used following admission, to ensure all required documentation had been completed within set time frames, such as risk assessments and care plans.
● The home had captured people's likes, dislikes and preferences and used these in the completion of their care files. This ensured care provided met people's needs and was in line with their wishes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:
● People spoke positively about the support they received to stay well. One person told us, "I have been into hospital recently, it was all down to the staff keeping a close eye on me." Another stated, "I have appointments when needed, or you can see the nurse here, it's brilliant."
● People had access to a variety of medical and health related services, such as GP's, speech and language therapists (SaLT) and dieticians. Feedback and guidance from professionals following any appointments or assessments had been recorded in people's care files, with actions addressed promptly.
● Where concerns had been identified, such as issues with unplanned weight loss, swallowing difficulties or skin breakdown, referrals had been made timely to the necessary professionals. The home used recognised monitoring tools, to assess people's risk of malnutrition, obesity and the development of pressure sores. These had been completed consistently with actions taken as required, such as introduction of equipment or use of supplements.

Staff support: induction, training, skills and experience:
● Staff spoke positively about the training provided. One stated, "Training's really good, I've been on everything they offer. Keep on top of us, to make sure we are doing this." Another said, "The training is great, went straight into it when I started."
● Training was monitored via a matrix both within the home and at provider level. At the time of inspection, the home had a compliance rate of 88%, which meant the majority of staff's training was up to date. Staff requiring updates, had been booked onto upcoming sessions or been asked to complete the necessary e-learning module.
● The provider's supervision policy indicated staff should receive a minimum of four meetings per year,

which could include individual and group supervisions and their annual appraisal. Trackers were in place for each staff member to monitor completion, these showed meetings had been held as per policy. Staff told us they were happy with the frequency and format of the meetings.

Supporting people to eat and drink enough to maintain a balanced diet:
● People we spoke with told us they enjoyed the food which was provided and were given enough to eat and drink. Comments included, "The food is good, I can change it if I don't want what's on offer" and "I had lost weight, but since coming here I have put weight on, that's how good the food is."
● People could decide where they wished to eat, with staff supporting their decision. We observed staff supporting people during mealtimes in a dignified way, assisting them to eat or provide prompts to do so discreetly.
● We found the mealtime experience to be positive. Tables had been nicely set, people were offered a choice of hot and cold drinks and the food when served was hot and well presented.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Mental capacity assessments had been completed to assess people's ability to make day to day decisions, in line with the MCA code of practice. Where people lacked capacity, meetings had been held, to make decisions in their best interest.
● DoLS applications had been submitted where necessary. A tracker had been used to monitor each application, which included the date of application, date granted, and the expiry date. Where assessments had not been completed timely, we saw evidence the registered manager had contacted the DoLS team to chase these up.
● Care files also contained consent forms, signed by the person or their legal representative, such as Power of Attorney (POA). Where people lacked capacity and had no POA in place, the best interest process had been used to determine consent.

Adapting service, design, decoration to meet people's needs:
● Consideration had been taken to ensure the environment was suitable to meet the needs of the people who lived there. This included plain flooring and walls with contrasting handrails, to make them easier to identify.
● Some people had plaques outside their doors, which along with a photograph, also contained some personalised information about their likes, dislikes and interests. Whilst others had chosen to have a picture or image which meant something to them, to help identify their room.
● New dementia friendly pictorial signage had been ordered by the registered manager to improve on what was currently provided, which we found to be sufficient.
● We did identify a lack of storage within the home, with equipment, such as hoists and wheelchairs having

to be stored in the corridors. The registered manager told us they were looking at options, such as an outdoor waterproof storage container, to help alleviate this problem, as there were no internal rooms available.

Good

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 this inspection this key question has been rated as 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 and relatives spoke positively about the care provided at High Peak Lodge. Comments included, "Staff are really caring and kind to everyone, not just me" and "They provide amazing care and support here."
● Observations made during the inspection, showed staff knew people well and how they wished to be supported. One person was celebrating their birthday, staff surprised them with a cake and sang happy birthday, with other people in the room joining in. The person's face lit up as the cake was presented and staff congratulated them.
● There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Care files explained whether people had any specific spiritual, cultural or lifestyle needs and how these would be met. People who wished to continue to celebrate their faith, were supported to do so, with religious leaders visiting the home.

Respecting and promoting people's privacy, dignity and independence:
● People and their relatives told us staff treated them with dignity and respect. This included knocking on doors before entering people's rooms and asking for permission before providing care. Staff also ensured people were clean and appropriately dressed throughout the day.
● Staff were mindful about the importance of maintaining people's privacy and dignity and ensured this was done consistently. One staff member stated, "I always knock on the door, if giving a wash cover with a towel. I always tell the residents what I am going to do before doing it." Another stated, "I knock on the door, close their curtains and provide them with a dignity towel. After washing, I give them choices, such as what they want to wear."
● Staff also told us they encouraged and supported people to maintain their independence, by encouraging them to complete whatever tasks they were able to do. One staff told us, "We let residents do what they can, whether this be washing their own face, getting dressed, eating their meal. Help them keep these skills."

Supporting people to express their views and be involved in making decisions about their care:
● People received care in line with their wishes from staff who knew them well and what they wanted. One person told us, "Every one of them knows me well, what I like and what I don't." Another stated, "The staff don't just care, they understand me."
● The registered manager had an open-door policy and encouraged people and relatives to discuss any issues or concerns. They were also focussed on including people in decision making about the home. One person told us, "We have meetings to discuss stuff, such as the decorating that has just been done, things like that. We are involved in deciding things." Another person said, "I feel involved with everything."

● The provider also sought feedback from staff, people and relatives via annual questionnaires. These were based around CQC's key lines of enquiry (KLOE's) and whether the home was safe, effective, caring, responsive and well-led. Feedback from this year's surveys was all positive. Comments included, 'High Peak Lodge operate an open and fair service, with excellent leadership, backed by competent staff' and 'staff are exceptional and caring.'

Good

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as 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 received care which was personalised and met their needs and wishes. People's support plans were detailed, and person centred in nature. There was information included about people's lives prior to arriving at the home, which helped staff understand them as individuals.
- Care files contained personal care summaries, which provided an overview of all aspect of the person's care, their daily needs and key safety risks. People's care plans focussed on the person's goals, their likes and dislikes in each area, what they were able to do for themselves and what support they wanted from the staff. This ensured care provided was personalised to each person.
- People and relatives told us they were involved in the care planning process, and any changes or issues were discussed with them. However, involvement was not clearly captured as the care plans did not have anywhere for this to be recorded, such as a signature section. We raised this with the registered manager, who said they would look at introducing a way to capture people's involvement. moving forwards.

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:

- The home employed two activities coordinators who were responsible for promoting and completing activities and events within the home. A weekly schedule was advertised, as well as activities newsletters being produced, which included upcoming events and feedback and photographs of things which had taken place.
- People and relatives told us enough activities were provided to keep them occupied, which included specific events arranged alongside existing activities. We noted a coffee morning was scheduled to raise money for a well-known cancer charity and the home was planning a celebration to be held on international older person's day on 1 November.
- During the inspection we observed a game of bingo being facilitated, after which tea and biscuits were served to all. Some relatives had come in to support the activity through choice, so they could spend some quality time with their loved ones. People told us how lovely it was to be together as a family, joining in with activities. One told us, "This is not put on for you, this is the way it is all the time."

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

● Each person had a communication care plan, which detailed any difficulties they had, how these affected people and how staff could best to communicate with them. Details of any aids or equipment required to assist with communication was included, such as reading glasses and hearing aids, along with whether the person wore these consistently.
● Staff were observed adhering to communication guidance during the inspection, for example ensuring they were at eye level with one person when communicating and speaking slowly and clearly, as was written in the communication plan.
● Information was provided on notice boards in simple text with lots of pictures and images, which would make it easier for people living with dementia to read and understand.

Improving care quality in response to complaints or concerns:
● The complaints procedure was clearly displayed on notice boards throughout the home, to ensure people knew what to do, should they wish to raise any concerns.
● People and their relatives told us they knew how to complain and would feel comfortable and happy to do so, if needed. Comments included, "I know how to complain and who to."
● We found complaints had been handled as per policy and procedures. Two complaints had been received since the last inspection, with both being responded to promptly, with feedback provided about any actions taken to address people's concerns.

End of life care and support:
● The home was part of the Hospice in Your Care Home (HiYCH) programme, with the hospice providing training as well as practical support to the home, to assist with the provision of end of life care.
● We received mixed feedback from the hospice team, who told us although the registered manager was enthusiastic, attending meetings and clearly wanting the hospice's input, the home was not consistently referring people who were deemed to be actively dying, engagement in their training wasn't very good and more syringe driver training was needed to ensure nursing staff were competent.
● We discussed this with the registered manager who told us training attendance was impacted on by staffing levels. If the home was short, for example through sickness, staff would need to stay in the home to provide care. Staff had also been asked to attend when not on shift, which some did not wish to do. However, they were focussed on improving attendance and the overall use of the hospice moving forwards.
● We saw two staff had been allocated to the next training course, two nurses had been assigned to complete syringe driver training and seven health care assistants signed up to complete syringe driver awareness training, so they could provide support to the nursing staff.
● Four of the staff we spoke with had completed the hospice training, which they said was very good. All staff spoken with told us they felt confident supporting people at this stage of their life. One told us, "Yes, done training and feel confident in managing end of life care. If someone's not got any family, its important they are not left on their own, so staff take it in turns to sit with them. We treat them as if they are family."

Good

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 this inspection this key question has been rated as good. This meant 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; Continuous learning and improving care:

- People, relatives and staff told us the home was well led and spoke positively about the registered manager. Comments included, "The manager is good, if anything needs doing she does it" and "I've never known a manager like them. Been great with me, absolutely fantastic. They are really supportive, can go to them with any problems and they are happy to listen."
- The registered manager understood their regulatory requirements. They had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents, safeguarding's and deaths. Requests for additional information had been provided promptly.
- The home used a range of audits and monitoring systems to assess the quality and performance of the home and care provided each month. These covered all aspects of care provision along with the safety and suitability of equipment and the premises.
- Larger audits assessing the overall compliance of the home, in line with CQC's key lines of enquiry had also been completed. These were done in the form of peer inspections carried out by registered managers from other homes run by the provider.
- The home used a continuous home improvement plan, onto which any issues identified through auditing and quality monitoring processes was recorded. The plan included sections for actions identified, target date for completion, update on progress and date of completion.
- We found this document, along with the monitoring systems in place had been used successfully in improving care and ensuring compliance. For example, a falls audit in August 2019 had identified some staff needed to refresh their falls awareness training. This action was completed within three weeks.

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:

- We found the home to be an inclusive environment. Your opinion matters posters were displayed around the home, with requests for people to complete questionnaires or provide feedback on an ongoing basis. A board containing staff's photos, names and roles was in place, to help ensure people an relatives could identify everyone.
- The home involved people in the recruitment process, so they could have a say in who worked at the home. One person told us, "I've been interviewing with the manager. They have asked for my opinion about the staff who are employed." This person was proud to have been involved.
- Staff told us they enjoyed working at the home and felt supported in their roles. Comments included, "I love working here, we have a good team. You can go to [registered manger] and [deputy] anytime, they're

both really good like that. I've actually got some friends jobs here. It's a hard job but get loads of enjoyment from it" and "I love it here, wouldn't go anywhere else. We have a good team and the manager is very approachable, always has an open door."

● Resident and relative meetings had been held quarterly, with minutes taken and displayed within the home. People had been encouraged to contribute to the agenda, which also covered information about the home, upcoming activities and events and any changes to the home which had been planned, such as the recent renovations, which people had had a say in.

● Staff meetings had also been held quarterly. Staff told us they found the meetings beneficial and were encouraged to participate and bring up any issues or concerns, which would be addressed.

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 and provider were aware of their responsibility regarding duty of candour. Duty of candour ensures providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. Effective communication was maintained through meetings, ongoing discussion during visits and the open-door policy. The registered manager told us, "We are always open and honest with relatives, if something goes wrong we always put an action plan in place to address, which we discuss." Relatives confirmed communication was very good and they were kept updated an informed.

Working in partnership with others:

● We noted a number of examples of the home working in partnership with other professionals or organisations to benefit people living at the home.

● The home had made links with a local nursery who visited the home every month, with the children completing activities or just spending time with people, to promote intergenerational interactions.

● The home attended a local bowling club each month, where people and staff from several homes in the area met up to socialise.

● The registered manager was also an active member of a number of local initiatives and groups, such as the care home providers forum and Wigan registered manager's network. These meetings were used to seek advice, discuss good practice and form working links with other homes in the borough.