CareQuality Commission

Community Homes of Intensive Care and Education Limited

Parkview

Inspection report

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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:
Parkview is a residential care home. It provides personal care and support for up to nine people who have learning disabilities and associated conditions, such as autistic spectrum disorders. There were eight people living at the service at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service:
The registered manager had good oversight into the day to day culture of the home. There were systems in place to monitor the quality and safety of the service. The registered manager was a visible presence within the home and had a good working relationship with people and staff.

People received personalised care from staff who had a good understanding of their needs. Staff received appropriate training and support in their role. They were confident in providing effective support around people's behaviour and anxiety.

The provider assessed people's needs and reviewed people's care plans to ensure they were receiving appropriate support. Guidance from professionals was incorporated into people's care plans where required.

Risks to people were assessed and reduced and there were systems in place to protect people from the risk of suffering abuse or avoidable harm.

People's communication needs were met by staff who understood their preferences and motivations.

People were supported to access healthcare services and overcome any fears they had around accessing appointments or meeting professionals. People were supported to achieve good outcomes in relation to their health and nutrition.

People were supported to follow their interests, build their skills and explore their independence. There were enough staff in place to meet people's needs and support them in their daily routines and activities. People were encouraged to develop friendships and maintain contact with families. People were treated with dignity and respect and given privacy when they wanted time alone.

People were involved in the planning and reviewing of their care. The provider involved people in developing the service and monitoring the quality of care.

The environment at Parkview was suitable for people's needs. People were comfortable in the home and had the opportunity to decorate their personal spaces as they wished.

Staff understood the need to gain appropriate consent to care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

There were appropriate systems in place to handle complaints and listen to people's feedback.

The provider had a proven history of providing responsive and empathetic end of life care.

Rating at last inspection:
The service was rated good at our last inspection (17 November 2016)

Why we inspected
This was a planned inspection based on the previous rating.

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.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 🟢

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 🟢

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 🟢

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 🟢

Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 🟢

Parkview

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
This inspection was carried out by one inspector.

Service and service type:
Parkview 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. A registered manager 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 the provider sent us a Provider Information Return. Providers are required to send us information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.
We wrote to four health and social care professionals to gain their feedback about working with the provider. We received feedback from one professional in response.

During the inspection
We spoke with five people, who were able to give us limited feedback. We used the Short Observational

Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with the registered manager, the deputy manager and four care staff.

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

After the inspection

We spoke to five relatives to gain their views about their family members experience of receiving care and living at the service.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management
● Risks associated with people's mood, anxiety and behaviour were assessed and reduced. There was guidance for staff to follow when supporting people to manage their anxieties and de-escalate potentially challenging situations, where people put themselves or others at risk. Staff minimised the use of any form of restraint as a behaviour management strategy, adopting a positive behaviour approach to support people to remain calm.
● Environmental risks at the home were managed safely. For example, each person had a personal evacuation plan in place. This detailed the support they would need to leave the building in the event of an emergency. There were systems and checks in place for the maintenance of utilities, such as boilers and emergency equipment.
● The provider had a business continuity plan in place, which outlined the actions staff would take in the event of an emergency such as flooding or loss of power. This helped to keep people safe in the event of such an occurrence.

Systems and processes to safeguard people from the risk of abuse
● People felt safe living at Parkview. People were comfortable in staff's presence and were relaxed in their home. One relative said, "I think staff are pretty good at recognising if something is wrong [with my relative]." Staff were conscious to monitor changes in behaviour and recognised when people were becoming anxious. They acted quickly to minimise incidents between people to help keep them safe.
● Staff received training in safeguarding vulnerable adults. This training helped them recognise the signs people had suffered abuse and appropriate actions to take to help keep people safe.
● The provider had a safeguarding policy in place, which had been developed in line with local authority guidance. The registered manager regularly ensured staff read and understood this policy, to help assure the registered manager that this guidance would be implemented effectively.

Staffing and recruitment
● There were enough staff in place to meet people's needs. Many staff had worked at the service for several years and had a good understanding of people's needs. One relative commented, "One member of staff is part of the furniture there. They know [my relative] that well."
● Staffing levels were determined by assessments of people's care needs. This helped to ensure that enough staff were in place to support people with personal care and activities.
● There were robust recruitment processes in place. This included checks on staff's experience, background and feedback from previous employers. Staff were subject to Disclosure and Barring Service (DBS) check. A

DBS check helps to identify where staff may not be suitable to work with adults made vulnerable by their circumstances. These recruitment processes helped to ensure that staff were suitable to work with vulnerable people in a care setting.

Using medicines safely
●There were systems in place to help ensure people received their medicines as prescribed. There were systems in place for the ordering, storage, administration and disposal of medicines.
●People had medicines profiles in place. These detailed people's medicines, reasons for prescription, instruction around administration and possible side effects.
● Some people had previously been prescribed PRN (as required) medicines in relation to anxiety or behaviour. The provider worked with people and healthcare professionals to reduce and eventually eliminate the need for the use of these medicines. This had seen a positive reduction in the amount of medicines people were prescribed.

Preventing and controlling infection
● The home was very clean and hygienic. One relative told us, "The staff do very well at keeping the home clean." Staff were designated responsibilities for the regular cleaning of the home. There were appropriate arrangements in place for people's laundry and the disposal of clinical waste.
● The service had received a rating of five, by The Food Standards Agency in August 2018. This reflected a high standard of cleanliness and food hygiene.
● Staff had received training in infection control and understood the measures required to minimise the risk of infections or germs spreading. This included the use of personal protective equipment such as gloves and aprons when supporting people with their personal care.

Learning lessons when things go wrong
●The provider reflected on incidents to make improvements when things went wrong. Staff recorded all incidents including where people became anxious, verbally or physically aggressive. These reports were reviewed by the registered manager and behavioural specialists who were employed by the provider. This process was effective in identifying triggers for incidents and putting measures in place to reduce risk of reoccurrence. In one example, the guidance for staff to follow when one person wanted to use communal spaces was amended after a series of incidents involving the person. This had resulted in a reduction in incidents surrounding the use of these spaces.

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 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
● The provider made assessments of people's needs before admission to the home. This included using information from people, relatives and professionals to help develop appropriate care plans. People's compatibility with others was considered as part of the assessment process. This helped to ensure that they would integrate successfully into the home.
● The provider had systems in place to assess people's mood, anxiety and behaviour. Staff recorded key information about these areas to monitor trends and changes. This helped staff assess how successful support and behavioural strategies were and when changes needed to be made. Information was effectively passed between staff through handover meetings, supervisions and team meetings. This helped to promote a consistent approach when supporting people.
● The provider used 'positive behaviour strategies' to help people manage their anxieties and avoid potentially challenging situations. This is an approach to supporting people which focusses on teaching people new skills to replace the behaviours which may challenge. These strategies had been successful in minimising the use of any form of restraint.

Staff support: induction, training, skills and experience
● All staff received training in line with The Care Certificate. This is a nationally recognised set of competences relevant to staff working in social care. Staff also received additional training in the management of challenging behaviour. This taught them pro-active strategies to manage potentially challenging situations.
● Staff received ongoing supervision and support in their role. The registered manager regularly observed staffs working practice and competency of key areas in their role, such as medicines administration. Staff also had the opportunity to review their training and development needs in formal supervision meetings with senior staff.

Adapting service, design, decoration to meet people's needs
● The service was suitable for people's needs. There were a range of communal places available for people to socialise or have quieter time. People had access to outside space which was secured for safety.
● People's rooms were decorated in line with their preferences. Some people had chosen to decorate their bedrooms with pictures and personal items, whilst other people preferred sparser arrangements of furniture. People's preferences around this were documented in their care plans
Supporting people to eat and drink enough to maintain a balanced diet

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

● People's dietary requirements were documented in their care plans. Where people had any specific dietary requirements, there was guidance in place to ensure these were met. This included recommendations from speech and language therapists about suitable diets for those at risk of choking.

● There were pictorial menu's displayed in the dining room, which acted as a reference to upcoming meals. People participated in the planning of their menu's. Staff used pictures of food to help people make choices if they were unable to verbally affirm their preference.

● Where possible, people were encouraged to participate in preparing their own food. People required staff supervision when in the kitchen for their safety and the kitchen was kept locked when not in use.

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

● People's transition's into the service were planned carefully to ensure they were tailored to individual needs. Staff worked to identify how to best integrate people within the service to help ensure they and others were comfortable and felt safe.

● Referrals and recommendations from professionals were made and incorporated into care plans. For example, one person was referred to a dietician after concerns were raised about their health. The provider incorporated dieticians' guidance and supported the person to follow the advice given. This resulted in a reduction in the person's weight and an improvement to their health.

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

● People were supported to overcome anxieties in relation to accessing healthcare services. Staff worked with people to reduce anxieties and become more familiar with healthcare settings, staff and the format of upcoming appointments. In one example, one person was diagnosed with a serious health condition, which required extensive professionals' input for treatment. The person struggled to understand the full implications of their health condition and treatment plan. Staff worked with them to present them with information in a way they understood and provided reassurance and support through appointments.

● People were supported to attend regular appointments with doctors, dentists, chiropodists, opticians and other healthcare professionals when needed. The provider had established a good working relationship with the local doctor's surgery, having arranged for a doctor to visit the home to see people if required.

● Staff were quick to notice changes in people's health and raise concerns with professionals. In one example, staff noticed some concerns with a person's skin during support with personal care. They made a quick referral to the doctors, who was able to prescribe an appropriate treatment plan. Staff continued to monitor the persons condition through the treatment and reported back any concerns to medical professionals. This demonstrated an effective response when concerns were raised about people's health.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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 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 with appropriate legal authority. In care homes, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager understood their responsibilities in this area and had made the appropriate referrals for these safeguards as required.

● The provider gained appropriate consent to people's care. Each person had an assessment in place which documented decisions about their care they could make, independently, with support and decisions which would need to make in their best interests as they lacked capacity or insight. The assessments also detailed how staff could help people reach decisions by presenting information in a way which they could understand.

● The registered manager told us the process they followed if a person lacked the capacity to make an informed decision about their care. The processes used were in line with the MCA.

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 has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● Staff knew the people they cared for, including their preferences, personal histories and routines. One person said, "I like them [staff]." A relative said , "On the whole, [my relative] gets on with all the staff well."
● The registered manager encouraged staff to form good working relationships with people. Where people became especially drawn or over reliant on a member of staff, the registered manager introduced new staff to decrease people's dependence on one staff member. One relative told us, "The changes he [the registered manager] has made to introduce new staff have been a success. It helps to ensure [my relative] does not get over attached to staff."
● Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristic identified in The Equality Act 2010. As part of the provider's assessment process, the registered manager assessed people's needs in relation to equality and diversity to make any adjustments necessary to ensure they suffered no discrimination in relation to their protected characteristics. In one example, the provider was particularly sensitive to one person's protected characteristic when they first moved into the home. Staff understood that due to the person's cultural background and beliefs, the transition and integration into the service may have been more complex.

Supporting people to express their views and be involved in making decisions about their care
●Staff understood people's abilities in how they could contribute towards making decisions about their care. Each person had a 'keyworker'. Their role was to work with the person to help identify preferences and make choices about their care, including activities and menu options. Keyworkers also formally reviewed people's care plan's monthly.
● People had access to advocacy services as required. Advocacy services are independent bodies who represent people's interests when they may struggle to communicate their views.
● Four of the five relatives we spoke to told us they were consulted about their family members care. One relative said, "I receive updates and phone calls. Staff are always available to answer any questions I have." Another relative said, "We have close contact with staff as a family." The registered manager had taken action to address the issues raised by the fifth relative we spoke too.

Respecting and promoting people's privacy, dignity and independence
● People were treated with dignity and respect. Staff spoke to people kindly and were encouraging in the way they provided support throughout the day. Staff took time to listen to people and acted upon their wishes where appropriate. One relative told us, "Staff really listen. They have learnt that by being patient [my

relative] can really tell you what they want."

●. People were encouraged to be independent by developing their everyday life skills. In one example, one person had historically become highly anxious when accessing public transport, causing incidents with staff or members of the public. This had meant that they had been fully reliant on staff transport when accessing activities beyond their immediate community. Staff worked gradually with the person to build up their confidence using public transport, reducing anxieties which reduced any related incidents. This had resulted in the person broadening the range of activities they were able to access, due to increased options around transport.

● People were supported to develop their skills in independently managing risks. In one example, staff developed a social story to teach people about what to do when the fire alarm rings and how to ensure they evacuated the home safely. Social stories are a tool used to help people with autism prepare for and understand social situations. As a result, people increased their knowledge and confidence when responding to a fire drill.

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 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 were supported to identify goals and aspirations, putting plans in place to achieve these. In one example, one person was supported to lose weight as part of a wider plan to lead a healthier lifestyle. Staff worked with the person to set goals and review progress in a way which they could understand. The plan included changes in diet and increased physical activity. This made their progress more meaningful as the person felt in control of the changes they made and the successes they achieved.
● People's individual care plans included their backgrounds, routines, preferences and aspirations. The registered manager had created 'case studies', which detailed people's individual care needs, support goals and progress they made since living at the service. This gave people and staff a shared understanding of individuals and how they could be best supported to reach their goals.

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
● Staff worked with the people to identify, plan and pursue activities in line with their interests. In some cases, taking people's interests to explore how experiences could be expanded upon. For example, one person had purchased a season ticket for a local football team, which staff supported them to attend matches. This enabled the person to take an active role in following their chosen team.
● People were supported to stay in contact with families and loved ones. Key contacts were identified in people's care plans, which included detail of the support people needed to maintain agreed contact. In some cases, this involved staff facilitating visits to family homes. In other cases, this involved staff managing people's expectations around agreed frequency of family contact.
● People were supported to take holidays and broaden their horizons. Staff worked with them to identify suitable destinations and helped them overcome any anxieties in the lead up to the trip. In one example, one person had recently been supported to take a holiday with staff. Prior to leaving, staff supported the person to visit the holiday site, so they were familiar and comfortable in the setting when they arrived. The person was reported to have enjoyed their time away.

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. The provider met the requirements of this standard by presenting information to people in a variety of ways, which was tailored to their understanding.

● Staff were effective in meeting people's communication needs. People's communication needs were documented in their care plans and staff were confident in adopting these strategies. They used a variety of methods to provide information and communicate to people, including photographs, symbols, easy read documents, simplified text and social stories. These had been used effectively to help people prepare for trips, appointments and other social occasions.

● In one example, the provider had developed a Makaton phrase book, which staff used to reference the signs a person used and understood. Makaton is a language system that uses symbols, signs and speech to enable people to communicate. Staff we spoke to and observed were confident in using makaton, which helped the person express their needs and wishes. The registered manager told us, "We made a book of Makaton with taking pictures of [person] doing the signs. This way the staff were able to reference in here if they did not understand."

Improving care quality in response to complaints or concerns

● There were effective systems in place to deal appropriately with complaints. The provider's complaints policy detailed how people could make complaints and how the provider would respond. This policy was displayed in the home in an adapted format, which incorporated simplified language and symbols. This helped people understand what they should do if they had concerns.

● Relatives told us the provider was responsive to complaints or when concerns were raised. Comments included, "The registered manager is approachable. They are open to feedback and listen to concerns", and, "I feel like I can talk to all the staff about anything I need to."

● The registered manager documented all formal and informal complaints. These records were reviewed by the provider's assistant regional director. This helped to ensure that there was transparency and consistency when concerns were raised.

End of life care and support

● Staff had the training and specific skills to understand and meet the needs of people receiving care at the end of their life. In addition, the provider supported staff with reflective sessions with behavioural specialists to help them cope with the practical and emotional demands of providing care to a person at the end of their life.

● The provider was responsive to people's changing care needs, ensuring people received the right care and treatment. In one example, the provider arranged for a permanent staff presence to support one person in a hospice after it was decided they were no longer able to stay at the service. The person was anxious about going into a new setting and struggled to engage with unfamiliar staff. Staff continued to provide support at the hospice until the person passed away. This provided support and comfort to the person as they were surrounded by staff who understood their needs.

● People's needs, and preferences were identified in their end of life care plans. Staff ensured that people were supported to have the people and things important to them close by, supporting them to spend their time doing what they wished where possible. In one example, one person was supported to celebrate Christmas in November, when it was thought they would soon pass away. The person took joy and comfort from the celebration.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● The registered manager was a positive role model to staff. They had a good understanding of people's needs and were supportive of championing staff's ideas for improvements when developing people's care plans. The registered manager had encouraged staff to set goals and make improvements to the quality of care, by giving them additional responsibilities when planning and reviewing people's care needs.
● People and relatives told us the leadership team of the service were person centred in their approach. Comments included, "The registered manager and deputy have good knowledge of people and work well [with my relative]", and, "They are approachable because I think they have people's best interests at heart."
● The provider fostered a positive culture in the service by recognising staff's longevity and achievements in their role. There was a system of recognition in place, where staff were nominated after milestones of employment or for demonstrating behaviours which embodied the provider's ethos. This helped to reinforce a positive culture at the service.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a duty of candour policy in place. The duty of candour sets out actions that the provider should follow when things go wrong, including making an apology and being open and transparent. The registered manager demonstrated an open and transparent when incidents occurred, or mistakes were made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● There was a clear management structure in place. The deputy manager had vast experience working at the service and oversaw some of the day to day responsibilities in the home. The provider also had an assistant regional director who regularly carried out quality audits and support the registered manager where required. The provider had additional support resources such as, behavioural specialists, who assisted with developing and reviewing care plans and risk assessments. Staff were clear about their roles and focussed on delivering what was required to meet people's needs.
● Providers are required by law to notify CQC of significant events that occur in care homes. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found that the provider had met the requirements of this regulation.

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

● People were supported to take an active role in giving feedback about the service and provider. In one example, one person participated in the provider's 'service user committee'. Their role was to give their views on a wide range of issues relating to how the provider ran its services. In one example, the committee was asked to decide how the money raised at provider organised events was used.

● In another example, one person carried out the role of an 'expert quality auditor'. Their role was to work as part of the provider's internal quality team to help audit services from the point of view of a person who receives care. This helped give the provider a first-hand perspective of people's experience of receiving care.

● The provider sent out quality assurance questionnaires to people, relatives and professionals. The questionnaire had been adapted into an easy read format for accessibility. The registered manager gathered all responses received and shared a plan of action with staff to make changes in line with feedback. The most recent surveys in 2018 had resulted in positive changes in systems to communicate with professionals. professionals.

Continuous learning and improving care

● The provider had an internal quality team which carried out a yearly audit of the service. The audit assessed the service in terms of how, safe, effective, caring, responsive and well led it was. the registered manager was responsible for implementing the changes highlighted by this inspection. The service's most recent internal inspection in September 2019, highlighted only minor issues relating to the provider's specific policies rather than any safety or regulatory concerns. This demonstrated an effective system to oversee quality and promote improvement.

● The registered manager oversaw an effective series of audits to monitor the quality and safety of the service. This included audits of support plans, medicines, health and safety and risks relating to the home environment. The registered manager delegated some audits to staff and collated all actions identified into an action plan. This helped them monitor how improvements were made and embedded.

Working in partnership with others

● The provider worked in partnership with other professionals to meet people's needs and promote positive outcomes. This included developing care plans and sharing learning between different stakeholders.

● The registered manager made referrals to appropriate external professionals when people had complex care needs or their health condition changed. This included, hospices, palliative care nurses, speech and language therapists, dieticians and physiotherapists. This helped to ensure that people had appropriate plans of care in place.