

Care UK Community Partnerships Ltd

Ogilvy Court

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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Ogilvy Court is a care home that provides personal and nursing care for up to 56 people. At the time of the inspection there were 50 people using the service. Most people using the service were older people, some of whom were living with dementia. There were also a small number of people who had a learning disability, living in the home. Accommodation was provided across two floors, with communal areas located on each floor.

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

People's care plans had been reviewed and improved since the last inspection. They were more detailed and personalised. Comprehensive guidance helped staff ensure people's individual needs were met.

People's mobility needs were understood by staff. People had the equipment and tools they needed to be as active and independent as possible.

People's mealtime experience had improved, and their choices were included in the menu.

Staff received the training, guidance and support they needed to do their job well and to effectively meet people's needs.

Improvements and developments had been made to the quality monitoring systems. These were effective in monitoring the service and making improvements when needed.

We saw positive engagement between staff and people. Systems were in place to ensure people were protected from abuse and treated with respect and dignity.

Staff, people and relatives told us that suitable staffing levels provided people with the care and support they needed.

Risks to people's safety in a range of areas including the COVID-19 pandemic were assessed and understood by staff.

Suitable infection prevention and control measures and practices were in place to keep people safe and prevent people, staff and visitors catching and spreading infection.

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.

The registered manager was approachable and provided staff with leadership, support and direction.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance the Care Quality Commission (CQC) follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. The eight people living with learning disabilities and nursing needs received care and support in small unit sharing communal facilities with other people using the service. The home was welcoming and calm. It was within easy access of local amenities which people had been supported to access. The registered manager understood the principles of what constitutes good quality personalised care for people with a learning disability. People had been supported to personalise their rooms. Accessible information was used to support people's understanding and engagement.

Since the last inspection staff have received training and coaching about learning disabilities. People's care plans have been developed and improved. They included the personalised information and guidance that staff required to provide people with personalised care. A registered learning disability nurse was employed by the care home. They provided staff with support and guidance in meeting the needs of people living with learning disabilities.

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

Rating at last inspection

The last rating for this service was requires improvement (published 23 July 2019). There was one breach of regulation. We told the provider to make improvements. 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 in the areas where there had been shortfalls, and the provider was no longer in breach of regulation.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led.

The rating from the previous comprehensive inspection for the key question not looked at on this occasion was used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective 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 well-led.

Details are in our well-led findings below.

Good ●

Ogilvy Court

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

The inspection visit was carried out by two inspectors. An expert by experience spoke with one person using the service and people's relatives by telephone. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience's area of expertise was older people and dementia care.

Service and service type

Ogilvy Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The 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 CQC. 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

Before the inspection we looked at information we held about the service. This information included any statutory notifications that the provider had sent to the CQC. Statutory notifications include information

about important events which the provider is required to send us by law. This information helps support our inspections.

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 reviewed the last inspection report and provider's action plan. We used all this information to plan our inspection.

During the inspection-

We spoke with three people using the service, ten relatives, the registered manager, quality development manager, regional director, clinical lead, two nurses, three care staff, administrator, chef and laundry assistant. We observed engagement between staff and people using the service. We reviewed a range of records which related to people's individual care and the running of the service. These records included seven people's care files, policies, medicine administration records and a range of records relating to the management and quality monitoring of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. The registered manager provided us with staff training records, menus, and audits. We received written feedback from one person's relative and four healthcare and social care professionals.

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 now improved to good.

Assessing risk, safety monitoring and management

- During the last inspection we found on two occasions staff had not carried out safe moving and handling practices. Following that inspection staff had received refresher moving and handling training. Spot checks had been carried out by management staff to check that staff followed safe moving and handling practices. During the last year there had been no incidents reported to us that related to staff transferring people unsafely.
- One person told us, "I feel very safe." Relatives told us they had no concerns about people's safety, Comments included, "I have no safety concerns at all.", and "Safety is good. They won't allow anyone into the home without a screening first so that ensures [person's] safety and, also staff are tested weekly and patients monthly so no concerns over [person's] safety."
- Risks to people's safety were assessed. These were personalised and regularly reviewed. They included detailed guidance for staff to follow to keep people safe.
- Detailed COVID-19 risk assessments had been carried out on people and staff belonging to higher risk groups and actions had been taken to reduce the risks of them getting the virus.
- Regular health and safety checks were carried out to make sure people and staff were safe. Maintenance issues were addressed promptly.
- Regular fire evacuation drills took place and each person had a personal evacuation plan.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. Staff were knowledgeable about the procedures for responding to and reporting abuse. They knew they needed to report all allegations or suspicions of abuse without delay.
- Safeguarding concerns were managed appropriately.
- Staff knew about the provider's whistleblowing procedures. They told us that they would not hesitate to raise any concerns including poor practice from other staff.
- Systems were in place to ensure people had access to cash for the purchases they wanted to make. Policies and procedures ensured that finances were managed safely, and to minimise the risk of financial abuse, monthly financial checks were carried out by the provider

Staffing and recruitment

- Staffing levels were determined by people's assessed dependency needs. Staff told us that there were sufficient staff to meet people's needs.
- People and relatives told us that they felt that there were enough staff. Comments from relatives included, "As far as I am aware there are always plenty of staff about. When you ring up, they are very prompt to

answer," and "I have not known of any staff shortages. When I call to see [person] through the window there have always appeared to be plenty around."

- Staff were recruited safely.
- During the inspection, call bells were answered quickly. One person confirmed that their call bell was always answered promptly.

Using medicines safely

- Medicines were stored, administered and disposed of safely. People's medicines' administration records confirmed they received their medicines as prescribed.
- Relatives were positive about the medicines' systems. They told us, "They do a meds round at regular times and they stand and watch [person] take them to ensure they are administered correctly, so managed very well," and "[I'm]very pleased, they bring them [medicines] to [person]and [person]takes them with a drink."
- People had personalised medicines' care plans. These included details of the medicines people had been prescribed. People's medicines were regularly reviewed by a doctor.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. Personalised PRN protocols were in place which included guidance staff needed to follow when administering them.
- Detailed medicines audits to assess whether medicines were being managed safely were regularly carried out by management staff. Shortfalls were addressed and improvements made when needed.

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 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 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.

Learning lessons when things go wrong

- Accident and incident records were well recorded and showed that appropriate actions to address concerns had been put in place.
- Incident and accidents were reviewed for patterns and trends, and any learning was identified. Processes were put in place to minimise the risk of similar incidents happening again and to keep people safe.
- Learning was shared with staff through supervision, handovers and staff meetings. Additional training and support were provided to staff when found to be needed.

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.

At our last inspection the provider had not ensured that people always had personalised care plans that detailed their specific needs and how they should be met. The personalised support people needed to improve their mobility was also not always in place. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) 2014. During this inspection we found that these shortfalls had been addressed and the provider was no longer in breach of regulation.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support.

- People's care plans had improved since the last inspection. They were more detailed and personalised and included comprehensive guidance for staff to follow to ensure people's individual needs were met. For example, clear, step by step guidance provided staff with the information they needed to support one person who at times showed distressed behaviour.
- Since the last inspection people had been supported to obtain suitable aids including specialised armchairs and wheelchairs that enabled them to spend more time out of bed in communal areas. Staff supported people to keep mobile, by accompanying them on short walks.
- People's care records demonstrated that people's needs had been assessed to ensure they received the care and support they needed and wanted. People and relatives told us they had been fully involved in these assessments.
- People's care plans contained information and guidance in relation to their healthcare needs. Care plans and risk assessments were updated when there were changes in their needs.
- People had personal oral health care plans. A dentist visited the home regularly to provide treatment.
- People had access to the healthcare services and support they needed. During the pandemic much of the contact that staff had with external professionals was 'virtual'. During our inspection staff had an on-line meeting with a GP in relation to a person's health needs.
- A GP had recently visited the home to administer COVID-19 vaccines to people.

Staff support: induction, training, skills and experience

- Staff had completed a range of training and learning appropriate for their job roles. Since the last inspection staff had received training and coaching in mental health, learning disabilities and positive behavioural support to provide staff with the knowledge and skills they needed to care for people living with these conditions.
- Healthcare professionals had provided virtual learning and development for staff during the pandemic. This had helped staff to be confident and competent in carrying out healthcare tasks.

- People and relatives told us they found staff to be competent. One person told us, "They look after us well." Comments from relatives included, "All staff are very good and know [person's] needs very well," and "All are very knowledgeable and good at their jobs."
- Staff informed us, and records showed that they were provided with regular supervision and appraisal of their development and performance. They told us that they received the training they needed and felt well supported by the registered manager, provider and staff team.

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

- Since the last inspection improvements had been made to the menu. People and their relatives were involved in the development of the menu. People were provided with more choice, including vegetarian and world foods that met a range of dietary cultural needs and preferences. The chef provided us with several examples of where people had received meals of their choice. One person's appetite had recently reduced. To ensure their nutritional requirements were met the person was being provided with all the foods that they particularly enjoyed.
- Regular meetings provided people with the opportunity to taste the foods on the menu and provided feedback.
- People's care plans included information about their dietary requirements and preferences and the support that they required to eat and drink. One person's care plan included a recent speech and language therapy assessment. This was supported by guidance on the types of soft foods suitable for the person and information on how to position the person to reduce the risk of choking when eating and drinking.
- Action had been taken to improve people's dining experience. People received their chosen meal promptly and were offered a choice of drinks. During the inspection people told us they had chosen their lunch and had enjoyed it. One person told us, "If I don't like what is on offer, they will always do something else." Another person said that the meals, "Couldn't be better".
- Recently clear fronted fridges containing a range of snacks and fruits had been placed in communal areas, which people could access 24 hours a day with staff support. Feedback from people had been very positive about this service.
- People's nutritional needs and weight were assessed and monitored closely.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with a range of agencies to ensure people received effective care and support.
- People's care records showed that staff worked in partnership with external healthcare and social care professionals to meet people's needs. For example, we saw that people had been referred to professionals such as speech and language therapists, dieticians and occupational therapists when they had required support. Guidance provided by specialist professionals was included in people's care plans.
- We received positive feedback from healthcare and social care professionals about the care and support provided to people.

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

- The premises were suitable for people's needs. Handrails throughout the home supported people's mobility needs. People had their own personalised bedroom with ensuite facilities.
- An enclosed garden was accessible to people. During the pandemic people had spent a significant amount of time participating in garden activities.
- The home was well-maintained, and there was an on-going redecoration plan. Several areas of the home had been recently redecorated.
- Picture signage identified the purpose of communal rooms and bathroom facilities.
- People's bedrooms were personalised. Newly admitted residents were encouraged to bring items from their previous home to help them settle in.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Staff had received MCA and DoLS training. When people were unable to consent to their care and treatment in the home appropriate applications to the local authority for DoLS authorisations had been made and progress monitored.
- Information about people's capacity and ability to communicate their needs and wishes was included in their care plans. Capacity assessments included information about the decisions and choices people were able to make.
- Care plans included guidance for staff on how best to communicate with people to ensure they were able to make decisions and choices on a day to day basis.
- Where DoLS had been applied for because of people being assessed as not having capacity to make some decisions, this information was included in their care records.
- Where people were unable to make decisions, best interest assessments were carried out in partnership with key professionals and relatives. For example, best interest assessments had been recently carried out for people who were unable to consent to receiving the COVID-19 vaccine.

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.

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.

- Since the last inspection improvements had been made in supporting people who spoke languages other than English. For example, staff had produced lists of words and phrases in the language that one person spoke. This had helped staff engage and communicate better with the person. Also, staff who spoke the same language as the person assisted them with their care.
- People's care plans included assessment information and guidance about each person's individual communication needs and how they should be supported. Guidance was provided for staff on how to communicate with people who were unable to speak. For example, we saw that people's plans included information about lighting and orientation, as well as use of simple language, body language, giving space and time for the person to understand and respond.
- Staff had access to pictures to help people who had difficulty in reading to communicate their needs and choices.
- Where people's behaviours provided challenges for staff, their care plans included guidance on possible triggers to explore, along with information about how to respond and manage distressed behaviour and to reduce the likelihood its reoccurrence. Staff recorded behaviours that challenged the service. However, records were not always completed in a consistent way. Following the inspection, the registered manager told us that staff had received coaching in completing those records appropriately.

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

- Activity planning meetings enabled people to give their views about the activities they wanted.
- The pandemic had led to less external entertainers coming into the home. Staff had been responsive in ensuring that people had the opportunity to engage in a range of one to one and group activities. An interactive table had been purchased since the last inspection. This had a portable projection system which enabled people to fully participate in its selection of activities. We saw people engaging in this activity, and they told us they were enjoying it.
- Electronic tablets were used to record the activities that each person participated in, and their feedback. When people were unable to say what they thought of an activity, their engagement, facial expressions and behaviour were observed and documented.
- People had been supported by staff to keep in contact via video calls, email and telephone with their

friends and loved ones during the pandemic.

- Safe, socially distanced visiting had been supported. These included "window visits". A pod located outside the premises also ensured people were able to see their relatives and others important to them. One person's relative told us, "I visited today and saw [person] through the window and they ensure safe distancing is kept and someone is with [person] so [person] knows it is us."
- People were supported to be as independent as possible. One person told us that they enjoyed helping staff with some tasks. The person told us that they liked to keep busy. People were supported to be involved in daily living tasks such as laying and clearing plates from dining tables.
- We received feedback from a professional which told us that activities for people with learning disabilities could be more personalised and stimulating. The registered manager told us they would ensure that activities for people with learning disabilities were reviewed and guidance sought to develop and improve them.

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

- People's care plans were personalised. They included detail about people's background and all aspects of people's health, care and support needs and the information staff required to ensure people received the care they needed in the way they wanted.
- People were supported to make choices about their lives, these included decisions about what to eat, wear and do.
- Relatives told us that they had been involved in decisions about people's care and in care plan reviews.

Improving care quality in response to complaints or concerns

- Complaints were responded to appropriately in line with the home's complaints procedure. Staff understood what they needed to do when they received a complaint. Learning from complaints was identified and improvements made when needed.
- Relatives and one person told us that they had no complaints, but if they had any concerns they would speak with the registered manager.
- Staff told us that they were confident that any concerns that they raised would be listened to and addressed.
- Records showed that the home had received several compliments about the care people had received.

End of life care and support

- People had end of life care plans that the home had developed in partnership with the person and their relatives where appropriate. Where people or their family members did not wish to address issues related to end of life planning this was recorded.
- Since the last inspection people's end of life care plans had been reviewed and developed. They included information about people's preferences should they be moving towards the end of life, such as preferred music, visitors and religious and cultural needs and preferences.
- Visits from relatives to people receiving end of life care had been supported by the home throughout the pandemic.
- Staff worked with palliative care services to ensure people were provided with the care and support that they needed at the end of their lives.

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 now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At our last inspection quality assurance systems were in place but not always effective. A range of checks of the service provided to people were carried out but they had not identified the shortfalls that we had found. During this inspection we found that the quality monitoring and quality improvement systems were robust and effective.

- There were a wide range of comprehensive checks of all areas of the service carried out by staff and the provider's senior management. These closely monitored the service provision and identified areas for improvement. Action was taken to address any deficiencies and learning improved people's care.

- The registered manager was clear about her role and responsibilities. They had been responsive to the feedback from the last inspection and had ensured that shortfalls we had found were addressed. Care plans were more personalised, staff had received training to meet people's specific needs, and people's mealtime experience had improved.

- There was a culture of continuous learning and improving care. Daily meetings with staff from all sectors of the home and weekly clinical review meetings ensured that issues to do with the service and care provided to people were discussed, and improvements promptly made when needed. For example, one person's distressed behaviour had been recently reviewed by management and nursing staff. Records showed action had been taken to ensure the person and staff received the support and guidance they needed to manage the behaviour.

- All the staff we spoke with were clear about their roles and responsibilities and felt well supported. Staff performance was monitored, and supported through regular supervision, appraisal and staff meetings.

- People and relatives told us they would recommend the home. They spoke in a very positive way about the registered manager and deputy manager, Comments included, "You can talk to [registered manager] anytime if needed," "They contact me for anything at all, both are very accessible, polite and helpful," "Can't fault them, excellent communication, definitely recommend without hesitation" and "[Registered manager] keeps me well informed."

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

- The registered manager and staff team had a good understanding of care quality and delivering person centred care. People's relatives told us they felt people received personalised care.

- Staff spoke in a positive way about their role in delivering care for people.

- Relatives told us the staff team were open and approachable and communication with them was good.

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

- The provider has been open and honest and met their duty of candour. They have notified us of incidents that have happened in line with their legal responsibility. Incidents had been investigated, lessons learnt explored and practice improved when shown to be needed.
- The rating from the last inspection had been displayed within the home and provider's website in accordance with our requirements.
- Staff knew their responsibilities in being open and speaking up when needed. They confirmed that they would always report any occurrences of poor care.
- The registered manager was aware of the importance of taking responsibility when things go wrong and ensured deficiencies were quickly put right.

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

- We saw staff engage with people in a positive, friendly and respectful way. Comments from people and relatives included, "The carers are all very friendly with me and help me with anything I want. I am happy here being so well looked after by them", and "Staff are all excellent. Very prompt at doing things, all caring and very friendly and always make time for a chat."
- Systems were in place to gather feedback from people, their relatives and staff. These included regular surveys and the opportunity for people to participate in regular face to face and video call meetings, where they were updated about the service and had an opportunity to raise any issues.
- Relatives also had opportunities to join video call meetings about the service provided to people. Video calls between people and their relatives also took place. Staff told us that, "Family input makes it [people's care] more personalised", and "We call families a lot, they know people well and help guide us, so people have person centred care".
- Staff were knowledgeable about equality and diversity. They spoke about the importance of respecting people's differences. People's religious needs had been supported during the pandemic.
- The registered manager spoke positively of working in partnership with the host local authority, commissioners, GPs and a range of healthcare professionals to ensure people received the care, treatment and support they needed.
- Health and social care professionals told us they did not have concerns about the service. They provided positive feedback about the home and told us that communication was good, staff were caring, listened to them and followed guidance they provided.
- Staff told us that regular staff meetings took place and were kept well informed about changes to do with the service and current COVID-19 guidance. Comments from staff included, "I can call managers at any time. I can approach them with anything". "I feel motivated to come to work", "I am kept informed".