Castel Froma Neuro Care Limited

Lillington House

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:
Lillington House provides nursing and rehabilitative support to a maximum of 57 people suffering from a neurological disability. Most people also have highly complex medical conditions requiring continuous care and support or highly specialised nursing. The home is divided into three units over two floors. On the lower ground floor there is a therapy unit with a hydrotherapy pool, physiotherapy room and an occupational therapy assessment room. A range of on-site therapists provide rehabilitative input. There are large communal areas and extensive grounds which are accessible to the people living in the home.

People's experience of using this service:
People had confidence in the service to keep them safe and were protected from avoidable harm by staff trained to recognise and report any concerns. Potential risks to people were assessed and minimised. Staff monitored signs and symptoms to keep people safe and well. Medicines were received, stored, administered and disposed of safely.

The registered manager ensured there were enough staff available with the appropriate knowledge and skills to meet people's needs. People received effective care from staff who were well trained and well supported. There was a thorough approach to planning and co-ordinating people's care. Staff and therapy teams worked well together and with external care professionals to ensure people received the care and support they needed. People's nutrition and hydration needs were met. People were offered a choice of meals which promoted a healthy and balanced diet.

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. Information was presented to people in way that enabled them to be involved in their care.

People received compassionate care from staff who prioritised their needs and worked as a team to ensure people achieved good outcomes. Staff were responsive to people's physical, emotional and mental health needs. People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

There was a clear quality assurance system in place and the provider took learning from situations to improve outcomes for people.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: At the last inspection the service was rated 'Good' overall, but some improvements were required in the leadership of the service. At this inspection the improvements had been made. (Last report published 20 December 2016).

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

Follow up: We will continue to monitor all information we receive about the service and schedule the next inspection accordingly.

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.

Lillington House

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 carried out by two inspectors, a specialist advisor and an expert by experience. A specialist advisor is a qualified health professional. 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: Lillington House is a care and nursing home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection: The inspection visit took place on 20 June 2019 and was unannounced.

What we did: Before the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We sought feedback from the local authority. We used all this information in planning for the inspection.

To gain people's views and experiences of the service provided, we spoke with five people who used the service and nine people's relatives/friends.

We looked at the care records of four people who used the service, including risk assessments, care plans and records relating to medicines administration. We also observed the care and support provided and the

interaction between people and staff throughout our inspection.

We spoke with the registered manager, deputy manager and 14 members of staff, including three nurses, five care staff, an occupational therapist, activities co-ordinator, rehabilitation assistant, lounge assistant, chef and member of the housekeeping staff. We also spoke with a healthcare professional who supported the home.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, staff training and recruitment records.

Good

Is the service safe?

Our findings

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

At our last inspection in November 2016 this key question was rated "Good". At this inspection the 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

- People and relatives expressed confidence in the service to keep people safe. One relative told us, "I think he is safe in the physical sense and health wise. I see staff responding quickly to any emergency situations." A person commented, "Here I know I am safe and looked after."
- Staff knew how to recognise and protect people from the risk of abuse and had received training in safeguarding adults. They knew what actions to take if they felt people were at risk of harm.
- The provider's policies and procedures ensured concerns were reported to the local safeguarding authority when necessary.

Staffing and recruitment

- There were enough clinical and care staff to meet people's needs and provide safe care.
- The registered manager assessed people before they moved to the home to ensure there were sufficient staff with the appropriate knowledge and skills to meet people's needs. Where necessary, staffing levels were adjusted. For example, one person had extremely complex medical needs. An extra member of nursing staff had been added to the morning rota to provide the person with one to one clinical care.
- Care staff told us there were enough staff to keep people safe.
- At the time of our inspection, there were care staff vacancies which the registered manager covered with regular agency staff. A relative confirmed, "When they have agency, they have a regular staff member working with them."
- Staff were recruited safely as there were appropriate checks on their suitability to support people who used the service, prior to them starting work.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained detailed explanations, often with photographs, of the control measures for staff to follow to keep people safe. One person explained, "What they did with me, is that they made photos of my transfers and other movements so other carers will know what to do."
- Some people had health conditions staff had to react quickly to if people showed signs of becoming unwell. Immediately accessible plans informed staff of the emergency action they needed to take. Staff monitored signs and symptoms to keep people safe and well.
- Relatives told us staff managed risks well. One relative told us, "Staff are monitoring them regularly. That is important for us as family so they are safe." Another said, "People are looking after [name] constantly so we know they are safe. He also hasn't had any chest infections since he moved here so that is also very positive and gives us the impression he is now in safe hands."

●The provider had processes and procedures for checking the safety of equipment and the environment. Every two years an external company completed a health and safety audit to ensure the processes were effective and to identify any areas for improvement. The next audit was due in July 2019.

Using medicines safely

●Medicines were received, stored, administered and disposed of safely.

●The electronic medicines management system had built in checks to ensure medicines were given in accordance with the prescriber's instructions.

●People raised no concerns about the timeliness of their medicines. One relative told us, "The medication always seems to come round on time."

●The registered manager had recently introduced reviews of the competencies of nursing staff to give medicines safely. During our discussions, the registered manager said they would begin to test the knowledge and skills of nurses to support best medicines management during the interview/induction process.

Preventing and controlling infection

●The premises were clean and tidy, and people were protected from the risk of infection. Clinical equipment was clean and ready to use, but the checks were not always recorded.

●Staff had been trained in infection control and put their training into practice when working with people. One staff member told us, "It is all about making sure people with high infection risks are protected. It is important because it saves residents from infections and going to hospital which can be such an ordeal for them."

Learning lessons when things go wrong

●Staff recorded any accidents or adverse incidents that occurred in the home. Records were clear what immediate action had been taken to manage the situation and any further actions required to prevent the risk of re-occurrence. Lessons learned were shared with staff through regular meetings.

●The provider took learning from situations to improve outcomes for people. One relative told us there had recently been challenges sourcing emergency dental care for their family member over a Bank Holiday weekend. They explained, "After that they learnt from the experience and there has been a whole new protocol put in place for dental emergencies which they told me about."

Good

Is the service effective?

Our findings

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

At our last inspection in November 2016 this key question was rated "Good". At this inspection the 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

- People were assessed prior to moving into Lillington House and plans were put in place to support people with their health and medical needs.
- Care plans and actions were based on current best practice and demonstrated a good understanding of people's individual needs.
- Protected characteristics under the Equality Act 2010 were considered. For example, people were asked about any religious or cultural needs they had so those needs could be met.

Staff support: induction, training, skills and experience

- People received care from staff who had the necessary knowledge, skills and experience to perform their roles. People and relatives thought staff had the training and skills they needed when supporting them. One relative told us, "My relative is safer here than anywhere else, even hospital. What make us say that, is well trained staff who are there to look after him, he gets care around the clock."
- Staff received training in areas the provider considered mandatory such as moving and handling and basic life support. The provider ensured staff regularly refreshed their training, so their knowledge was kept up to date with best practice.
- Many people had very complex medical needs and required specialist equipment to support their health. Clinical staff received training in specialist areas to ensure they had the necessary skills relevant to the needs of individual people, such as the management of complex tracheostomy in long term brain injury. One staff member told us they had requested further training on the use of a ventilator. The registered manager later confirmed this training had been booked.
- Staff received formal supervision every three months to discuss their work and how they felt about it. Staff felt they received the training and support they needed to enable them to meet people's needs safely and effectively.

Supporting people to eat and drink enough with choice in a balanced diet

- People's nutrition and hydration needs were met. Records were maintained when people were nutritionally at risk and they were referred for specialist advice when concerns were identified.
- Menus were created with the input of a dietician and nutritionist which meant people were offered a choice of meals which promoted a healthy and balanced diet. All staff knew people's individual dietary requirements and appropriate choices were offered. Fortified food and drinks were provided for those people at risk of unplanned weight loss.
- Due to their complex medical conditions, many people received nutrition through a Percutaneous

Endoscopic Gastrostomy (PEG). This is when people receive food and fluids through a tube directly into their stomach because they are unable to receive adequate amounts of nutrition orally. Care plans contained detailed information on feeding regimes to ensure these people remained healthy and well.

●People's nutritional risks were regularly reviewed by the on-site speech and language therapist and dietician. Any changes in recommendations were reflected within people's care plans and discussed with staff. This ensured risks continued to be managed, whilst developing people's eating experience. For example, one person had previously received their nutrition through a PEG, but was now being supported to eat a pureed diet. This had resulted in a positive impact on the person's physical and sensory health because they had gained weight, and were now able to enjoy different food tastes.

●The meal time experience was pleasant and people who needed assistance to eat were supported in a kind and considerate manner. One person told us, "Food is great. I was thin as a stick when I came here from hospital, but gradually I put on healthy weight and now I am on diet. I will try to lose few pounds as it's not good for my health. I now eat a lot of fresh things and no carbs."

●However, we were told by staff that after 8pm there was no access to food until the following morning. We discussed this with the registered manager who told us some food options were available for people with specific health conditions, but this was not for everybody. They advised immediate action would be taken so people who wanted to, had the option to eat after 8.00pm.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

●There was a thorough approach to planning and co-ordinating people's care and preferences. Staff, therapy teams and external healthcare professionals were committed to working collaboratively to deliver joined up care.

●The provider had established effective links with clinical specialists who visited the home regularly. They worked with the provider's own team of an assistant psychologist, physiotherapists and occupational therapists to maintain and improve people's health.

●Clinical staff and therapists were supported by the provider to introduce new and innovative systems to ensure people lived healthier lives. For example, there had recently been an increased focus on oral care because poor oral hygiene can lead to other health conditions. New processes had been introduced which had led to improvements in people's oral health.

●Those people who had a tracheotomy in place had a small blue box in their room with a supply of all the equipment required to replace or clean the tracheotomy. The boxes went with the person into hospital which ensured they had timely access to the right equipment for each person wherever they were.

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.

●Where the provider had reason to question a person's capacity to understand information about specific aspects of their care, their care plans included a mental capacity assessment. However, we found information around a decision to give medicines covertly was less detailed to assure us the principles of the

MCA had been consistently followed. The registered manager said they would address this immediately.

●One person was refusing to follow the advice of a healthcare professional even though it presented risks to their health. Records showed the appropriate healthcare professionals had fully discussed the risks with the person, so they could be assured the person had the capacity to make an informed decision about their care needs.

●The registered manager had applied for a DoLS for people when they did not have the capacity to understand the risks associated with any restrictions to their liberty.

●Staff understood the principles of the Act and recognised the importance of offering people choices and respecting their right to make decisions.

●Some people had lasting powers of attorney to allow other people to make decisions on their behalf. The provider had retained copies of the documents issued by the court so they could be confident people's relatives and representatives had the legal right to make decisions on their behalf.

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

●The building was suitable for the needs of those living there. There were wide corridors to allow people to use their equipment to move around the home.

●Bedrooms were large enough to accommodate the medical equipment required to support people's medical conditions. One person told us, "My room is very spacious so I can move around with my wheelchair. I have my I-pad to keep me occupied, internet is a big thing and they facilitate it in every room."

●Communal areas of the home were quite clinical due to people's complex medical needs and the equipment needed to support their posture and mobility. However, people had been encouraged to decorate and furnish their bedrooms to make them their own personal space. The registered manager said they would explore ways of making the environment within the communal areas more welcoming, taking into account the risks of over stimulation for people living with a head injury.

Good

Is the service caring?

Our findings

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

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

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

●People we spoke with were positive about the compassionate care they received from the whole staff team. One person told us, "This isn't a place that anyone would choose to be but if you have to be somewhere like this, then it doesn't get better. I am grateful to have these people and staff around me." Another said, "Here all the carers are nice carers, it's just because they are caring people in their own nature, you can't fake that."

●During the inspection we saw some very warm, caring and kind interactions between staff and people and we saw through people's responses the positive impact it had on them. Staff appeared to know people well.

●Staff were motivated to work as a team to provide good care and prioritised people's needs and requests when performing their duties. One member of staff explained how they empathised with people because they had previously experienced ill health. They told us, "People here are very grateful for what we do here. They know how much we care and sympathise, but we don't pity them. We strive to increase confidence by working holistically. We have such good resources on site and all work together to promote wellbeing." Another staff member told us, "I love my job. I am involved with my heart not just my skills."

●Relatives valued the positive attitude of the staff team. One relative said, "What I have seen in other places is staff in huddles having a moan. I have never seen that happen here. If it does, then they must be discrete about it." Another relative told us, "I have nothing other than praise for all staff, their commitment and dedication. Nurses especially are very kind and treat every patient with kindness and positivity. They do everything to lift their spirit."

●Staff and managers recognised the need to promote people's equality and diversity through their work. One staff member explained, "Equality is important as we have people from different backgrounds and race here and they have to be treated as equals. It is an inclusive home and I have had training on equality and diversity. There is no place here for not treating people equally." A person told us, "I feel no different, so there is no shame in being disabled. At first you feel like that, very dependent and vulnerable, but with people who are working here I am not ashamed to ask for help and they are there to help. It's a big thing when this is my life now and it makes it easier to cope."

●Relatives were supported by staff through individual meetings and counselling opportunities. This provided relatives with the opportunity to come to terms with any loss they experienced through their family members' medical condition and subsequent admission to the home.

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

●People were encouraged and supported to express their views and make decisions about their day to day routines and personal preferences. One person told us, "I have plenty of choice what I do in the day. I don't

like to get up early, so carers know once I am changed and I have had my meds, they leave me so I can stay in bed , it's the routine I like."

●Relatives told us staff were considerate of their relationships with people and, where appropriate, included them in making decisions about people's care. One relative said, "For us it's important that whoever is looking after our relative is listening our wishes, and we are happy about things as they are now." Another relative told us of a recent occasion when an appointment with an external healthcare professional had not gone to plan. They explained, "They (managers) saw I was upset, they got me into the office and got the staff together and we discussed the best way forward."

Respecting and promoting people's privacy, dignity and independence

●People told us staff treated them with dignity and respect. People looked well cared for and were well dressed.

●Staff were aware of their responsibilities for maintaining people's privacy and dignity when supporting them.

●People's care plans focused on what they could do and how staff could help them to maintain and increase their independence and protect their safety wherever possible. At tea time we observed a member of staff supporting a person to eat. The staff member loaded the person's fork before putting it into their hand, so the person could continue to eat with the maximum independence possible.

●Staff understood their responsibilities for keeping people's personal information confidential.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 were responsive to people's physical, emotional and mental health needs. One relative said, "[Name] is massively physically challenged but mental stimulation is important, and I am pleased they involve him in things." Another relative said, "We come almost every day, so we have a pretty good knowledge of our relative's needs and we are happy how they respond to them."
- Care plans detailed the support people needed to maintain their health and wellbeing and staff had a good understanding of the care people needed. One person told us, "It takes time for staff to get to know me and my health needs and they all know me well here."
- Information about people's earlier life, their preferences and lifestyle choices was detailed in a document called 'All about Me.' This document gave staff a sense of 'the person' so they could understand people's individuality and what was important to them.
- Therapies, such as hydrotherapy, physiotherapy and occupational therapy were tailored to meet each person's individual needs. Goals were developed within people's treatment plans to help them retain and/or develop their abilities. Once a goal had been achieved, a new goal was set.
- The therapy team improved outcomes for people by using innovative methods of supporting people's increased independence. The occupational health lead explained, "We look at activities and how these are incorporated into the therapies available within the home. We ask ourselves questions like do they provide physical, mental and social opportunities and how do we encourage people with complex issues to engage."
- A variety of group activities were arranged within the home which were often related to significant events. For example, on the day of our inspection there was a visit by a small pony to celebrate Ladies Day at Ascot. People were wearing hair fascinators they had made the day before and asked to suggest music that had a reference to horses in the title. This was a creative way of engaging people's interest and keeping people up to date with national events outside the home.
- Regular activities were also offered such as 'move to music' 'singing group' and a 'movie club'.
- A cognitive interaction group was run once a week for a small group of people to enhance their memory and intellectual ability through problem solving and playing games. This also enhanced people's emotional wellbeing as they engaged in positive interaction with each other, laughing and socialising.
- Assistive technology was used to aid people's recovery. For example, one person used a device to ring the call bell with their foot.

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 registered manager was aware of the AIS. People's communication care plans recorded their preferred method of communication.

●Information was presented to people in a way that enabled them to be involved in their care. For example, one person had an i-pad where staff wrote questions for the person to respond to. Other people used objects of reference or alphabet charts to spell out what they wanted. One person had a communication book that detailed things they commonly requested such as a change of their position or a window to be open or closed.

End of life care and support

●The registered manager and staff were committed to supporting people and their relatives before and after death and the service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives.

●People were supported to make decisions and advanced plans about their preferences for end of life care.

●People's health was reviewed during monthly GSF meetings to identify those people who were very poorly. This ensured they received appropriate care in their final days in accordance with their wishes, and which maintained their comfort and dignity.

Improving care quality in response to complaints or concerns

●The provider had a complaints policy and procedure, details of which were contained in the service user guides given to people and their relatives when they moved to the home.

●One relative explained how small issues were dealt with immediately to prevent them from escalating into formal complaints. They told us they had shared a verbal concern and, "It was instantly dealt with. Any concerns I have raised have been dealt with in a timely and efficient way."

●Complaints were recorded, investigated and responded to. Where a need was identified, staff received extra support or training.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

●At our last inspection we found communication between managers and care staff was not always effective. At this inspection staff spoke highly of the managers and senior team. One staff member described the registered manager as, "Delightful and helpful." Another staff member said there was always support available explaining, "The supervisors are nice and approachable. If I had a problem I could go to them. They step in if we need help."

●The registered manager and deputy manager both worked at the home on a full-time basis so there was a strong management presence. They were both registered nurses and had a good understanding of people's clinical needs.

●All staff had clear roles and responsibilities. Staff were given opportunities to develop in their role and take extra qualifications.

●New roles had been created to enhance people's care. For example, 'link nurses' led in areas such as medication and infection control. The appointment of 'oral champions' in the home had led to improvements in oral health care.

●Governance was well-embedded into the running of the service. There was a clear quality assurance system in place and the registered manager submitted regular reports on the performance of the service to the provider.

●The registered manager understood their regulatory responsibilities. For example, they ensured that the rating from the last Care Quality Commission (CQC) inspection was prominently displayed, there were systems in place to notify CQC of incidents at the home.

●The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

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

●The new registered manager and deputy manager had been in their roles for three months and were committed to providing a high standard of care at Lillington House. They had a shared vision based on person centred care and what was important to people and their families.

●We saw how staff reflected these values in their practice and put people at the centre of the service. Clinical, therapy and care staff worked as a team to ensure people achieved good outcomes and the best quality of life possible. One staff member told us, "I love my job because it makes me feel good when you

rehabilitate people. One person came here not being able to do anything for herself. All hope was gone and seeing her being able to go home was so special. We give people the chances they need to recover."
●People and relatives described Lillington House as providing high standards of care in a positive and caring environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
●People, their relatives and staff were encouraged to fill in an annual survey. The results of the last surveys were very positive, as well as highlighting some areas for improvement. An action plan had been developed by the senior management team to address these areas.
●Relatives were kept informed of what was going on in the home through relatives' meetings, annual care reviews and a regular newsletter.
●Staff attended individual and team meetings to share information. We looked at the minutes of a recent meeting for clinical staff where changes to the allocation of nurses within the home was discussed. The minutes demonstrated this was an open meeting where staff were urged to share their thoughts and opinions and were confident to do so. Where suggestions for improvements had been made by staff, we saw this had been actioned.

Continuous learning and improving care; Working in partnership with others
●The registered manager attended training and conferences to further develop their knowledge and share learning.
●The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.
●Members of the staff team worked in partnership to look at ways of improving outcomes for people. For example, members of the therapy team had looked at case studies to consider the ethical dilemmas in meeting people's nutritional and hydration needs when they lacked capacity to consent to significant clinical interventions.
●Positive outcomes for people who had made significant improvement despite their complex clinical needs were shared and celebrated. These case studies highlighted the diversity of input by a multi-disciplinary team to further improve outcomes for other people, both at Lillington House and in the provider's other service.
●The provider had supported the staff team to develop their understanding and management of 'prolonged periods of consciousness' (PDOC) in people who had experienced a significant neurological event. This had already benefited one person who had initially been deemed to be minimally conscious and who was now able to communicate.
●The service continued to develop strong links within the community by giving training opportunities to student nurses and medical students.