

Barchester Healthcare Homes Limited

West Abbey

Inspection report

Stourton Way
Yeovil
Somerset
BA21 3UA

Tel: 01935411136
Website: www.barchester.com






Date of inspection visit:
22 April 2021
23 April 2021

Date of publication:
25 June 2021

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

West Abbey is a residential care home providing personal and nursing care to 97 people aged 65 and over. At the time of the inspection up to 69 people were living at the home.

The home is purpose built and divided into two areas. The main building has two floors and each floor was treated as a unit. On the ground floor there was also a wing dedicated to nursing people with acquired brain injuries. Each floor has communal spaces including lounges and dining areas. A second area is the Lyde secure dementia unit. There are plans to refurbish this which have been delayed due to the COVID-19 pandemic.

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

People and relatives were generally happy with the care and support offered at the home. Feedback was that they felt safe and systems were in place to keep them safe. However, one person raised concerns which had not been managed through the provider's own policies.

People and relatives felt there were enough staff to meet individual needs. However, there were worries this could change if the number of people living at the home increased. Staff had been through a robust recruitment to keep people safe.

Medicines were managed safely. However, areas of improvement were identified including one person being placed at risk of harm in the event of an allergic reaction. This was started to be rectified during the inspection. People with specific health needs had staff that understood them and carried out the care in line with this. Records did not always reflect this consistently.

Improvements had been made throughout the home since the last inspection. A new registered manager was in post and unit managers were now assigned to each area of the home. Staff were positive about this structure and felt supported through the COVID-19 pandemic. Throughout the inspection the registered manager was responsive to any issues we raised.

Infection control systems were reviewed due to the COVID-19 pandemic. We were assured in most areas. Improvements were made to other areas during the inspection such as bathrooms which were damaged and clinical waste bins.

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.

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

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 29 April 2020) and there were multiple breaches of regulation. 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.

The last rating for this service was requires improvement (published 24 October 2018). The service remains rated requires improvement.

Why we inspected

The inspection was prompted in part due to concerns received about repeated concerns found at the last inspection in the Lyde unit. A decision was made for us to inspect and examine those risks.

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 until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

West Abbey

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 Care Act 2014.

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 carried out by three inspectors for the first day and two for the second day. One specialist advisor nurse who has a specialism in older people was there on both days. On the first day there was an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

West Abbey is a 'care 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

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. The provider was not asked to complete a provider information return prior to this

inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with eleven people and carried out multiple observations around the home to capture people less able to verbally communicate experiences. We spoke with six relatives and 25 staff including representatives of the provider, the registered manager, their deputy, nurses, care staff and auxiliary staff. We reviewed a range of records including 17 care plans and multiple medication records. We looked at three staff files in relation to recruitment and a range of staff supervision records. A variety of records relating to the management of the service including audits and training records were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records sent to us including training data, policies, audits, complaints and quality assurance records. The registered manager sent us all these within the timeframe we requested.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At the last inspection, systems were either not in place or robust enough to demonstrate medicine management was safe. This was a breach in 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 was no longer in breach of regulation 12. However, one area of improvement was identified for people with allergies.

- One person required rescue medicine due to a severe allergy to fish. The pharmacy had not produced adequate quantities of the medicine in line with the prescriber's instruction due to shortages. No one had identified the issue that the person was placed at risk of harm as a result. During the inspection the management immediately began rectifying the issue.
- People had personalised medicine administration records which highlighted information about them and their preferences. One person told us their medicine was always brought to them on time in line with their preferences.
- Systems were in place for people who had special medicine administration requirements. Risk assessments were in place for people who administered their own medicine. People who needed medicines hidden in food had checks with doctors and the pharmacy.
- Secure places to store medicines were in each area of the home and temperatures were monitored. However, on one occasion medicine trolleys were found locked and not secured to the wall which meant unauthorised people could take them. The registered manager rectified this immediately when we identified the issue.

Staffing and recruitment

At the last inspection, systems were either not in place or robust enough to demonstrate there were enough suitably skilled staff to meet people's needs. This was a breach in 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 was no longer in breach of regulation 18.

- People were supported by adequate numbers of staff to meet their needs and ensure their safety. We saw that staff were attentive to people and they received care and support in a timely way. People and relatives had mixed views highlighting some key times of day being an issue like first thing in the morning. They also

felt the staffing levels were good because there were less people living at the home.

- Staff were now being supported by leaders on each unit. All staff commented positively on the leadership of their unit. Comments included, "There is enough staff. I generally work upstairs we are a great team. We get our rota in advance normally about a month, it is a rolling rota, so we know what we are doing" and, "Definitely enough staff on the unit with enough mix of skills."
- People were supported by staff who had been through a robust recruitment process which ensured staff suitability to work with vulnerable people. Staff did not commence work at the home until references and criminal records checks had been received.
- Systems were in place to monitor the staffing requirements in the home at management level. However, more focus needed to be made at key times during the day such as mealtimes. This was because some people had to wait a long time to be supported with their meal.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood how to recognise forms of abuse and who to contact. This included knowing about the provider's whistleblowing line and external agencies.
- The provider had systems in place to manage any potential safeguarding. However, the registered manager had recently missed an incident which was potentially safeguarding. During the inspection they rectified this by raising a safeguarding. Following the inspection, they informed us how they had updated their learning and would follow the provider's systems in future.

Assessing risk, safety monitoring and management

- People were protected from risks which had been assessed and ways to reduce them found. Examples were seen in relation to use of bed rails, pressure care and behaviours which could be challenging to themselves or others.
- However, inconsistencies were found in relation to the different units within some areas of concern. For example, for people at high risk of pressure ulcers, repositioning records and frequency was not consistently applied throughout the home. The registered manager told us they were aware of differences and gradually reviewing all areas of the home.
- People were protected because systems were in place to monitor health and safety systems in the home. Fire and lifting equipment had been checked routinely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were somewhat assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

We have also signposted the provider to resources to develop their approach.

- Some concerns were identified with clinical waste bins being broken so leading to a potential issue with infections spreading during a pandemic. For example, the clinical waste bin at the main PPE station on the first floor was foot operated and not working. Two staff were observed using their hands to throw away PPE and did not use hand sanitiser or wash their hands afterwards. The provider purchased a new foot operated bins following our concerns in regards the risk of infection and an outbreak of COVID-19.
- Cleanliness and housekeeping arrangements were effective. Detailed cleaning schedules were in place which were well understood and followed by staff. Records of cleaning showed staff took account of the need for increased cleaning of frequently touched areas such as light switches and bedside tables.
- Housekeeping staff ensured laundry guidelines were followed. They segregated clean and dirty laundry, disposed of waste and stored clean mops to prevent cross infection.

Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong. Accidents and incidents were recorded on an electronic system. The provider had oversight of this so could share learning wider.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

At the last inspection, systems were either not in place or robust enough to demonstrate how the provider ensured peoples' rights were upheld in line with Mental Capacity Act. This was a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

- People who lacked capacity had decisions made in line with current legislation in consultation with those important to them. These were decision specific and considered the least restrictive options alongside people's known preferences prior to their admission to the home. One relative said, "[Person] does not have capacity. They always ask my permission."
- Staff understood how to apply the legislation whilst supporting people daily. One member of staff said, "I carry the five MCA principles around." Staff assumed people had capacity unless there was a reason not to.
- People had DoLS applied for if they were required and there was a system to monitor the process.

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

- People had assessments prior to moving into the home so their needs and wishes could be met. One relative said, "They were very helpful. They went to the hospital to meet [person], and we [the family] had a

tour of the home before she came in."

- Care needs were reviewed in line with changes to the person. Some areas of the home had staff contributing to reviewing people's care. For example, in Lyde, the unit manager encouraged staff to write changes or suggestions on post it notes in the relevant parts of the care plan.
- People's oral health had been considered and there were plans in place to ensure their needs were met.

Staff support: induction, training, skills and experience

- People were supported by staff who had received training to meet their needs and understand their health conditions. Staff completed mandatory training in subjects such as fire safety, health and safety and infection prevention and control.
- Staff received training to give them the skills to meet people's specific needs. This training included supporting people with swallowing difficulties, working with people living with dementia, supporting people with epilepsy and oral healthcare. All staff on Lyde had completed dementia training so they understood how to effectively support people. Improvements were being made around catheter care training.
- Staff told us that they had good training and an induction when they started. They said there were opportunities at individual supervisions and team meetings to share suggestions and opinions. One member of staff said, "I received lots of training when I started. I followed an induction programme online. I also shadowed senior staff until I was confident." However, supervisions had not been as frequent. New systems were being introduced by the provider and registered manager.

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

- People and their relatives were positive about the food and drink they were offered. Mealtimes in communal areas were treated as social events and personalised. Comments included, "I think that the food is very nice, I have no complaints...there is a couple of choices at lunchtime... Breakfast is whatever you want, and you can have it in the dining room or in your bedroom", "Lunch is the best thing about here" and, "[Person] likes the food. The chef goes to see him. Calls him Boss, and makes sure Dad gets actually what he wanted."
- Lunch time was a pleasant experience. There was a nice atmosphere with staff chatting as they helped people. People were offered choices of food and drink. The meal was not rushed. People were shown the menu and offer a choice of drinks. In Lyde, adaptations were made to help people with dementia communicate their preferences.
- However, people who relied on staff to support them had to wait for a long period before help was available. For example, the trolley with food was taken to the first-floor dining room at 1pm. People were still waiting to be supported to eat in their rooms at 2pm. The same issue happened on the ground floor. We raised this concern with the registered manager who assured us they would investigate it.

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

- People had access to a range of health and social care professionals. One person's health declined during the inspection. Staff recognised this and immediately called for an ambulance. Care plans demonstrated other health and social care professionals had been liaised with when required.
- Records demonstrated a range of health professionals had been in contact or visited the service during the COVID-19 pandemic. Where visits were not possible alternative methods were found such as online calls.

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

- People and their relatives were positive about the look of the main building. Comments included, "[Person] is at home, rather than in a home...They [staff] are careful about putting equipment away so it is like a hotel...Dad has said, 'They look after me so well, I am so lucky'" and, "I am very pleased with the

home...my father loves it...it is like living in a hotel."

- Improvements had been made in Lyde since the last inspection and bedrooms were personalised to individual needs. For example, one person had a large beanbag they liked to sleep on more rather than their bed. Staff had made sure they had sourced an appropriate size to make sure this was safe.
- The registered manager shared further plans of how Lyde was going to be refurbished. This included researching dementia friendly colours and making it more homely.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

At the last inspection, the provider did not ensure that people using the service, in particular those living on Lyde were treated with respect and dignity at all times while they were receiving care and treatment. This was a breach in Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- People in all areas of the home were treated with dignity and respect by staff. Comments included, "They have a lot of caring staff...they seem to respond if he needs anything", "They treat her with dignity and respect...call her by her first name...always knock on the door before entering her room, and ask if they can come in" and, "Staff are wonderful and accommodating...so supportive and so lovely."
- People were encouraged to remain as independent as possible living at the home. One person told us how they were able to continue to look after themselves as independently as possible. Other people were free to move around the home if they could. For example, in the Lyde unit people could choose where they spent their time. In the main building some people chose to spend time in their bedroom and others went into communal areas.
- Staff interactions with people demonstrated respect for them and they treated people with dignity. For example, when supporting people to eat in their bedrooms they would always communicate throughout. When people were anxious in Lyde, staff immediately recognised and supported the person. All intimate care was completed behind closed doors.

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

- People were supported by kind and caring staff who respected their differences. Staff were naturally complimenting people and checking they were alright as they walked around the home. Other people clearly had a positive rapport with staff who were involving them in jokes.
- In Lyde, staff were proactive when supporting people. For example, one person came out of their room in bare feet and was at risk of falls. Staff immediately identified this and supported the person to help them put socks and shoes on.
- Compliments received by the home reflected observations made and comments heard. One read, "The staff at West Abbey are exemplary." It continued to explain about the improvements their friend had made since living at the home. Another read, "I am lucky and so grateful that I know mum is in such an amazing place and is in nothing but the best of hands."

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

- People were able to make choices and could make decisions about their care. Where they were unable to contribute verbally alternative ways were found. This included offering two choices and speaking with those important to them.
- Comments around choice included, "The nurses here are as good as gold. I can choose what I want to do but have to be supervised. They listen to me and help me with what I need" and, "You get a choice what you want to eat and have a shower twice a week."
- People were facilitated to make choices throughout the inspection. This ranged from choosing what they ate to people who required walking aids had them next to them so they could choose where to be. One person had chosen not to be hoisted out of bed.

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 requires improvement. At this inspection this key question has now improved 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 care personalised to their needs and wishes. One person had a large beanbag in their bedroom to sleep on which reflected preferences from when they were younger. Other people had beds which could be high and low to reduce risks of falls.
- However, there were occasionally discrepancies on the accuracy of care plans in specific areas of the home. The registered manager had already identified this and was working on improving those areas.
- Staff in the Lyde unit were encouraged to actively engage in the care plans and leave notes if anything needed changing or updating to meet people's needs.

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 had strategies in place to help them receive information in a range of ways and communicate back. One person had a whiteboard they could write on and staff could respond. Staff used written menus, pictures and objects of reference to help people make choices.

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 had access to a range of activities even during the COVID-19 pandemic. One person said, "I am happy here. You get as much activities as you want."
- A music therapist attended the home three days a week. The music therapist told us, "Music helps regulate moods and helps people connect." During a session observed people came from other parts of the home to Lyde unit to participate. All people were engaged and clearly enjoying the session.
- Events were held around important times of the year to help people celebrate cultural and social differences. For example, singing Christmas carols every day in December 2020 and visits from an ice cream van during the summer.
- People were supported with individualised plans of how to maintain contact with those important to them during the COVID-19 pandemic. For example, telephone calls, video calls and more recently visits. The visits had been facilitated in line with the government guidance. This included having options for each person and relative to choose where the contact would be.

Improving care quality in response to complaints or concerns

- People who were able to tell us said they had staff they knew they could raise concerns with. Relatives knew named staff as well. Not all were familiar with the new registered manager as an additional named person.
- Systems were in place to manage people's concerns and complaints. However, on one occasion this was found to have not been followed. The registered manager started rectifying this during the inspection and kept us updated.

End of life care and support

- People had dignified ends to their life and systems were in place to plan in advance. Compliments reflected this. One was written thanking the staff for the care for their relative. Another read, "The care [person] received was excellent and I could not have wished for more. The short time she was there she was happy."
- When people had difficult decisions to make about their end of life wishes the management ensured many health and social care staff were involved in the decisions. They also included family in discussions to ensure it was in the best interest of the person if they lacked capacity.
- However, we heard of occasions when end of life wishes had not been discussed in a timely manner with people or their relatives. For example, one person had specific wishes for their body following their death. When this was shared with the management at the home, they immediately started to rectify the issue.

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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At the last inspection, systems were either not in place or effective enough to demonstrate the governance of this service was effective. This was a breach in 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 was no longer in breach of regulation 17. However, there were still areas of improvement being developed to ensure consistency across the home.

- Some concerns found on the inspection were not known about by the management of the home. For example, the person with the incorrect quantity of rescue medicine for their allergy and daily records being incomplete. The registered manager was responsive to anything we raised and began rectifying the concerns.
- Staff supervisions were regular and involved a two-way supportive communication. However, the supervision template did not facilitate an open dialogue. The registered manager told us this was a provider led change and they would feed back to see if further template improvements could be made.
- People and relatives were aware of members of management they could speak with. However, there were occasions when they had little or no contact with the registered manager. One person said, "I do not know the General Manager. I go to the Team Lead [meaning unit manager]." Following the inspection, the provider informed us they were pleased lines of reporting were working. This meant people and relatives first raised concerns to unit managers prior to going to the deputy or registered manager. Additionally, they shared actions around communication the registered manager had taken when they started and ongoing ones.
- Staff felt supported by the registered manager and other members of the management team. One member of staff said, "I feel supported" and then described how this felt positively. Another staff member told us, "[Unit manager] is definitely approachable. Can talk to the unit manager privately." Others commented positively to us throughout the inspection about their unit managers.
- Since the last inspection there had been a lot of work improving the culture of the Lyde unit. The unit manager was now permanently based there and ensured staff felt involved in the development of the unit. One staff member said, "It is a good team working here...I saw a huge difference with [name of unit]

manager] coming in. Staff were happier and more of a routine in place which helped things run smoother."

- The provider and management had an ethos on continuous development. Examples were seen where learning was taking place, such as dementia care and care plans containing more detail. They explained they knew there was still work to be completed in parts of the home and had plans for this.
- We could not improve the rating for well led from requires improvement because to do so requires consistent good practice over time. We will check this during our next planned comprehensive inspection.

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

- The registered manager understood their role to be open and honest when things went wrong. Systems were in place to ensure people and relatives were informed.

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

- People and relatives were involved in the home. One recent resident meeting had led to the home changing the menus. The results were seen during the inspection. One relative said, "[The registered manager] is in the background. She does not interfere. There is [an online] meeting tonight ... I get emails so am kept informed."
- Staff spoken with felt valued and listened to. Regular staff meetings were held which included separate ones for more senior staff. The staff were able to contribute to people's care plans, so they felt ownership over them. One staff member said, "We have unit meetings once a month. Everything gets aired. Get told if doing well."
- Some staff told us how they have a secure team text channel which allowed them to monitor welfare of each other. Additionally, it was another method they could make suggestions in. One member of staff said, "We can easily raise things and ideas to make the job easier" and went on to give examples.

Working in partnership with others

- People were supported by a service who worked well with other health professionals. During the inspection we saw examples of this. For example, one person had an online review involving multiple health and social care professionals.