

HC-One No.1 Limited

# Godden Lodge Care Home

## 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

Godden Lodge Care Home is a residential care home providing personal and nursing care for people aged 65 and over. Some people have dementia related needs and other people require palliative and end of life care. The service consists of 4 houses: Victoria House, Cephas House, Boyce House and Murrelle House. At the time of inspection Murrelle House was not operational. The service can support up to 133 people and at the time of our inspection there were 60 people living at the service.

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

Suitable arrangements were in place to keep people safe. Policies and procedures were followed by staff to safeguard people and staff understood these procedures. Risks to people were identified and managed to prevent people from receiving unsafe care and support. Medicine arrangements ensured people received their prescribed medication and staff's practice was safe. Although there were mixed comments from relatives about staffing levels, during the inspection we found the service to be appropriately staffed to meet people's care and support needs. Recruitment practices were safe to ensure the right staff were employed to care for vulnerable individuals. People were protected by the provider's arrangements for the prevention and control of infection. Arrangements were in place for learning and making improvements.

Staff received appropriate training opportunities. Suitable arrangements were in place for staff to receive a robust induction and regular formal supervision. The dining experience was positive, and people's nutritional and hydration needs were met. The service ensured people received appropriate healthcare support as and when needed from a variety of professional healthcare services. Improvements had been made to the environment. The service worked together with other organisations to ensure people received coordinated care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with care, kindness, dignity, and respect. People received care and support that met their needs and preferences. Staff had a good knowledge and understanding of people's specific care and support needs and how they wished to be cared for and supported. The rapport between staff and people using the service was positive. Individuals had a support plan in place describing their specific care and support needs; and the delivery of care to be provided by staff.

People's social care needs were met. Complaints were investigated and managed. Robust arrangements were in place to assess and monitor the quality of the service provided. Relatives and staff were complimentary regarding the new manager.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was Inadequate (published March 2023).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

At our last inspection we recommended that the provider seek independent advice and guidance to improve the service's staff training arrangements and ensure the premises are suitable to meet people's needs. At this inspection we found the provider had acted on these recommendations and improvements had been made.

This service has been in Special Measures since 17 March 2023. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Godden Lodge Care Home

## 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

The inspection was completed by 2 inspectors and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gooden Lodge Care Home 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. Godden Lodge Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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 not a registered manager in post. A new manager was in post and had applied to register with the Care Quality Commission. We are currently assessing this application.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the Local Authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return [PIR] prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 12 people who used the service and 11 relatives about their experience of the care provided. We spoke with 10 members of staff, which included unit managers, qualified nurses and care staff. In addition, we spoke with the manager and area director for Godden Lodge Care Home. We also spoke with the provider's quality assurance representative. We reviewed 14 people's care files and 4 staff personnel files. We also looked at the service's quality assurance systems, the provider's arrangements for managing medication, staff training and supervision records, safeguarding concerns, complaint and compliment records.

# 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 Inadequate. At this inspection the rating has changed to Good. This meant people were safe and protected from avoidable harm.

At our last inspection of the service on 14 and 15 February 2023, effective arrangements were not in place to mitigate risks for people using the service or ensure medicine practices were safe. This demonstrated a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and recorded. These identified how risks to people's safety and wellbeing were to be reduced and the actions required to keep people safe.
- At our last inspection in February 2023, we observed several incidents whereby staff performed unsafe moving and handling practices. At this inspection we found no concerns relating to staffs' moving and handling practices.
- Environmental risks, for example, those relating to the service's fire arrangements were in place and these included individual Personal Emergency Evacuation Plans for people using the service. Appropriate fire detection, warning systems and firefighting equipment were in place and checked to ensure they remained effective. These ensured the provider was able to respond effectively to fire related emergencies that could occur at the service.

### Using medicines safely

- Medication practices ensured the proper and safe use of medicines in line with good practice standards and relevant national guidance.
- Medicine records were maintained to a good standard, and medication administration records (MAR) demonstrated people received their medicines as prescribed.
- The medication rounds were evenly spaced out throughout the day to ensure people did not receive their medication too close together or too late. Observation of staff practice showed staff undertook this task with dignity and respect for the people being supported.
- Staff who administered medication were trained and had their competency assessed to ensure they remained competent to undertake this task safely.

At our last inspection to the service on 14 and 15 February 2023, effective arrangements were not in place to ensure there were enough staff available to meet people's needs. Care provided by staff was primarily task and routine focused. This demonstrated a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

### Staffing and recruitment

- Some people gave mixed views on staffing levels but feedback we received was mostly positive. Comments included, "Staff can be a bit rushed and there are not enough of them" and, "They could possibly do with a few more staff." Where comments were positive these included, "More recently there seems to be enough staff. They [staff] are stepping up and doing great things", "I have got a buzzer [call alarm], they [staff] come fairly quickly. I may wait sometimes but not badly" and, "I push the button [call alarm] and they [staff] come. I never wait more than 5 minutes; they are very good." During the inspection, the deployment of staff was appropriate and there were enough staff on duty to meet people's needs and to ensure staffs' practice was safe.
- The service used a formal tool to assess people's dependency needs and this was used to inform the service's staffing levels.
- Staff recruitment records for 4 members of staff were viewed. Appropriate checks were completed before a new member of staff started working at the service. This included an application form, written references, proof of identification and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Comments included, "I definitely feel safe" and, "I am safe living here, I have no concerns. If I did, I would talk to someone." Relatives told us, "[Family member] is very safe at Godden Lodge Care Home", "Oh Yes, I definitely think [family member] is safe" and, "There are no safety issues, I think [family member] is very safe and I am happy they are here [Godden Lodge Care Home]. Relatives told us where there had been incidents relating to falls, actions had been taken by the service to address this to ensure people's safety.
- Staff demonstrated an understanding and awareness of the different types of abuse, how to respond appropriately where abuse was suspected and how to escalate concerns about a person's safety to the management team and external agencies, such as the Local Authority and Care Quality Commission. Staff told us they would not hesitate to raise a safeguarding alert if they suspected abuse.
- The manager was aware of their responsibility to notify us and the Local Authority of any allegations or incidents of abuse at the earliest opportunity.

### Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections and promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was using PPE effectively and safely. Staff confirmed there were always sufficient supplies of PPE readily available.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed. We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- Relatives were able to visit their family member without restrictions imposed and in line with government guidance. During both days of inspection, we observed a steady flow of visitors to Godden Lodge Care Home, including adults and children. Comments included, "They [organisation] are very good with visiting, there are no restrictions", "I can visit when I want. When there was COVID-19, I still visited and had to wear all the safety gear like apron and mask to visit" and, "I can visit [family member] when I want."



### Learning lessons when things go wrong

- Effective arrangements were in place to learn when things went wrong. Following our last inspection in February 2023, additional support was provided to the service to support improvement, to monitor progress and make the required improvements.
- Where safeguarding concerns and complaints were raised, a review had been undertaken to ensure lessons were learned to support future improvement.
- Accidents and incidents were logged and analysed to identify potential trends and themes. This was to mitigate risks and ensure people's safety and wellbeing needs were met.

# 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

- Since our last inspection of the service in February 2023, there had been no new admissions to the service. Effective arrangements were in place to assess people's needs prior to their admission. People's protected characteristics under the Equalities Act 2010, such as age, disability, religion and ethnicity were identified as part of a person's needs assessment.

Staff support: induction, training, skills, and experience

- Staff received both mandatory and specialist training in line with the organisation's expectations to ensure they had the skills and competence to effectively carry out their role.
- Staff received an induction when newly appointed to the organisation. Staff were given the opportunity to 'shadow' more experienced staff to ensure they understood the routines of the service and to understand their roles and responsibilities.
- Staff confirmed they received formal supervision, and it was a two-way process. Staff told us they felt supported and valued. A member of staff told us, "I do feel supported by managers. If I need help, if I ask, they will show me. Staff morale is getting better." A second member of staff told us, "I do feel supported, the nurses help with everything."

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

- People's comments about the quality of the meals provided were positive. Comments included, "I had a lovely dinner and staff got me another slice of roast beef. Staff brought my dessert to my room so that I could watch Wimbledon on the television, "I don't like the vegetables, but the meat is wonderful. They [staff] cut it up for me. I get enough drinks. I can ask for more food, I am putting on weight" and, "The food is really nice, I like it."
- The dining experience for people was very positive. People were offered different options of food and drink at each meal. Meals were well presented, considering people's individual food and dining preferences. For example, if they liked a big or small plate of food, favourite food items and if they required a plate guard and/or specialist cutlery.
- Where people required staff assistance this was provided in a respectful and dignified manner. People were not rushed to eat their meal.
- Where people were at risk of poor nutrition, their weight was monitored at regular intervals and appropriate healthcare professionals, such as dietician and Speech and Language Therapy Team [SALT] were consulted for advice and support.

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

- Staff worked well with other organisations to ensure they delivered good joined-up care and support.
- People's healthcare needs were met, and they received appropriate support from staff. Records demonstrated people were supported to receive medical interventions, for example, from the GP, hospital, District Nurse services and other healthcare services.
- People confirmed staff were responsive to their family member's healthcare needs. A person told us, "Staff get me painkiller medicines when needed. I saw a GP recently and am waiting to see the dentist."
- Relatives told us they were kept informed of their member of family's healthcare needs and the outcome of any healthcare appointments. One relative told us if the service had to call a GP for their family member, they were always notified. They also told us their family member had seen an optician and a podiatrist. Other comments included, "They [Godden Lodge Care Home] tell me every little thing about my family member. Anything they require, they arrange. It may not be as quick as they like but that is the same for all of us" and, "They do telephone me if [person] is not well or has to be seen by a GP or go into hospital."

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

- Since our last inspection steps had been made to improve the service's environment. A programme of redecoration had taken place and improvements were being made to ensure where appropriate the environment was suitable for people living with dementia.
- Godden Lodge Care Home consists of three houses. People had access to a small garden, and this was adjacent to each house. During the inspection one of the gardens was used to provide an activity [external singer] for people using the service and their relatives to enjoy.
- There were adequate dining and communal areas for people to use and choose from within the service. People's bedrooms were personalised and individualised. Additionally, people had access to specialist equipment to meet their needs.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff ensured consent was always sought and people were involved in making decisions about their care so that their rights were upheld.
- People's capacity to make decisions had been assessed and these were individual to the person.
- Staff demonstrated a good understanding and knowledge of the key requirements of the MCA and how this impacted on people using the service.

# 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

- The majority of people spoken with during the inspection told us they received support from staff that ensured they were treated with care and kindness; and their care was person-centred. Comments included, "Staff are quite caring and are friendly towards me", "The staff are absolutely marvellous. I find the care to be good", "I please myself as to what I do" and, "What they [staff] do for me, they do it well. They all know what they are doing."
- Most relatives confirmed they were happy with the care and support provided for their family member and that their family member's care needs were met. Comments included, "Yes, I think on the whole [family member] needs are met", "They [Godden Lodge Care Home] look after [family member] to the best of their ability, they are good with them" and, "I believe they [Godden Lodge Care Home] do what they can for [family member]. Their needs are difficult to manage, but I feel they do their best for them."
- Observations during the inspection demonstrated people received appropriate care and had a good rapport and relationship with the staff who supported them. The atmosphere during the inspection was seen to be positive. Where people became distressed or experienced discomfort, appropriate support was provided by staff.

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

- People and those acting on their behalf had been given the opportunity to provide feedback about the service through the completion of a satisfaction questionnaire.
- People and those acting on their behalf had been given the opportunity to attend family meetings.

Respecting and promoting people's privacy, dignity, and independence

- People were supported by staff to maintain their independence. Information from people's daily care notes demonstrated people were supported to complete their own personal care tasks where appropriate and to maintain their independence with eating and drinking. A person using the service told us, "I try to be independent." They told us staff had taught them how to clean and change the batteries on their hearing aid.
- People and relatives spoken with told us their family member was treated with respect and dignity. When people received support with their personal care needs, staff support was discreet.

# 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 Inadequate. At this inspection the rating has changed to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection of the service on 14 and 15 February 2023, people did not receive person-centred care to meet their needs and the service's care planning arrangements were not robust. This demonstrated a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People who used the service had a support plan in place describing their individual care and support needs; and the delivery of care to be provided by staff.
- People received personalised care and support that was responsive to their needs. Staff demonstrated a good understanding and knowledge of people's individual care and support needs, including their individual likes, dislikes, and personal preferences.
- Where people were judged to be at the end of their life, a care plan recorded their decisions about their preferences for end-of-life care. Information demonstrated the service worked with healthcare professionals, including the local palliative care team. This was to ensure the person experienced a dignified and pain-free death that was as comfortable as possible.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans had communication records in place to guide staff on how best to communicate with the people they supported.
- The activity programme was in an easy read and pictorial format to enable people with a disability and/or living with dementia to understand the information. Consideration should be made to provide this in a large print format to assist people who have an impairment with their vision.

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 were supported to maintain relationships that were important to them, for example, with family members and friends. Many people were observed to visit Godden Lodge Care Home.

- The service had dedicated wellbeing leads to facilitate social interaction and activities for people living at Godden Lodge Care Home.
- People were supported and encouraged to participate in a variety of social activities. For example, during the inspection people were observed to play different board and card games, to take part in arts and craft projects, to listen to music, watch films and to use the service's large interactive 'table iPad'. Visits to the local community were planned.

#### Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place for people to use if they had a concern or were not happy with the service.
- A record of compliments was maintained to capture the service's achievements. Compliments included, 'The staff were very good and helpful' and, 'I have nothing but admiration for the home and staff at Godden Lodge Care Home.'
- A record of compliments relating to the quality-of-care people received at Godden Lodge Care Home was also recorded on a well-known external website. In the 4 months prior to our inspection 3 reviews submitted by people's relatives had awarded the service a maximum of between 4 and 5 stars for their overall experience. Comments recorded included, 'I have nothing but admiration for the home and staff at Godden Lodge Care Home' and, 'The staff were very good and helpful, I had no complaints about the care for my family member.'
- People using the service and those acting on their behalf told us they felt able to raise any worries and concerns with the management team and/or staff. A relative told us, "I have had a few occasions when I have had to bring something to the organisation's attention. They were dealt with straight away." Another relative told us, "I would raise any concerns or issues, but I don't have any worries. They [organisation] would listen and take notice."

# 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 Inadequate. 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.

At our last inspection of the service on 14 and 15 February 2023, the service's quality assurance arrangements were not robust. This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider no longer remained in breach of this regulation.

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

- The quality assurance arrangements monitored the experience of people being supported through its internal auditing processes both at provider and service level. This information was used to help the provider and manager to drive improvement, including the monitoring of trends and lessons learned each month. Where corrective actions were needed, these had been picked up and addressed.
- Since our last inspection in February 2023, the provider had introduced and implemented effective quality assurance arrangements to ensure the service provided positive outcomes to people using the service. We found that the care provided to people using the service was person-centred, open, inclusive, and focused on people's individual care and support needs.
- Most relatives told us they would recommend the service to others. Comments included, "Without a shadow of a doubt I would have no qualms with recommending the service", "Yes, I would recommend the service. Funnily, someone asked me about it the other day. I told them [family member] was looked after and comfortable" and, "Yes, I think I would, they [Godden Lodge Care Home] look after their residents."
- A small number of relatives stated they could not recommend the service as they had concerns relating to staffing levels and some aspects of care provision for their family member. The provider was aware of the issues, and these were being addressed. For example, where concerns were raised relating to communication, meetings had been held with all staff.
- Most relatives told us the service was well managed. A relative told us, "They [registered provider] have changed the management team and the new manager appears more upbeat and wants to change things." Another relative told us, "I am hopeful things will continue to improve. I know they are trying."

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

- The provider had a duty of candour policy and procedure and understood their responsibility to be open and honest if something went wrong.
- The manager was fully aware of their legal responsibilities and was open and transparent. They submitted statutory notifications to us for significant events that had occurred at the service, for example accidents

and incidents.

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

- Since our last inspection to the service in February 2023, a new manager had been appointed. The manager had applied to be formally registered with the Care Quality Commission.
- The manager understood the importance of their role and responsibilities. They demonstrated a commitment to providing good care for people using the service, providing support to staff employed within the service and ensuring compliance with regulatory requirements was attained and improvements made when things went wrong.
- Staff were complimentary about the newly appointed manager. Staff told us they were confident to raise concerns and felt these would be acted upon and addressed by the new manager.
- Relatives were complimentary regarding the manager. Comments included, "I feel I can chat to the manager if I need to" and, "I have met the manager, she is bright and breezy."

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

- The provider recognised the importance of seeking people's, relatives, and staff's views about their experience of Godden Lodge Care Home through the completion of a satisfaction survey. This had been sent to all parties 3 weeks prior to our inspection. We will review the outcome of the satisfaction survey at our next inspection, including any actions.
- People and those acting on their behalf had been given the opportunity to attend family meetings.
- Staff meetings were held prior to the appointment of the new manager to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Daily 'flash' meetings were held between the management team and others to discuss what was happening at the service and to deliver key information of importance. Regular clinical review meetings took place to discuss people's nursing needs.

Working in partnership with others

- Information demonstrated the service worked closely with others, for example, the Local Authority, healthcare professionals and services to support care provision.