

# Methodist Homes

# Willesden Court

## Inspection report

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Date of inspection visit:  
27 November 2019  
02 December 2019

Date of publication:  
08 January 2020

## Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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

Willesden Court is a nursing home providing personal and nursing care to 50 people aged 65 and over at the time of the inspection. The service can support up to 60 people. The service is currently undergoing major refurbishment; to be able to accommodate this the provider decided to keep ten rooms unoccupied until the work is completed in Spring 2020. People who used the service received care and support over three floors. The second floor specialises in dementia care.

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

People were looked after and supported by a consistent, caring and well-established service. We found some of the medicine's audits did not highlight the discrepancy in stock levels of medicines we found during our inspection. The discrepancy with the medicines was only found on the top floor of the home. People told us that they felt safe at Willesden Court. One person said, "This is one of the cleanest places I've ever lived. Very safe." Generally, people were protected from harm or risk of harm. However, some greater attention is needed in formulating risk management plans for specific health conditions people may have.

People's needs, and choices were assessed and recorded. 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. People were provided with healthy, well presented and nutritious meals and told us that they were able to choose alternatives if they wished to do so.

People were cared for by kind, considerate staff who took time to chat with people throughout the day. Staff ensured that people's privacy and dignity was maintained, and people were encouraged to engage and contribute to their care, which helped them to stay or gain greater independence.

Care plans were person centred and provided staff with the necessary information on how to care for them, though they would benefit from greater in-depth information in how to care better for people who had specific healthcare conditions. People benefited from a wide range of individual or group-based activities, which ensured that they were engaged and stimulated mentally and physically.

People could take part in meetings and contribute to the organisation of the home. Regular audits were completed by the provider to consider areas that required improvement. People and staff told us that they were supported by a kind management team.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update) The last rating for this service was Good (published 26 July 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### 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** ●

# Willesden 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.

#### Inspection team

The inspection was carried out by one inspector, one assistant inspector, one pharmacy inspector and two Experts by Experience during the first day of this inspection. During the second day of this inspection the home was inspected by one inspector. 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

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

The first day of this inspection was unannounced, but we told the service that we will return to complete the inspection on Monday 3 December 2019.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since the last inspection. This included notifications the service is required to send to us. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with 18 people who used the service and three relatives about their experience of the care provided. We spoke with nine of the staff including the registered manager, area manager and chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at eight staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, feedback from the local authority and annual quality assurance survey data.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People who used the service were administered their medicines safely. Medicines were safely stored in suitable lockable medicines trolleys, which were stored in designated lockable medicines rooms on each floor.
- Staff had received medicines administration training and their competency was assessed to ensure they knew and followed the medicines procedure and policy when supporting people who used the service with their medicines.
- We checked 40 Medicines administration records (MARs) and found no gaps in the recording. People who used the service told that they got their medicines on time. One person told us, "I get my tablets from the nurse every morning on time."
- We checked medicines audits and stock levels on all three floors for 60 people and found that medicines audit on one floor did not match with the actual stock levels for medicines for four people who used the service. We spoke with the registered manager about this who told us that the service had moved from the pre-packed dossett system to medicine being administered from the original boxes in October 2019. She said that this could have been the reason for the discrepancy found.
- We also noted that some people received their medicines covertly. While the medicines records stated that the medicines should be crushed. We were not able to clearly ascertain if this had been agreed by the person's doctor, the pharmacist and the person's family. We discussed this with the registered manager, who told us that the person's doctor gave authorisation for the medicines to be crushed. We explained to the registered manager that this should be a multi-disciplinary decision. The registered manager told us that she will review all people who received their medicines crushed and will discuss this with their family, the pharmacist and the doctor.

### Systems and processes to safeguard people from the risk of abuse

- The provider's policies and procedures provided staff with guidance and steps to take to keep people safe. One staff member told us, "If I see anything which would concern me I would go to the deputy or the manager and they will sort it out."
- The registered manager demonstrated they had acted upon safeguarding concerns raised by notifying the local authority and CQC.
- All people we spoke with felt the home was safe and had no concerns about their well-being. One person told us, "It's very safe in here because everything is nice and OK. Every day someone comes to help you."

### Assessing risk, safety monitoring and management

- People's care records contained risk assessments and risk management plans for staff to follow to

minimise the risk and protect people from injuries and harm in relation to receiving care and support.

- □ We however, noted that in some care folders more specialist risk assessments and risk management plans for conditions such as diabetes or epilepsy were not in place or did not provide sufficient guidance for staff to follow to manage the risk related to these conditions.
- □ We discussed this with the registered manager on the first day of our inspection and saw evidence on the second day of our inspection that the service had started to implement and update the risk assessments which were specific to some of the health conditions people had.
- □ Equipment used to support people's care, for example, mobility equipment was clean and had been serviced in line with national recommendations.

#### Staffing and recruitment

- □ There were enough staff allocated to different areas of the home to meet people's needs.
- □ When required, for example, during staff sickness or when waiting for recruitment checks to complete, agency staff were used to ensure staff numbers remained adequate.
- □ The registered manager used a known tool to determine the numbers of staff required. The numbers of staff increased if people's needs increased. People told us that there were enough staff available to meet their needs and observation carried out by us during this inspection confirmed this. One person told us, "Yes they have plenty of staff. They clean and tidy every day." Another person said, "There are enough staff. When I ring my bell at night I sometimes wait but they always come."
- □ Staff recruitment files showed that appropriate checks were carried out on potential applicants, before they started work.

#### Preventing and controlling infection

- □ We conducted a tour of part of the service with the registered manager and saw the service was clean and well maintained. No malodours were detected.
- □ One person said, "It is very clean here normally, but at the moment they decorate, so it's a bit more dust, but it will be nice once it is done."
- □ The local clinical commissioning group had an infection control nurse, who was planning to visit the home after our inspection. The service had an infection control champion who was responsible for auditing and monitoring infection control procedures in the home and provide support for the whole staff team if they had any concerns about unsafe infection control procedures in Willesden Court.

#### Learning lessons when things go wrong

- □ The registered manager was able to provide us with examples of the lessons they had learnt when things had gone wrong. For example, if people had an increase of falls, they reassessed the person and increased observations to minimise the risk of falls. The learning had meant improvements to the support, care and treatment for the person and an increased quality of life for them to enjoy.



# 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 Good. At this inspection this key question remained the same. 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 needs were assessed prior to their admission. Their needs and choices were documented. Staff were able to describe people's needs in detail.
- Assessments of people's needs were detailed, expected outcomes were identified and care and support were reviewed when required.
- The registered manager said she or another senior member of staff always went to meet the person to complete an assessment before the person moved to the service. Discussion took place with those who knew the person well, and where possible written reports were obtained from those who worked with the person.
- The registered manager said the person, or their family had the opportunity to visit the service before a decision was made as to whether the service could suitably meet their needs. During the first day of our inspection we observed a relative of a prospective person had been shown around by a member of staff to see if Willesden Court was suitable for their loved ones.

Staff support: induction, training, skills and experience

- Staff had access to training and received the appropriate support by the management team to ensure people's needs were met. People who used the service told us, "The staff are very good, they know what they are doing."
- We viewed training records which showed that staff had received regular mandatory training, which included safeguarding adults, manual handling, infection control and dementia. We however, discussed with the registered manager that staff did not receive training which was specific to people's healthcare needs, for example, diabetes and epilepsy. The registered manager acknowledged this and reassured us that she will arrange for all staff to attend training specific to people's healthcare needs.
- Records showed, and staff confirmed that they had received regular one to one supervisions with a senior member of staff and regular annual appraisals.

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

- People were supported to receive meals, in a timely manner, which met their dietary requirements. Where necessary arrangements could be made to change the texture of foods to reduce the risk of choking.
- People we spoke with told us they liked the home cooked food. They told us they were offered choices around what to eat and received food which was appropriate to their culture and or religion. People contributed their ideas when developing the menu. People told us, "The food's not bad. They give me a sheet and you can print out what you want to eat. The food is good enough," and "The food delicious and if you don't like something the kitchen does something else."

- Where necessary arrangements could be made to monitor people's food and fluid intake to minimise the risk of obesity or malnutrition, and dehydration. Where necessary records were kept about what people ate and drank.
- People ate at their own pace. People chose to eat their meals in the dining room. Food was served promptly so people did not have to wait too long. Where necessary people could receive suitable support to eat. For example, to have food cut up, or one to one support with eating.

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

- Staff responded to people's healthcare needs. People told us staff called their doctor if they felt unwell. One person said, "They make appointments to see the doctor for me. Once I was 'conked out' in the bed and they helped me."
- People said they could see other healthcare professionals such as dentists, opticians and chiropodists. Where necessary this support was recorded in people's files.
- The registered manager said the service received suitable support from the mental health team. For example, from the care co-ordinator, community psychiatric nurses, and consultant psychiatrists.
- Referrals had been made to a range of healthcare professionals when that area of support was required. For example, occupational therapists, district nurses, dietician, speech and language therapists and physiotherapists.

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

- Willesden Court is well adapted and suitable for people's needs. During our inspection the service was undergoing a major redecoration and refurbishment project throughout. The registered manager told us, that the work will be completed by early Spring 2020. To accommodate the work the provider had decided to reduce the number of people who used the service to 50, instead of the 60 Willesden Court was registered to accommodate. The registered manager said, "This allows the contractors to do the work and we can redecorate all rooms and communal areas in the home."
- We saw that the work was carried out safely and tools as well as paint were not left unattended to ensure people were not at risk of falls or injuring themselves.
- Regular fire safety checks were carried out and all people had a personal plan in place which was suitable to their individual needs in case there was a fire or another emergency, which required them to evacuate the building.

Supporting people to live healthier lives, access healthcare services and support

- People were encouraged to eat healthy diets.
- Smoking was restricted to outside the building. If people wished to reduce or stop smoking they received encouragement and support to do so.
- One relative told us, "When [name] moved in she couldn't walk. Now she is walking on her own, they did a great job."

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, 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.

- The registered manager had applied for DoLS on behalf of people and kept clear records of applications and authorisations, as well as any records when authorisations needed to be renewed.
- Where people did not have capacity to make decisions, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- Where necessary 'best interest meetings' were held and a record of these were kept.
- Staff had received training in the MCA and consistently asked people for consent to ensure they were able to make daily choices.

# 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring and treated them with respect. Their comments included, "Staff are very nice, cannot complain. They do listen to me. Always ask you if they do things like wash me or wash my hair" and "The staff do care and take their time, some are chattier than others."
- Relatives agreed and told us, "They [staff] are all very nice and kind" and "When I come they usually laugh and chat with the people, my relative has never complained about anything."
- Feedback provided in a recent internal survey was also very positive. 100% of the people responded confirmed that staff were caring and kind.
- Staff knew the people they supported well and treated them as individuals. There was an equality and diversity policy as well as a sex, sexuality and relationships policy in place, which staff were aware of.
- Staff spoke warmly about the people they supported, and we observed positive, familiar interactions between people living in the home and staff. Staff provided physical contact such as an arm around the shoulder when a person was upset, we observed one person becoming distressed and wanting to see her doctor and staff spent time with the person and comforting the person, explaining to the person not to worry and providing constant reassurance to the person.

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

- People newly admitted to the home received a welcome pack/ service user guide with the information about the service provided at Willesden Court. This helped people to understand what they could expect from the service and helped them to make decisions about their care.
- The service arranged regular residents' and relatives' meetings to discuss planned activities and any proposed changes to the service. This was also an opportunity for people and their relatives to make comments and suggestions about the care and what they would expect the home to do for them.
- If people did not have friends and family to support them in decision making, details for local advocacy services were available in the home.

Respecting and promoting people's privacy, dignity and independence

- People had choice and control over the support they received, when they received it and how. One person commented, "I get help with washing and dressing. They listen to me and they're very caring."
- People told us they were supported in ways that promoted their independence. One person said, "Yeah, they let me do what I do for myself. My children buy my clothes for me and I dress myself." Care plans prompted staff to encourage independence and staff had access to a privacy policy to guide them.
- People agreed that staff acted in ways to protect people's dignity. One person told us, "If the door is

closed, they [staff] knock and if I say yeah, they come in."

- Records regarding people's care and treatment were stored securely on an electronic system to maintain people's privacy and confidentiality.

## 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 Good. At this inspection this key question has remained the same. 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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had care and support plans that reflected their individual needs and choices, understood by the care team, reviewed regularly and responsive to changes. A relative told us, "They [staff] involved us both in the care plan and also ask me if there is anything else we need, very good."
- Care plans viewed were overall of very good standard, however, were people had specific healthcare conditions the records should be more detailed. This will ensure that care staff were fully aware of the condition and how to respond if the condition changed. We discussed this with the registered manager who advised us that due to the deputy manager being on long term sick, she fell behind in updating the care plans. On the second day of our inspection the registered manager showed us a couple of care plans which had already been updated.
- Care plans reflected people's diversity and included information about how a person's cultural and spiritual needs were met. Religious services held at the home were reflective of the spiritual needs of people living at Willesden Court. Different representative from different faith visited the home regularly to ensure peoples spiritual needs were met. One person told us, "I have made friends here, all very nice. On the 1st Monday in the month the Roman Catholic priest comes and does a mass and communion and Sundays we have a service on the TV."
- Activities were both planned and responsive to people's well-being. We observed different activities were offered during both days of our inspection visit. Some activities were group activities and some activities were one to one activity. We also saw that where people were bedbound due to their health condition, activities were offered in their room. One person told us, "Staff are very friendly. The music therapist comes to my room and staff talk to me, domestics come and talk to me. It is perfect, and I am grateful to be here." Another person told us, "I do bingo, exercises and play ball and basketball. There is something on every day. I don't do drawing but like music."

#### 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 registered manager was aware of the AIS and the service had an AIS policy in place.
- People's communication needs were clearly assessed and detailed in their care plans. During our observation we saw that staff spoke more slowly or came closer to people if they had difficulties of hearing. We also saw that some information within the service was displayed in a different format so people who

found it difficult to read were able to understand the information displayed.

#### Improving care quality in response to complaints or concerns

- The service had received 17 complaints in the last twelve months. We looked at complaints records and found that complaints had been dealt with and responded to appropriately.
- People who used the service and relatives were confident to raise any concerns and told us that they would talk to the manager or a nurse in charge if they had any issues which need to be dealt with. One person told us. "I would talk to the manager [name]. I'm sure she would listen. She's often up on the floor checking; she is visible and approachable"

#### End of life care and support

- People had an opportunity to develop care and support plans detailing their end of life wishes which included any cultural requirements and decisions on whether they would or would not want resuscitation to be attempted.
- We found that some people were prescribed anticipatory medicines which can be used when people were in the end stages of their life. However, we found that the end of life care plans did not reflect this. Therefore, staff did not have the right information of when to administer the medicines to make people more comfortable during the final stages of their lives. We discussed this with the registered manager who reassured us that all end of live care plans will be updated to encompass when anticipatory medicines were to be administered.

# 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 Good. At this inspection this key question has remained the same. 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

- People and their relatives felt the service was well led and told us they would recommend the home to others. One relative told us, "Best run care home I have ever seen. It's well run. It is well managed. [Managers name] has a vocation to stay – I have seen 7 or 8 managers and she is one of the best." One person said, "[Managers name], is very nice. She comes to the lounge and talks to everybody." Another person said, "Yes, it's well managed. [Managers name] always comes around keeps an eye on things and will talk to the residents to find out if we are happy." Staff said, "[Managers name] is easy to talk to and listens if we suggest things to make things easier or better for the residents."
- The management team demonstrated they were committed to providing person-centred, safe and effective care to people. The registered manager told us, "I have been around a long time, I like working here and enjoy people improving and give them the best care we can."
- People were made to feel that they mattered. A person said, "We have meetings and can suggest things. Also, the cook comes around and ask us if we like the food or do want anything different."

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

- The registered manager was aware of the need to report to CQC, any event which affected the running of the service, including any deaths and DoLS authorisations, as they are legally required to do.
- When something had been identified as not having gone as well as expected, this was recognised, discussed and a plan made to help ensure the event did not re-occur.
- The provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. Staff spoken with understood their responsibility to report accidents and incidents to senior staff and the registered manager.
- The previous performance rating was prominently displayed in the reception area and on the providers website.
- A relative told us, "Willesden Court is a lovely home and the registered manager will always listen and is very understanding."

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

- There was a clear management structure in place, which consisted of the operation manager, the registered manager and the deputy manager who were responsible for the smooth running and operation of



Willesden Court. Methodist Housing Association also had a designated quality assurance team, maintenance team, training and human resource team, who ensured that the quality of care was maintained, improved, assessed and monitored.

- Staff spoke positively about the management team. They told us they felt fully supported by the management team and they enjoyed a good working relationship with their colleagues. Staff comments included, "She is very supportive, and we can go and speak to her if we have any issues" and "[Name] is easy to talk to, but we can also speak to the deputy."
- The provider had a wide range of policies and procedures in place to ensure a smooth running of the service. Policies included, medicines, safeguarding adults, equality and diversity, whistleblowing and complaints.
- The provider carried out regular quality assurance visits to ensure the quality of care and service was monitored and could be improved. In addition to the service was carrying frequent audits of the environment care plans, medicines administration and health and safety, these were generally very effective. However, we explained to the registered manager that the services medicines audits should have picked up the discrepancy of medicine stocks found on the top floor medicines room. She reassured us, that this would be addressed without delay to ensure medicines were safely managed throughout the service.
- All completed audits resulted in an action plan being completed, where required. These were discussed with the management team and timescales for work to be completed, agreed.

We recommend to seek guidance from a reputable source around effective quality assurance assessment for the safe management of medicines

- The registered manager felt well supported by the wider management team who were fully involved in the running of the service.

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

- The service carried out annual quality assurance surveys for people to comment and contribute on the service provided. The last survey was completed in 2018 and was very positive throughout. The survey for 2019 was still ongoing during our inspection. People who used the service and relatives had also the opportunity to review Willesden Court online and the service had very positive online feedback.
- Staff told us regular staff meetings took place and they were actively encouraged to provide feedback and make suggestions which would improve things for people. Staff confirmed they found staff meetings useful and felt listened to by management when raising issues. A staff member said, "We have regular meetings, which are very good and a way to tell and discuss how we can improve things for our residents."
- There was a comments box within the reception area of the home which allowed people to make suggestions or raise issues confidentially if they wished.
- Staff and the registered manager spoke positively about supporting people from different back grounds, beliefs, sexual orientation or culture. One staff member said, "We are all the same and must be treated the same no matter where people come from or who they are."

Continuous learning and improving care

- There was a strong focus on continuous improvement and ensuring people received the best possible care and the best possible environment. We saw this on the positive feedback we received and the current investment the provider made to improve the environment.
- There were processes in place to enable the management team to monitor accidents, adverse incidents or near misses. These helped to identify any themes or trends, allowing timely investigations, potential learning and continual improvements in safety.

- The management team kept up to date with best practice through training and reading relevant circulations / publications and updates provided by trade and regulatory bodies.
- All learning was shared with staff during staff meetings, handovers, supervision.
- Staff performance was closely monitored by the management team.

#### Working in partnership with others

- The service worked closely with the local authority and clinical commissioning groups (CCG) to improve the service for people who used the service. One example is the work the service started with infection control nurse for the local CCG to assess the infection protocols in the service.
- The service took also part in groups and forums organised locally, where the services learned from each other and shared experiences.