

Hamberley Care 2 Limited

Chawley Grove

Inspection report

Cumnor Hill
Oxford
OX2 9PJ

Tel: 01865957650

Website: www.hamberleycarehomes.co.uk

Date of inspection visit:
28 April 2021

Date of publication:
27 May 2021

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

Chawley Grove is a residential care home providing personal and nursing care in an adapted building across three floors. At the time of the inspection 16 people aged 65 and over were living at the service and only occupying the ground floor. The service can support up to 70 people.

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

People living at Chawley Grove received safe care from skilled and knowledgeable staff. Staff knew how to identify and report any concerns. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. The provider had developed a 'homemaker' model which allowed staff to be universal workers enabling people to receive good care from staff who knew them well. Staff did all they could to promote people's independence and we saw examples of this.

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 had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

The home was well-led by a registered manager who was committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The provider had effective quality assurance systems in place that included the use of technology to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

Rating at last inspection

This service was registered with us on 9 May 2019 and this is the first inspection.

Why we inspected

This was a planned inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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?

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 caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Chawley Grove

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 team consisted of an inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Chawley Grove is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced. Inspection activity started on 26 April 2021 and ended on 4 May 2021. We visited the service location on 28 April 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some

key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We received feedback from five relatives about their experience of the care provided. We used all of this information to plan our inspection.

During the inspection

We spoke with six people who used the service. We looked around the home and observed the way staff interacted with people. We looked at three people's care records and three medicine administration records (MAR). We spoke with eight members of staff including the registered manager, clinical lead, a nurse, homemakers, the chef and a Wellbeing and Lifestyle Coach. We looked at five recruitment and training records and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received feedback from two healthcare professionals. We also corresponded with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

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 for this newly registered service. 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

- Staff had a good understanding of abuse and knew what to do to make sure that people who lacked a voice were protected. People were supported by staff that knew how to raise safeguarding concerns.
- Staff received regular safeguarding training and updates. They were able to tell us about different types of abuse and what steps they would take if they believed people were at risk of harm.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as nutrition, mobility and pressure area management. Staff were familiar with and followed people's risk management plans.
- People felt safe and acknowledged that the team was meticulous in preventing infections and also noted that extra regulations had been introduced recently to augment existing procedures. Comments included, "Everyone here has worked hard in Covid 19 times and made it safe. My family know that I have been safe", "Yes, I do feel safe. It is a shame we haven't been able to get out at all but with Covid 19 I understand that we cannot" and "Yes, I feel safe all the time. I do have to ask them (staff) to lower down their masks quite frequently because I am deaf, and it helps me to lip read."
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary.
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- The service had enough staff to meet people's needs. We saw people were attended to in a timely manner and staff were not rushed. The registered manager regularly reviewed staffing levels and adapted them to people's changing needs. The registered manager told us they were using regular, agency staff when needed and that recruitment was on-going.
- People and relatives told us there were enough staff to meet their needs. However, they also acknowledged the low number of people in the home and use of agency staff.
- The provider followed safe recruitment practices and ensured people were protected against the

employment of unsuitable staff. They applied a value-based recruitment which aimed to ensure that they employed the right workforce that had the right set of skills and values. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. The provider used a live, self-auditing electronic medicines system which allowed continuous monitoring of all aspects of medicines management.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely. Staff followed correct procedures to protect people with limited capacity to make decisions about their own care, treatment and support, when medicines needed to be given without their knowledge or consent.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. Learning was shared across the organisation.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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 for this newly registered service. 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

- People's care and support was planned and delivered in line with current evidence-based guidance, standards, best practice and legislation. Records showed people's needs were assessed before they came to live at Chawley Grove.
- People and relatives told us they were involved in the assessment and care planning process.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction, and did not work unsupervised until they and their line manager were confident they could do so. The induction training was linked to The Care Certificate standards. The Care Certificate is a set of nationally recognised standards to ensure all staff have the same induction and learn the same skills, knowledge and behaviours to provide compassionate, safe and high-quality care and support. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings. For example, training in dementia care as well as training at diploma levels for staff who wanted to follow that route.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and said, "I do enjoy the food, always" and "We have good choices made on the day. If I change my mind, they can get me something else like omelette or salad. I can have alcohol if I want, I like it on Sundays."
- Relatives were equally complimentary of the food and acknowledged some of their loved ones had put on

weight.

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

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support. This allowed effective information sharing and continuity of care.
- Where referrals were needed, this was done in a timely manner. One healthcare professional complimented, "I have always had good communication from the nursing team who I have spoken to and they have always escalated concerns appropriately and in a timely manner."
- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Chawley Grove was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. There were memory boxes available for people to put things that were special to them and reminded them of special memories. There were several sitting areas around the home as well as a quiet lounge where people could spend their time.
- People had access to a cinema room with a bar which we were told was often used. There was also a large hairdressing/beauty salon, spa rooms on each floor and a bistro.
- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had a large garden and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out.
- Where people did not have capacity to make specific decisions, these had been made in their best interest by staff following the best interest process.
- People's rights to make their own decisions were respected and people were in control of their support.

Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.

- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "We respect their [people's] choices and support them in their best interest."

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 for this newly registered service. 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 and relatives were consistently positive about the caring attitude of the staff. People said, "The staff are kind and they don't moan and they ask us what we need and tell us that is what they are here for, to help us", "I like it here, the care is good and I have no problems at all" and "It is ok, it is nice here, I almost get too much help sometimes."
- Relatives told us staff were caring and provided compassionate care. They commented, "Overall, they do give me the impression that they genuinely care", "The staff are friendly and caring towards the residents. Being able to trust a care home to care for my Mum like she were their own mother is invaluable and offers peace of mind that she is safe" and "I have been very impressed with all aspects of [person's] care. Every effort has been made to make her feel safe and welcome."
- We observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere. People's body language demonstrated that they were happy in the presence of staff and other residents. One healthcare professional told us, "It is always a lovely and welcoming environment to visit. The staff members always seem happy to work together. I have seen some lovely examples of members of staff being caring during my visits to the care home in recent months, from several members of both the nursing and homemaker teams."
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "Yes any updates or changes to my mum's care would be discussed with me as I am the main contact for the family. We have had two care reviews since my mum arrived in December 2019, both were very detailed, precise and went smoothly."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. The service supported and encouraged staff to notice and challenge any failings in how people were treated at the home.
- Relatives told us staff treated people respectfully and maintained their privacy. People's care plans highlighted the importance of respecting privacy and dignity. Staff knew how to support people to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

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 for this newly registered service. 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 received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care. People's care plans were regularly updated to reflect people's changing needs.
- The provider had developed and used a 'Homemaker' model. It's a model which defines a role of a carer as a universal worker meaning Homemakers are carers, housekeepers and companions all in one. This focused on a wholistic delivery of effective and consistent person-centred care. The nominated individual told us, "We are all very proud of the Homemaker model. The resilience of the model has proven invaluable on a day to day practical basis during these unprecedented times and, hopefully, has also helped residents and colleagues alike during all the challenges of the past year or so."
- It was clear staff knew people very well, had a good understanding of their individual needs and made sure those needs were met.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

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.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions or offer picture cards to promote communication and minimise frustration.
- Information was accessible to people in different formats. We also saw staff showed people meal choices during lunch.

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

- Activities at Chawley Grove were very much people led. These were facilitated by a dedicated team of

Wellbeing and Lifestyle Coaches who supported people with partaking hobbies and activities that were meaningful to them. One Wellbeing and Lifestyle Coach commented, "Everyone here has worked really hard in Covid 19 times and I think tried to keep a smile on their faces for the residents."

- People were involved in charity work and had raised funds for a local hospice. They had been supported to complete 100 laps around the home gardens in honour of Sir Tom Moore a public figure who had captured people's hearts during the Covid 19 pandemic.
- People had access to a variety of activities which included individual and group activities such as theme days (different countries and their food), joint events with the Alzheimer's charity and 'Send a Post Card' scheme where care homes send post cards to other participating homes. The lifestyle coaches talked to people about these and the pictures on the cards.
- People told us they were involved with the activities and said, "Yesterday there was a film here, in the cinema, it was a 1950's film" and "I have a tattoo of a robin on my ankle and we always talk about Robbie the Robin."
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.

Improving care quality in response to complaints or concerns

- People knew how to give feedback about their experiences of care and support and could do so in a range of accessible ways, including how to raise any concerns or issues. The provider had systems in place to manage complaints. Since registration, the provider had received two formal complaints which had been investigated and addressed in line with their policy.
- People and their relatives told us they knew how to make a complaint. One relative told us, "I would raise any concerns with the home manager initially. I did raise one before and it was looked into straight away." There were many compliments received regarding good care.
- We saw the complaint procedures displayed throughout the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us no one was receiving end of life support at the time of our inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.
- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.

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 for this newly registered service. 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

- We were met by a very welcoming registered manager and team. They told us they were genuinely looking forward to our visit and were keen to show us what the team had done to provide good care to people. They welcomed the inspection process and saw it as a vital way of holding the service to account.
- People told us the home was well-led and commented, "Yes, everything runs smoothly" and "It is a nice place and is all done smoothly as far as I am concerned."
- Relatives were complimentary of the way the home was managed and told us, "In my opinion it is well managed. Staff seem to enjoy working there and are happy and polite to both people and family members which indicates that they have received good training and management" and "I think the home is 'managed' as a basic function, in that it does care for the staff, residents and visitors on a generic basis and within the business policy guidelines. To date, the management team has always been friendly and approachable."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager listens to us and is very supportive. Very understanding with personal circumstances. She really cares", "Manager is a good manager. She explains things in a reasonable way. Approachable and encourages us to develop. Very easy to talk to even with personal issues" and "Manager is alright, a good manager. She involves staff in how care should be improved."

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 and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post since the home opened two years ago. They were supported by a knowledgeable clinical lead. There was a clear management and staffing structure and staff were aware of their roles and responsibilities.
- Despite the home using agency staff, they ensured they used the same staff which allowed continuity of

support and had a positive impact on people's care. Staff understood their roles and responsibilities, were motivated, and had confidence in the management team.

- There was significant emphasis on continuously improving the service. The staff team assessed the quality and safety of the service through real time audits via an electronic record system. This provided effective oversight of what was happening in the service, meant concerns were responded to in a timely way and allowed reviews of care to be completed instantly. Audits included all aspects of care including health and safety checks, safe management of medicines and people's care records.

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

- People and their relatives had opportunities to raise any comments via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "I have been kept in regular contact via email to what changes the home are making according to Government Guidelines. My family has been able to organise and arrange a Zoom call with my mum twice a week." Another relative told us, "There have been regular updates issued during the pandemic and visitation has always been available. The home has worked very hard and successfully maintained a safe environment for their residents, staff and visitors. Well done to the team there. Communication has been regular and clear, and any visitation procedures clearly communicated and well managed."

- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through surveys and meetings. The information gathered was used to improve the service.

- Staff told us they felt listened to, valued and able to contribute to the improvement of care. One member of staff said, "I enjoy working here at Chawley Grove and working for Hamberley. I love my job role and the Homemaker model too. I like the way we are given tools to grow ourselves and guided by the nurses to expand our knowledge." Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. The atmosphere was very pleasant.

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care.

- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.

- The management team and staff considered information about the service's performance and how it could be used to make improvements. Records showed there were discussions around how to improve people's care following audits and surveys.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.

- Records showed the provider also worked closely in partnership with the safeguarding team and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care. One health care professional commented, "Chawley Grove are a very good nursing home and very responsive to any requests or specific requirements for our patients whether it be challenging or complex. They are always very receptive to whatever is required of them and always go that extra mile with both patient and family members.

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.