

London Borough of Greenwich

London Borough of Greenwich - 169 Lodge Hill

Inspection report

169 Lodge Hill
Abbey Wood
London
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

169 Lodge Hill is a residential care home providing care and support for up to six people with multiple learning and physical disabilities. At the time of this inspection six people were living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible to gain new skills and become more independent.

The management of the home had improved but this was not consistently maintained in all areas. Care and support were planned and delivered to meet individual needs; however, a relative said their loved one's needs were not always met because the service was not well managed.

People were supported to participate in activities that interested them. At the time of this inspection, the service was looking for new activities to ensure people were kept stimulated and engaged at all times.

The hygiene levels at the home had improved, and people were protected from the risk of infections. There were enough staff available to support people's needs. People were safe living at the home and were supported by staff to take their medicines as prescribed by healthcare professionals. Risks to people had been identified, assessed and with appropriate risk management plans in place.

Staff had been supported with induction, training, supervision and appraisal. People were supported to eat and drink healthy amounts for their wellbeing. People were supported to access healthcare services when required. At the time of this inspection, some parts of the home had been redecorated; however, there were further plans in place to carry out refurbishment work to bring the home's design and decoration up to standard.

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 supported by staff that were caring, kind and respectful. People, their relatives and advocates were involved in planning their care. People's privacy and dignity were respected, and their independence promoted. Relatives knew how to make a complaint if they were dissatisfied about the service. People were supported to maintain a relationship with those important to them.

The home had systems in place to assess and monitor the quality of the service and feedback had been gathered from people, their relatives, staff and professionals to improve on the service. Staff worked in partnership with key organisations and health and social care professionals to plan and deliver an effective service. Feedback we received from all professionals was positive.

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

Rating at last inspection:

The last rating for this service was requires improvement (published 12 March 2019).

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 and 17 January 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when they would improve infection prevention and control, staffing levels, supporting staff with training and good governance. We undertook this comprehensive inspection to check they had followed their action plan and to confirm they now met legal requirements.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

London Borough of Greenwich - 169 Lodge Hill

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.

Service and service type

London Borough of Greenwich - 169 Lodge Hill is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, we reviewed any information we had about the service since the last inspection. This included an action plan, details of incidents the provider had notified us about and the monitoring report we had received from the local authority. 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. This information helps support our

inspections. We used all of this information to plan our inspection.

During the inspection

People were not always able to verbally express their experiences of living at the home with us. Therefore, we observed people as they engaged with staff and the support provided in communal areas. We spoke with four members of staff including the registered manager, assistant manager and two care workers. We also spoke with four visiting healthcare professionals. We reviewed a range of records including three people's care plans, risk assessments and medicines records. We reviewed two staff files including induction, training and supervision records. We also reviewed a range of records including a staff training matrix, activities planner, surveys, audits, health and safety reports and minutes of meetings.

After the inspection

We spoke with two relatives on the telephone to gather their views about the service. We also contacted the local authority that commissioned the service and other health and social care professionals including advocates for their feedback about the service. We received further feedback from four professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection the provider had failed to maintain the cleanliness of the home. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- The cleanliness of the home environment had improved. For example, stains in toilets bowls had been removed, the garden was well maintained and kitchen chairs which were previously dirty and stained had been replaced. The registered manager told us there were plans in place to replace all flooring at the home once the redecoration and refurbishment work has been completed.
- Food stored in the fridge and freezer was labelled to ensure people were not at risk of consuming expired or contaminated food.
- Staff had completed infection control and food hygiene training. They told us they maintained hygiene levels by washing their hands, wearing personal protective equipment including gloves and aprons and maintaining the cleanliness of the home.

Staffing and recruitment

At our last inspection the provider had failed to ensure the safe deployment of staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- There were enough staff available to support people in a timely manner. The registered manager informed us staffing levels were planned based on individual needs and that where people required additional staff support for example, to attend health appointments, additional staff were in place to ensure their needs were met.
- Staff told us the staffing arrangements in place had improved. A staff member informed us, "The staffing level is better, we have regular permanent staff and the odd regular bank staff and it is more stable than before."
- During our inspection, we observed the number of staff on shift matched the numbers planned for on the staffing rota.
- The provider followed appropriate recruitment practices and had carried out pre-employment checks to ensure all staff employed at the service were suitable and vetted before they began working at the service. There were no newly recruited members of staff since our last inspection in January 2019.

Using medicines safely

At our last inspection, the provider had failed to store medicines safely and in a clean environment. At this inspection we found the provider had improved on their practices.

- Medicines were managed safely. The medicines room had been refurbished and was clean and clutter

free. All medicines including controlled drugs were stored securely in individual medicine cabinets in a locked medicines room. Where new stock of medicines was received, these were now stored securely. Daily room and fridge temperatures were taken to ensure medicines were stored according to the manufacturers' instructions.

- Medicines administration records (MAR) were used to record the support people had received with their medicines. The MARs included people's photographs, list of medicines, dosage, frequency, how they preferred their medicines to be taken, reasons for taking each medicine and any known allergies. There were no gaps on the MAR charts, however, when we checked the number of medicines in stock against the numbers recorded, one tablet could not be accounted for. The registered manager informed us they would investigate this.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief, there was a PRN protocol in place for staff detailing when they could administer these medicines.
- Staff had completed medicines training and their competency to administer medicines was assessed to ensure they safely supported people.
- Healthcare professionals including the home's GP carried out regular reviews of people's medicines to reduce the risk of overprescribing and to ensure people were only taking medicines they needed.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Relatives said they felt their loved ones were safe living at home.
- The provider had safeguarding policies and procedures in place. Staff had completed safeguarding training and knew the types of abuse that could occur and had reported any concerns of abuse to the registered manager. Staff also knew of the provider's whistleblowing policy and told us they would escalate any concerns of poor practice.
- The registered manager knew of their responsibility to protect people in their care from abuse. Where there had been concerns of abuse, the registered manager reported this and took appropriate actions to ensure people remained safe.
- Prior to our inspection, we had been informed of an allegation of abuse which the local authority was investigating. We cannot report on the safeguarding investigation at this time. However, CQC will monitor the outcome of the investigation and actions the provider takes to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and appropriate risk management plans were in place.
- Risk assessments and management plans were specific to people's individual needs and included areas such as communication, personal care, eating and drinking, medicines, accessing the local community and the garden, mobility and transport.
- For each risk identified, there were appropriate risk management plans in place which provided staff with guidance on how to minimise or prevent the risk occurring. This included risks relating to people's health conditions such as epilepsy.
- Where required, healthcare professionals including speech and language therapists and occupational therapists were involved in assessing and managing risks to ensure people were protected from the risk of avoidable harm.

Learning lessons when things go wrong

- There were systems in place to record and report accidents and incidents. The provider had accident and incident policies and procedures in place which provided guidance to staff on how to report and record accidents, incidents and near misses.
- Staff understood the importance of reporting and recording any accidents and incidents and had followed

the provider's policy where required.

- Where an accident or incident had occurred, appropriate actions were taken to ensure people were safe and lessons learnt were shared at staff meetings to prevent reoccurrences.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to maintain appropriate levels of training. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was now meeting this regulation.

- Staff were supported through induction, training, supervisions and appraisals. All new staff completed an induction and were placed on a three months' probationary period until they had been assessed and found suitable for the role. At the time of this inspection, there were no newly recruited staff at the service.
- Staff completed training the provider considered mandatory and staff training records were now up to date in areas including safeguarding, fire safety, moving and handling, infection control, food safety and medicines.
- Staff also completed training in areas specific to people needs including autism, epilepsy, dementia and diabetes, to ensure staff had the knowledge and skills to deliver care and support that met people's needs.
- Staff told us they felt supported in their role and they had regular supervision sessions to address any issues of importance. A staff member informed us, "Supervision sessions can be a good time to talk about what you are hoping to achieve for service users."

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

- The home environment was being improved to meet people's needs. We saw that some parts of the home had been recently refurbished, and this included the living room. The registered manager informed us other parts of the home including the floor were due to be replaced to bring the home environment to the required standard.
- The entrance of the home and access to the garden were wheelchair friendly. There were handrails in communal areas and stairways to support people with their mobility.
- People's bedrooms were decorated and personalised to their needs. There were adaptation features such as a ceiling hoist.
- However, other aspects of the home such as the bathroom and the floor could be improved. The registered manager informed us the home was due to be refurbished as part of the provider's plans to improve on the standard and safety of the environment.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home. This was to ensure that the service was suitable and could meet their needs.
- These assessments included people's physical, mental and social care needs. They also included people's

health conditions and the level of support they required. Information from these assessments along with referral information from the local authority was used to help develop people's care and support plans.

- Where required, appropriate healthcare professionals such as speech and language therapists (SALT) were involved in assessing people's needs to ensure staff delivered safe care and support.

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

- People's nutritional needs had been assessed and met. People were supported to have enough to eat and drink. Relatives told us that their loved one's nutritional needs were met.

- Care plans included eating and drinking guidelines and staff knew the level of support people required to safely eat or drink. They told us of how people's specific dietary needs were met, and this was consistent with information in care plans.

- Staff support people to prepare healthy meals daily. They told us they promoted '5 a day' and people were encouraged to eat a variety of fruits and vegetables. A staff member informed us, "Food has improved tremendously, the staff team have improved the menu and there is more fresh food on the menu than it used to be."

- People's eating and drinking needs were monitored to ensure appropriate actions were taken to mitigate any nutritional risks. Where required healthcare professionals such as GPs, dietitians and the SALT team were involved to ensure people were safely supported.

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

- People were supported to access healthcare services and had received treatment from GPs, optician, dentists and from a group of professionals in the community learning disability team (CLDT) including physiotherapists, nurses, psychologist, occupational therapists and the SALT team.

- Health care professionals informed us staff had improved the support they provided people to access healthcare services. They said staff were more proactive in their approach in attending appointments, following guidelines and contacting them when they had any concerns.

- Relatives told us staff supported their loved ones to access healthcare services and they were involved and attended some of these appointments.

- Staff worked in partnership with other agencies including the CLDT to plan and deliver an effective service. Each person had a hospital passport which included relevant information about their health conditions, communication, medicines, any known allergies, likes and dislikes and behaviours. This information was shared with relevant healthcare services including emergency and hospital teams to ensure people received safe care and treatment.

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.

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

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

- People's rights were protected because staff sought their consent before supporting them. Staff had completed MCA training and understood the need to work within the principles of MCA.

- Where people were unable to make specific decisions about their care and support needs, for example about medicines and flu vaccinations, mental capacity assessments were carried out as well as best interest decisions in line with the Act.
- Where people were deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions of the authorisations were being met; these were also kept under review.

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 were supported by a staff team that cared about their needs. A relative told us, "Some of the staff in there are lovely people." During our inspection, we observed positive interactions between people and staff. For example, a staff member politely asked one person if they would like to be involved to prepare a meal.
- People appeared relaxed around staff. A relative told us, "They [staff] all seem very nice and I feel it is calm and relaxed and no one was on edge." During the inspection we were informed one person was unsettled and was supported to access the local community to assist them to manage their behaviours.
- We observed that staff interacted with people respectfully and called them by their preferred names.
- Staff understood the importance of the Equality Act. Care plans contained information about people's ethnicity, religion and sexuality to help staff understand people's diverse needs. However, staff said no one currently using the service required any support with diverse needs. All staff had completed equality and diversity training and told us of the support they would provide should the need arise.

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

- People, their relatives or advocates were involved in planning their care and support needs. Relatives were consulted about their loved one's needs. On the day of our inspection, a planned meeting was held between relatives, healthcare professionals and management staff to discuss a person's care and support needs.
- People had choice and control of their care and support needs and could make day-to-day decisions for example about the food they ate, clothes they wore, and activities they participated in. A staff member told us, "I will treat people the way I will like to be treated; I will ask people for their choice, for example, with personal care although they may be non-verbal."
- Staff knew people well and told us they presented information in various formats by using verbal communication, pictures and sign language to ensure people understood and could make informed choices for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted, and they were not discriminated against in any way.
- Staff told us they promoted privacy and dignity by showing people respect, acknowledging their presence by greeting them, communicating with them regularly, and knocking on their bedroom doors. A staff member said to us, "If I knock on the door to inform a person of personal care and they use the duvet to cover their face I will leave them and come back later; that is their choice."
- People's right to confidentiality was upheld. Staff told us information about people was kept confidential

and was only shared on a need to know basis.

- People's independence was promoted. Staff told us they encourage people to do things they could for themselves. For example, by dressing themselves, making their own drinks and eating independently. A staff member told us, "I give people time and I don't do things in the fast lane, I give them opportunities to make their own choices and do things for themselves if they want to."

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

- Care and support was planned and delivered to meet individual needs. Each person had a care and support plan which included important information about the support they required with personal care, medicines, eating and drinking, communication, continence, mobility and activities.
- Care plans included information about people's health conditions, any known allergies and their likes and dislikes. Where required there were specific care plans for people in areas including head injury, epilepsy and the use of a stoma and ileostomy bag. An ileostomy is where the small intestine is diverted through an opening in the abdomen. The opening is known as a stoma.
- Care plans provided staff guidance on how each person's needs should be safely met. Staff knew people well and gave examples of the specific support they provide to ensure individual needs were safely met. Staff told us healthcare professionals including GPs, psychologists and CLDT staff were available and provided them with appropriate guidelines and support when needed.
- Care plans were kept under regular review to ensure people's changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

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.

- People's communication needs had been assessed and met. People had complex communication needs and could not always communicate verbally. Each person had a communication passport which outlined their preferred mode of communicating and how staff should support them communicate effectively. Staff told us of the various ways people communicated at the home including the use of words, pictures, body and sign language.
- Healthcare professionals such as SALTs were involved in assessing and planning people's communication needs. They told us that since our last inspection there had been an improvement on how staff supported people with their communication needs and that staff were more proactive in their approach.

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 were supported to participate in both in-house and community activities. Each person had an activity planner in place and some people were supported to attend day centres. People were also supported to access local amenities including shops, cinemas, clubs, hydrotherapy, bowling and local

parks. In-house activities included weekly music sessions, baking, indoor bowling, massage sessions, listening to music, playing a ball game, spending time in the swing and engaging people in sensory activities.

- Despite this, a relative informed us activities available were not always stimulating and meeting their loved one's needs. We raised this with the registered manager who told us the person was supported with activities they enjoyed and that they were working in partnership with relatives, staff and professionals to source new activities that were meaningful, structured and met individual needs.
- Staff said activities had improved significantly. A staff member said, "We work together as a team to promote activities, we keep trying to source new activities for people and each staff member is meant to come up with new activities for each person." Staff told us there were plans in place to take some people on a holiday.
- People were supported to maintain relationships with those important to them. Relatives could visit people at the home without any restrictions and people were supported to visit their relatives where this had been planned for.

Improving care quality in response to complaints or concerns

- The service had an effective system in place to handle complaints. Relatives told us they knew how to make a complaint if they were dissatisfied with the service.
- The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.
- Since our last inspection in January 2019, the service had not received any complaints. The registered manager told us they would follow their organisation's complaints policy to ensure people and their relatives were satisfied. The service had received several compliments from various visiting professionals.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure effective quality assurance systems were in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service also failed to notify CQC promptly of updated DoLS authorisations. This was a breach of Regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the provider was now meeting these regulations.

- There were systems in place to assess and monitor the quality of the service delivered. The home carried out audits in areas including, medicines, health and safety, care file and staff files. Where issues were identified, for example with medicine expiration dates, these were addressed immediately to improve on the quality and safety of the service.
- There was a registered manager in post who understood the importance of working within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Where required, they had notified CQC and other health and social care authorities of significant events that had occurred at the home. The service had also displayed their last CQC inspection report at the home.
- At this inspection, the management oversight had improved. The registered manager was more involved in the day to day running of the service. For example, they carried out monitoring checks and supported people with health appointments and activities.
- There was an organisational structure in place and staff understood their individual roles and responsibilities. Staff knew of the provider's values including promoting privacy, dignity and respect and told us they upheld these values when supporting people. Staff said the support they received in their roles had improved and they were happy working at the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 management of the service had improved; however, this was not consistently maintained in all areas. For example, at our inspection, there was a pungent smell coming out from the medicines room which had been present a few days. Following our inspection, we were informed appropriate professionals had been contacted to control the smell and maintain hygiene levels at the home.
- We received positive feedback from advocates and professionals about the management of the service.

However, a relative told us the service was not well led because managers were not always open and honest. For example, they said they received conflicting information from managers and care staff about their loved one's communication needs, incidents, activities and the care and support. We could not gather other relative's views about management staff at this time.

- The registered manager told us they understood their responsibility to be open, transparent and take responsibility when things went wrong at the home. Despite this, a relative told us they were not informed of their loved one sustaining an injury at the home. The registered manager said it was not done intentionally and that a report was being prepared to share with the relatives.
- Staff told us the management of the service had improved. A staff member commented, "Management is much better now. I feel I can approach them and express my views and they do the best they can." □
- The registered manager demonstrated a willingness to learn and improve on the quality of the service. They told us of actions they had undertaken including quality monitoring, working in partnership with relatives and health and social care professionals to drive improvements and achieve best outcomes for people.

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

- People, their relatives, professionals and staff views were sought to improve on the quality of the service. Results of an annual survey carried out in 2019 showed six professionals would rate the overall service either good or excellent. For example, five out of six professionals said the care and support met individual needs whilst one felt it was inconsistent. Where professionals provided negative feedback about the service, the registered manager said these were discussed at team meetings to improve the quality of the service; records confirmed this.
- Staff views were sought through regular staff meetings and annual surveys. Minutes of meetings showed areas of discussions included care and support for people, safeguarding, staffing levels, administration of medicines, health and safety, staff issues and action plans. A staff member said, "The staff team and the management team are making it good and everyone is putting their ideas together at team meetings so the service is better."

Working in partnership with others

- The home worked in partnership with key organisations including the local authority, CLDT and other health and social care professionals to plan and deliver an effective service. Feedback information received from professionals was positive and they said the service delivery had improved.
- The service had good links with other resources in the local community such as the day centres and clubs to support people's needs.