

Saint John of God Hospitaller Services

St John of God Care Services Lindisfarne

Inspection report

Lindisfarne Court
Haughton Village
Darlington
County Durham
DL1 2DZ

Tel: 01325365428

Website: www.saintjohnofgod.org

Date of inspection visit:

15 March 2018

19 March 2018

Date of publication:

27 April 2018

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Outstanding 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

The inspection took place on 15 March 2018 and was unannounced. This meant staff did not know we were visiting.

We last inspected the service on 18 February 2016 and rated the service as Good. At this inspection we found the service had improved to Outstanding.

St John of God Care Services Lindisfarne [usually called Lindisfarne Court] care home provides accommodation with personal care for up to 13 people. The service provides care to people with learning disabilities, acquired brain injury and physical disabilities. At the time of this inspection there were 12 people living at the home, with one person in hospital.

The service had a registered manager in place. 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.

Staff were exceptional in their caring approach to people using the service and in their support to people's families. People and relatives we spoke with told us the staff team were dedicated and wanted the best for people they were caring for. Healthcare professionals told us of the "tireless work" the service undertook to ensure people's rights were upheld.

We were told of how the service had supported people, their families and other people living at the home in an extremely caring way when someone had passed away this year. The registered manager continued to involve and offer support to this person's family by inviting them to events at the home and maintaining meaningful contact with them.

Staff went out of their way to promote dignity and respect for people. Staff took exceptional pride in ensuring people's personal care was carried out to the highest standards. Even when people had no verbal communication and limited understanding, we witnessed staff asking permission and talking with people all the time about what they were assisting them with.

The service had used an innovative recruitment drive since our last inspection and we saw that the registered manager had built a strong and consistent staff team. The recruitment had fully involved people using the service through the whole process from being involved in flyers to advertise vacancies to informing candidates when they had been successful in post. Morale amongst the staff we spoke with was very high and people, families and the staff team spoke of the outstanding leadership by the registered manager.

The registered manager was a passionate advocate for people in terms of promoting their health and well-being with other statutory services. Many people at the service had very complex healthcare needs. We saw

how they and the staff team provided person centred care for people not just whilst people were at home but also if due to health needs they required hospital services. Everyone at the service was committed to supporting people to uphold their wishes and to ensure they received the best possible care wherever they were.

The service had worked to develop excellent community links and increased community presence for people. Feedback we received from professionals was highly praising of the registered manager and staff team and demonstrated supportive joint working arrangements.

Staff and the management team understood their responsibilities with regard to safeguarding and had been trained in safeguarding vulnerable adults. People we spoke with and their families told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Accidents and incidents were logged and investigated with appropriate action taken to help keep people safe. Health and safety checks were completed and procedures were in place to deal with emergency situations.

Medicines were managed safely and administered to people in a safe and caring way. We saw that people received their medicines at the correct times.

We found there were sufficient care staff deployed to provide people's care in a timely manner. Recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date and forward planned. Staff told us they felt very supported by the management team at the service.

People 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.

People gave positive feedback about the meals they were served at the home. People received the support they needed with eating and drinking and people who had specialist dietary needs were closely monitored and supported by the staff team.

People's needs were assessed before they came to live at the service by the management team and a transition plan put in place. Personalised care plans were then developed and regularly reviewed to support staff in caring for people the way they preferred.

The service had developed activities and worked with external organisations to provide people with access to social clubs and to access therapies to improve well-being.

The provider had an effective complaints procedure in place. People who used the service and family members were aware of how to make a complaint.

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 remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Outstanding ☆

The service improved to Outstanding.

People received exceptional care from a committed staff team.

We saw how peoples' privacy and dignity was upheld and promoted by everyone.

We saw how the staff advocated for people and their families to receive the best possible care from other agencies in a proactive and compassionate manner.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Outstanding ☆

The service improved to Outstanding.

Feedback from everyone involved at the service spoke of the passionate, supportive and caring registered manager.

The management encouraged a highly personalised approach meaning everyone was listened to.

The service strove to support people to be an active part of the local community.

St John of God Care Services Lindisfarne

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 checked whether the provider was 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.

This inspection took place on 15 March 2018 and was unannounced.

One adult social care inspector carried out the inspection.

Before the inspection we reviewed the information we held about the service. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

We contacted the local authority safeguarding and commissioning teams and Healthwatch. Healthwatch are the local consumer champion for health and social care services. We spoke with four relatives via telephone following the inspection visit. We also received written feedback from four healthcare professionals who regularly visit or work with the service. We used their comments in this inspection report.

During the inspection we spoke with five people who lived at the service and observed how staff interacted and communicated with everyone. We spoke with the registered manager, senior support worker and four support workers. We looked at a range of records including three people's care and medicines records, recruitment records and other records relating to the management of the service such as audits and surveys.

Is the service safe?

Our findings

We spent time observing staff interactions at the service and saw that people were very comfortable with staff. One person told us, "We have an established staff team now and I have the support I need."

Relatives we spoke with also felt the service provided a safe environment for people. Their comments included, "Yes, the staff all support [Name] really well. They have moments when they can be a handful but they manage this really well."

There were sufficient numbers of staff on duty to keep people safe. On the day of our visit, a person had been taken into hospital and staff had gone with them. One staff member told us, "Its teamwork today, we'll juggle but everyone will be covered and supported." We witnessed staff arranging how they would provide support in light of the emergency in a calm and professional manner.

One person told us, "Yes there are enough staff, we get out a lot more." We discussed staffing levels with the registered manager and looked at staff rotas. Staff members we spoke with did not raise any concerns about staffing levels. One staff member told us, "There is always someone who will stay in late or come back early." Staff told us if there was ever shortfall then the registered manager and senior staff assisted where needed. We saw plenty of staff in communal areas and staff communicated well with each other to let each other know where they were going, for example, "I am just popping to support [Name]."

The provider had an effective recruitment and selection procedure in place and carried out relevant security and identification checks when they employed staff to ensure staff were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and prevents unsuitable people from working with vulnerable adults.

The provider had an infection control management policy in place that described the responsibilities of staff, the procedures to follow to prevent and control infection and who to report any concerns to. We observed staff using safe practices in relation to wearing gloves and aprons when providing personal care.

Risk assessments were in place for people who used the service, many of whom had complex healthcare needs. These described potential risks and the safeguards in place to reduce the risk and action taken to mitigate the risks to the health, safety and welfare of people. We saw a wide range of risk assessments were completed for moving and handling, mobility, falls, nutrition and hydration, choking, continence, skin integrity and chest infections. This meant the provider had taken seriously any risks to people and put in place actions to prevent accidents from occurring.

Hot water temperature checks had been carried out for all rooms and bathrooms and were within the 44 degrees maximum recommended in the Health and Safety Executive guidance Health and Safety in Care Homes (2014). Equipment was in place to meet people's needs including hoists, shower chairs and

wheelchairs. Where required we saw evidence that equipment had been serviced in line with the requirements of the Lifting Operations and Lifting Equipment Regulations 1998.

Electrical testing, gas servicing and portable appliance testing records were all up to date. Risks to people's safety in the event of a fire had been identified and managed. For example, fire alarm and fire equipment service checks were up to date, fire drills took place regularly and people had Personal Emergency Evacuation Plans in place. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

We saw the service learnt from issues and incidents in a constructive and reflective way. We saw that a particular medicine arrived in a syringe with a plastic tip cap on for oral administration. The service had ensured that at a staff meeting, they had discussed with all staff that the syringe tip needed to be removed manually in case it may fall into someone's mouth on administration.

We found appropriate arrangements were in place for the safe administration and storage of medicines. One of the senior staff team explained the procedures for ordering, administration and returns of medicines. They told us they had their competency checked regularly to make sure they were safe to administer medicines.

Room and refrigerator temperatures were recorded to ensure they were within safe limits. Each person had an individual medication administration record that included a photograph of the person, GP contact details, details of any allergies, and information on how the person preferred to take their medicines. There was written guidance for the use of 'as required' medicines and staff were provided with a consistent approach to the administration of this type of medicine.

Is the service effective?

Our findings

People who lived at Lindisfarne Court received effective care and support from well trained and well supported staff. One person told us, "The staff work really well together." We spoke with relatives who told us they had confidence in the staff's abilities to provide good care and support. One relative told us, "They look after my relation very well," and another told us, "We are very happy with the care that [Name] receives."

All staff we spoke with said they felt supported by the registered manager and management team. We saw records of regular supervision sessions that were meaningful and showed clear outcomes and expectations for staff to work towards. Supervision is a one to one meeting between a member of staff and their supervisor and can include a review of performance and observation in the workplace.

Staff members were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff members we spoke with told us they received mandatory training and other training specific to their role. Mandatory training is training that the provider thinks is necessary to support people safely. The registered manager showed us a training chart which detailed training staff had undertaken during the course of the year. Staff had received training specific to the needs of the people they supported such as enteral feeding [this is feeding someone via a tube directly into the stomach] and oral health.

We saw records that showed that staff met together regularly with the registered manager and minutes were kept of these meetings which everyone signed. Staff had group supervision sessions where topics such as behaviour that may challenge and dignity and respect had been discussed recently. We saw that as well as day to day issues, staff discussed ways of improving the service and were asked for feedback about activities and events.

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

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests' decisions which involved people's family, healthcare professionals and staff at the home were clearly recorded. The registered manager and staff we spoke with had all been trained in the MCA and appropriate authorisations and requests for DoLS had been undertaken.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care and support plans. We spoke with a staff member who was supporting

a person to have a meal via a feeding tube inserted directly into their stomach called a Percutaneous Endoscopic Gastrostomy [PEG]. The staff member used personal protective equipment and explained to us the procedure they took such as flushing the person's tube with sterile water after a meal to ensure they received their nutrition in the correct manner as their care plan stated. Where people were at risk of poor nutrition or hydration, fluid intake charts were used to record the amount of drinks a person was taking each day and intake goals and totals were recorded. All charts in relation to the monitoring of people's health and well-being were fully completed and analysed, which showed staff were effectively monitoring people's health.

People were positive about the food and we observed lunchtime meal where people were well supported and offered choices in a calm and sociable atmosphere. One person said, "Yes we can have whatever we like really."

We saw people had access to a range of external healthcare professionals whom the service worked in close collaboration with. A relative told us, "They recognise when [Name] is under the weather as they know them so well and ensure they get the medical attention he needs." The service had excellent links with people's GP's and specialists such as dietitians, wheelchair services and speech and language therapists.

Everyone had up to date information relating to their healthcare needs in a clear plan. A hospital liaison nurse told us, "The staff have completed very comprehensive hospital passports which included detailed support plans which has helped the acute staff in planning and adapting the care they deliver."

Is the service caring?

Our findings

People we spoke with said the following, "I don't think we could get better care. Everyone gives above and beyond", and "Everybody does an amazing job, its all of the team."

We asked relatives of people who used the service about their experiences of the care and support their family members received. Their responses were all overwhelmingly positive. Relatives we spoke with said, "They are like family, they couldn't do any better if they tried. The level they go to is amazing. They put people first." Another relative said, "They are very kind and understanding. I am so relieved [Name] is there that I can sleep at night now." Other comments included, "We are very happy with the care for [Name]."

Without exception the visiting professionals we spoke with complimented the staff and highlighted their compassionate and kind nature. An occupational therapist told us, "Staff always appear to go the extra mile laughing and joking with residents, listening and having fun while carrying out their work in an appropriate way." Visiting professionals and relatives also discussed how the staff team and especially the registered manager were committed advocates for people and would not hesitate to challenge practice that was not effective. A social worker told us, "They work tirelessly to empower my client by recognising his rights and where necessary accessing advocacy services on his behalf".

We witnessed the registered manager dealing with a local acute trust on the day of our visit via telephone. Whilst very professional, they were determined to ensure a person received the right support from the hospital and when they felt this may not happen, they left the home to visit the hospital personally. The acute liaison nurse from the acute trust told us, "The professional attitude that is shown to visitors and the residents that live there is of a very high standard and one that the staff should be proud of. [Name] and her team do a fantastic job in meeting the needs for people with learning disabilities and they always strive to be and do the best that they can."

People were supported to maintain their relationships by a service committed to involving those close to people. We observed throughout our visit how the service made visitors and relatives feel comfortable and welcomed. One relative we spoke with said, "They are the same all the time, friendly and welcoming, they don't 'polish the taps' or put a show on it's just like a big family home." Another relative said, "It feels like home when we go in." Relatives we spoke with told us they were consulted about all aspects of people's care and support needs. This showed us families felt comfortable with the staff and service and every relative we spoke with told us of the 'family' environment created by the service.

During 2016 there had been a bereavement of a person who lived at the service. We saw how the service had supported this person and their family in a way that showed huge compassion and care. The service organised a remembrance event where everyone came together. People, staff and the family shared their fun recollections of people with music, food and the release of balloons. This showed how the service supported families at difficult times.

We asked people to what extent they felt they could make decisions about their care. One person said, "I can

make my own decisions and the staff are there to talk me through options and advise me but it is still my decision." We saw how the service supported one person who was told their swallow was failing and they were at risk of choking with food and drink. This person chose not to follow the recommendation from the Speech and Language therapist. The registered manager told us that although the staff team supported and encouraged people in a non-judgemental way, some staff struggled with this person's decision. Following a multi-disciplinary meeting with the person, the service wrote a positive risk taking assessment and this was shared with the staff team. The staff were encouraged to express in a confidential and honest environment their concerns if any and if they felt there was anything that needed to be considered. This showed the service supported people to continue living their lives as they wished with a staff team who were supported to explore their own views and opinions. This ensured everyone was consistent in their support of the person's decision.

Staff were passionate about their work. They actively listened to what people had to say and took time to help people feel valued and important. Staff understood people's communication methods and readily assisted people to express their views and join in conversations. We observed staff's interactions with people as they went about the home, as well as when undertaking specific care tasks. Staff consistently interacted with people with warmth and kindness. There was a friendly and affectionate relationship between people using the service and staff. Staff we spoke with knew people's needs extremely well, could describe their likes and dislikes as well as their life histories. One staff member we spoke with told us, "The care is second to none here, we try and encourage people even in the slightest of ways. Everyone likes to feel valued and useful and that's how we make people feel, so [Name] might carry the laundry on his wheelchair or [name] might hold the box for their eye drops. It sounds daft but it's about independence no matter how small."

All staff we spoke with told us the most important thing for them to uphold at the service was privacy and dignity. Many people had very complex support needs that meant staff had to provide extensive personal care. Whilst walking round the service and speaking to people, we followed staff supporting one person into their room to speak with them. A staff member then politely asked us to leave the room. Following this we spoke with the staff who explained they were about to support the person to have a food tube attached. They said, "I wasn't about to flash [Name's] tummy to a stranger, it's really important we help keep people's dignity." This showed the service took maintaining people's privacy and dignity very seriously. Staff members also told us that they always knocked before entering a room even when the door was open.

From speaking with staff we could see that people were receiving care and support which reflected their diverse needs in respect of the seven protected characteristics of the Equality Act 2010 that applied to people living there which included age, disability, gender, marital status, race, religion and sexual orientation. This information was documented in people's support plans. Records confirmed staff had completed training in equality and diversity.

An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. Information about accessing advocates was displayed throughout the service and in the easy read service user guide and we saw they had been involved in supporting people to make decisions about their care and support.

Is the service responsive?

Our findings

People had 'Person centred plans' in place. Person centred means the person was at the centre of any care or support plans and their individual wishes, needs and choices were taken into account. These included information on people's life history, likes and dislikes, health, well-being and self-esteem, choice and capacity, independence and living skills, and activities. One person had their evening routine recorded as, "I like to have my tea and either go in the bath or shower depending on how I feel at the time." This showed people wishes and choices were respected.

Support plans were in place to support people with all their identified needs, including for example, their mobility, healthcare needs and positive behaviour support. Records were reviewed regularly with the person and were well maintained. An action plan was recorded at each monthly review to ensure any issues were addressed by the next review. For one person it stated, "Staff are to support [Name] to the wheelchair clinic for handover of their powered chair."

We saw that where appropriate people had a plan for their end of life care that was in an easy read format and which people had been involved in talking about. We saw the service had involved specialist palliative support during the last year to support one person at the end of life. We spoke with a relative of a person at the service who had recently had a terminal diagnosis. They told us, "I couldn't have picked better people to care for [Name]. I have told them they mustn't get upset if they call for me and I can't get here in time, I know they are with staff who are like family."

Documentation was in place to record care and support offered throughout the day and night. Handovers were detailed and ensured information about people's support and welfare was clearly documented and communicated to staff to ensure consistency of care. One staff member told us, "We have a double check with the handover and a communication book as things change all the time."

It was clear from records that staff worked with people and their families to fully meet their needs and involve them. Both people we spoke with who had verbal communication knew about their support plan and had consented in writing to show their involvement. There was an easy read version which was a clear, positive document of how people wanted their support to be provided. We saw that people's communication needs were clearly captured for example, one person used object reference and their plan stated, "I will go and get an object i.e. a biscuit tin lid when I want a biscuit."

On the day of our visit, people enjoyed cooking and music sessions. One person told us how they loved arts and crafts they said, "I got a sewing machine for my birthday." Staff told us they supported the person to make outfits for special events. Another person told us, "We tend to do activities daily now but we can still choose to have a quiet day and not participate."

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The complaints policy also provided information about the external agencies which people could use if they preferred. There was easy read information around the home on how to make a complaint and monthly

meetings were held where people were given updates and asked about their satisfaction with the service. One person we spoke with said, "I would go to [Name] registered manager or above if I felt anything was slipping or I had a concern. I'm not backwards in coming forwards but there is nothing concerning me at all." All relatives we spoke with also told us they were able to talk with the registered manager and raise any issue or concern.

Is the service well-led?

Our findings

There was a registered manager in post. 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.

Everyone we spoke with praised the passion and commitment of the registered manager. They had worked at the service for over 10 years. We observed everyone knew them exceptionally well. One person knew the manager by their footsteps and started shouting her name. As soon as they approached they began laughing and held out their arms for a hug which was reciprocated. One person also told us, "[Name] registered manager is amazing, we would be lost without her."

We observed the registered manager dealing with a phone call from a distressed relative. The registered manager was extremely compassionate and calm and offered practical support to the person. We saw they immediately followed up their conversation by speaking with other healthcare professionals and then returning a call to the relative to explain what they had done and that a positive outcome had been achieved. The manager offered the relative the opportunity to call them again if they had any further worries.

Relatives spoke of the registered manager's determination to ensure people received the best care and support from all services. One relative said, "She is so hands on and so proactive. Our relative went through a difficult patch and she refused to let him go into hospital without the right pressure relief equipment, she was feisty but she was right." Another relative told us, "She knows how to handle people and talk to professionals. I am so relieved that she is in charge, I can sleep at night." The registered manager told us, "I am passionate about making sure people stay well. I won't be fobbed off because this is someone's son or daughter, brother or sister."

A social worker we spoke with said, "I have found that staff work hard at building effective relationships with other professionals and agencies for the benefit of their residents." Another healthcare professional told us, "Residents are supported as individuals with personalities as well as meeting their physical needs. Staff are always pleasant, attentive, informative, caring and demonstrate insight into the residents."

The service worked to promote itself within the local community. They had developed links with the nearby special educational needs school and children had visited the service and created a table for the conservatory. Children had also worked on the sensory garden painting CD's to catch the light and would be returning to create a collage in the spring.

We saw lot of photos from the 25th anniversary party of the service and several people and relatives told us about this event organised by the staff team. One attendee told us, "It was a fab day. It was good to see the staff get together to plan the event." Another attendee said, "A lot of effort had gone into the event by all involved." We saw the staff had supported people to make their own fancy dress costumes on a Cinderella

theme people had chosen. Every room and garden area had been decorated along with putting on a bar, disco and food. Friends, family and local people were invited to join the celebrations.

The registered manager and staff team demonstrated strong person centred values and were committed to providing an excellent service for people. One person we spoke with said, "The staff are really working well together and that filters down to us, it feels great here at the moment." Relatives we spoke with all told us they felt welcomed and involved at the service. We saw one person was supported to use a tablet computer to keep in touch with a parent who worked abroad.

People were fully involved in all aspects of the running of the service from recruitment to determining what improvements could be made to the service. One person told us about being involved in staff recruitment because they wanted to choose staff with similar interests to theirs and the other people at the service. This person asked questions of the prospective staff member, the interaction being observed by a member of staff and documented to capture if this was meaningful, caring, and compassionate. The person told us they had the opportunity to actually offer the position to the successful candidate. This person was also involved in carrying out quality audits at the service as well as taking part in quality reviews at the provider's other services nearby.

At our last visit in 2016 we found the service was struggling to recruit staff. At that time the registered manager told us they were exploring 'options out of the box' to assist recruitment. They developed a personalised flyer dropped within the post code area of the home enabling and encouraging people back to work to suit their own needs. This had been extremely successful and the individuals who applied for the posts had a positive impact on the retention of support staff ensuring continuity of care. One staff member told us, "It's been great because it fits round my childcare hours, I'd never have been able to manage otherwise and I love being able to come to work." This showed innovation and a flexibility of approach.

Staff told us they thought the service had an open and honest culture. Staff told us they had regular meetings and made suggestions about how they could improve the service. One staff member said, "The registered manager is prepared to listen to what you have to say, she tells us the door is always open." Another staff member told us there had been some teething problems with a new pharmacy supplier. "[Name] registered manager, met with them and got a medication administration record sheet that worked for us."

Staff spoke positively about working for the provider and how they were supported to develop their career. One senior member of staff told us how the registered manager had supported them into a management role. They laughed saying, "It is more complex than I thought but I can't fault her support." They then told us how they were supported with experienced staff sitting in when they completed supervisions for the first time. A person who used the service told us about this senior support worker saying, "He's doing fantastic, he's done a great job."

The registered manager told us about staff members who the provider and service had encouraged to develop their personal and professional skills. One staff had recently gone on to complete their nurse training and another person who had struggled with learning had recently completed a Level 2 qualification. The registered manager said, "This makes me very proud that through nurturing and encouragement staff develop themselves and share their good practice."

The registered manager spoke about their own learning and how they shared this across their staff team and wider organisation. They said, "I attend the infection control champion's event run by a team of infection control nurses and share the information with our organisation's health and safety manager. They

then cascade this across the organisation sharing good practice and safe systems of work. We also used this learning here by encouraging the people who use the service to regularly wash their own hands to reduce the risks of cross contamination."