Health & Care Services (UK) Limited

Ashfield Lodge

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: Ashfield Lodge is a residential care home that was providing personal and nursing care to 20 people living with dementia at the time of the inspection.

People's experience of using this service:
People living at the home and their relatives were happy with the standard of care they received. They felt that people's needs were met and that staff skills supported them to provide kind and compassionate care. There were enough staff to support people's care needs and to monitor people to ensure their safety.

People had been involved in planning their care and were confident to raise any issues they had with the registered manager. Care plans were well written and regularly reviewed. People were supported to be pain free at the end of their lives.

People's ability to make decisions had been assessed and where needed applications for Deprivation of Liberty Safeguards had been correctly submitted. People were offered choices in their everyday lives.

Risks to people had been identified and care was planned to keep people safe. Risks around eating safely and maintaining a healthy weight were identified and where necessary people were referred to healthcare professionals for advice. Medicines were safely managed. Staff had received training in infection control and knew how to work to minimise the risk of infection.

People were supported emotionally and physically with activities which included pamper sessions and walks along the river.

Systems to monitor the quality and safety of the service were effective. The registered manager took corrective action to resolve any concerns identified. Incidents and complaints were analysed and learning was shared with staff. People living at the home and their relatives were encouraged to raise issues around quality and safety at regular residents' meetings.

Rating at last inspection:
At the last inspection the service was rated as Requires Improvement (report published 22 September 2017). At this inspection we found the provider and registered manager had made the necessary improvements.

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

Follow up:
We will continue to monitor intelligence we receive about this service until we return to visit as per our inspection programme. If any concerning information is received, 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?

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.

Ashfield Lodge

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:
The inspection was completed on 20 February 2019. The inspection team consisted of an 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. This included experience of looking after an older person.

Service and service type:
Ashfield 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 care home can accommodate 20 people in one adapted building.

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:
The inspection was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, and local authorities. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed other information that we held about the service such as notifications. These are events that

happen in the service that the registered provider is required to tell us about.

We spent time observing the care provided to people. We spoke with the registered manager, a deputy manager, a care worker and a member of the domestic staff. We also spoke with six people living at the home and six relatives who visited during the inspection.

We looked at a range of documents and written records including three people's care files and two staff recruitment records. We also looked at information relating to the administration of medicines and the auditing and monitoring of service provision.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• Relatives told us that they felt the home was a safe environment for their family members. One relative told us, "They [staff] are just so good, attentive." Another relative said, "The staff are very attentive, very aware. There is always someone on duty in the lounge. They respond to call bells quickly."
• Records showed that the registered manager had fully investigated any concerns that had been raised. They had identified any concerns and made changes to keep people safe.
• Staff had received training in how to keep people safe from harm and knew how to raise concerns both within the organisation and to external organisations.

Assessing risk, safety monitoring and management
• Relatives told us that staff dealt well with those who were distressed or confused and managed the risks to keep people safe. One relative said, "They deal with it wonderfully, calmly take them into another room." Another relative told us, "They are very good with that. For example, there's one person keeps sitting on the floor and taking their clothes off. They [staff] are so kind, calm and patient. They don't make a fuss but deal with it."
• Risks to people had been identified and care was planned to keep people safe. Where needed equipment such as pressure relieving mattresses and hoists were available to support people's needs.
• People's individual risks were also identified. For example, one person living at the home had a pacemaker fitted and staff were aware of the complication which may occur and actions they would need to take for this person.

Staffing and recruitment
• People told us that they felt there were enough staff and that staff were well trained and competent. A relative told us, "It's a really stable staff group now. Staff are so well trained, they do a lot of courses, seem very professional". Another relative told us, "When they are short staffed they get agency in but that's not very often. They have a good staff group now."
• The registered manager told us how the provider had a staffing tool in place. This supported them to increase the staffing levels when people's needs changed.
• The registered manager had increased the number of staff working for the home. In addition, they had recruited a number of staff to the staff bank so that they had resources available if staff were ill. The registered manager and deputy manager had worked hard to provide a supportive environment for staff. In return they found that staff were more willing to cover extra shift when needed. This meant that people received care from staff who knew their needs well. /this is important for people living with dementia.
• There were systems in place to check that staff employed at the home were safe to work with the people living there.

Using medicines safely

• At the last inspection we found medicines had not always been safely managed in line with good practice guidelines.

• At this inspection we found that the registered manager had made the necessary improvements to the management of medicines. Medicines systems were organised and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

• Records of medicine use were accurate and reflected the stock levels available to people.

• People told us that medication on an individual level was dealt with well. One person told us, "I don't know what they are or what they are for but they (staff) deal with all that for me." A relative told us "[Name] is on a lot of medication but staff handle all that for me." Another relative said, "They [staff] deal with all that. I've seen the nurses spend a long time trying to get people to take tablets, they are very patient."

• We saw that staff followed good practice guidelines when administering medicine. They told the person what they were taking and ensured that the person had swallowed the medicine safely before leaving them.

• There were systems in place to support staff to administer as required medicines in a safe consistent manner. For example, a pain scale was in use to measure people's pain levels before offering pain relief. This was important as some people living with dementia were unable to tell staff about their pain.

Preventing and controlling infection

• People told us that they felt the home was clean. A relative said, "It is very clean. [The cleaning staff] are so spectacular in how clean they keep it."

• Systems were in place to reduce the risk of infection. Staff had received training in infection control and were able to tell us how they worked to reduce the risk of infection. This included using protective equipment such as gloves and aprons. Where people needed to use equipment, the registered manager had followed good practice guidance around infection control. For example, people had their own named pressure cushions and hoist slings.

• A recently completed infection control audit by the local authority had only identified one concern and the registered manager had taken immediate action to rectify the issue.

Learning lessons when things go wrong

• Incidents were recorded and reviewed by the registered manager. Action was taken to reduce the risk of the incident reoccurring.

• Learning from incidents was reviewed with staff in supervision meetings and daily shift handover meetings.

• In addition, all incidents for the provider were collated at the provider's head office to ensure that learning across the whole organisation was taken into account.

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

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's needs were assessed before they moved into the home. The registered manager told us how they and the deputy manager would go out to assess people's needs, especially people whose placement in another home was failing. They explained that as one was a registered general nurse and the other was a registered mental health nurse having both assess the person ensured that the review covered all aspects. This enabled them to plan the care for people to support them to settle into the home.
• We saw that this approach was successful. For example, a person who had moved from another home was distressed at times during the day, staff told us that their medicines had been reviewed and their level of distress was decreasing daily. They had been at the home for a week. The registered manager explained that when they had assessed the person they could see that that medication was not in place and that there was no plan to support them. They were able to assess that while presenting as challenging issues, these issues could be resolved by working with the NHS mental health team.
• Furthermore, the registered manager was confident in their assessment process and would decline to admit people if they felt they were unable to meet the person's needs. They would provide a full explanation to social workers why they would be unable to support the person.
• The provider had systems in place to support staff to work to best practice guidelines. They had employed a quality improvement lead for older people. Their job was to support the registered manager and to look at what they were doing to ensure they were working in line with provider's policies.

Staff support: induction, training, skills and experience

• People told us that staff had the skills needed to care for people living with dementia and were well trained. One relative told us, "I've never seen one of them [staff] get agitated or impatient, they are so kind. They don't make a fuss. They work well together to calm people, distract them."
• Staff new to the home received an induction to ensure that they had the skills required to care for people safely. This included time spent shadowing a more experienced member of staff and being observed providing care so management could be sure they had understood the training. New staff also had to complete the Care Certificate. The Care Certificate is a set of national standards which give staff the skills to care for people. Staff told us that they had felt supported during their induction.
• Staff told us that they received ongoing training on a regular basis. This covered the basic training to keep people safe such as infection control and health and safety as well as more specific training in illnesses such as dementia. Following training in pressure care the deputy manager told us how it had supported them to care for a person who was on palliative care. They had been able to heal every pressure wound so that the person was comfortable at this difficult time.
• The deputy manager told us how the provider and registered manager supported them to access further

training needed to support their registration as a nurse.
• Records showed that staff had received regular supervision meetings with their line manager. They told us that these meetings allowed them to discuss any concerns that they had,

Supporting people to eat and drink enough to maintain a balanced diet
• People told us that the food at the home was good. One person said the food was, "Delicious." The meal time was an enjoyable, social occasion for people.
• Care plans recorded people's support needs around eating and drinking. For example, we saw one care plan noted that a person would need more support if they were sleepy. Another had identified that the person would eat small meals but would enjoy a snack. Care plans also recorded if people needed a special diet to support their health. An example of this was people who needed a diabetic diet.
• People's ability to eat and drink safely were assessed and where staff had any concerns about people they were referred for an assessment by a healthcare professional. Kitchen staff were knowledgeable about providing modified diets such as soft textured food to support people to eat safely.
• Staff monitored people's ability to maintain their weight. Where they had any concerns, they monitored people's food and fluid intake to see where they could support the person to eat more. If needed they were referred to a GP for advice and some people had been prescribed a fortified drink to help them stay healthy.
• Staff monitored the amount people drank to be sure they were drinking enough to stay healthy. It was reviewed daily and records showed that when the amount a person drank fell below acceptable levels staff were informed to monitor and encourage the person's fluid intake.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• Relatives told us that the staff dealt well with people's health concerns. One relative told us "[Name] had a seizure at the end of October whilst I was here. The staff got an ambulance straight away, they handled it really well."
• Staff told us how they had a good relationship with the local mental health team staff. They explained that this enabled them admit people with challenging needs as they were confident they would get the support needed.
• Where necessary meetings were held with all of the professionals involved in a person's care so that changes to medicine could be agreed. The registered manager explained how this supported the staff to care for people who could become distressed as they had confidence that they would get the support they needed to help the person become settled.

Adapting service, design, decoration to meet people's needs
• The home had a quiet, homely atmosphere. People told us that they agreed with this view of the home.
• A relative said, "It is very homely now it's been redecorated." Another relative told us the home was, "Clean, nice and it has lovely grounds in summer."
• We had raised concerns at our last inspection that the environment did not fully support the needs of people living with dementia. At this inspection we found that the provider had made changes to improve the environment. The home had been redecorated and signage around the home was excellent with areas and rooms clearly shown. We saw the various "zones" within the home were decorated in a different colour to help people living with dementia find their way around.
• The lounge areas had been redecorated and there were new chairs set out in cosy groups for people. A separate dining room had been developed and the registered manager told us that this had improved people's experience at mealtimes and they became more of an event to look forwards to.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
• Staff had received training in the MCA. They were able to describe how they supported people to make as many choices as possible over their daily lives. For example, by ensuring information was presented in a way they could understand.
• Some people living at the home had been unable to consent to being there. The registered manager had completed DoLS applications for these people to ensure their rights were protected. No one living at the home had any conditions on their DoLS.
• Where people may have been unable to make decisions for themselves the registered manager had ensured that capacity assessments had been completed. Where people were unable to make a decision, decisions had been made in their best interest. The decision-making process had included professionals involved in their care as well as family members.
• Some of the care provided restricted people's movement around the home. An example of this was the use stair gates in people's doorways. This was to protect people's privacy as some people living with dementia would walk around the home. When any restrictions had been put in place, staff had asked people for their consent or had completed a capacity assessment and a best interest decision. A relative told us, "We've discussed the gate on her room. I've agreed to it as it is for her own good to stop people going into her room. We've discussed the height so that it is safe for her."

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

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
• Everyone we spoke with were positive about the staff interactions they received or witnessed. They told us that staff at the home were caring and that they treated people with respect. A person living at the home told us, "The girls [Staff] are fantastic, helpful. They'll do what they can for you and if they can't help then they get someone who can."
• Comments from relatives included, "One of their issues was aggressiveness when having personal care and I'm happy how they [staff] deal with them, they talk to them so kindly." "They treat people so nicely, with respect. The care is excellent. [Name] is very settled. He smiles at them [staff] and he is always pleased to see them I can't fault them. I know he's happy and that's the main thing." "They are all lovely, very caring and treat people with respect. When I go home I know [Name] is looked after well. Looked after as well as I would look after her. They treat her as if she's their gran." "There's a family atmosphere. I know the staff and they know me and [Name]. What I like is that everyone is approachable, everyone seems to care."
• During the visit all the interactions we saw between staff and people were conducted in a kindly, caring patient and non-patronising manner. Although some interactions were of necessity task driven, for example when serving meals or drinks, staff took time to engage socially with people and spent more time with people than was strictly necessary simply to carry out the task.
• People told us that the care extended to family and friends. A relative told us, "They've really helped me, I can come in when I want, can sit with [Name] and feed her. The managers are so supportive. They know what difficulties I've had and helped me so much, it was really over and above what would be expected of them."

Supporting people to express their views and be involved in making decisions about their care
• People were offered choices about their everyday lives. People were offered the choice of going into the dining room or staying in the lounge for their lunch. They were offered a choice of meals each day and there was a picture menu book to support people who were unable to make decisions from verbal descriptions.
• Staff understood that people living with dementia had difficulty making decisions and should be supported to make a decision by offering more than once and with different staff. For example, a member of staff asked a colleague if they would go to the lounge and try and encourage the person who had earlier refused to come for lunch. We noted that some minutes later this person did in fact walk into the dining room sit and have a meal.
• When staff supported people with their meals, they constantly talked to the person offering choice of stopping or continuing. For example, a member of staff helping a person to eat was talking to the person constantly checking out that they were alright and asking if they wanted a drink. When people had finished their main course they were asked if they wanted any more or if they wanted their dessert. We saw that one person did ask for more of the main course and was given this.

• People were able to make decisions about where they spent their time, either in their bedrooms in the lounge or in a quiet comfortable area of the dining room.

Respecting and promoting people's privacy, dignity and independence
• Staff understood that people had boundaries and respected their right to privacy. For example, one person would become upset if they thought people were going into their bedroom when they were not there. In addition, there was a person who would spend time in their bedroom, while they enjoyed staff company for short periods they did not want to socialise all the time.
• One person living at the home had an advocate. An advocate is an independent person who will speak for the person and considers their welfare in all the decisions made.
• Staff had received training in how to maintain people's privacy and dignity while providing care. They told us how they ensured doors and curtains were closed and how they would encourage people to do as much as possible for themselves.
• Staff also considered changes that they could make in care to support people's dignity. For example, by changing the clothing offered to people when it appeared that their clothing was uncomfortable.
• People's care records were stored securely so that only people who needed access to them were able to look at them.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

• People told us they were aware of and involved in planning their care. A relative told us, "I've discussed [Name] care plan with the nurses. I've signed it and we've reviewed it."
• Care plans were reviewed and updated to ensure that they continued to meet people's needs. Care plans were neat and well-ordered and information was easy to find. Where people were living with long term conditions we saw that there was information in their care plan to support them. The information also advised staff about the condition and when concerns should be raised with healthcare professionals.
• Staff we spoke with knew people's needs and were able to tell us about the care people needed this matched the information recorded in the care plans. There was always a member of staff in the main lounge to monitor people's safety, needs and to encourage them to drink plenty. Staff were kept up to date with people's needs in the shift handover meetings.
• There was a daily allocation sheet which details staff responsibilities for each shift. Staff told us they appreciated this and it helped them to provide care for people as they understood what they were meant to be doing.
• The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
• The home employed a dedicated activity coordinator. While they normally worked during the day they were flexible to come and support a person if there was something they particularly wanted to do in an evening. While activities were planned monthly the activity coordinator took a flexible approach to support the needs of people living with dementia. They told us that at times they provided individual support to people including sensory activities, cutting fingernails or taking a walk by the river.
• Relatives told us they were confident that people were supported with activities. One relative told us, "[Activity Coordinator] never stops, she will do one-to-ones, take them out to feed the ducks, singing, hoopla, colouring. A member of staff made some biscuits at home and brought them in and people decorated them and then ate them." Another relative said, "They have games, quoits, building blocks things to try and get them involved."
• An Activity Board on the wall in the corridor showing the planned daily activities for the month. We saw these included individual Pamper Sessions, Board Games, Rummage Box, Arts and Crafts,
• The Activity Coordinator told us that they had outside entertainers visit the home including singers, chair exercise facilitators and pets as therapy dogs and a local Ukulele Band.
• The home had some contacts with the local community. The activity coordinator told us, "The vicar from the local church came to give communion once a month and children from a local school come in two or three times a year to sing."

End of life care and support
• Staff worked proactively with other health and social care professionals to ensure people had a dignified death. Anticipatory medicines were arranged to keep people pain-free at the end of their lives.
• People's wishes for the end of their life was recorded. For example, if they wanted to avoid going to hospital or if they wished for religious or spiritual guidance.
• Relatives were supported to spend as much times as they wanted with their relatives at the end of their lives. If they wanted the registered manager would come in and support them. The registered manager told us that there were some simple things they could do to support relatives such as ensuring they were given something to eat and drink at regular intervals.

Improving care quality in response to complaints or concerns
• No one we spoke to told us they had made any formal complaints but all said they felt they could, and would, approach the manager if they felt the need to. Some people did tell us of issues that had caused them concern but that these had been addressed by staff to their satisfaction. A relative said, "I just feel it's like a family, any problem I've got, anything I ask they make sure it gets done, the girls are so approachable." Another relative told us, "I had a concern about her diet and pureed food and they have listened to me and explained things. They are addressing them. They doctor is reviewing her medication and that".
• We saw that the home's complaints procedure was displayed clearly in the foyer. The last complaint had been received at the beginning of 2019, it had been dealt with in line with the provider's complaints policy.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

• People told us that they felt management led the service well. There was a registered manager for the home. People told us that the registered manager and deputy manager were visible in the home and provided support to people and their relatives when needed, A relative told us, "The deputy manager is great, they are on the ball and very approachable".
• Staff were confident in the registered manager, one member of staff told us, "[Registered Manager] is amazing, any problems he will sort for you whether about work, training or personal life. If you request training he books you straight on it."
• The culture and atmosphere at the service was warm, welcoming, friendly and inclusive. Staff were valued for their contribution and their ideas listened to and respected. The service put people at the heart of all decisions. The registered manager told us that they expected to be contacted when they were not at work, if there were problems in the home or if staff needed support.
• All staff were positive and told us they worked as a team to meet people's needs. This was evident throughout the inspection. Although the provider did not have a formal set of values, it was clear individualised care, integrity, quality, reliability and commitment were present.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• There were effective systems in place to identify concerns with the quality and safety of care and the environment. The registered manager ensured that when any concerns were found action was taken to make improvements. The provider was able to maintain oversight of the home as computer systems ensured that they had information about safety and quality in the home.
• The registered manager held daily meetings in the home to ensure that staff were aware of any issues and so that any concerns about people's care could be raised with the registered manager for action.
• The provider and registered manager had taken action to comply with the regulatory requirements. They had ensured that their rating was displayed in the home alongside an action plan telling people about the changes they were making to improve the care provided. The registered manager had notified us about events which happened in the home.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• The views of people living at the home had been gathered through residents' meetings and surveys. The

minutes of the last residents' meeting were displayed in the home. A relative told us, "We have a meeting one a month. I feel they do listen and they are nice social gatherings too. If there are any issues they [Management] do sort it." Another relative said, "Yes they have meeting, I caught the last one. I thought it would be a meeting for meetings sake but they do listen. For example, I was concerned about everyone going in the kitchen when it says 'Staff Only'. They [management] agreed and made a kitchenette in the day centre which visitors can use, they did that three weeks ago, just after the meeting."
• A "You said …We did" list was on display showing what issues had recently been raised by people and responded to by management. For example, people had asked for "More user-friendly furniture" and we understand that new furniture had been purchased. We saw people had asked for a "Shelter in the Garden" and a new summer house had been purchased. We saw that the times of residents' and family meetings had not suited relatives and that these had been changed.
• Staff were also able to raise concerns and suggestions for the home. They had regular one to one meetings and staff meetings. All the staff we spoke with had confidence that the registered manager would take action on any issues raised.

Continuous learning and improving care
• The registered manager had set up lead roles for the nurses. For example, in infection control, diabetes and tissue viability. These lead roles were responsible or staying up to date with best practice and sharing information with the rest of the staff.
• The deputy manager told us that they felt able to raise issues with the provider if they had any issues with the forms needed to use and could drive organisational change to follow best practice when needed.
• The appraisal system helped the registered manager to identify staff who wished to progress in their career and to support their personal growth with appropriate courses and opportunities.

Working in partnership with others
• People at the home were registered with a local GP practice. The registered manager explained that there had been some issues with prescriptions. They had met with the practice and this had improved the working relationship. They told us that practice staff supported the home and were always available when they had concerns about a person.