

Regal Care Trading Ltd

Hawthorn Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Hawthorn Lodge is a residential care home providing accommodation and personal care. The service is registered for up to 60 people. The service provides support to people aged 65 and over. The building is on two floors containing people's rooms and flats as well as a shared dining room and several lounge areas. At the time of inspection the service was supporting 40 people.

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

Risks associated with people's care and support were safely managed however, this was not always the case with environmental risks. The home was not always clean and hygienic and required some renovation work which had been started. The provider was not always following best practice guidance in infection control standards.

Safe recruitment practices were followed, and staff were trained and competent to carry out their roles. There were sufficient staff deployed across the service to meet people's needs and ensure their safety. This included support with medicines which were received, stored, administered and disposed of safely by staff trained and competent in this area.

Care plans contained personalised health information and people were supported with their health needs and had access to healthcare services. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The registered manager was approachable, caring with good communication skills. The staff team were friendly, kind and respectful and understood people and their identified needs well. Opportunities to learn from incidents were shared across the staff team to ensure improvements in service delivery were made.

The provider and registered manager operated effective governance systems to ensure the quality, safety and improvement of people's care when needed. Audit systems were robust, and there were opportunities for people, relatives and staff to get involved in driving improvements.

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

Rating at last inspection and update: The last rating for this service was inadequate (published 27 January 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 27 January 2022. During this inspection the provider

demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Hawthorn Lodge Care Home on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Requires Improvement ●

Hawthorn Lodge Care 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors. An Expert by Experience carried out telephone calls to relatives of people using the service to gain their opinions of the service. 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

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

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 inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and 10 relatives about their experience of the care provided. We spoke with a visiting dementia care nurse. We spoke with seven members of staff including the operations director, registered manager, senior care workers, care workers, maintenance person, domestic staff and the chef.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Preventing and controlling infection; Assessing risk, safety monitoring and management

At the last inspection the provider had failed to provide consistently safe care and treatment in relation to risk, medication and infection control which was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- At the previous inspection, we found medicines were not always managed safely. The medicines trolley was left unsupervised for long periods of time, medicines recording sheets were not always completed, guidance for staff on use of medicines was not available for some medicines and staff competency assessments were out of date. At this inspection all areas relating to using medicines safely was improved.
- Information about medicine given as required, (PRN medication) was in place but needed more detail on the symptoms staff may see which would mean they needed to administer this medicine to the person. The registered manager had been advised to use the template currently in place during a recent audit. This was discussed with the registered manager at the time of inspection who addressed this immediately and reverted to the more detailed template previously in use
- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had received recent training around medicines. The registered manager ensured staff were assessed as competent to support people with their medicines.
- Staff told us they felt well trained and supported to do their role and that the registered manager ensured there were always staff trained in giving medicine on shift.
- At the previous inspection, we found concerns relating to the cleanliness and environment of the service. At this inspection, we found the provider had improved standards of cleanliness across the service. However, we did find that kitchen cleaning schedules were not always fully completed, the freezer needed to be defrosted which could affect the safe storage of foods in the freezer and the cooker hob was greasy which we told the registered manager about and this was quickly rectified.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There was evidence that cleaning rotas were not always fully completed and areas of the kitchen that required attention which were discussed at inspection. We have also signposted the provider to resources to develop their approach.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- One relative told us, "It's not the most modern place but always clean and tidy and the lift working."

Visiting in care homes

- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- At the previous inspection, we found concerns relating to risk assessments not being in place or up to date. There was information missing from care plans about individual health care needs and monitoring charts for people, for example weight charts, were not completed consistently. Health and safety walkaround checks were not completed, staff did not always use safe moving and handling techniques and staff training on fire safety and safeguarding was not up to date.
- Recommendations were not followed up in a timely manner. In April 2022 recommendations to replace two of the fire doors was made but this work had not been completed. This placed people at risk should a fire break out. The provider had prioritised works at another service. The registered manager told us work was planned to start on 6 July 2022, but an environmental risk assessment to address the increased risk to people had been put in place. After the inspection evidence including photographs of the completed work and replaced fire doors was produced.
- Fire drills had been completed and evacuation tests carried out. The Personal Emergency Evacuation Plan documents (PEEP's) were updated and reflective of people's needs.
- There was clear information about people's health needs in care plans. Where required weight charts had been completed and were up to date, and there were current risk assessments in individuals care plans with details of what the risk was and how to reduce.
- People at high risk of skin damage had robust risk assessments and care plans for staff to follow. We observed concerns regarding people's skin were recorded using body maps. Staff followed the care plans in place and relevant health teams were involved when required. Repositioning charts were accurately completed and followed the advice given by health care professionals.
- Concerns about people's health, safety and wellbeing were being appropriately addressed. The registered manager and staff team responded to any concerns.

Systems and processes to safeguard people from the risk of abuse

At the last inspection the provider had failed to protect people from abuse and improper treatment which was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation.

- At the previous inspection we found safeguarding concerns had not always been reported to the local authority. Improvements had been made and all safeguarding concerns were appropriately reported to the Local Authority and notifications made to the Care Quality Commission.
- The registered manager investigated safeguarding concerns and they were reported to the appropriate external agencies.
- People and their relatives felt safe. One relative told us, "[Name] is well cared for and feels very safe, they meet all her needs." Staff were trained in safeguarding adults and understood their responsibilities to recognise and report concerns.

Staffing and recruitment

At the last inspection the provider had failed to deploy enough staff, which was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations.

- There were enough staff. Staffing levels were set according to people's dependency needs to ensure people were supported safely. People were supported by the right amount of trained staff, as reflected in their risk assessments.
- Staff spent time engaging with people in a meaningful way and were seen to be friendly and approachable. This meant people were occupied and supported by staff they were comfortable with.
- Recruitment processes were robust. This meant staff were safe to work with people prior to commencing their role. Staff were required to provide their full employment history, suitable references and proof of identity.
- All staff had an up to date Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Learning lessons when things go wrong

- Actions were taken to learn lessons when things went wrong. Records showed there was a process to review accidents and incidents and that the registered manager had oversight of this.
- When people had an accident, body maps were completed to record any injuries and advice sought from healthcare professionals.
- Incident records clearly detailed the organisations and people that were notified of the incident and any action taken to prevent it happening again.
- Staff knew what to do in relation to incidents. One staff member told us, "We document what's happened and the follow up. Incidents are always reported to the registered manager. Afterwards we have a debrief to discuss the incident so we can avoid the same thing happening again."
- We reviewed team meeting minutes which documented a discussion about learning and improvements required from inspection processes.
- The registered manager investigated incidents, shared lessons learnt with the whole team and information was shared in an open and honest way.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- Care plans were person-centred and regularly reviewed. Clear guidance was there for staff to follow on how to meet people's needs. This meant people received the right care tailored to their needs and wishes.
- Staff knew people well. One family member told us, "My relative used to be a head chef in his earlier days and now staff take him into the kitchen to make bread and do lots of other activities with him." This meant support and activities provided were meaningful and engaging for people.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met. This was recorded in people's care plans and staff understood the importance of this to each person they supported. A relative told us, "My brother recently wanted to see a priest and that was arranged for him without any problem at all."

Staff support: induction, training, skills and experience

- Staff received training relevant to their role. Records showed all staff had completed training which the provider has identified as being necessary.
- We reviewed information in staff files about induction, training completed and competency assessments. Staff told us they could speak to the registered manager and received supervision, one of the staff told us, "Supervision is good to discuss things including positives."
- People were supported by staff that were trained, competent and confident in their role to provide safe and effective care.

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

- We observed people being offered a choice of meals and drinks during lunch. One person didn't want anything from the menu and staff offered them alternatives to choose from. People were able to access food and drinks throughout the day and not just at set times.
- Staff were knowledgeable about people's dietary needs and requirements and how people wished to be supported at mealtimes. People's food preferences and cultural requirements were recorded in their care plan. One person seated at the dining table had a vegetarian meal and told us, "The food's very good, I don't eat meat and they know what I like."
- We observed a resident had their lunch in the lounge as they preferred to eat there. This person had one to one support from staff. The staff member was kind and attentive and asked for consent before doing anything for example supporting with putting on an apron.
- People's dietary intake was monitored. Records of what people had eaten and drunk were kept, as were records of people's weights. This meant staff could identify if people were at risk of losing weight or of malnutrition.

Staff working with other agencies to provide consistent, effective, timely care

- Staff were attentive to people's health needs, we saw from records the service had identified when people required support and arranged for people to access a range of healthcare professionals; including GPs, dentists, opticians, and health team specialists when they needed them.
- We spoke with a relative who told us, "My relative recently needed a new hearing aid and a new pair of glasses and they sorted both out for her, they act upon any requests very quickly."
- We spoke with a visiting health professional who said, "I find the staff know people really well. The registered manager is really approachable and knowledgeable and I value her opinion when speaking about residents."

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

- Maintenance improvements had been made, The maintenance person told us they had identified areas for redecoration and both laundry rooms had been refurbished. One relative told us, "The care home is in need of some modernisation but the staff are excellent."
- The registered manager told us that the home was in the process of being redecorated which we saw from work that had already started.
- People's rooms and flats were personalised with their belongings. One relative told us, "Their room is adapted to make it the way they want it, they feel very comfortable there."

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

- People were able to access healthcare services. Staff supported people to do this either by planning appointments with them or arranging for healthcare professionals to come into the home.
- People's mental wellbeing needs were recognised. We saw evidence in people's care plans they had been supported to see mental health professionals. This meant people were supported to maintain positive mental wellbeing and lead healthy lives.
- People were offered activities. The registered manager understood the importance of having meaningful activities and maintaining people's relationships. This helped to improve people's mental and social wellbeing.
- One family member told us, "When my [family member] first went into the home, they were very confused but as the weeks went on, they started to get their faculties back. The registered manager got them to go out and encouraged them to go in the garden, they now go out and visits their friends and children and even the pub on occasions."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- We found the service was working within the principles of the MCA. Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. We saw where conditions were in place, applications for review and renewal had been made.
- One relative told us their family member, "Lives as independently as possible and are encouraged to do so."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a respectful and dignified way and valued as individuals. We observed staff interactions, staff crouched down beside a person in a wheelchair to talk to them, medication was administered discretely and people spoken to in a way that was kind and dignified. One relative told us, "The staff are overwhelmingly caring. I observe them doing nice things for others too."
- People were assisted by staff in a patient and respectful way. Relatives we spoke with were complimentary about the registered manager and the staff team. We were told they were kind and caring.
- People's diverse needs were respected. One care plan we reviewed contained detailed information on the person's culture. Information was translated into the person's first language and there were traditional recipes from their home country included.
- People were well treated and their equality and diversity needs' respected. Staff knew people well and understood their individual support needs, routines and preferences.

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

- Information was made available in different formats. For example, easy read versions of how to make complaints were clearly displayed in the service. This meant the voices of everyone could be heard, and people could be supported to share their views.
- Feedback was sought. Family, people using the service and staff were given the opportunity to complete a survey yearly to provide feedback on the service. We also saw resident meeting minutes which evidenced discussion on food choices, the décor in the home and activities. Requests were listened to and affected change.
- People, relatives and staff felt listened to. Everyone we spoke with said they would feel comfortable and able to honestly speak to the registered manager if they had any concerns. This meant people were able to be involved in making decisions and shaping their care.

Respecting and promoting people's privacy, dignity and independence

- We observed staff throughout the inspection speaking to people in a way that respected them as individuals and treated them with dignity.
- We talked with a family member who told us they had to complete some forms about advanced care planning, "Staff are all very respectful. We were very worried about it, but they were all very supportive to us."
- People's independence was promoted. Staff supported people to complete tasks they could and assisted them when they couldn't. We observed staff asking people if they would like help with cutting up their food

instead of doing this for them.

- People's dignity was promoted. We saw staff treating people respectfully throughout inspection. The registered manager ensured information was available to staff around dignity and respect. We saw a notice board which included information about dementia and treating people with dignity was available for staff to encourage their knowledge and understanding.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 personalised care. Staff offered people choices of activities, meals, drinks and asked people where they wished to sit. This was done in a thoughtful way and gave people choice and control.
- The care plans we reviewed were person-centred. Detailed information on people's needs and preferences were recorded about how they liked to be supported and what they liked to do independently. This allowed staff to provide care in a way people preferred.
- People were supported to pursue their interests. There was an activities room set up with craft materials and games and the activity coordinator provided a quiz with people in one of the lounge areas. One person told us they had been planting vegetables in the garden.

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.

- During the inspection we reviewed information provided for people in different languages, larger size print and easy read versions of documents.
- People's care plans showed that people had been able to see opticians and audiologists to obtain aids to support their communication needs.
- We observed staff communicating with people in a way that demonstrated they understood people's communication needs, this was also recorded in people's care plans.

Improving care quality in response to complaints or concerns

- There was clear information displayed, processes and policy in place that supported people to raise concerns or make a complaint. We were told by one person, "I haven't reached any deep concern but if I did I would consult the manager."
- People and their relatives felt they could speak to the registered manager or staff about any concerns, they felt listened to and concerns were addressed.

End of life care and support

- People's wishes were recorded. The registered manager had considered and included information that sensitively ensured people were supported in the way they wished at the end of their life. A relative told us, "The staff are very caring and I am really pleased with the care and attention that [family member] are getting. We have had some difficult conversations recently with their health deteriorating but feel supported

by the staff."

- There was clear information regarding one person's faith and what arrangements would need to be followed.
- People had information in their files about end of life plans. Where people did not want to discuss this, their views were respected.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection we found the provider had failed to ensure effective governance and leadership, which was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The service had a positive culture that was person-centred, open, inclusive and empowering. Leaders, managers and staff had a well-developed understanding of equality, diversity and human rights. One relative told us, "The staff are very friendly they seem to adore [family member] and are very caring. They are on the ball at picking up problems or concerns about any health issues and I can honestly say things are ok and there is a nice, happy atmosphere."
- People, their relatives and professionals told us the registered manager was approachable, knowledgeable, open and caring.
- Management audits were in place for all aspects of service delivery. We discussed and reviewed audit reports and systems used by the registered manager. These evidenced where issues were highlighted, and action taken to address them ensuring a positive outcome for people.
- Incidents and accidents were reviewed by the registered manager to identify themes. This was discussed with staff and improvements to practice were made.
- Records showed evidence of open communication between the registered manager and other professionals working together to achieve positive outcomes for people.

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

- Communication was honest. When things went wrong, we found information was shared with relevant people. For example, we found people's family and professionals were contacted when incidents and accidents occurred.
- Relatives told us the registered manager contacted them if there were any concerns, "They always ring me straight away if [name] falls and they tell me everything. They are open and transparent and very responsive to [family member] needs."

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

- At our last inspection we found the registered manager had failed to implement good governance processes. On this inspection we found this had significantly improved and the registered manager was now operating systems and processes which had increased managerial oversight of the service. These processes were being embedded as a standard way of working.
- The registered manager genuinely welcomed feedback. During inspection when issues were identified, we found the registered manager took action and was responsive. For example, the risk assessment completed in relation to the fire doors when the work was not carried out immediately.
- The registered manager and staff understood their role and responsibilities. Staff told us they were motivated and had confidence in their leaders and managers. Staff received constructive feedback about their performance through supervision. This helped to ensure people received safe care and treatment.
- There was recognition by the provider that the registered manager required additional support to improve the service and two deputy manager had recently been recruited.
- Staff meeting minutes recorded information shared by the registered manager, learning from incidents and improving the service which empowered staff to be part of improvement process.

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

- People, relatives and staff told us they felt involved in the running of the service and their feedback was listened and responded to by the registered manager.
- Staff were engaged with, in a meaningful way, through meetings and supervision at the service. They told us they were able to be part of discussions about improvements at the service.
- We reviewed satisfaction surveys which showed the registered manager ensured there was meaningful engagement with people using the service and their relatives on a regular basis.

Continuous learning and improving care

- We noted throughout the inspection improvements made in ways of working at the service since the last inspection and what was learnt from this process.
- The provider had recognised that the registered manager could not be responsible for the day to day running of the service on their own and had improved and increased the management structure. The registered manager told us, "I have much more support now and I am able to take a break and not worry as there is management cover when I'm not there and I know things are in safe hands."

Working in partnership with others

- The service worked in a transparent, collaborative and open way with all relevant external agencies. It worked in partnership with key organisations to support care provision and service development.
- Records evidenced that there was regular contact and visits to and from healthcare professionals to ensure that people's health needs were met.
- People's care plans showed that the service worked with a range of other professionals including social workers and advocacy services.