

Sutton Coldfield Care Limited

Sutton Park Grange

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

Sutton Park Grange is a residential care home providing personal care to up to 64 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 40 people using the service. The service provides residential long term and respite care.

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

People told us they felt safe and were supported by a group of consistent staff who knew them well. People were supported by safely recruited staff who had received training in how to support them safely and effectively. Staff were aware of the risks to people and were kept up to date with changes in people's care needs. Where accidents and incidents took place, appropriate actions were taken and reported on. Staff had received training in how to recognise signs of abuse and were aware of their responsibilities to report any concerns they may have. People were supported to receive their medication as prescribed.

People and their loved ones were involved in the assessment process prior to them arriving at Sutton Park Grange. People's care records provided staff with detailed information on how to support people and what was important to them. People were supported by a group of staff who had access to a variety of training opportunities to provide them with the skills in which to carry out their work. People were offered a wide variety of food choices at mealtimes and had access to drinks and snacks throughout the day. People's particular dietary requirements were considered when preparing their meals.

People were supported to access a variety of healthcare services to assist them in maintaining good health and the local GP conducted weekly virtual ward rounds. 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.

Staff presented as kind, caring and respectful and respected people's privacy and dignity. People told us they felt listened to and they were involved in the planning of their care.

People were provided with opportunities to take part in a variety of activities that may be of interest to them. A new sensory activities programme was in the process of being introduced at the service and had been positively received. Links with the local community were being established and regular resident meetings took place to obtain people's views of the service and act on any concerns they may have.

The new registered manager had a positive impact on the service, and this was reported by staff, service users and relatives. Staff felt supported and listened to. People told us the registered manager was supportive and approachable. Where complaints had been raised, they were responded to and where appropriate, lessons were learnt.

There were a variety of audits in place to provide the registered manager with oversight of the service. The

service worked alongside a variety of healthcare professionals in order to meet people's needs.

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

This service was registered with us on 10 October 2020 and this is the first inspection.

Why we inspected

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

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

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?

The service was safe.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well led.

Good ●

Sutton Park Grange

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.

Inspection team

The inspection was carried out by 1 inspector. An Expert by Experience spoke to relatives over the phone following the inspection. 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

Sutton Park Grange 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. Sutton Park Grange is a care home without 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 a registered manager in post.

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. We used all this information to plan our inspection. 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.

During the inspection

We spoke with 15 staff including the registered manager, quality manager, deputy manager, senior carers, carers, the head of housekeeping, chefs, activity co-ordinator and office staff. We spoke with 5 people living at the service, 6 visitors and a visiting healthcare professional. Following the inspection, we spoke with a healthcare professional and 5 relatives by telephone.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. These included 8 people's care records and 5 medication records. We looked at 2 staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

This is the first inspection of this service since registering. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when supported by staff. One person told us, "I feel very safe because there is somebody around all the time which gives me a huge amount of confidence all the time and there is an emergency buzzer." Relatives told us they felt their loved ones were safe. One relative told us, "My relative has been a resident for over a year now and yes I do feel they are safe."
- People were supported by staff who had received training in how to recognise signs of abuse. A member of staff explained what they would do if they witnessed abuse, "I would go in and get the service user out of the situation first and take them to the care office and inform management."
- Where safeguarding concerns had been raised, they had been acted on appropriately and reported to the local authority and CQC.

Assessing risk, safety monitoring and management

- Staff we spoke with were aware of the risks to people and people and relatives told us they had no concerns regarding the care their loved ones received. One person told us, "Staff encourage me to drink more fluids, they'll say 'come on [name], we don't want you dehydrated.'" A relative told us, "[Person] does use a wheelchair to get to the toilet, they then feel safe so we are more than happy with their safety."
- Risk assessments in place provided staff with information on how to support people safely and effectively. We noted clearer guidance was needed in catheter care plans and this was addressed on the day of inspection.
- Weekly clinical risk meetings took place to assist in providing effective oversight of the service. This included actions to take to address any risks identified. For example, actions were taken to improve falls management. This was monitored and showed the number of falls had reduced and documentation had improved.

Staffing and recruitment

- We looked at the personnel files of 2 members of staff and found the required recruitment checks, including checks with the Disclosure and Barring Service [DBS], were in place prior to staff commencing in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment practices.
- The registered manager had implemented a new staffing structure across the service which provided staff with clear guidance on roles and responsibilities for each shift. The service was fully staffed, but recruitment was ongoing. One person told us, "They are recruiting new staff and keep us residents informed." There was a dependency tool in place to assess staffing levels, which was reviewed on a weekly basis or if people's needs changed or if there was a new admission to the service. The registered manager told us, "I don't want staff to struggle."

- People had access to call bells in their rooms and also the option of wearing a pendant which they could use if they could not access the call bell. We observed call bells responded to in a timely manner. A monthly report was in place to monitor staff response time to call bell/pendant requests for support. One person told us they did not think there were enough staff as they were 'always busy' but did confirm their call bell was always responded to promptly. Other people we spoke with told us staff responded to their calls for assistance in a timely manner.

Using medicines safely

- People told us they had no concerns regarding their medication management. We observed people were supported to receive their medicines safely and as prescribed by their doctor. A relative commented, "Staff wear a uniform and use gloves to administer cream to [person's] legs."
- Medicines were stored correctly and in line with the latest clinical guidance. We looked at several people's medication records. We initially found discrepancies in the levels of 1 medication for 1 person, but an explanation was provided and the issue was resolved on the day.
- Where people received pain relief in the form of a patch, body maps were in place to demonstrate to staff where to place the patch and ensure the correct rotation of sites was followed.
- Staff had received training in administering medication and their competencies were assessed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections. A relative commented, "Home is kept very clean and tidy always."
 - We were assured that the provider was supporting people living at the service to minimise the spread of infection.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was responding effectively to risks and signs of infection.
 - We were 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.
- People were receiving visitors in line with the latest government guidance. A relative commented, "Security seems good, doors are usually locked at staff are helpful when letting you in to visit. They all wear uniforms and aprons."

Learning lessons when things go wrong

- Systems were in place to ensure accidents and incidents, complaints and concerns of a safeguarding nature were all reviewed and analysed for any lessons to be learnt.
- Weekly reports were in place to collect this information and shared with care and quality leads. For example, when analysis of incidents showed a spike in infections in the home, action was taken to ensure people were encouraged to drink more fluids. Responsibility for documenting this information was then assigned to a member of staff on each floor.
- Lessons learnt both within the home and across the organisations were shared to ensure actions were taken to reduce the risk of reoccurrence.

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.

This is the first inspection of this service since registering. This key question has been rated 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

- Prior to being supported by the service, people's needs were assessed to ensure the service was able to support them effectively and safely.
- We found protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported. A member of staff told us, "Some people only have female carers so there may be some swopping [of rotas] to make sure we meet people's preferences."
- People and their loved ones told us they were involved in these conversations and their care records demonstrated this. A relative told us, "[Person] had a pre-assessment with appropriate questions, we were offered the earth and in balance it is all fantastic."

Staff support: induction, training, skills and experience

- People were supported by a group of staff who had been provided with an induction and opportunities to shadow more experienced colleagues. This enabled them to get to know people living at the service. A member of staff told us, "There's an induction booklet to be completed in a certain timescale and you have to do moving and handling certificate before you do any work." A relative told us "Staff know [person] very well, well trained to meet [person's] needs."
- Staff told us they felt well supported and well trained in their roles. The organisation had recently changed training providers and all staff we spoke with were aware of the changes. One member of staff said, "This new eLearning provider looks better and there is humour to it."
- Staff told us they considered the new registered manager to be very supportive, particularly when it came to ensuring staff were given the opportunities to access the training needed to carry out their role. A member of staff told us, "I feel well trained and supported. I told them I was interested in NVQ and they put me forward." An NVQ is a National Vocational Qualification which is a work-based qualification that recognises the skills and knowledge a person needs to do a job. Another said, "[Registered manager's name] is a qualified nurse and is quite happy to share her knowledge. She has a sense of humour. In the first week she was here we talked about mistakes and the first question she would ask is, 'are you trained properly, and do you have the skills?'"

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

- People were supported to enjoy a variety of meals, snacks and drinks throughout the day. Care staff, kitchen staff and support staff were aware of people's dietary requirements and preferences. One person told us, "The menu comes round and there is a choice, there is an alternative menu we can order from. We have 3 courses at lunchtime and tea-time and I love my breakfast. They do it exactly how I like it." Another

person said, "Food is first class. Glass of wine with lunch and evening meal."

- Menus were provided at mealtimes and 'show plates' [plated meals of each course] were used to assist people in making an informed choice. We observed a mealtime and each meal was plated in line with people's choices and preferences. We saw people enjoy their meals and staff were attentive and supportive where required. A relative told us, "The food is out of this world and is fantastic; the portions are perfect for [person] and it's a big thing for us as [person] wouldn't eat before." Another relative told us "Food is fine, [person] has traditional tastes, good choices and snacks, no particular dietary needs, their weight stays the same."
- For those people with specialist dietary needs, meals were prepared in a particular way which would reduce their risk of choking. Where people required Speech and Language Assessments [SALT] these were carried out and the appropriate guidance provided to both kitchen and care staff.

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

- People, relatives and visitors were complimentary of the environment and the facilities available to people. One relative told us, "It's a very clean and lovely home, always fresh water and the Bistro is lovely" and another added, "My [relative] uses a Wheelchair and Zimmer Frame quite safely to go to the toilet and garden, the building and garden are very safe."
- People's rooms contained their personal belongings which provided a homely feel. People were able to access a number of communal areas including accessible gardens and a cinema room. One person told us, "It is so beautiful here I feel like I am in a hotel." People had access to a pleasant garden area and the gardening club in place had regular attendees.
- The registered manager had additional plans for the living environment including creating a more dementia friendly environment.

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

- People were supported to access a variety of healthcare services to meet their needs, including dieticians, district nurses, chiropodists and opticians. A relative told us, "Reception staff are always very helpful, Chiropodist visited yesterday, GP as necessary, staff took [person] for a Knee X ray."
- Staff were aware of people's individual healthcare needs and supported them to access services and work alongside other healthcare professionals.
- The service had a positive relationship with a local GP who carried out a weekly virtual ward round at the service. The GP told us, "I have a good relationship with the deputy and they will bring matters to my attention immediately and will not wait until the next ward round."

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.

- People were supported by staff who had received training in the MCA and were aware of the need to obtain people's consent prior to supporting them.
- DoLS applications were made appropriately and systems were in place to ensure applications and authorisations were reviewed in line with legal requirements.

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.

This is the first inspection of this service since registering. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind, caring and respectful and we observed this. One person told us, "A lovely Housekeeper gave me a picture in a frame when I came out of hospital which was so kind." A relative told us, "Yes, very kind and caring staff, little extra things which are appreciated, [staff name] is phenomenal, goes above and beyond on every shift and treats everyone as if they are a member of their own family."
- Staff were observed to speak to people in passing as they went about their day. A relative told us, "All the staff know everyone's name [and their family] and if passing in the corridor will speak to people, very caring in that respect."

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

- People's views were sought through the pre-assessment process, care reviews, surveys and meetings. Regular meetings were held with people living at the service and the registered manager. Two people living at the service had taken on the role of resident 'Ambassadors' to act as spoke persons for other people. One person told us, "Staff will always listen to me and give me time, [deputy manager's name] is excellent on all clinical aspects, very good and accessible."
- Relatives confirmed they were involved [where appropriate] in decisions about their loved one's care. One relative told us, "Staff always listen to me and involve me in [person] care which I appreciate."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence where possible. One person told us, "I can shower myself but might need help soon, I try to be as independent for as long as I can, I saw the chiroprapist this week and I can see a hairdresser and GP." A relative told us, "Staff are all very caring, [person] gets on well with them, I can't complain, they try to promote her independence but they sometimes won't meet them half way, [person] is always clean, tidy and well dressed."
- We observed people were supported by a group of staff who treated them with dignity and respect. One person said, "Very kind and caring staff, definitely respect my dignity and ask my permission for things, I like my door open." A relative told us, "Staff know [person] well, very chatty and they like [person], good relationship" and another said, "Yes [person] is kept clean and tidy, showered and shaved and in clean clothes, they have some favourite staff members who will offer to get [person] and me a cup of hot chocolate which they enjoy and is helpful and kind."
- All staff throughout the service had attended dementia care training, providing them with the support and skills on how to communicate with people and some understanding of what it meant to live with dementia.

Is the service responsive?

Our findings

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

This is the first inspection of this service since registering. This key question has been rated 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 and their loved ones told us they were involved in the development of their care plans and we found evidence to support this. Care records were personalised to reflect people's preferences. For example, additional information was available to staff regarding people's preferences when it came to drinks and snacks, their personal care routine and whether they preferred male or female carers.
- From our conversations with staff, it was evident they knew people well. Staff told us care records provided them with information required to meet people's needs and were regularly reviewed. People's preferences and choices were respected. One person told us, "I'm very happy here and well-treated, I'm sure. I don't join in any of the activities, they do ask. If I wanted to do something I would ask them."
- People received a service responsive to their needs. For example, a relative explained their concerns for their loved one and their dietary needs. They told us the registered manager had put in place a plan to address this which had been successful. They told us, "The food is very good but [Person] is a fussy eater and does eat but not very much these days. They like fruit and sweet things and finger foods better, [registered manager's name] has instigated afternoon tea with minute sandwiches and fruit which are going down well."

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 their family relationships to protect them from the risk of social isolation. Visitors were welcomed into the service and we observed staff took time to speak to visitors when they arrived. Relatives told us they always felt welcomed when visiting the service. The service had a bistro where people liked to sit and chat or read the paper and enjoy a drink and a cake with visitors or other people living at the service. A relative told us, "Lovely atmosphere in the Bistro, I like to feel that it is part of a community."
- People were encouraged and invited to participate in a variety of activities that may be of interest to them. The service had a large cinema room that was also used for activities such as arts and crafts, visits from outside entertainers and gentle exercise classes. One person told us "Yes, I do enjoy the activities, I like crafts, singing, quizzes, seating exercises and the church service every 2 weeks, trips have been proposed at the residents meeting."
- The registered manager had introduced a new activities care programme offering people a variety of sensory experiences. The activities co-ordinator had embraced this programme and arrangements were in place for all staff to receive training in this area. The activity co-ordinator told us, "It's a sensory programme for people with dementia, for those who can't participate in conventional activities it's proving good for them." A relative commented on this and told us, "[Activity co-ordinator] is brilliant, she has pioneered a

new philosophy approach with touch, facials and hand massages."

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.

- Communication care plans were in place to support staff to communicate with people effectively. A member of staff told us, "At the moment, we are not really struggling with anyone [with regard to communication] but we do have activity prompt cards."
- The service had a hearing loop system in place to improve communication for those people who wore hearing aids. A hearing loop is an assistive listening system.

Improving care quality in response to complaints or concerns

- People told us they felt their concerns were listened to and were confident if they did raise any concerns they would be taken seriously and acted on. One person told us, "If I had any problems, I would raise with someone at reception. There is always someone there." A relative told us, "No, I have never had to complain, I would go to the office first."
- Two complaints had been received by the new registered manager since commencing in post. These complaints had been investigated and responded to and lessons were learnt. For example, action taken to ensure communication with family members was effective and informative.

End of life care and support

- People were supported to make decisions about their preferences for end of life care.
- The service was in the process of working alongside healthcare professionals including palliative care specialists and others, to provide a dignified and pain-free death that is as comfortable as possible. This included working towards the Gold Standard Framework which is a practical and evidence-based end of life care improvement programme. A healthcare professional supporting the service with this told us, "They [care staff] are doing so well and really embracing it."

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.

This is the first inspection of this service since registering. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the time of the inspection, the registered manager had been in post for approximately 4 months. During that period, it was clear they had a positive impact on the running of the service and staff, service users and relatives all spoke highly of them. People, staff and relatives all told us they would recommend the service.
- Relatives told us they had noticed a difference in the service following the arrival of the new manager and credited them for the change in atmosphere amongst other things. One relative said, "The staff seem a lot happier and the whole place is happier, staff are now caring, happy and supported". Another relative commented, "[Registered manager's name] has come and revolutionised things, as some quality was lacking in the care [previously], I hope it is not just a honeymoon period."
- Staff spoke positively of the new changes the registered manager had introduced, for example, ensuring dedicated staff worked on the dementia floor and introducing weekly audits for certain types of equipment. A member of staff told us, "[Registered manager's name] is a very positive person, it is very nice for someone to say thank you and before they go home they will see as many people as they can and ask if they are ok or if there is anything they need. They are very responsive and very service user minded."

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 was receptive to all feedback during the inspection and open and transparent during the process. Action was taken immediately when feedback was provided on some areas identified for improvement.
- The registered manager had kept us informed of incidents that had taken place in the home as required and understood her duty of candour responsibilities. Action was taken when mistakes had been made and apologies had been given.
- Relatives confirmed they were kept informed of any changes in their loved one's wellbeing. One relative told us, "[Person] has had the odd fall when trying to move on their own, always informed" and another said, "[Registered manager's name] is friendly and approachable, have been introduced and spoken to her several times, she will deal with any issue and has nursing experience."

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

- Staff were clear about their roles and responsibilities and told us the registered manager and deputy

worked well together and both were supportive and approachable. The registered manager had introduced daily staff allocation sheets to provide structure to staffs' day and identify those responsible for key activities.

- A variety of audits were in place to provide the registered manager with oversight of the service. The registered manager's day started and ended with a walk round of the service and staff spoke positively about this. Daily heads of department meetings took place and weekly meetings to discuss any identified risks.
- We found medication audits in place could be improved, for example, 1 person's medication count was incorrect. However, an explanation for this was provided on the day and the matter was rectified.
- People's views of the service were sought through reviews and meetings. People felt their views were listened to and the registered manager was approachable and acted on concerns brought to her attention. People were also provided with the opportunity of providing feedback through annual surveys.
- The provider had recently changed training providers and this was a positive change that was welcomed by staff. Staff told us they were encouraged and supported to take on additional learning.
- The introduction of the new sensory activities programme was welcomed and seen as a positive addition to the existing activity programme which would benefit service users.

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

- The registered manager was keen to ensure staff felt thanked and valued. National staff recognition days and 'you make the difference' feedback cards were in place and available for anyone to complete. Weekly thank you messages were also sent to staff via email or text to share key information and thank staff for their work.
- Regular staff meetings were in place to ensure staff were kept up to date with what was happening at the service and provide opportunities to feedback any concerns. Staff told us these meetings were helpful and they felt able to contribute to them.

Working in partnership with others

- The service worked alongside a number of other health care professionals. The service had developed a positive and effective relationship with their local GP.