

Lakeview Rest Homes Limited

Rosewood Lodge

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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

The last inspection of this service was carried out on 9th April 2013. The service was found to be fully compliant during that inspection. This inspection was unannounced.

Rosewood Lodge is registered to provide personal care and accommodation for up to 24 people. Services are provided to older people who may also be diagnosed with a dementia related condition. The home is located on the Promenade, close to St Annes town centre. There is a registered manager in place at the service. A

Summary of findings

registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Throughout the inspection, we consulted a variety of people, including people who used the service, their relatives, staff with various roles and a number of community professionals. The majority of people we spoke with expressed very positive views about the service and spoke highly of staff and managers.

People told us they experienced safe and effective care at Rosewood Lodge and expressed satisfaction with daily life at the home. Community professionals reported positive relationships with the service and felt staff were professional and cooperative.

Risks that people faced in relation to their health and wellbeing were understood and there were plans in place to keep them safe. Staff had a good understanding of people's daily care needs and where necessary, ensured that people who used the service had access to community health care and support.

There were clear safeguarding procedures in place to help ensure that people were protected from harm and potential abuse. The manager and staff had a clear understanding of the procedures and were aware of the action to be taken to safeguard people who used the service.

People's human rights were respected. Where concerns were identified about the capacity of a person who used the service to consent to any aspect of their care, the key requirements of the Mental Capacity Act 2005 were put into practice to ensure people's best interests were protected.

People were provided with safe and comfortable accommodation. Equipment and facilities were well maintained and regularly checked, which helped to protect the safety and wellbeing of people who used the service.

People who used the service received their care from well trained, well supported staff. The manager ensured that staff at the service had the skills and knowledge to carry out their roles and received regular supervision.

People told us they received their care from a kind and caring staff team. People felt their privacy and dignity was respected and that they and their relatives could express views about things that were important to them.

The manager was able to demonstrate that the views of people who used the service and other stakeholders were encouraged and welcomed. We saw a number of examples of changes and developments within the service, which had been made as a result of people's suggestions and comments.

There were processes in place to ensure that all aspects of the service were regularly checked and monitored, both by the manager and the provider of the service. This meant that any areas for development could be identified and addressed. Accidents, complaints and untoward incidents were carefully monitored and analysed to ensure any recurring themes or patterns were identified and investigated.

There was an open culture within which people who used the service and other stakeholders were comfortable in raising any concerns. People had confidence that any concerns they did raise, would be dealt with appropriately by the manager of the home.

Summary of findings

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. Risks to the health, safety and wellbeing of people who used the service were assessed and there was guidance in place for staff in how to support people in a safe manner.

People were confident in the service and felt safe when receiving care and support. People were enabled to express views and raise concerns and were confident these would be responded to.

People's human rights were respected and there were processes in place to ensure the best interests of people who used the service were protected. The manager and staff were aware of their legal obligations under the Mental Capacity Act 2005, to protect the rights of people who were unable to consent to their care.

Good



Is the service effective?

The service was effective. People received effective care that met their individual needs and wishes. People experienced positive outcomes and gave us good feedback about the care and support they received.

Community health and social care professionals reported positive links with the service and felt effective care and support was provided.

Staff were provided with a good standard of training and ongoing support, to ensure they had the necessary skills and knowledge to meet people's needs effectively.

Good



Is the service caring?

The service was caring. People who used the service told us they received their care from kind and compassionate staff.

The service was based on key principles such as kindness, respect, dignity and compassion. These principles were embedded within the aims and objectives of the service and were an important aspect of the staff training and development programme.

People's individual needs and wishes were taken into account in the way their care was planned and provided. People who used the service and where appropriate, their representatives were encouraged to be involved in the development of their care plans.

Good



Is the service responsive?

The service was responsive. People who used the service, staff and other stakeholders were encouraged and enabled to express their views.

Managers responded positively to the feedback they received and used the information to develop the service.

Summary of findings

Care plans of people who used the service reflected their needs, choices and preferences. Changes in people's needs were promptly identified and addressed.

Is the service well-led?

The service was well led. There was a positive and open culture within which, people felt able to express their views and raise concerns.

People who used the service, their families and friends were encouraged to be involved in the planning and development of the service.

There were effective systems to assure quality and identify any potential improvements. This meant people benefited from a constantly improving service.

Good



Rosewood Lodge

Detailed findings

Background to this inspection

The inspection team consisted of a lead 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.

Prior to our visit, we reviewed all the information we held about the service. The provider sent us a provider information return (PIR). This is a form that asks the provider 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 six people who used the service and three relatives. We also consulted two visiting professionals and spoke with six staff members, including the manager, carers and the cook. Eight community professionals also shared their views of the service with us. They included GPs, social workers, health care professionals and commissioners.

We closely examined the care records of three people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

Throughout our visit we carried out observations, including how staff responded to people and supported them and daily activities such as the lunch time service. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who cannot not talk with us.

We reviewed a variety of records including some policies and procedures, safety and quality audits, four staff personal and training files, records of accidents, complaints records and various service certificates.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and said they felt safe when receiving care and support from the staff. One person commented, “I feel very safe.” Another told us, “There is always someone around when you need them.” None of the people we spoke with had any concerns about their safety. When asked, one person replied, “None whatsoever!”

We consulted three visiting relatives who all felt their loved ones were cared for in a safe manner. Two visiting health professionals also told us they had no concerns about the safety of people who used the service. One commented that she had never seen or heard anyone behave in a way that worried her.

There were clear procedures in place which provided staff with guidance in how to protect people who used the service from harm. These included information for staff on different types of abuse and guidance on how to identify warning signs that a vulnerable person may be the victim of abuse or neglect. Contact details for the relevant authorities were also included in the guidance, so staff had the information they needed to refer any concerns to the correct agencies without delay.

All the staff we spoke with were fully aware of the safeguarding procedures and were able to describe the correct actions to be taken in the event that concerns were identified about the safety or wellbeing of a person who used the service. Staff were also aware of the service’s whistleblowing policy and the importance of reporting any concerns. Staff we spoke with expressed confidence in the manager to deal with any concerns in the correct manner and all felt they would be supported in the event that they made such a report. One carer commented, “We all know about whistleblowing. It’s very important. I was told all about it on my first day.”

The rights of people who used the service were respected. In discussion, the manager and staff demonstrated a good understanding of the legal requirements of the Mental Capacity Act 2005 (MCA), to ensure the rights of people who lacked capacity to make decisions about their care were protected.

We examined the care plan of one person who had been assessed by mental health professionals as lacking capacity to consent to their residential care placement. We

saw that the manager had ensured the correct processes had been followed in accordance with the MCA. Safeguards designed to protect the rights of people who lack capacity and who may be deprived of their liberty for their own safety, referred to as Deprivation of Liberty Safeguards (DoLS) had also been followed. We saw that the manager had ensured ongoing communication took place with the person’s relatives and all the relevant professionals involved in their care, so that the situation was kept under frequent review.

Clear records were maintained of any practice relating to an individual, which could have been deemed as restrictive. In such circumstances, there were clear assessments and care plans, demonstrating that the practice was in the best interests of the person and agreed by all the people involved in their care.

Through the service’s assessment and care planning process, any risks to a person’s safety or wellbeing, for example in areas such as falling, nutrition or pressure sores were carefully assessed, using formal risk assessment tools. Where it was found that a person was at risk, care plans were developed, which provided staff with guidance in how to care for people in a safe and effective manner.

We spoke with staff about specific people who had been assessed as being at risk in some or all of these areas. Staff were able to speak confidently about the care the person required and tell us how they ensured people’s safety and wellbeing was promoted. We were able to confirm that action had been taken to promote people’s health and wellbeing by examining their care plans. For example, we viewed the care plan of one person assessed as being at high risk of malnutrition. We saw that their weight was carefully monitored and when some weight loss occurred, staff quickly identified it and sought advice from the appropriate health professionals.

People who used the service were provided with safe and clean accommodation. Everyone we spoke with expressed satisfaction with their accommodation and felt that it was well maintained.

During the inspection we met with the maintenance manager who also had a lead role in health and safety across all the provider’s services. We saw that there were

Is the service safe?

effective systems in place to ensure that the environment, facilities and equipment were maintained to a good standard and in a safe manner. This helped to protect the safety and wellbeing of people who used the service.

Regular audits and safety checks were conducted across all areas of the home and included facilities and equipment such as call bells and hoists. Where appropriate, external contractors were employed to carry out risk assessments and safety checks, for example legionella risk assessments and gas appliance safety. Certificates were available to demonstrate that equipment within the home was passed as safe for use, at regular intervals.

A fire risk assessment was in place and regularly reviewed. Fire safety procedures were supported by individual fire evacuation plans, which were in place for every person who used the service. The plans took into account the individual needs of the person, for instance in relation to their mobility.

We viewed records of staff training which confirmed that as part of their induction, all new staff were provided with training in important health and safety areas such as fire safety and moving and handling. Records were available to confirm that this training was regularly refreshed to ensure staff retained their knowledge and were made aware of any changes in legislation or best practice.

There were processes in place to calculate the necessary staffing levels required to meet the needs of people who used the service. We saw that staffing levels were kept under constant review and the manager was able to show us examples of changes in staffing made to meet people's needs.

The majority of people we spoke with felt that staffing levels were adequate. Staff told us they felt they had enough time to meet people's needs safely and provide care, which was at people's own pace. Staff also confirmed that additional care workers could always be requested if necessary, for instance if someone required some additional support, and were confident this would be provided. A visiting professional commented that she had never heard the words 'wait a minute' when someone requested assistance.

However, one person who used the service expressed dissatisfaction with night staffing levels and advised us they had waited a long time for assistance recently during the night. We discussed these comments with the registered manager who advised us she had not been made aware of any similar concerns. Results of recent satisfaction questionnaires and minutes of residents' and relatives' meetings supported the information the manager gave us. The registered manager agreed to investigate the situation.

Is the service effective?

Our findings

The feedback we received from people who used the service, their relatives and community professionals was generally very positive. People who used the service told us they felt their carers understood their needs and said they received a good level of care and support. One person commented, "I'm all right here! They know what I need and they take good care of us all."

A relative we spoke with described how their loved one had settled in well to the home, which they felt was due to the good level of care and support they received. They said, "I am so pleased at how it's gone. I feel 100% reassured that (name removed) is being well cared for. I have to say I am impressed with this home."

We received information from a number of community health and social care professionals including GPs and social workers. They told us they felt the service was effective in understanding and meeting people's needs and reported positive outcomes for people who used the service. One professional described discussions they had held with the family of a person who used the service. They said, "One family member stated that his relative is well cared for, her well-being and quality of life has improved significantly and he has not seen her looking as well for a long time. She appears to be happy and settled at the placement, enjoys the interaction and is content to remain."

We viewed the assessments, care plans and daily records of three people who used the service. We saw that prior to their admission, a detailed care needs assessment had been carried out. This meant that the manager could be sure the needs of the individual would be met at the home, before offering them a place. In addition, the assessment process meant that staff had some understanding of people's needs as soon as they started to use the service.

People's care plans were well detailed documents, which included a social history and information about their preferred daily routines. This helped care workers understand people's individual wishes and provide care that was tailored to their individual requirements.

An overall picture of the person's health and social care needs was included, as was information about the way they wanted their care to be provided. There were

examples, of good person centred information, such as, 'prefers a lie in each morning and likes a cup of tea in bed,' which helped staff understand what was important to people on a day to day basis.

People's care plans provided evidence of effective joint working with community professionals. We saw that staff were proactive in seeking input from such professionals to ensure people received safe and effective care. Professionals we consulted reported positive relationships with the service. One health care professional said, "The carers always answer any clinical questions we may have and always take on any further actions that are required, e.g referral to secondary care." Another commented, "There is always someone on duty who is fully aware of the situation and to give me the information I need. I find them all very professional."

There was a detailed training and development programme in place for staff, which helped ensure they had the skills and knowledge to provide safe and effective care for people who used the service. Each staff member had a personal development plan in place which detailed the training they had received to date, and future training requirements.

Records showed that all new staff were provided with a detailed induction, which included learning about the organisation and what was expected of them when carrying out their role. For care staff, induction training included principles of good care, which had been developed in line with national standards.

There were a number of further training courses which were classed as mandatory, so all staff were expected to complete them within specific timescales. These included important health and safety courses such as moving and handling and infection control, which helped ensure staff had the skills to support people in a safe manner. Other courses classed as mandatory, included safeguarding vulnerable adults and caring for people with dementia.

There were processes in place to monitor training so that the manager was able to ensure each staff member's training was up to date. She was assisted in this by an appointed training co-ordinator who worked across all of the provider's services.

Staff members we spoke with were complimentary about the training they received. One care worker described her induction. She said, "It was excellent. I felt really well

Is the service effective?

supported and confident because the induction covered everything I needed.” When discussing ongoing training, another staff member commented, “If you think of any extra training you want to do, all you have to do is ask and it’s provided. They are very good like that.”

We spoke with people who used the service about daily life at the home, and their opinions on areas such as mealtimes and activities. People expressed satisfaction with these aspects of the service. One person told us they liked the food very much and that there was always good smells coming out of the kitchen! People told us that choices were available about what to eat and drink and that snacks and drinks were available throughout the day. One person commented, “You can have whatever you want.”

We saw that there was a menu board displayed in the lounge, which showed various choices for the meals of the day. We also noted that throughout the lunchtime service, people were offered various choices of what they would like to eat and drink. The staff appeared to know what people liked but still asked people their preference. Care workers advised us that they spoke with individual residents each day about the menus and recorded their choices.

We noted the dining room was bright and airy and tables were nicely set with table cloths, napkins and flowers. Staff served people’s meals in a pleasant and unhurried manner, and people were given time to eat their meals at their own pace. One person required assistance to eat their meal and we saw this was provided in a discreet and patient manner.

We asked people if they felt the environment of the home met their needs. They told us it did and we saw that people appeared comfortable in their surroundings. There were a variety of communal areas available for people to use, including safe, accessible outdoor space. People’s bedrooms were homely and nicely personalised with treasured possessions such as pictures and ornaments.

However, we did note that no one who used the service carried a key for their own room. We discussed this with the registered manager who advised us that lockable rooms and keys could be provided on request. We saw that as part of the admission process, there was provision on people’s care plans to note their preferences in relation to holding a key to their room but there was no evidence that this had been actively discussed.

Is the service caring?

Our findings

People told us that staff at the home were kind and caring. One person commented, "They are smashing, every one of them." Another commented whilst hugging a care worker, "They are our best friends."

Relatives and visiting professionals commented that they were always made to feel welcome at the home at anytime. One person described how they were always offered a drink and also told us they could visit their loved one in private, should they wish. We asked a visiting professional if she felt staff at the home were caring and she confirmed that the whole team 'from the manager down' were so.

People who used the service also felt their dignity and independence were respected. One person said, "I take my own shower in the morning but I always have a carer with me to make sure I am all right." People told us they got up and went to bed whenever they liked. One person said, "I go to my room about 9pm because I like to watch what I want to watch on television. I get up about 8.30 and have coffee and toast in the dining room."

The majority of people we spoke with expressed satisfaction with the standards of care and felt confident in the service provided. However, one relative commented that they felt their loved one was not always provided with the best possible care, explaining that sometimes they did not have their hearing aids. This comment was passed on to the registered manager to explore further.

We observed people receiving care and support throughout the day. We noted that people who used the service appeared to get along well with staff and were comfortable in their presence. We saw staff providing care and support in a kind, gentle manner always taking time to explain to people what was happening and ensuring their comfort.

We discreetly observed two carers helping a person to transfer from their comfy chair to a wheelchair. We observed both staff gently reassuring the person and checking on their wellbeing throughout. We saw that the person looked relaxed and happy throughout what was

quite a complex procedure. We also observed staff defuse a potentially difficult situation at one point during our visit. This was done skilfully and in a gentle way, which was effective and resulted in the people affected quickly becoming relaxed and cheerful.

The care plans we viewed were based on the personal needs and wishes of the people they belonged to. Everyday things that were important to them were detailed, so that staff could provide care tailored to meet their needs and wishes. People we spoke with were confident that their care was provided in the way they wanted, although several people commented that they didn't get involved with their care plans as they preferred to leave this to their family. People who used the service felt their relatives' views were taken into account.

There were several programmes in place at the service, which were designed to enhance the standard of care provided to people. These included the Dignity Charter, which the service were signed up to. As part of this initiative, the home agreed to meet a number of key standards aimed at enhancing dignity for those using the service. There were appointed Dignity Champions across the service whose role was to monitor this area and challenge, in any circumstances they felt someone's dignity was not being respected. Records demonstrated that the Dignity Champions had received additional training and supervision to help prepare them for this important role.

At the time of our inspection the service had recently been endorsed to provide care to people at the end of their life, through the Six Steps Programme. This had involved some external assessment during which the service had been required to demonstrate that they met a number of standards relating to the provision of end of life care. We also noted that the manager of the service had recently been nominated for an award by the family of one person who had received end of life care at the home. They had nominated her for the award for 'impeccable care and service' and had been highly complimentary about their care their loved one received and the support they had received as a family from the manager and staff.

Is the service responsive?

Our findings

People told us they felt they had sufficient information about the care and treatment they received. They also commented that if they wanted more information, they would be happy to ask. One person who used the service told us, "Someone will always sit and talk to me, if I want them to." People who used the service felt able to express their views and comments and felt their relatives were listened to also. A visiting relative commented that their views were welcomed.

We saw that there were a number of ways in which the registered manager attempted to involve people who used the service and their relatives and friends in its development. These included residents' and relatives' meetings and more informal events, such as a recent wine and cheese evening that had been held.

Satisfaction questionnaires were issued on a quarterly basis to everyone who used the service and their representatives. The manager advised us that all the responses were carefully analysed and a report made of action to be taken. People who used the service and their relatives would then be updated during meetings about the action taken as a result of their feedback.

The manager was able to tell us about a number of actions that had been taken as a result of the feedback and suggestions from people who used the service. These included the implementation of a suggestions box in the home, the purchase of additional garden furniture and barbeque and the change of use of one communal area, into a quiet room. The quiet room included subdued lighting, gentle music and easy chairs. There was also a fish tank which had been constructed and people who used the service had apparently very much enjoyed watching its development.

There was a complaints procedure in place which gave people advice on how to raise concerns and informed them of what they could expect in the event that they did so. The procedure included contact details of other relevant organisations, including the local authority and the Care Quality Commission.

Everyone we spoke with told us they would feel comfortable in raising concerns if they needed to. One person who used the service said, "If I had a complaint they

would know all about it!" Some people told us they had not seen a copy of the complaints procedure but we did note, that the procedure was included in the home's Service User Guide and also posted in several areas in the home.

In discussion, we were advised that the complaints procedure could be made available in a variety of formats and languages. The various formats included large print and an easy read version, which demonstrated the service had taken the needs of people who used the service into account.

Staff we spoke with were aware of how to support people if they wished to make a complaint and felt that the manager would respond appropriately to any concerns raised. One staff member told us, "This isn't the sort of place where people can't speak up. It's important people do so we can put things right."

There were processes in place to record complaints, and any further information about their investigation and action taken as a result. In discussion, the manager demonstrated a positive view of complaints and explained that she saw them as an opportunity for improvement. We were also advised that there were systems to monitor all complaints received, so that any themes or trends could be identified. However, at the time of our inspection no complaints had been received.

People who used the service were provided with regular opportunity to take part in activities, inside and outside the home. There were photograph albums of pictures of numerous activities and outings that occurred regularly. One person who used the service told us, "I love all the activities especially live music and dancing with (name removed), all the outings, play your cards right, manicures and hairdressing!"

At the time of our visit, people were enjoying a session of Play Your Cards Right, a game based on a television game show. Other activities regularly enjoyed in the home included arts and crafts, visiting musicians, quizzes, movement to music, clothes parties and a visiting PAT (Pets As Therapy) dog. One person told us, "There's always something going on! There's something to suit everybody!"

Some people who used the service enjoyed gardening and the manager had arranged for planters to be provided in the garden, which were raised to a height where people could tend them without having to bend down. The planters were also accessible for people who used

Is the service responsive?

wheelchairs. A staff member explained that he was in the process of preparing an area of the garden for vegetable growing, as some people who used the service had expressed an interest in this.

A number of residents enjoyed spending time in the garden and following a request at a recent residents' meeting, additional garden furniture and a barbeque had been purchased.

People who used the service were able to take part in weekly trips out, with transport provided. Recent trips had included Blackpool Tower, local pub lunches and a canal trip. We also saw that the manager made efforts to provide

one to one support for those people who did not wish to join in group activities and trips. For instance, one person had recently expressed a desire to go to the beach rather than out for a pub lunch and this request was met.

The manager also attempted to provide activities, which involved relatives and friends of people who used the service. At the time of our inspection, a cheese and wine evening had recently been held and was very well attended. The service were also in the process of planning a summer fair, to which relatives and other members of the local community were invited.

Is the service well-led?

Our findings

There was a manager in place at the home who was registered with the Commission. Prior to our inspection the manager provided us with a good level of information about the service, within requested timescales. The information demonstrated the manager was aware of the need to continuously monitor standards and seek constant improvement.

People who used the service and their relatives knew who the manager was and had regular contact with her. People told us they found the manager approachable and supportive and one person commented, “She always has time to discuss things. I’ve never felt that I couldn’t approach her.”

Several of the community professionals that we consulted commented that they felt Rosewood Lodge was a well run home. One person said, “It always seems very well organised. I can always find someone senior to speak to when I visit.” Another visiting professional we spoke with commented that the manager ‘led by example’.

Staff were aware of the lines of accountability within the service and wider organisation. They were confident about raising any concerns and felt that any concerns that were raised would be dealt with properly. Staff described the manager as supportive. One carer commented that she had been well supported by the manager not only about work related issues but personal ones too.

Discussions we held and records viewed, demonstrated regular group staff meetings were held during which, important information was cascaded to the staff team and people were invited to share their views. The manager spoke of the importance of ensuring staff were involved and engaged with developments within the service. We saw there were regular staff surveys carried out to enable the manager to ascertain levels of satisfaction amongst staff and identify any areas that may need to be addressed.

The need to monitor and assure quality across the service was understood and there were several processes in place to enable both the manager and provider to do so. Audits were in place, which covered a variety of areas including medication, care planning and the environment. In addition, audits looking closely at the experiences of people who used the service were carried out regularly, for example in areas such as pressure sores, falls and hospital admissions.

Accidents, safeguarding concerns or other such adverse incidents were recorded, monitored and analysed during management meetings held across all of the provider’s services. This enabled the manager to spot any recurring themes or patterns of adverse incidents, anticipate further incidents and to ensure that any learning from the incidents could be identified and shared with the staff team.

Policies and procedures were in place for all aspects of service delivery and had recently been reviewed across the organisation. The manager and other managers from sister services had responsibility to ensure specific policies were updated and continued to reflect current legislation and best practice.

A representative of the provider visited the service at least once each month to carry out safety and quality checks. Following these visits a report was provided to the manager identifying any necessary improvements or good practice observed.

The manager described the senior management team of the organisation as supportive and confirmed that the resources necessary for the effective running of the service were always made available. She also explained that she had regular opportunity to meet with other managers across the organisation for the purpose of peer support, learning and sharing good practice.