

Mr Philip Lord

Waterside Lodge

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Outstanding 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service: Waterside Lodge provides nursing and personal care for up to 64 older people, some of whom are living with dementia. Accommodation is provided over four floors with passenger lift access. There are 62 bedrooms, the majority of which have en suite facilities. Three of these rooms can be used for double occupancy. There are a variety of communal areas including lounges, dining rooms, a reading room and a hairdressing salon. There were 62 people using the service when we visited.

People's experience of using this service:

The service maintained its overall rating of Outstanding awarded at the last inspection in 2016. All of the feedback we received from people who lived at the home and their relatives was of a service where staff's commitment resulted in exceptionally high standards of person centred care and support.

Staff were exceptionally kind and caring towards people and had developed very strong relationships with them, knowing them in detail, including their histories, likes and dislikes. People had a say in the staff who worked at the service and the fondness and appreciation people had for staff was very evident.

The service was exceptional at helping people experience positive outcomes. People were supported to follow their preferred routines, set goals for new achievements and maintain and develop contact with relatives, friends and the community.

There was a truly person-centred approach to care. Care and support was planned following careful and continuous assessment of people's abilities and needs to make sure people retained as much independence and control as possible.

The service provided exceptional and compassionate end of life care and took into consideration the needs of relatives and friends.

The service had a proven track record of providing exceptional care and support. Leadership and management was of high quality and people who used the service were at the heart of how the service was managed.

The service was safe. Risks to people's health and safety were assessed and mitigated and staff knew what to do to maintain people's safety.

Medicines were managed in a safe way. There were enough staff deployed to ensure people received appropriate care and support.

People benefitted from a very comfortable environment where furnishing, décor and standards of cleanliness were of a very high standard. Outside space provided a very pleasant and comfortable area for people to enjoy.

Staff received a range of training relevant to their role. Staff said they felt very supported in their roles.

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

Rating at last inspection: The service was last rating Outstanding at its last inspection in September 2016.

Why we inspected: This was a routine inspection as part of our ongoing inspection schedule.

Follow up: ongoing monitoring.

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.

Is the service effective?

Good ●

The service was effective.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Is the service well-led?

Good ●

The service was well-led.

Waterside Lodge

Detailed findings

Background to this 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 carried out by two inspectors, an assistant inspector and an Expert by Experience with experience of services for older people. 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: Waterside Lodge is a residential care home providing accommodation, nursing and personal care to older people, some of who may be living with dementia.

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:

Before the inspection, we reviewed information we had received about the service since the last inspection in 2016. This included information that the provider must notify us about. We also asked for feedback from professionals who work in the local authority commissioning and safeguarding teams.

During the inspection we spoke with the registered manager, a nurse, the receptionist, Two members of catering staff and three care assistants. We also spoke with nine people who used the service and seven visiting relatives. We reviewed elements of four people's care records and looked at systems for managing medicines. We also reviewed records and audits relating to the management of the home. We asked the registered manager to send us further documents after the inspection. These were provided in a timely manner and this evidence was used to inform our judgements.

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.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with said they were safe. One person said, "Safe yes, not frightened, if little incidents take place, the carers are always here to help. "A relative told us "(Person) is not unsafe here it is quite the opposite, staff are very careful and caring."
- Staff had received training in safeguarding people and knew what to do if they thought someone was at risk.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and a range of detailed risk assessments were completed. Staff understood people's needs well and how to manage any risks they might encounter.
- The premises were well maintained and suitable for its intended purpose. Detailed safety checks were in place and actions taken when required.
- Accidents and incidents were recorded and there was a detailed monthly analysis undertaken to identify any themes or trends. Robust monitoring of falls was in place.
- Very robust risk assessments and plans were in place to manage the risk of flood as the service had experienced this issue previously.

Staffing and recruitment

- All of the people we spoke with said there were enough staff available to them and they never had to wait for support. One person said staff were, "very nice" and added "But I do get a feeling they are under time pressure."
- The registered manager was looking at introducing a new dependency tool to support them accurately assessing staffing requirements.
- Safe recruitment procedures were followed. People who used the service were involved in the interviewing of potential staff.

Using medicines safely

- Medicines were managed safely.
- Risk assessments were in place for people who managed their own medicines.
- Protocols for medicines prescribed on an 'as required' basis were being reviewed to make sure they included detail about the therapeutic effect of the medicine.
- Staff received training in medicines management and had their competency to give medicines regularly

assessed.

- Regular checks and audits took place of the medicines system to ensure it continued to be managed in a safe way.

Preventing and controlling infection

- The service was clean and tidy throughout. Staff followed infection prevention systems appropriately.

Learning lessons when things go wrong

- Safeguarding processes had been a recent learning theme of the month. This was in response to an event that had happened, but staff had not immediately recognised it as needing to be reported as a safeguarding issue.

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

- A pre-admission assessment pack was used to make sure staff had the skills to meet the needs of people wanting to live at Waterside Lodge.
- Full reviews of people's care and support needs were completed on at least a monthly basis as part of the 'Resident of the day' programme. People were fully involved in their reviews which included their views on the support they were receiving.
- Care and support was delivered in line with people's choices and preferences as detailed within care plans. One person told us how staff supported them to maintain their lifestyle choices and we saw this reflected within their care plan.
- All of the people we spoke with told us they experienced very positive outcomes using the service, and we saw this was reflected in people's care records.

Staff support: induction, training, skills and experience

- Staff followed comprehensive induction and training programmes. People told us "All staff are very professional", "Trained and qualified yes", and "Staff know what they are doing".
- In addition to the training programme the service also followed a schedule of monthly learning themes. Themes were identified either through staff meetings or in response to events within the home. For example, safeguarding was chosen as a theme following an identified misunderstanding of safeguarding procedures and Parkinson's disease was chosen following the admission of a person living with this condition.

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

- Catering staff met people individually as part of the 'Resident of the day' programme to make sure they were happy with the food and to give them opportunity to make menu suggestions and let the catering staff know about any particular preferences. People had recently been making suggestions for the 'spring menu'.
- Nutritional assessments were in place and clearly documented people's preferences. For example, the nutritional risk assessment for a person identified as losing weight detailed the outcome of a visit from a dietician during which the person had stated they had always been very slight and absolutely did not wish to take supplements.
- Food served on the day of the inspection was very appetising and nutritious.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- People's healthcare needs were assessed, and care plans developed to make sure staff knew how to meet these needs effectively and in line with the person's preferences. Multi-disciplinary meetings took place on a monthly basis within the service, during which an overview of each person's care was discussed to ensure they were receiving the health care they needed, referrals to healthcare professionals had been made, followed up, and key advice incorporated into care plans.
- Records showed people were supported by a range of healthcare professionals including GPs, specialist nurses, dieticians and dentists.

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

- Waterside Lodge provided a very comfortable environment which gave people choice of several communal areas depending on whether they wanted peace and quiet or to engage in activity or entertainment. Furnishing and décor was of a high standard. At the time of our inspection people were being involved in choosing the wallpaper for redecoration of the hallway. Outside space provided a very pleasant and comfortable area for people to enjoy.
- Extensive work had been completed to make the service as safe as possible in the event of reoccurrence of localised flooding.

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, 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.
- The service had made appropriate DoLS applications for those who needed them. The registered manager maintained an overview of delays in authorisation and regularly followed these up with the local authority. Where authorisations were in place, conditions were complied with to help ensure people's rights were protected.
- The service was acting within the legal framework of the MCA. Staff and management had a good understanding of the correct processes to follow, involving people to the maximum extent possible and ensuring best interest decisions were made where necessary.
- The registered manager had robust systems in place for managing DoLS.

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

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- There was an exceptionally strong and visible person-centred culture, with staff going out of their way to ensure people were treated with respect and kindness. A staff member told us they wouldn't change anything about the home, they said, "I would 100% have my grandparents live here" and "the way we care for the residents, is exactly how we would care for our own". A staff member new to care told us they initially found it challenging as it was their first job but said they had "grown to love the place so much because of the staff and residents".
- Staff clearly knew people very well and engaged people in meaningful conversations about their families, their interests and what was going on in the local community. People clearly enjoyed their interactions with staff. One told us they had worked in the local community and knew most of the staff from when they were children.
- Without exception, our observations were of an extremely caring approach from staff who supported people with patience, sensitivity, respect and humour. An example of this was the kind and patient encouragement given to a person using a walking aid. The staff member was observing for safety but did not make this obvious as they chatted with the person and offered praise and encouragement.
- Another example demonstrated how the caring approach and ethos had extended to people coming in to the home to provide a service. We could hear a person in the hairdressing room singing All Things Bright and Beautiful with some gusto and laughing, the hairdresser commenting on their lovely singing voice and asked about whether they used to be in a choir and if they were a baritone or a bass. The hairdresser then asked what other songs they knew and what they would like to sing. The singing continued, then they discussed the person's previous career.
- A member of staff told us about a person who liked to spend the majority of their time in their room looking out of the window and 'people watching'. They said the configuration of the room meant they couldn't see much so just watched television. The member of staff changed the room around, so the person could see much more. They said "(Person) was very made up by it".
- Care plans were worded in a way which demonstrated understanding and care. For example, the care plan for a person who was living with dementia said, "(Name) might try to perform some daily living activities at the wrong time of day. If this happens, remind (person) of the time and what they should or could be doing now".
- Feedback from people and their relatives confirmed the exceptional level of care. Comments from people included: "Community atmosphere here is very good. Workers always friendly. I would give them a thumbs

up", "You are getting well looked after, very friendly staff" and "Staff are kind can't do enough for you". Relatives comments included: "Staff are very professional, care like a friend. Show lots of love, warmth and compassion" and "Staff go beyond their care, involve residents in activities, take them out, have cookery sessions, kitchen staff bake cakes etc". Relatives told us they could visit when they liked. One said, "The care home is always a welcoming atmosphere".

- The registered manager told us they acknowledged that the majority of people living at Waterside Lodge were from the local area. They said they had begun to reflect on how they might make the home more overtly welcoming to a more diverse service user and staff population. They said plans were in place for developing a 'Multi faith room' within the service and how additions to décor might appeal to the wider community and said, "I want to send signals that anyone is welcome here". A member of staff who, in line with their faith, was fasting; told us how the registered manager had asked them if they needed any additional support during their fast.

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

- Care records clearly reflected the full involvement of the person and how they were supported to make decisions about their care. For example, one person's nutritional care plan reflected their recent choice to become vegetarian and the reasons behind this choice. The person had met with catering staff to discuss their meal planning and was being supported by staff to visit a local bakery which supplied vegetarian options.
- One person's relative was involved in the development and review of their care through Lasting Power of Attorney (LPOA) but was not always able to attend the service to take part in reviews. To make sure the relatives views were sought, the monthly reviews of their family member were emailed to them.
- The registered manager completed a quarterly survey based on one of the CQC key questions in turn. The most recent survey highlighted people and their relatives had a low awareness of what advocates were and what they did unless already being supported by one. Staff also struggled to explain advocacy which meant improvements had been needed in their support in this area. This was discussed in a residents meeting where people expressed their interest in learning more about this. The registered manager had then arranged for someone from an Advocacy service to attend the service and talk with staff, people and their relatives. The effectiveness of this was being measured at the time of our inspection.
- Minutes from a residents meeting showed how people had been asked if they knew their key worker. People confirmed they did and minutes detail the praise people gave for the support they received from their key worker. Minutes went on to describe the gratitude people expressed for the work of staff and how staff thanked people for their appreciation.

Respecting and promoting people's privacy, dignity and independence

- People were unanimous in their praise of how staff supported them in maintaining their privacy and dignity and promoting independence. One person said "They make me feel like I am in charge of everything just like when I was at home. I need help now, but they listen to what I say and help me to do what I still can".
- Care plans gave clear detail about how to maintain people's privacy and dignity and were written in a style which reflected respect. Our observations confirmed the care plans were followed. Staff were carefully discreet in their interactions with people when asking about their need for assistance.
- People had been supported to a high level with personal grooming and dressing. A relative said "Staff have considered (person's) preference of ensuring all clothing (person) wears were colour co-ordinated". The registered manager told us the fees people paid at Waterside Lodge included hairdressing, chiropody, reflexology, toiletries, newspapers and hosiery and there was no extra charge for these items. This demonstrated a commitment to equality for all people using the service.
- People's bedrooms were beautifully presented, and it was very evident staff respected and looked after

people's personal belongings.

- The core objectives and values for Waterside Lodge were discussed at staff meetings. The aims included 'Respect and encourage the right of independence of all service users' and Recognise the individual uniqueness of service users, staff and visitors, and treat them with dignity and respect at all times.'

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

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

End of life care and support

- The person centred approach at the service extended to an exemplary approach to supporting people to make their choices for care at the end of their lives. One person whose wishes could be viewed as controversial, had spent time with a senior member of staff who had recorded their wishes and had asked the person's permission to involve an advocate to support them. The person had expressed their relief at having someone "to offload on" and accepted the offer of involvement of an advocate along with a monthly catch up chat with the member of staff they had chosen to confide in.
- Staff's commitment to making sure people's needs and wishes were met at the end of their lives were evident. One person had a CD of the music they wanted to listen to at the time of their death, along with a CD player and headphones in their room. Staff also told us about a person who had requested they 'left the home' wearing bright red nail varnish and lipstick. Staff had made sure these wishes were met.
- Staff showed exceptional consideration of not just the person's needs but also those of their family. An example of this was how staff held a tablet to a person, no longer able to communicate verbally, to enable their family member who lived far away to see and speak to them. Staff also made sure that an item special to the person and their family was also in view. When the person died, staff posted the special item to the relative.
- The service had developed a 'When someone you love dies' pamphlet, which provided support for families and friends. This gave practical and emotional advice for people dealing with the death of a loved one. A survey was also in place to gain the views of people about the end of life care their relative had received. The survey was sensitively introduced and informed people that results would be used to 'deliver and evaluate end of life care and education' within the service.

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

- People benefitted from the support of an exceptionally enthusiastic staff team who were committed to supporting people to follow their interests and engage in activities, either individually or as a group, that gave them enjoyment.
- Minutes of resident's meetings showed how people were asked for ideas and about activities to be held within the home and suggestions for places of interest to visit. On the day of our visit people were enjoying a 'Sixties day' which had been a suggestion at a meeting. People and staff were dressed up, an entertainer was singing songs from the sixties and the menu for the day was based on foods of the time.
- People's families and friends were invited to join in activities. At the 'Waterside Lodge Strictly day' a

dancefloor had been created and visitors had joined in with the dancing and even demonstrated new dances.

- Records showed how staff had gone the extra mile to support people to engage in activities that were meaningful to them. One person had been accompanied by their key worker to attend a celebration of the life and work of a locally born composer who the person had a great interest in. Another person had been accompanied by their key worker to attend an event at the church they had attended before moving into the home. The person was reported to have been "delighted to meet up with old friends", and the staff member had given reassurance and offered support to some of these friends who expressed a nervousness in visiting the person in the care home.
- People had been supported to identify personal goals in relation to taking part in activities of their choice. One person's goal was to bake, and they had achieved this by taking part in the baking sessions run by the catering department. Another person's goal was to use the local library. When the person preferred not to go out, for example in poor weather, their key worker had taken the home's 'library stand' to them.
- Staff's commitment to supporting people to enjoy life enhancing activities was clearly evident from the records they made of them. For example, one record said, '(Person) was very relaxed and full of smiles and laughter'.
- The registered manager told us, "The only barrier to people going out is if they don't want to." They said people had asked for meals out, so they regularly went to a fish and chip restaurant and another restaurant in a nearby village. People had asked to go to an 'animal' park and, whilst looking into this, the registered manager had arranged for Zoo Lab to visit the home, so people could meet and handle small animals. One person interested in birds had wanted to do 'something with owls' so arrangements had been made for someone to bring birds of prey to the home.
- One person said, "The day does not drag". People told us they very much enjoyed the activities organised by the home but also appreciated being able to enjoy quiet time sitting in the garden, reading or doing puzzles. A relative told us their expectation of the home and staff "had exceeded beyond (their) expectations". They said "There was lot of things to do. Staff organised theme according to seasons, take people out".

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People and relatives said care was extremely person centred. One relative said, "Staff get to know the background of the resident, make it very personalised"
- The 'Resident of the day' programme was very comprehensive and entirely person centred. On their day, people met with staff from all departments of the home including catering and housekeeping to give their views of the service they received, discuss any issues and review their care plan to make sure it fully reflected their current needs and preferences. One person described their 'Resident of the day' experience as "An extra special day".
- Care plans were exceptionally person centred and detailed to make sure the outcomes for the person were to the highest standard possible. An example of this was an extremely detailed elimination plan which included the type of toilet paper and positioning of the toilet roll holder to maximise the person's independence and dignity. The care plan detailed how a trial of several products resulted in the person being provided with a cushioned toilet seat for comfort and ease of transfer to standing. This demonstrated an exceptionally thorough attention to detail to ensure people experienced outcomes which promoted their dignity and independence.
- Another person's care plan gave very person centred descriptions of personal care as a source of fun and entertainment for the person. It described how they liked staff to behave especially getting themselves wet for the person's amusement.

Improving care quality in response to complaints or concerns

- All complaints or concerns received by the service were managed using a 'complaint investigation template'. The approach for investigating complaints was very detailed and thorough. Concerns raised were described on the template, and an investigation plan developed, detailing what actions are needed to investigate. Examples included speaking with people, looking at records, environmental review and review of policy/procedure. We saw extremely detailed descriptions of the findings against each stage of the investigation plan followed by a proposed response, which showed what would be done and by whom. The registered manager signed the procedure as complete after making sure all stages were complete including response to the complainant. The two complaints raised about the service in the previous year had been managed and responded to using this approach.

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.

- People who experienced challenges with communication due to confusion had clear care plans in place to make sure their communication needs were met. Care plans clearly identified when people required hearing aids or glasses to support them with communication and we saw they were in place. The registered manager told us they were able to produce any documents in a format suitable to people's needs and, although not required at the time, were aware of systems to use to translate documents into people's preferred language.

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

- Since the last inspection, the then registered manager had left the service. A senior member of staff had been promoted to the position and had achieved registration with the CQC. The new registered manager demonstrated an absolute commitment to continuing and improving the already very high standards of person centred care at the service.
- The core objectives and values of the service reflected the person centred approach to care and concentrated on recognition of people's uniqueness, right to respect, privacy and dignity, choice, independence, personal fulfillment and well-being. All of the feedback we received confirmed that these values and objectives were upheld by staff to make sure people's lives were enhanced by their experience at the home.
- We observed an extremely person centred, warm and inclusive atmosphere within the home and several people referred to the 'family atmosphere'.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had systems in place to make sure the right people were informed of events within the home with the potential to have an adverse effect on people's safety and wellbeing. Some of the monthly themes of learning were chosen as a result of the management of events within the home which identified a need for improvement of practice or further learning for staff.

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

- The registered manager was doing some 360 degree evaluations as part of their management development to help identify their leadership style, strengths and weaknesses. When this was completed they planned for all staff with a leadership role to do the programme. The aim of this was to give a really clear picture of what each person's strengths were and use these to promote quality within the service.
- The registered manager was fully aware of their regulatory requirements.

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

- There were comprehensive audits of all aspects of the service.

- The registered manager had introduced a system where meetings in the service followed a quarterly cycle with each quarter's activity driven by one of CQC's key questions. Surveys were sent in month one, month two was the collation of responses and in month three an action plan was developed.
- The first meeting in the cycle was with residents and relatives. The registered manager said, "This drives and focuses the rest of the meetings in that quarter." The following staff and management team meetings then looked at people's impressions of the service, what it does well and where improvements could be made.
- The registered manager told us they wanted to maximise the opportunities to maintain people's links with the community in relation to food provision. They said eggs were sourced from a local farm that people know and would have shopped at and were proposing to move their meat and poultry purchasing to the local butcher, that has been established in the town for a very long time because it was the community butcher and would be very familiar to and trusted by people living at the home.

Continuous learning and improving care

- The registered manager was committed to continuous research, self-development and learning to support staff and drive quality within the service. They were also keen to maintain their skills and occasionally worked as a nurse in the home. This gave them opportunity to assess how care was being delivered and received within the home.

Working in partnership with others

- The registered manager was keen to develop their knowledge in all aspects of home management and sought to work with other professionals to improve the service. For example, they had commissioned a fire prevention specialist to come and review all activities around fire safety as they felt they lacked the skills to reassure them self that everything was as good as it could be within the home. They had also invited a member of the local safeguarding team to visit the home in order to develop a joint approach to keeping people safe.