Allenbrook Care Limited

Allenbrook Nursing Home

Inspection report

34 Station Road
Fordingbridge
Hampshire
SP6 1JW

Tel: 01425656589
Website: www.allenbrook-fordingbridge.co.uk

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

About the service:
Allenbrook is a nursing home that was providing personal and nursing care to 35 people aged 65 and over at the time of the inspection.

People's experience of using this service:
● People told us they felt safe. Staff had up to date training to ensure they knew how to provide safe and effective care. They understood their responsibility to report suspected abuse. There were pre-employment checks for new staff to ensure they were suitable to work in a care setting.
● Staff reported accidents and incidents, and action was taken to keep people safe. People's individual risks were assessed and managed in consultation with them.
● There were enough staff to provide the care people needed.
● Medicines were stored securely and managed safely. The premises and equipment were well maintained, and the home was clean and tidy.
● Infection prevention and control measures were in place.
● People were happy with their or their loved one's care and were confident in the abilities of staff. Care was delivered in line with current standards and good practice. Staff were supported through training and regular supervision.
● People's needs were assessed thoroughly, and care was planned accordingly; this was all kept under review. 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 were as involved as they wished to be in planning their care, which was tailored to their individual needs. Staff had a good understanding of the care people needed.
● People's dietary needs were met, and people said they were pleased with the quality of the food.
● There were strong links with the GP surgery and other healthcare professionals. People received the medical attention they needed.
● Healthcare professionals praised the service's approach to end of life care and staff development in relation to this, including the way staff worked with them to promote high standards of palliative care. The home's palliative care lead delivered in-house training with support from the palliative care team, to develop the expertise and confidence of staff in this area.
● The high standard of palliative care was evident from compliments received from families regarding end of life care and how well they had been supported also.
● The service had routinely gone the extra mile to find out about people's hobbies and to accommodate these if possible.
● A range of group and individual activities was organised by the service's activities team. The service had worked with an older people's activities charity to develop its activities and events. There were links with local organisations to promote meaningful activity and community involvement.
● People and staff were excited about new life-story picture boards for people's rooms. These were being introduced for people to celebrate and enjoy, and to help staff understand them as people.

● People and visitors said staff treated them and their loved ones kindly. All the interactions we observed were respectful and professional. People's dignity and independence were respected.
● Many of the staff had worked at the service a long time and had got to know people well.
● Relatives told us they were kept well informed about their loved one and any changes in their health. Visitors were welcome at any time, providing this was acceptable to the person.
● There were clear and effective management, governance and accountability arrangements. People, visitors and staff voiced confidence in the registered manager and the way the service was led. They felt able to raise concerns with the registered manager in the expectation that these would be taken seriously.
● A robust system for monitoring quality included regular audits overseen by the registered manager, and by an independent management company that oversaw the service. Action was taken when any areas for improvement were identified.

The service met the characteristics of good in all areas except for responsive, which was outstanding.

Rating at last inspection:
At the last inspection the service was rated good (September 2016).

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Outstanding

The service was exceptionally 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.

Allenbrook Nursing 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The team was made up of an adult social care inspector, an expert by experience and a specialist professional advisor, who had expertise in the nursing of older people. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. All three members of the team were present on the first day, with the inspector returning for a second day.

Service and service type:
Allenbrook Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Allenbrook Nursing Home accommodates up to 38 people in one adapted building, although it is registered for up to 43 people.

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:
We did not give notice of this inspection.

What we did:
Before inspection, we reviewed the information we held about the service. This included significant events the provider had notified us of by law, such as deaths. It also included a provider information return completed by the service in June 2018. Providers are required to send us key information about their service,

what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we made general observations around the service and spoke with 19 people and eight visitors about their experience of the service. We also spoke with six nurses and care staff, one of the activities staff, three other staff, the registered manager and a representative from the provider's external management company. We viewed care records, medicines records, staff files, accident and incident records, complaints and compliments, minutes of meetings, audits and quality assurance reports.

Before, during and after the inspection we received feedback from four health professionals who have contact with the service.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe at the service.
- Information about reporting abuse was readily available for people, visitors and staff.
- The registered manager and staff understood what could constitute abuse and knew how to report it.
- The service had promptly referred possible abuse to the local authority or police as appropriate and had worked cooperatively to ensure people were safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
- People's individual risks were assessed and managed in consultation with them. Risk assessments and management plans covered areas such as moving and handling, skin integrity, falls, nutrition, swallowing difficulties and the use of bed rails.
- The premises and equipment were well maintained. There were regular health and safety, fire safety and water temperature checks. Current certification was in place for gas safety, electrical wiring, portable appliance electrical testing, the passenger lift, lifting equipment, and fire safety equipment.
- Precautions were taken against legionella colonising the water system. Legionella are bacteria that can cause serious illness.
- Staff reported accidents, incidents and near misses. The registered manager or deputy manager checked each form to ensure everything necessary had been done to keep people safe.
- The registered manager analysed accidents and incidents each month to identify trends that might indicate areas to improve.
- Learning from things that had gone wrong was shared with staff.

Staffing and recruitment
- Overall, there were enough staff on duty to provide the care people needed. People spoke highly of the staff. Two people mentioned staff seemed too busy to chat with them.
- Most people we spoke with said call bells were answered promptly. One person said they had occasionally had a longer wait and had to ring the bell again.
- Staff had up to date training to ensure they knew how to provide safe and effective care. This included training in moving and handling and fire safety.
- There were pre-employment checks for new staff to ensure they were suitable to work in a care setting. These included criminal records checks with the Disclosure and Barring Service, obtaining a full employment history and taking up references.

Using medicines safely
- Medicines were stored securely.

● The temperature of the drugs refrigerator was checked daily.
● Medicines had pharmacy labels and were in date. They were kept in suitable quantities without large excesses.
● There were regular checks to ensure medicines were correctly recorded and that quantities of medicines in stock could be accounted for.

Preventing and controlling infection
● The home was clean and tidy. A visitor commented that although the home had never been dirty, cleanliness seemed improved since carpets in communal areas had been replaced.
● There was a team of cleaning staff. Cleanliness was checked through cleaning, infection prevention and control and waste management audits. In addition, the registered manager and deputy manager regularly walked around the building.
● There was a monthly audit of infections.
● Staff had regular training in infection control and food safety.
● Personal protective equipment, such as disposable gloves and aprons, was readily available. Staff used this appropriately.
● Hand washing facilities were available where needed, such as in the laundry and clinical areas as well as in bathrooms and toilets. Alcohol hand rub was available at the entrance and around the building, for staff, people and visitors.
● The laundry was orderly, with the separation of clean and dirty laundry. The laundry was shortly to be refurbished, to provide additional space and an improved dirty-to-clean flow.

Good

Is the service effective?

Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People were happy with their or their loved one's care. A relative told us how their loved one had drunk well since moving to the service. The service had received a compliment from a relative stating their family member's wellbeing and general demeanour had "improved beyond all recognition and expectation".
● People's needs were assessed thoroughly, and care was planned accordingly. Nationally recognised tools were used to assess the risk of malnutrition and of developing pressure sores
● Assessments and care plans were reviewed regularly and kept up to date. The electronic care planning system flagged up those that were due for review.
● Care was delivered in line with current standards and good practice. Staff recorded the care they had given on the electronic care record, which flagged up when people needed assistance such as repositioning in bed or having enough to eat or drink.

Staff support: induction, training, skills and experience
● People were confident in the abilities of the staff.
● Staff had the training and development they needed to be able to perform their roles effectively. Core training, which was refreshed at intervals of between one and three years, included first aid, health and safety, equality and diversity, safeguarding, fluids and nutrition and dementia.
● All new staff completed an induction, and staff without experience or qualifications in care were expected to complete the Care Certificate. The Care Certificate is based on a nationally agreed set of standards for health and social care.
● Nurses were supported to maintain their professional registration with the Nursing and Midwifery Council.
● Staff were supported through regular supervision with their line manager to reflect on their work, discuss any concerns and consider training and development needs.

Supporting people to eat and drink enough to maintain a balanced diet
● People told us the food was good and they could choose where they took their meals. Comments included: "The food is very good here", "I get my food brought to me in my room… The meals are good here", "I did enjoy my lunch. The food here is very good indeed", and, "The food is good, I've no complaints".
● People were offered a choice of meal, based on a four-week rolling menu. They generally made their selection the day before. Alternatives such as omelettes and salads were offered if people did not want what was on offer.
● Meals looked appetising. Snacks and drinks were readily available for people between meals.
● Dietary needs and preferences were catered for. Kitchen staff confirmed that nurses and care staff communicated well with them regarding changes in need. For example, they told us about someone who

needed a soft meal that day after having dental treatment.
● Nurses, care staff and kitchen staff had training in and used the International Dysphagia Diet Standardisation Initiative (IDDSI) framework. This is standardised terminology for texture-modified food and thickened fluids for people who have swallowing difficulties.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● There were excellent links with the GP surgery and the palliative care team. The registered manager attended regular meetings for local care homes convened by the GP surgery.
● Health professionals fed back that staff communicated very well with them.
● Staff acted promptly when people's health was causing concern, referring this to the appropriate professional, such as the GP or tissue viability nurse. A relative had recently complimented the service on its prompt response to changes in their loved one's health.
● Staff followed professionals' recommendations, such as measures to further protect people against the risk of developing pressure ulcers.

Adapting service, design, decoration to meet people's needs
● The décor was in good order. There was an ongoing refurbishment programme.
● People's preferences for how their rooms should look had been incorporated into recent building work and decoration.
● Communal areas were attractive, comfortable and accessible to people with mobility difficulties. People and their visitors freely used the sitting room, dining room and conservatory, as well as a seating area in the hall.
● Within the extensive grounds, there was a level garden with wheelchair-accessible seating areas, paths and raised beds.
● People's rooms were clearly labelled with their name, and their doors were painted in different colours to aid identification.

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.

● Care was provided with people's consent, provided they were able to give this.
● Where people had delegated lasting power of attorney for health and welfare, consent was obtained from this person.
● Where there were concerns about a person's ability to consent to aspects of their care and no-one held legal powers to give this consent, the appropriate procedures were followed to provide care in the person's best interests. Best interests decisions were made in consultation with others, such as family or friends, who

were close to the person.

● Staff had training to enable them to meet the requirements of the MCA, including DoLS.

● The service had identified that continuous supervision and control combined with a lack of freedom to leave indicated that some people were deprived of their liberty. These were people whom the service had assessed as lacking the mental capacity to consent to living there. The service had applied for this to be authorised under DoLS.

● There was a system for identifying when DoLS authorisations were due to expire, enabling fresh applications to be made in good time.

Good

Is the service caring?

Our findings

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

Good: 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 and visitors said staff treated them and their loved ones kindly. Comments included: "I love it here, I've a nice big room and the staff are all very lovely and caring", "The carers are really nice", "The staff are lovely" and, "The staff seem very nice, caring and welcoming".
- One person and their visitor commented that they were less keen on agency staff, although they did not often see agency workers. No one fed back that staff treated them unkindly.
- All the interactions we observed were respectful and professional.
- The home had adopted a 'family and friends test' that visitors could use to comment on the attitude and values of staff during their visit. Comments received had all been positive.
- Many of the staff had worked at the service a long time and had got to know people well. People and staff were comfortable with each other.
- The home sought feedback on the attitude, abilities and values of agency staff and promptly excluded any staff who did not meet expectations.
- People's care records contained information from them and their families about their social history and what was important to them. Whilst the service did not serve a culturally diverse area, staff came from a range of backgrounds and had equality and diversity training. The service had experience of supporting people who identified with protected characteristics, such as being gay.

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

- People, and where appropriate those who were important to them, were involved in decisions about their care.
- There was a food and nutrition group that people were able to attend and contribute to in order to provide feedback and suggestions on food and drink provision.
- Relatives told us they were kept well informed about their loved one. For example, a relative said staff were "extremely good" at updating them about their family member's health and consulted them in relation to all aspects of the person's care.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was respected. They received any assistance they needed with washing and dressing, so they could present themselves in the way they liked. A relative remarked on how their loved one was always clean and comfortable when they visited.
- Intimate care was offered discreetly, and all took place behind closed doors.
- Visitors were welcome at any time, providing this was acceptable to the person. A person commented, "My

daughter has just been in to see me which has cheered me up; she's very busy and comes in at funny times, but the staff don't mind at all". A regular visitor told us how they felt welcomed to spend most of each day with their loved one.

● Care plans reflected what people were able to do independently. We saw staff encouraging people to walk, where they were able to.

● Service users were involved in the recruitment of staff to assess their values and communication skills. Candidates' kindness and compassion were assessed to help ensure those appointed had the appropriate values. Expectations of staff regarding their caring and respectful approach were reinforced through supervision and appraisal.

Outstanding ☆

Is the service responsive?

Our findings

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

Outstanding: Services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People were as involved as they wished to be in planning their care, which was tailored to their individual needs. People's needs were considered holistically.

● Staff had a good understanding of the care people needed.

● The service was seeking to promote people's life stories to help staff understand the person. A project was under way to collect, with people's consent, information about their life stories and preferences. This was for presentation on picture boards in people's rooms, for them to celebrate and enjoy, and to promote discussion with staff. People and staff were excited about the first picture boards that had just arrived.

● A range of optional activities, group and individual, was organised by the service's activities team. These were based on people's interests and ideas. The service had also worked with an older people's activities charity to develop the activities and events programme. During the inspection, people were involved in gardening, quizzes and the weekly Victorian coffee morning. We saw photographs of people enjoying various special events over the past year, such as cakes they and staff had made for the annual "Great Allenbrook Bake Off".

● Some activities were based on interests shared by people and staff. One of the staff was a keen ornithologist and had started a birdwatching group. We heard people talking with staff about the different species of birds they had seen in the grounds.

● The service had routinely gone the extra mile to find out about people's hobbies and to accommodate these if possible. For example, someone had moved in who was a keen gardener. They were provided with their own plot to tend, and activities staff regularly took them to the garden centre. The person enjoyed being able to give gardening advice to staff. Another person was keen on practical tasks and had opted to repaint a garden fence, with some support from maintenance workers. A further person told us, "I have been allowed to have my large electric piano in my room and I spend up to four hours a day playing it… it has a volume control, so I don't disturb others."

● People were encouraged to maintain interests even if they did not wish to pursue organised activities. For example, people told us, "I love the football, I often have chats with the staff about it", "One lady [staff] writes down all the sport on TV for me so I don't miss anything, I do love my sport", and, "I like to keep up with the news, I have a newspaper delivered and the staff bring it up to my room for me".

● People for whom pets had been an important part of their life had been able to bring their pets with them when they moved in. There had recently been a dog living at the service, and there was currently a budgerigar whose original owner had died some time ago.

● The service had established and continued to foster links with local organisations to promote meaningful activity and social inclusion, including churches and the community cinema. There were regular trips for film shows and occasional private screenings. One of the churches ran a monthly service and a weekly prayer group at the home.

● The service met the Accessible Information Standard. This is a legal requirement for providers to ensure people with a disability or sensory loss are given information in a way they can understand and have the communication support they need. People's communication needs were identified, recorded and highlighted in care plans and people got the support they needed. Communication needs were shared appropriately with others, for example, when people went into hospital. Information was provided in alternative formats, such as large print, if people needed this.
● Wi-fi was available around the building, allowing the use of IT-based communication aids. Some people had their own intelligent speakers. Staff encouraged them to use these to good effect, enabling them to do things such as select radio stations themselves, rather than relying on staff to do this for them.
● The service had supported people with sight loss to access spoken word resources.

End of life care and support
● The service worked closely with healthcare professionals in providing end of life care, to ensure people had a dignified and comfortable death when the time came. Two healthcare professionals praised the service's approach to end of life care. This included staff communication, exceptional practice by the service's palliative care lead, and the priority accorded to staff development in relation to end of life care.
● The service had a longstanding relationship with the local NHS palliative care team, with whom they had worked to follow nationally recognised good practice in end of life care. The palliative care lead for the home attended regular network meetings, cascading information to colleagues. They also attended the monthly palliative care planning group at the GP surgery and met with them to identify ways of supporting people more effectively.
● The service sought to ensure staff were skilled in supporting people and their families at the end of life. Staff had been keen attenders at the palliative care team's training in end of life care and communication skills. The home's palliative care lead delivered in-house training with support from the palliative care team, to develop the expertise and confidence of staff in this area.
● The service had received compliments from families regarding the care provided as their loved ones were approaching death. One of these read, "[Palliative care lead] is absolutely outstanding as both a nurse and a human being. I couldn't have hoped for a sweeter soul to care for [person] in his last days. She was marvellous with us too."
● The service avoided inappropriate hospital admissions by ensuring as far as possible that people's wishes about end of life care were known and that staff were confident in this area, and through close working with local health professionals. This enabled people to be treated and to die at Allenbrook Nursing Home if this was their wish. The provider information return stated that only one of 19 deaths in the past year had been in hospital.

Improving care quality in response to complaints or concerns
● People and relatives told us they felt able to raise concerns or complaints with the registered manager. Comments included: "I know how to complain if I need to", and, "I know I can complain if I spot any issues and he'll take action".
● Information was displayed on noticeboards about how to make a complaint.
● People and relatives who had raised issues reported these had been taken seriously and addressed. Relatives commented: "I know [another relative] has talked to [registered manager] a lot about things and he gets it sorted out. You can't ask for much more can you", and "I have complained in the past that things have not been done, for example, the call bell and box of tissues were not placed near enough for [person] to get to… I complained, and things have been sorted, so that's good".
● Complaints had been investigated promptly and thoroughly. Feedback was sought from complainants as to their satisfaction with the way their complaint had been handled.
● The registered manager had reviewed complaints for any emerging themes, but none had been identified.

Good

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- There was a warm and friendly, yet professional, ambience. People and visitors commented on this, for example, "I think this is a nice place… homely, you know", and, "I love the feel of this place, it has a homely feel to it".
- People and their visitors were positive about the registered manager and the way the service was led. Comments included: "The manager is firm but fair, I like him", "[Registered manager]'s a nice man and is, I think, quite strong with the staff too", and, "I like [registered manager]. He's a good guy and manages things well, I believe".
- Staff also voiced confidence in the registered manager. One member of staff said, "[Registered manager]'s a very good manager", and another described the registered manager as "very supportive".
- People, visitors and staff we spoke with all felt able to raise concerns with the registered manager. They were confident these would be taken seriously.
- The registered manager and deputy were highly visible to people, relatives and staff, spending much time in communal areas and with individual people.
- There was an established staff team, many staff having worked at the service for a number of years. Staff spoke of strong teamwork. They came across as proud of the service and keen to bring about good outcomes for people.
- The service acted in accordance with its duty of candour, being open and transparent when things had gone wrong, providing an apology as appropriate.

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

- There were clear and effective management, governance and accountability arrangements.
- The confident, experienced registered manager and deputy had worked at the service for many years.
- There were clear lines of accountability. Staff knew what was expected of them in their roles; this was reinforced during supervision, at which they discussed and got feedback about their performance.
- There were frequent meetings of senior staff to discuss what was happening and help ensure good communication.
- Legal requirements were met. The previous inspection rating was displayed prominently in the reception area and hallway, and on the provider's website. The service had notified CQC of significant events, such as deaths.
- The management team were aware of their responsibilities for protecting confidential personal

information. However, we saw a used medicines container with a pharmacy label bearing someone's name in the waste bin. The label should have been removed and treated as confidential waste; this was addressed once drawn to the attention of the management team.

● There was a robust system for monitoring quality. This included regular audits overseen by the registered manager, such as checks on medicines, health and safety, call bell response times and infection prevention and control. Any shortcomings and areas for improvement were acted upon.

● The provider commissioned an independent management company to oversee the service through weekly visits and quality audits based on CQC's key lines of enquiry. There was a clear action plan to address any areas for improvement. For example, refurbishment of one of the bathrooms was under way, as this was identified as one of the actions necessary.

● These quality assurance processes included a monthly review of accidents, incidents and complaints to identify any trends and areas for change.

● The provider also commissioned an external consultant to audit the service twice yearly to provide recommendations.

● The registered manager was knowledgeable about current areas for improvement and how these were to be managed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

● There were residents' meetings at least twice a year. There were two meetings in 2018, at which people discussed activities and events, catering, housekeeping, maintenance and any other matters of interest or concern to them.

● Relatives' meetings had not been successful, which the registered manager felt was due to the local nature of the service and ongoing regular contact with families. The service was planning to establish a Friends of Allenbrook group as an alternative way of engaging with relatives.

● The voices of staff were heard through regular staff meetings for different groups of staff, such as registered nurses and administrative staff, and for the wider staff team. Staff also had the opportunity to give their views during their supervision meetings.

● There were monthly team brief newsletters to keep staff up to date with what was happening at the service.

● Annual quality assurance surveys were issued to people, relatives, staff and professionals. The results were analysed, and the registered manager followed up any possible areas for improvement. Feedback from the most recent survey had almost all been positive. Improvements to the accessibility of the outside areas were in response to an annual survey.

● The service worked collaboratively with other stakeholders to support care provision and the development of the service.

● There was close partnership working with the GP surgery and the local palliative care team. This included regular meetings with the GP surgery to review people's care, incidents and complaints that both services could learn from.

● The service engaged with local stakeholders, such as commissioners, carer and voluntary groups, the town council and homecare providers to understand the needs of the local community, enabling the service to tailor its provision.

● There were longstanding links with the local community cinema, churches and schools. This enriched the provision of activities, as well as the provision of work experience placements for students.