

Leonard Cheshire Disability

St Anthony's - Care Home with Nursing Physical Disabilities

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Requires Improvement 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

This inspection visit took place on the 14 December 2017 and was unannounced. St Anthony's 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. St Anthony's is registered to accommodate 34 people in one building. Some of the people living in the home have physical or learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary. At the time of our inspection 29 people were using the service. St Anthony's accommodates people in one building. There is a large communal lounge and dining area, a physiotherapy room, an activity room and various garden areas that people can access.

There is a manager registered with us however they are no longer working at the service. Following our last inspection the provider had taken action around the management of the home and an acting manager is now in place. Full information about CQC's regulatory response to this concern found during inspections is added to reports after any representations and appeals have been concluded. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection on 14 June 2017 we asked the provider to take action to make improvements in relation to risk management including behaviour management and the environment, mental capacity act, medicine management, complaints, peoples cultural needs and the management of the home these actions has been completed. However we identified that further improvements were needed in relation to decision making in people best interests, checking staff knowledge after training, ensuring people's care was responsive to their needs and the auditing within the home.

Decisions were not always made in people's best interests and relatives were signing consent forms on behalf of people. Staff did not always demonstrate an understanding of mental capacity and DoLS. Further improvements were needed to ensure people who may be restricted were supported in line with these requirements. Staff knowledge needed to be checked after training had occurred to clarify their understanding and knowledge. People are not supported to have maximum choice and control of their lives and staff do not support them in the least restrictive way possible; the policies and systems in the service do not support this practice

People's care was not always responsive to their needs and documentation needed to be updated to reflect the support people needed in key areas such as pressure management. The provider sought the opinions of people and relatives who used the service; however this information needed to be used to make changes. Audits within the home needed development to ensure all concerns were identified and used to drive

improvements.

We found that risks to people were managed in a safe way and when people needed specialist equipment this was provided and maintained for them. There were safe systems in place to manage medicines and staff understood safeguarding and how to protect people from harm. There were enough staff available for people and there were infection control procedures in place for staff to follow.

People's privacy and dignity was promoted and they were treated in a caring way. People were encouraged to make choices about their day. They told us they were offered the opportunity to participate in activities and pastimes they enjoyed. People also enjoyed the food and were offered a choice. Complaints procedures were in place and people knew how to complain.

The provider used incidents within the home to investigate so that lessons could be learnt. The provider notified us of significant events that occurred within the home and were displaying their rating in line with our requirements.

This service is rated as requires improvement and had improved since our last inspection. This service has been in Special Measures; services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and it is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Risks to people had been considered and were managed in a safe way. People were protected from potential harm. There were enough staff available to offer support to people. Medicines were stored, administered and documented. The provider had systems in place to ensure staffs suitability to work within the home. Infection control procedures were in place and followed.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Decisions were not always made in people's best interests. Staffs knowledge and competency was not always checked after training. Capacity assessments were in place and restrictions people had placed upon them had been considered. People enjoyed the food and were offered a choice and had access to health care professionals when needed.

Is the service caring?

Good ●

The service was caring.

Family and friends felt welcomed and were free to visit throughout the day. People and relatives were happy with the staff and the care they received. People's privacy and dignity was upheld. People were encouraged to be independent and make choices using information that was accessible for them.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

We could not be assured people always received care and support that was responsive to their needs. People's cultural needs had been considered. People were offered the opportunity to participate in activities they enjoyed. People knew how to complain and this was accessible to them.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Further improvements were needed to audits being completed to ensure they identified areas of improvement. The provider sought feedback from people who used this service however this

information wasn't always used to make changes. Staff felt listened to and supported by the acting manager. We were notified of significant events that occurred within the home and our rating was displayed in line with our requirements.

St Anthony's - Care Home with Nursing Physical Disabilities

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Following the last inspection in June 2017, we met with the provider and asked them to complete an action plan to show what they would do and by when to improve the key questions safe, effective, caring, responsive and well led to at least good. At our last inspection we found risks to people were not managed in a safe way, including behaviours and environmental. People's capacity had not been fully considered, medicines were not always administered in a timely manner and there was not always guidance in place for administering as required medicines. Complaints were not always responded to. People's cultural needs had not always been considered. We saw improvements were needed to the management of the home. We also found staffs knowledge were not always checked after training, people's care was not always responsive to their needs and quality monitoring was not always effective or used to drive improvements within the home. The service was rated as inadequate and placed into special measures.

St Anthony's 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. St Anthony's is registered to accommodate 34 people in one building. Some of the people living in the home have physical or learning disabilities. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary. At the time of our

inspection 29 people were using the service. There is a large communal lounge and dining area, a physiotherapy room, an activity room and various garden areas that people can access.

This inspection visit took place on the 14 December 2017 and was unannounced. The inspection visit was carried out by one inspector and a specialist advisor. A specialist advisor is a professional who has expertise in a specific area; our specialist had knowledge and expertise in nursing.

The inspection was informed by feedback we had received from the public through 'share your experience' and notifications the provider had sent to us about significant events at the service. We used this to formulate our inspection plan. After the inspection we sought feedback from various health professionals who are involved with the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spent time observing care and support in the communal areas. We observed how staff interacted with people who used the service. We spoke with five people who used the service and four relatives. We also spoke with four members of care staff and two registered nurses. We also spoke with the acting manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for seven people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks that were completed within the service, recruitment files for staff working within the home and improvement plans the provider had implemented since our last inspection.

Is the service safe?

Our findings

At our previous inspection, the provider was in breach of Regulation 12 and 13 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were rated inadequate in this domain. We requested the provider made improvements to how behaviours were managed to ensure staff offered a consistent approach. To review risks to people and the environment. To review the management of medicines so that people received all medicines in a prompt way and when people needed as required medicines, guidance for staff was not always in place. To ensure people were protected from potential harm and staffs suitability to work with the home had not been fully considered. At this inspection the provider had made significant improvements in all these aspects.

Improvements had been made to how risks to people were managed. People were now using equipment to keep them safe. For example, when people had epilepsy they had monitors in place so that staff could be alerted if they needed support. In addition to this we saw risk assessments were in place so that additional checks could be completed to ensure people were safe. There were contingency plans documented within the risk assessments identifying what action staff needed to take if the equipment was not working. Staff completed daily checks on the equipment to ensure it was working and the provider tested and maintained this equipment to ensure it was safe to use. During our inspection we saw this equipment was used in line with risk assessments that were in place and staff commented on this. One staff member said, "Its simple, people can be independent and we don't have to keep checking them every five minutes, but we can be there in seconds if needed".

Other risk assessments had been completed and were followed to ensure people were protected from harm. For example, when people were at risk of choking or weight loss, we saw guidance and risk assessments were in place for staff to follow. One staff member said, "If something changes for a person like their diet this information is shared at handover, we would then read the information in the persons file. We know more now so if people need a soft diet we would have the information". We looked at records for people and saw this information was documented and reviewed. This showed us staff had the information available to manage identified risks for people.

We saw plans were in place to respond to emergencies. These plans provided guidance and information on the levels of support people would need to be evacuated from the home in an emergency situation. The information recorded was specific to individual's needs. Staff we spoke with were aware of the plans and the support individuals would need.

At the last inspection we found when people had behaviours that may challenge there were not always management plans in place and staff had an inconsistent approach. At this inspection we found the provider had made the necessary improvements. We looked at care records for two people and we saw plans had been introduced or updated. There was clearer guidance for staff to follow. This included information on what may trigger people's behaviours and action to take if they occurred. A staff member told us, "We have revisited this since the last inspection and this is something we are working on".

Building work to the environment had been completed since the last inspection, however since the last inspection an incident had occurred within the home. The provider had sent us the relevant documentation to demonstrate that people were safe during this period. At this inspection we had no concerns with risks associated to the environment or the home.

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One staff member said, "It's making sure residents are safe in every way". Another staff member said, "It's about recognising changes to people so if they have a bruise you notice during personal care". The staff member said, "One hundred percent action would be taken, the new manager is very thorough". Procedures were in place to ensure any concerns about people's safety were reported appropriately.

We also reviewed incident and accident records within the home and saw when concerns had been raised these had been considered as safeguarding's in line with procedures. Furthermore when safeguarding and incidents had occurred within the home we saw this had been investigated. Following the conclusion of the investigations we saw that the outcome had been shared with staff in meetings to ensure lessons could be learnt. The acting manager showed us an investigation and the action they had taken to support nurses within the home following this. This meant when incidents had occurred the provider had systems in place so that improvements could be made and lessons learnt.

Staff told us and we saw protective equipment including aprons and gloves were used within the home. One staff member said, "We are much better at this now, the new manager is very clear that we wear this all the time". This demonstrated that protective equipment was used in the home in line with infection control procedures. We saw and staff told us they received training on infection control and the provider completed audits in this area. We also saw the provider had been rated as five stars by the food standards agency which is the highest rating available, the cook confirmed to us they had received the relevant training needed to work within the kitchen environment. The food standards agency is responsible for protecting public health in relation to food.

We looked at eight recruitment files and saw pre-employment checks were completed before staff could start working in the home. We saw there were systems in place to ensure nurses had the correct registration and this was up to date. This demonstrated the provider completed checks to ensure the staff were suitable to work with people in their homes.

There were enough staff available and people did not have to wait for support. One person said, "I don't wait as long anymore, I press my buzzer and someone comes and offers me support as soon as they can, I hear the new manager has changed how the staff work now". Staff confirmed there were enough of them available to meet the needs of people. When people were in their rooms we saw there were call alarms available for them and during the inspection these were answered in a timely manner. The acting manager confirmed there was a system in place to ensure there were enough staff to meet the assessed needs of the people who used the service. They told us how they had changed staffing levels and the deployment of staff within the home to ensure a more consistent approach. The acting manager confirmed that staffing levels would be changed if people's needs changed.

People told us their medicines were managed in a safe way. One person said, "The nurses do our medicines I am happy with how they give them to me and when I have them". We saw staff administering medicines to people. The staff spent time with people explaining what the medicine was for. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. When people needed emergency medicines for the management of epilepsy records confirmed this had been

administered in a timely manner. We saw and one of the nurses confirmed this was now stored in an assessable place. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Is the service effective?

Our findings

At our previous inspection, the provider was in breach of Regulation 11, 13 (5) and 18 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were rated inadequate in this domain. We requested the provider make improvements to how people's capacity was assessed as this was not always clear. This was so we could be sure decisions were made in people's best interests. Along with any restrictions that were placed upon people were recognised or considered. To review staffs knowledge and check their skills after training had been completed. At this inspection we saw some improvements had been made, however further improvements were needed.

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 or 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked to see if the provider was working within the principles of MCA. We saw when people lacked capacity to make decisions clear capacity assessments were in place. Each person had an individual assessment for the decision that was being made. This included assessing people's capacity with regards to finances, the use of bed rails, the use of electronic equipment and administration of medicines. Within each assessment was a detail account of how the decisions had been reached, including what questions were asked and how they had responded. This meant people's capacity was assessed in line with the principles of the MCA. However for some people we did not see any evidence that decisions had been made in people's best interests. We spoke with the acting manager who told us multi-disciplinary were being held with people, families and other significant people to discuss these decisions. Furthermore when people lacked capacity we saw some relatives had signed consent forms or agreed to interventions on behalf of people, such as the flu jab when they did not have the legal power to do so. The providers audit and the acting manager had identified this was an area that needed to be developed.

The provider had considered when people were being restricted unlawfully and application for DoLS had been made, this area had been revisited since our last inspection. However there was no guidance in place for staff to follow while these applications were considered and some staff did not demonstrate an understanding in this area. One staff member said, "If they have not got capacity they would need a DoLS. This needs two psychiatrists and a doctor". Another staff member told us, "We have a few on DoLS, but don't know if there are any conditions to these". This meant that staff did not demonstrate an understanding of when people maybe being restricted unlawfully and how to offer support to these people.

At our previous inspection staff told us they received an induction and training; however we could not be assured that people's knowledge was checked. At this inspection we found that this was still an area that needed improving. For example, since the last inspection we saw some staff had received training in mental

capacity, the acting manager showed us hand held prompt cards that had been developed for staff to carry, and these cards had the principles on MCA on them. We saw staff carried these cards, however the staff we spoke with did not always demonstrate an understanding in this area. One staff member said, "I'm still unsure on this". Another staff member said, "We have had training and I can refer to my card, however as yet I'm not sure how it relates to people living here, that's something no doubt we will be working on with the new manager". Staff also did not always demonstrate an understanding of DoLS. We spoke with the acting manager who told us that this was an area that they were developing they told us that supervisions were more knowledge based and showed us workbooks staff were completing in other key areas such as infection control.

Staff confirmed they received regular supervision and we saw a plan was in place to ensure supervision was provided on a regular basis. One member of staff said, "We meet with our line manager in a more formal way. We discussed changes in the home and our needs, if we have any training needs. We talk about mental capacity we know this is an area we need to get better at"

We saw some areas of the home had recently been refurbished; these included communal areas which the acting manager told us people had been involved with. The home was purpose built with wider doors and corridors so that it is accessible for people who use wheelchairs. People's personal belongings were in their room, including photographs of people who were important to them.

People enjoyed the food and were offered a choice. One person said, "The food is very good and we are offered a choice of meals and snacks if we like". A relative commented, "The food always smells and looks delicious". We saw people were offered a choice at lunchtime. When people did not like the options available or had requested something different it was provided for them. Staff supported people in accordance with their needs and when people needed specialist diets this was provided. We saw that cold drinks were available in communal areas and there was a choice of hot drinks and snacks throughout the day.

People had access to healthcare professionals when needed and their health was monitored within the home. One person said, "Yes there are many health professionals I see, we have new doctors which I am happy with". We saw documented in people's notes and the provider confirmed that the GP visited the home when needed. Records we looked at included an assessment of people's health risks. We saw when these risks had been identified people's health was monitored. For example, when people were at risk of losing weight. We saw action had been taken and people were referred to the dietician or speech and language therapist for support. One of the health professionals told us communication had improved within the home they said, "Things are getting better, communication has improved and we work together more".

Is the service caring?

Our findings

People and relatives told us they were happy with the staff and they were treated in a caring way. One person said, "They understand me well". Another person told us, "Most of the staff are very good". A relative commented, "The staff are wonderful and so patient. They always have time for me when I visit". The atmosphere in the home was relaxed and friendly. We saw staff including the chef joking with people. People were offered support when needed and staff spent time with people chatting. We saw one person needed support; a member of staff stopped what they were doing and went over to help. The person thanked the staff member. This showed us that people were supported in a kind and caring way.

People's privacy and dignity was promoted. One person said, "Staff are respectful, they try to keep my business private, if we need to chat then we would go to my room where there is no one else about". Staff gave examples of how they promoted people's privacy and dignity. One staff member said, "I observe staff knocking on people's bedroom doors and doors are closed when providing personal care". Since the last inspection one nurse told us they now supported people who required medicine via a percutaneous endoscopic gastrostomy (PEG) in their rooms. A PEG refers to a flexible feeding tube which is placed through the abdominal wall and into the stomach. They told us people now received these medicines in their bedroom, where it was more private and dignified and not in communal areas. This demonstrated staff supported people in a way which promoted their privacy and dignity.

People were encouraged to make choices using information that was accessible for them. We saw some people with non-verbal communication had pictorial communication passports in place. The acting manager acknowledges this was an area that needed improving. We saw for one person staff were in the process of developing this area. This person had three pictorial signs that staff would focus on for that week so they could start to understand how this individual communicated. Other people told us they made choices about their day. One person said, "I have my electric wheelchair so I come and go as I please. I spend some time in my room, but I do like to go up to the communal areas for my meals".

People's independence was promoted. One person said, "I like to be as independent as I can, due to my physical disabilities I need support with some aspects of my care, however the staff offer me encouragement and where possible leave me to do it myself". Staff gave examples of how they encouraged people to be independent. One staff member said, "It's just minimal support, letting people do what they can themselves and encouraging them to do so". The care plans we looked at showed information about the levels of support people needed for example with mobility. This demonstrated people were supported to maintain their independence.

Relatives and visitors we spoke with told us the staff were welcoming and they could visit anytime. A relative said, "I have always been happy with the care my relation receive. The staff are great, they talk with me, involve me, keep me updated and are helpful when I visit". We saw relatives and friends visited throughout the day and they were welcomed by staff.

Is the service responsive?

Our findings

At our previous inspection, the provider was in breach of Regulation 9 and 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were rated as requires improvement in this domain. We asked the provider to make improvements as information in people's care plans did not always match the information staff told us. We could not be assured when complaints had been made they were fully understood and responded to in line with the procedures in place. At this inspection improvements had been made however further improvements were needed.

At this inspection we could not be assured people always received care and support that was responsive to their needs. For example, we looked at records for one person who was at risk of developing sore skin. The documentation stated this person should have four hourly reposition changes and not remain in their wheelchair for more than two hours at a time. During our inspection we saw this person was seated in their wheelchair for over three hours. Furthermore when we checked records for this person turn charts did not demonstrate this person had received a change of position as required. On one occasions it was document that the person did not have a change of position for six and a half hours and on another occasion four and a half hours. When we spoke with staff they told us this person no longer required the change of position and they could remain in their wheelchair for as long as they needed. There was no review of the risk assessment or care plan. We spoke with the acting manager who told us they would revisit with staff to ensure this person received the correct support they needed. We saw the same concerns with documentation for another person and staff were unable to confirm to us if this person was receiving pressure relief as required.

There were some people living at St Anthony's who had skin damage caused by pressure, and required repositioning and dressings to the wounds. We looked at records for one person. There was no indication of how often this person should be repositioned or how often the dressing should be changed. We saw that initial photographs and dimensions of the wound had been taken, however there was no further information provided so we could not see if improvements to this area were being made. The nurse we spoke with told us the wound was healing. As there was no information in place stating how often the dressing should be changed. We could not be assured this was dressed as needed. We saw documented that there had been an eight and five day gap between the previous two changes to the dressing. Therefore as the information was not always available we could not be sure pressure damage was being managed as required.

People knew how to complain. One person said, "I am happy here I have never had to complain but I would know how to if needed". No one we spoke with had made a complaint so could not comment on how these had been dealt with by the provider. Since the last inspection we saw that the complaints procedure was displayed around the home and copies were available for people and relatives who lived at St Anthony's. People's individual communication needs had been considered and this was available in different formats for people. We saw when complaints were made they had responded to them in line with their policy. This demonstrated there were systems in place to deal with concerns or complaints.

People's cultural needs had been considered. We saw this was part of the pre assessment documentation at St Anthony's and since our last inspection this had been revisited with people who lived there. When people needed support with their culture there was guidance in place for staff to follow. Staff were aware of support people needed with this. One staff member gave an example of how they supported one person with their cultural needs. They commented, "It's important to them".

People were given the opportunity to participate in activities they enjoyed. One person said, "There is something going on most days, we can put our name down for trips if we want". We saw activities were taking place in the activity room. There was information displayed in the communal areas about up and coming events people could participate in. We saw some of this information was pictorial so people could understand. For example, Christmas films were being played at various times throughout December, there were posters of the films and information when this was on.

At this time the provider was not supporting people with end of life care, so therefore we have not reported on this at this time.

Is the service well-led?

Our findings

At our previous inspection, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They were rated inadequate in this domain. We requested the provider to make improvements to how the home was managed and the lack of leadership. At that time we found not all of the audits introduced were effective in highlighting concerns or making improvements. The provider was not displaying their rating in line with our requirements. At this inspection improvements had been made, however further improvements were needed.

Due to our concerns and our rating of inadequate within this question, we met with the provider to gain assurances that the necessary improvements would be put in place. On this inspection we found that improvements to the home were now being carried out; we will continue to review this service to ensure these improvements continue and are sustained.

The provider sought the opinions of people and relatives who used the service; however this information had not always been used to bring about changes to the service. For example, we saw a survey had been concluded in October 2017, within this areas of improvement were identified. We did not see any action had been taken to address these concerns. The acting manager told us this was an area that needed development.

Audits were carried out within the home, however they needed further development. We saw some areas were being audited such as medicines, compliance and the use and responsiveness of call bells. Within these audits when areas of action had been identified we saw an action plan was in place and the management team were working through the actions needed. However we did not see any audits which would have identified our concerns found in responsive and we could not be assured people always received care that was responsive to their needs.

There is a manager registered with us however they are no longer working at the service. Following our last inspection the provider had taken action around the management of the home and an acting manager is now in place. Full information about CQC's regulatory response to this concern found during inspections is added to reports after any representations and appeals have been concluded. People staff and relatives spoke positively about the acting manager and the changes they had made. One person said, "They are very approachable and more importantly she listens". A relative told us, "Very nice and friendly, seems to have hit the ground running. She introduced herself to me straight away. She is making some very positive changes". A staff member said, "Lots of really positive changes, we are more organised now I feel much more confident in what I am doing".

Staff were happy to raise concerns and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. One member of staff said, "I know what this is and I would be happy to do so if needed, we have to keep people safe". We saw there was a whistle blowing procedure in place. This showed us that staff were happy to raise concerns and were confident they would be supported and the concern addressed.

The acting manager understood their responsibility and we had received notifications when significant events had occurred within the home. This meant we could check appropriate action had been taken. The current rating for the home was displayed visibly when entering the home and also on their website in line with our requirements.

We saw the service worked in partnership with other agencies, for example the local authorities and health professionals that visited the home. A health professional told us, "We have better information from the home now so it's easier to work with them, before it felt they were against us but things are improving".