

London Residential Healthcare Limited

Acacia Care Centre

Inspection report

32 Chalfont Road
South Norwood
London
SE25 4AA

Tel: 02087681217

Date of inspection visit:
20 September 2022
26 September 2022

Date of publication:
12 October 2022

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

Acacia Care Centre is a care home providing personal and nursing care to 61 people at the time of the inspection. The service can support up to 62 people. Acacia Care Centre is a purpose-built care home arranged over four floors, each of which has separate adapted facilities. The home provides support to people with nursing needs including adults with complex health needs. One of the floors specialises in providing care to people living with dementia.

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

The home had safeguarding procedures in place and staff had a clear understanding of these procedures. Appropriate recruitment checks had taken place before staff started work. Staff were deployed effectively to meet people's needs. People's medicines were managed safely. The provider had systems for monitoring, investigating and learning from incidents and accidents. The service had procedures in place to reduce the risk of infections.

People's care and support needs were assessed when they moved into the home. Risks to people had been assessed to ensure their needs were safely met. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and regular supervision. People were supported to maintain a healthy balanced diet and they had access to health care professionals when they needed them. The design of the premises was meeting people's needs. 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.

People and their relatives had been consulted about their care and support needs. The home offered a range of facilities and activities to support people's need for social interaction and stimulation. Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. The home had a complaints procedure in place and people and their relatives said they were confident their complaints would be listened to and acted on. There were procedures in place to make sure people had access to end of life care and support when it was required.

The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service. The provider took people and their relatives views into account through surveys and residents and relative's meetings.

There were systems in place to monitor the quality and safety of the service and any learning was identified and acted on. Staff enjoyed working at the home and said they received good support from the registered manager.

Rating at last inspection.

The last rating for this service was requires improvement (published 9 January 2021).

At that inspection we found improvements had been made and the provider was no longer in breach of

regulations. At this inspection we found that the provider had embedded and consolidated the improvements made at the last inspection and the rating has improved to good.

Why we inspected.

This inspection was prompted by a review of the information we held about this service.

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

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 caring findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our caring 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 caring findings below.

Acacia Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

This inspection was undertaken by three inspectors and a specialist nurse advisor.

Acacia Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Acacia Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations. At the time of our inspection there was a registered manager in post.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and four relatives about their experience of the care provided. We spoke with a chef, the maintenance man, a housekeeper, three care staff, two nurses, an activities coordinator, the deputy manager, a compliance manager and the registered manager.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included twelve people's care records and medication records. We looked at six staff files in relation to recruitment and staff training. We also reviewed a variety of records relating to the management of the service including quality monitoring checks and audits and policies and procedures.

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 we rated this key question Requires improvement. At this inspection the rating has changed to Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe, one person said, "I feel safe and happy here, there are plenty of staff and they come when I call them." A relative commented, "I think my loved one is definitely safe, the staff have really got to know her."
- There were safeguarding adults' procedures in place. We also saw safeguarding and whistleblowing information displayed on notice boards advising staff on what to do if they suspected people were being abused or they witnessed poor care practice.
- Staff were knowledgeable about safeguarding and how to keep people safe. They told us about the different types of abuse and the signs to look out for. One member of staff commented, "We have lots of good training which helps us to make sure people are safe. I would always tell my manager of any concerns and they would take the right actions. The local authority and the CQC would be informed."
- The registered manager knew how to report abuse to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were identified, assessed, documented and reviewed to ensure their needs were safely met. Personalised assessments included the levels of risk for people in areas such as self-isolation, personal care, moving and handling, specific medical conditions and choking.
- Risk assessments included information for staff about the actions to be taken to minimise the chance of accidents occurring. For example, a person who was declining activities had a risk assessment for risk of self-isolation and another person who sometimes declined personal care had a risk assessment for the risk of self-neglect. A third person who was transferred using a hoist had a risk assessment for falls during transfers.
- Staff had a good understanding of people's needs in relation to risk. We observed staff supporting people with activities, eating and drinking and using safe moving and lifting techniques whilst supporting people to move from their chairs using walking aids.
- People had individual emergency evacuation plans (PEEPS) which highlighted the level of support they required to evacuate the building safely.
- We saw regular fire drills were carried out and records confirming fire equipment and the alarm system was regularly tested. Training records confirmed that staff had received training in fire safety.

Staffing and recruitment

- Staff were deployed effectively to meet people's needs. One person told us, "When I use the call bell the staff come quickly, there is enough staff." A relative commented, "I would say there is enough staff, the staff are not rushing around."

- The registered manager told us they used a dependency tool to assess people's care needs and arrange appropriate staffing numbers to keep them safe. We observed there were enough staff deployed throughout the home to meet people's needs
- Staff told us staff retention within the home was good and there were enough staff to support people safely. One member of staff commented, "There is always enough staff on the unit to care for people well. There is really good team work here, we all help each other." Another member of staff told us, "Staffing levels are very good. We have enough nurses and care workers. We never use agency staff but if needed we use our own bank staff."
- Robust recruitment procedures were in place. Recruitment records included employment references, health declarations, proof of identification and evidence that a Disclosure and Barring Service (DBS) check had been carried out. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

Using medicines safely

- People received their medicines safely. People had individual medicine administration records (MAR) that included details of their GP and any allergies they had. There were protocols in place for 'as required' (PRN) for example, medicines for pain relief.
- We observed a nurse during a morning medicines round. They followed the 'six R's' best practice guidance of administration: right resident, right medicine, right route, right dose, right time, and the resident's right to refuse.
- Medicines were stored safely in locked trollies. Medicines requiring refrigeration were refrigerated until needed. The medicines trolley was clean and had single use spoons and cups for administering medicines.
- We saw regular audits were completed to ensure people received their medicines on time. A nurse told us people's medicines were reviewed by their GP annually at a minimum. A relative told us, "My loved one's medicines are very well managed."
- Staff responsible for administering medicines had completed appropriate training and their competency to administer medicines had been assessed by senior staff.

Preventing and controlling infection

- People were protected from the risk of infection. Robust measures were in place to control and prevent the spread of infections.
- Staff completed training and were knowledgeable about good infection, prevention and controls of infections. Throughout our inspection we observed staff used personal protective equipment (PPE) safely.
- The home appeared clean and tidy and housekeeping staff followed cleaning schedules to ensure all areas within the home were regularly cleaned.
- PPE such as facemasks, aprons and gloves were made readily available to staff.
- We were assured that the provider's infection prevention and control policy was up to date and reflective of current best practice guidance.
- The registered manager told us there were no restrictions on visitors. We observed relatives and people's friends visit people at the home throughout the inspection.

Learning lessons when things go wrong

- The registered manager learned lessons and acted when things went wrong. The provider used an

electronic system for of reporting, recording and monitoring accidents and incidents. They used the system to analyse information, learn lessons and take appropriate actions.

- Records showed that when an incident or accident occurred the registered manager held meetings with staff in order to raise awareness and to reduce the likelihood of the same issues occurring again. Where appropriate people were referred to other professionals such as the local authorities falls team or a specialist tissue viability nurse.

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 we rated this key question Requires improvement. At this inspection the rating has changed to Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care, and support needs were assessed before they started using the service. The assessments covered aspects of people's care and support needs such as nutrition, pressure area care, moving and handling, oral health and choking.
- People's diverse needs were also assessed and supported where required. Assessments included people's needs relating to any protected characteristics in line with the Equality Act. This included age, gender, disability, sexuality and race. The information gained from the assessments was used to draw-up tailored care plans and risk assessments.
- People, their relatives and health and social care professionals contributed to these assessments to ensure the person's individual needs were considered and addressed. We saw care plans and risk assessments were kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. All new staff completed an induction in line with the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- Records confirmed that staff had completed training relevant to people's care and support needs. This included training in areas such as fluid and nutrition, dysphagia, oral health awareness, infection control, moving and handling, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Nursing staff had completed clinical training, for example on pressure area care, catheterisation, syringe driver and venepuncture.
- Staff received regular formal supervision to ensure they had the right knowledge and skills to carry out their roles. We saw records confirming staff received regular supervision and support from the registered manager, deputy manager and the clinical lead nurse.

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

- People's nutrition and hydration needs; preferences and cultural needs were met. One person told us, "I like the variety of foods, I think the food is very good and I get plenty of drinks."
- Staff had recognised the importance of providing cultural foods served within the home, to meet people's needs, choices and preferences. For example, Caribbean foods were freshly prepared four times a week and weekly Caribbean food menus were displayed offering an array of Caribbean delicacies. The registered manager told us that the cultural changes made to menus had a positive affect and improvement for some

people's diets including some required weight gains.

- The chef was knowledgeable of people's dietary needs. They told us people were able to select from a menu what meals they wanted the following day. They showed us daily meal request sheets which detailed people's individual dietary needs for example some people did not eat beef or pork and some people had modified textured diets and fluid thickener added to their drinks where they were at risk of choking.
- We observed how people were supported at lunch time. The atmosphere in the dining areas was calm and pleasant and staff were very attentive to people's needs. Some people ate independently, and some people were supported by staff. Where people required, food was served to people in plates with rims and there was adapted cutlery for them to use. Where staff supported people to eat and drink, we saw this was undertaken respectfully and with dignity.
- We saw records, where appropriate, confirming people's food and fluid intake was being monitored and that people received good amount of fluids.
- The home had recently been awarded a food hygiene rating of five. The food hygiene rating reflects the standards of food hygiene found following an inspection by the local authority.

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

- The design of the premises was meeting people's needs. The home had adapted bathrooms, dining rooms, quiet areas with suitable furniture to support people with limited mobility.
- We saw dementia friendly signage located around the dementia floor including memory boxes, photographs to aid people's orientation and pictures for people to reminisce. There was a beach area, a toy shop, a post office and a book shop. We observed a person relaxing in the beach area. The home also had a library and a bar. We saw quiet spaces for people to sit and relax located throughout the home.
- There was an easy to access well laid out garden with suitable furniture for people to enjoy, we saw a person sitting outside in the garden having a cigarette. There were rabbits and chickens and a raised garden with flowers and shrubs.

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

- Staff worked in partnership with GP's and other health and social care professionals to plan and deliver an effective service. We saw the contact details for external healthcare professionals such as dietitians, speech and language and occupational therapists in people's care records.
- A GP visited the home weekly or when required to review people's health needs. A relative told us, "We regularly meet with the GP to discuss my loved one's medicinal needs."
- Staff liaised with external professionals to achieve positive outcomes for people using the service. For example, where person was referred to tissue viability specialist nurse for advice on a treatment plan, we saw plan had been drawn up and was adhered to by the nurse who renewed the persons dressing regularly according to the plan.
- Where another person was recovering from surgery. The staff liaised with external consultants to work towards removing this person's medical aid as this was their explicit wish. Following this the home began working with the Multi-Disciplinary Team to attempt to rehabilitate the person with the view of them transferring home in the future.

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 were knowledgeable and aware of the need to assess people's capacity if required, in order to support them to make decisions.
- People were consulted and supported to make choices and decisions for themselves. Staff promoted people's rights and worked within the principles of the MCA to ensure these were upheld.
- Staff received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection, we found authorisations were in place and kept under review by staff.

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 our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff that treated them with kindness, respect and compassion. One person told us, "They look after me here. I like the staff, they are kind, if I want something they will go to the shop and get it for me." A relative told us, "The staff are really nice, always familiar faces, it's good to have regular people."
- Staff understood the importance of working within the principles of the Equality Act and supported people in meeting their diverse needs. The Equality Act is legislation that protects people from discrimination, for example, on the grounds of disability, sexuality, race or gender.
- The service supported and encouraged spiritual leaders from varying faiths to visit the home and provide services for people. People were also supported to venture out to their chosen place of worship and there were 'Multi Faith, Mediation and Prayer' meetings held at the home for people to attend. Ethnic foods, for example, Caribbean, Italian and Chinese options were prepared and served in the home on a regular basis to ensure people's cultural preferences were met. Events such as London Pride was celebrated at the home and Pride rainbow posters were displayed around the home sharing messages of affection and encouragement.

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

- People and their relatives where appropriate, were consulted and involved in making decisions and choices about their care and support.
- People's views and choices were sought and documented within their plan of care. Care records included evidence that staff considered people's preferences and promoted choice. For example, people's views were recorded about what food and drink and toiletries they liked and their preferences for the gender of personal care givers.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Care records highlighting tasks people could complete themselves. One person told us, "The staff help me with personal care and make sure I get out every day for exercise."
- We saw staff knock on doors before entering people's rooms. One person told us, "I treat the place like my flat, I can go out and do the things I like to do." On the dementia floor each person had different coloured front doors with door knocker and their own picture on the door. This aided people's orientation. A relative told us, "Our loved one likes it here, she treats her room like her own flat. She waves to us and closes her door when we leave."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed to Good: This meant people's needs were met through good organisation and delivery.

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

- People had choice over what they did in their day to day lives and we saw that staff respected and supported their decisions and wishes. Care records included evidence that staff had considered people's preferences and promoted choice. For example, people's views were recorded about what food and drink and toiletries they liked and their preferences for the gender of personal care givers.
- A relative told us, "I was involved in planning care for my loved one, we were able to say what we needed for them. They tailored the care plan for my loved ones needs."
- Care plans described people's health care and support needs and included guidelines for staff on how to best support them. For example, there were guidelines in place for staff to support people with eating and drinking, moving and handling and personal care.
- People had oral health assessments and care plans in place. The assessments recorded people's daily routines, the support required from staff and the products they used.
- The home was responsive when people's needs changed, and prompt referrals were made to external professionals when needed. For example, a person was referred to tissue viability specialist nurses for advice on a treatment plan. We saw this plan was adhered to by the nurse who renewed the person's dressing regularly according to plan.
- Staff were aware of people's diverse needs and understood their differing needs, wishes, views and beliefs.

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's communication and sensory needs were assessed and documented in their plan of care to ensure staff had relevant information on how best to communicate and support them.
- Staff understood the importance of effective communication and differing communication methods.
- The service produced information and care plans in different formats that met people's needs when required. For example, easy to read print, pictures and illustrations or large print format.

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

- The home offered a range of facilities and activities to support people's need for social interaction and

stimulation. These included an onsite bar, library, a sensory room and a well-furnished garden with chickens and rabbits.

- Activities co-ordinators arranged activities seven days a week. Activities included baking, bingo, quizzes, arts and crafts and individual namaste sessions including hand massage and soft music. There was a book club which people using the service, relatives and some staff attended. Entertainers such as singers and musicians visited the home twice a month.
- An activities coordinator told us people had starting to go on trips again. Some people recently went to garden centres and parks. The home recently held a market day with arts and crafts and cakes stalls and a stall with clothes run by company that attends care homes. The activities coordinator said residents enjoyed picking what they wanted and paying for it.
- One person told us, "I enjoy the activities, we sometimes do activities in the garden, I like seeing the chickens and the rabbits." A relative said, "My loved one likes all of the activities. There was a time when they didn't want to come out but now, they want to take part."
- People were supported to maintain the relationships that were important to them. Friends and relatives were able to visit people when they wished. The registered manager told us the bar was used for cheese and wine sessions and people and their relatives could use the bar for birthday parties.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. One person told us, "I have no concerns but know I can complain if I want to." A relative said, "I know who to speak with if I need to complain, the nurse or the registered manager will make sure its dealt with."
- Complaints records showed that when concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with complainants to resolve their concerns.

End of life care and support

- None of the people currently living at the home required support with end of life care. The registered manager said they would work with people's relatives, the GP and the local hospice to provide people with end of life care and support when it was required.
- People's care records included information about their end of life support preferences, where they had been happy to discuss this with staff.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question Requires improvement. At this inspection the rating has changed 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

- The home had a registered manager in post. They were knowledgeable about their responsibilities regarding the Health and Social Care Act 2014. They were aware of the types of significant events which they were required to notify CQC about and records showed the service had submitted notifications to CQC where needed.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- The registered manager demonstrated a clear understanding of their responsibility under the duty of candour. They told us they were always open and transparent with family members and professionals and took responsibility when things went wrong.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care from staff who had the knowledge, skills and experience to carry out their roles and responsibilities. The registered manager was actively involved in the day to day delivery of care which promoted a well-led service. A relative said, "The home is led by a wonderful manager and there is a great team. The manager deals with things straight away and puts things right. She really does listen to staff, residents and family members." Another relative told us, "The home is perfect, exemplary, it's absolutely well run and managed."
- Staff told us they received relevant training, good support from management and regular supervision. Comments included, "The manager is very good, she is always available to support us", "The care planning is very good, and the staff here work very well together", and, "I enjoy working here. The staff really care, and I get very good support and training."
- The provider took people's views into account through surveys and meetings and feedback from these was used to improve the service. A relative commented, "There are regular meetings at the home so we and the residents can get to voice our opinions. They listen and people can get the things they want. For example, we said our relatives would like pizza and the chef made pizza for the residents."

Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. The provider used an electronic system for monitoring the service. This covered areas such as medicines management, care plans, risk assessments, food and fluid intake and turning charts. Regular monthly audits were carried out on areas such as mealtime experience, call bells, health and safety, infection control, incidents and accidents and complaints.
- Regular safety checks were also being carried out on portable appliances, gas and water safety. Equipment such as hoists, wheelchairs, window restrictors, lifts and the call bell system were serviced and checked regularly to ensure they were safe for use.
- The registered manager showed us an internal governance report completed by a compliance manager in January 2022. The report recorded areas where improvement was required. The compliance manager told us that significant improvements had been made at the home since the report had been sent to the registered manager. We saw an action plan confirming that actions had been taken to improve the service for example staff had received person centred care plan training and all the people using the services care plans and risk assessment had been reviewed and updated.

Working in partnership with others

- The service worked well and effectively with health and social care professionals to ensure people received good care. For example, GP's, tissue viability nurses, occupational therapist, physiotherapist, podiatrist and palliative care teams.
- The service also made and sustained positive links with local agencies and organisations within the community to ensure people received appropriate care and support to meet their needs and wishes. For example, youth foundations and academy's, National Citizen service, Dementia UK and the Alzheimer's Society.