

## Gorseway Nursing Home Limited

# Gorseway Nursing Home

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Gorseway Nursing Home is a nursing home providing personal and nursing care to up to 88 people. It is split into two areas of living. The Manor provides residential care and the Nursing Home provides nursing care for people. The nursing home additionally has a separate unit that specialises in dementia care. At the time of our inspection there were 21 people living in The Manor and 50 people living in the nursing home.

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

The provider's quality assurance systems were not fully effective in identifying all concerns in the service, and records were not always accurate or detailed. We have made a recommendation about this. When the provider was made aware of any issues they acted promptly and effectively to address them.

Risks to people's health, safety and well-being had been assessed and staff understood how to keep people safe. People had assessments before admission to ensure their needs could be met and ongoing risk assessments to reduce any risks. People's health and nutritional needs were planned for and met. Any health concerns were raised with health professionals.

People were protected from the risk of abuse because the provider had effective safeguarding systems in place. People received their medicines as prescribed. There were enough staff to safely support people.

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 we spoke with were complimentary about the care they received and told us staff were kind, caring and treated them with respect.

People's needs were met in a personalised way. People had been supported to maintain relationships and to take part in activities that they enjoyed. The provider took complaints seriously and used them to learn and improve the service.

The service had a positive, open culture. People told us they were happy living at Gorseway and staff enjoyed their work. The registered manager was keen to continually improve the service.

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

Rating at last inspection and update: The last rating for this service was requires improvement (report published 16 January 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected

This inspection was prompted in part, by concerns we received in relation to the caring nature of staff. As a result, we undertook an inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We have made a recommendation for the provider to improve their practice in relation to maintaining accurate and detailed records and governance.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Gorseway Nursing Home

## 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

Three inspectors carried out the inspection. Two Expert by Experience's supported the inspection by making calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Gorseway Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Gorseway Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

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

#### During the inspection

We spoke with eight people who used the service and fourteen relatives about their experience of the care provided. We spoke with 17 members of staff including the registered manager, the operations manager, deputy managers, team leaders, care workers, an activity coordinator, a maintenance person, a chef and a housekeeper. We reviewed a range of records. This included ten people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At our last inspection, risk management was not robust enough to demonstrate actions to mitigate risks were always followed by staff. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 12.

- Risks to people's health, safety and well-being were assessed and risk assessments included information to help staff know how to manage these risks.
- Risks to people were discussed in meetings on a regular basis. This ensured all staff were aware of any changes, and actions were put in place to reduce risks.
- Actions to mitigate risks were followed by staff. For example, some people needed their food presented in a specific way to reduce the risk of choking, and we saw this was provided for them.
- Some risk assessments could benefit from further detail to include what action staff should take if identified risk occurred. However, staff we spoke with were able to explain what actions they would take, and the registered manager took prompt action to include this on records.
- Monitoring charts were used to ensure methods to reduce risks were being undertaken in line with people's risk assessments. We noted some gaps on monitoring records. These were mostly when a person had declined to follow guidance to mitigate risks such as repositioning to reduce the risk of pressure injury. The registered manager put measures in place at the time of inspection to ensure staff were recording each time they attempted to support people in line with their risk assessment.
- Regular health safety and maintenance checks were completed to ensure equipment and the premises were safe to use. The service had assessed fire risks and equipment was available to support people to evacuate in the event of an emergency.

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

- Systems and processes were in place to keep people safe from the risk of abuse. The management team and staff were aware of their safeguarding responsibilities.
- Staff had received training in this area and, although they had confidence in the management team to deal with concerns, knew how to contact safeguarding themselves if they needed to.
- Everybody we spoke with said they, or their relative, felt safe.
- Records of investigations into concerns were maintained and the provider ensured learning and

improvement was taken in response to any safeguarding concerns, where appropriate.

#### Using medicines safely

- People had their medicines as prescribed and told us they were happy with the medicine support they received.
- People were supported to take their medicines in a way that met their needs.
- An external professional told us the management of medicines had improved in the last year and the service was proactive in organising reviews for people.
- Processes and systems in place for ordering medicines were effective and well managed between the service, GP practice and pharmacies.
- The registered manager took prompt action when we told them that some people's medicine records could benefit from more accuracy and detail: including adding this area on to senior staff checks and audits.
- Staff had received training and their competence in administering medicines was checked regularly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People's relatives or those acting on their behalf were able to visit their family member in line with government guidance.

#### Staffing and recruitment

- People and staff told us there was enough staff to meet people's needs. However, some people felt staff seemed "stretched" and "busy" at times. Staff also felt that additional staff would give them more time to spend with people. We discussed these comments with the registered manager who assured us they continually monitored staffing levels and their deployment. They additionally had plans in place to continue with their successful recruitment programme.
- Our observations reflected staff responded promptly to people's requests for support. The service had enough staff to support people to take part in activities and enable visits in the community. The provider also monitored call bell response times to ensure people's requests for assistance were responded to in a timely manner.
- The provider had successfully recruited permanent staff which meant the use of agency staff had significantly decreased. This meant people were supported by a consistent team who knew them and the service well. We found this had a positive impact on many other aspects of the service.
- Recruitment practices were mostly safe. However, we found minor omissions in some staff files. The provider rectified this during the inspection and assured us they would improve their practice in relation to recruitment going forwards.



### Learning lessons when things go wrong

- Incidents and accidents were recorded, acted upon and analysed for learning to prevent similar incidents from occurring again. Learning was shared with staff during staff meetings, handovers and supervision.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

At our last inspection the provider had failed to ensure accurate records about people's ability to make decisions. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, enough improvement had been made and the provider was no longer in breach of Regulation 17.

- Accurate records about people's ability to make decisions were in place. People had signed consent forms where appropriate.
- Where people's decision-making capability was in doubt, staff had completed a mental capacity assessment. If it was deemed people did not have the mental capacity to make a particular decision, records demonstrated the provider had acted in their best interests.
- Care was delivered in line with the MCA. People were encouraged to make their own decisions and choices as much as possible and we saw examples of this throughout our inspection. One person told us, "I can do what I want, when I want."
- Where people needed to be deprived of their liberty for their safety, the appropriate authorisations were being met. Information about who had a DoLS in place was readily available for staff. One person's DoLS had conditions and these were known about and being met.

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

- People's needs were assessed prior to moving to the service. Assessments detailed all necessary information about people. This included health and support needs, wishes and preferences. People's assessments also considered support they may want to meet their protected characteristics under the Equality Act.
- People and their relatives were involved in the planning of care. For example, one person told us, "They [staff] have discussed my care package with my [relative] and have carefully planned everything to ensure my wellbeing. They [staff] follow that to the book."
- Best practice guidance was used to ensure consistency of practice. For example, nationally recognised tools such as the malnutrition universal screening tool (MUST), were being used to assess people's nutritional risk.
- Staff made appropriate use of technology to support people. Pressure relieving equipment and falls prevention technology was used safely and in accordance with people's needs.

Staff support: induction, training, skills and experience

- People and their relatives thought staff were well trained and understood how to meet the needs of the people they supported. For example, a relative told us, "They [staff] seem to know what they are doing; I don't really know what training they get, but they are quite professional in the way they use the hoist and everything."
- Most professionals provided positive feedback about the skills of staff. However, one professional felt that nursing staff often needed "extensive guidance" with some areas of clinical knowledge. The provider had recently developed and implemented a 'preceptorship' programme to support new nurses on their journey. This included training in clinical areas such as medication, wound care, continence and end of life care. The registered manager told us how this initiative was leading to improvements in nurses clinical and leadership skills.
- Staff received on-going training from the provider and support from the management team.
- New staff received an induction which included all appropriate training to give them the right skills and knowledge to effectively support people and understand the requirements of their role.
- Staff felt well supported. They told us they received regular supervision and could approach the management team at any time in between.

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

- People's dietary needs were met. They were provided with a nutritious and balanced diet that met their needs and preferences.
- People were offered a choice of food and drink and throughout the inspection we observed people received a variety of meals, snacks and drink which they chose. One person told us, "The Chef goes around and asks what your preferred meal is. If it's not what you like, they will always make something you want. I prefer cheese and he knows that."
- Kitchen and care staff had a good understanding of people's dietary needs. Specialist diets, including modified and diabetic diets were provided to people in line with their assessed needs.
- People were provided with meals prepared in a way that was appropriate for them. Plans were in place to ensure food that was pureed was presented in an attractive way.
- Although people were supported to drink plenty, the care planning system automatically generated a fluid intake target for people that wasn't always appropriate. When we discussed this with the registered manager, they told us of their plans to ensure people's fluid intake was monitored in a more robust way.

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

- Staff worked in partnership with other healthcare professionals to provide a continuous level of care which was responsive to people's needs. People were supported to access their GP and other healthcare professionals. Care plans reflected the guidance provided.
- A professional told us the service was proactive in seeking supporting from other agencies for the benefit of the people they supported. They also told us that any guidance provided to staff was followed.
- People were supported to live healthier lives. One person told us, "Staff are excellent, they encouraged me to go to Weight Watchers, now my weight has gone down 2 stone." They went on to tell us how this had benefitted several aspects of their life.
- People's oral health care needs were met. For example, one person had been admitted to the service with poor oral health. Staff recognised how this was having a negative impact on their life and arranged for a dentist to visit. We saw that other people also benefited from a dentist who visited the home.

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

- The premises and environment were designed and adapted to meet people's needs.
- The service was split in to two separate buildings. The Manor was welcoming with good signage to support people to find their way around. People's doors had been decorated to promote a sense of individuality and we saw people had personalised their rooms.
- Plans were in place to continue this on the nursing unit. The registered manager told us they were looking forward to improving and personalising the environment in this area. They had also started work on making the dementia unit more dementia friendly. For example, a phone and phone box image had been implemented as a point of interest.
- People had access to and enjoyed the gardens. A sensory garden had been planted and people and their relatives told us they could sit outside in good weather and particularly liked the lake.

# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

- Prior to the inspection, we received a concern about the caring nature of staff. We did not identify anything to corroborate this during our inspection process. We observed staff treated people in a caring and compassionate manner.
- Staff demonstrated a good understanding of people's individual needs, preferences, backgrounds and interests. They used this knowledge to engage with people in a meaningful way.
- People and their relatives felt staff treated people well. Comments included, "Staff are very pleasant and very professional, they are caring, very kind and supportive of me.", "I find them [staff] all really pleasant, approachable and very caring" and "Staff are very caring, a lovely set of people."
- People felt valued by staff who showed genuine interest in their well-being and quality of life. One person told us, "They [staff] are genuinely interested in what you're doing." And another said, "I haven't been well today and they [staff] have popped in to see how I am. That shows they care."
- The registered manager and staff told us that they would always aim to ensure people's equality, diversity and human rights needs were respected and supported. Through talking to people and staff, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected.

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

- People were supported and encouraged to express their views and make decisions about their care as part of regular reviews.
- Relatives also felt supported to be involved in their family members care. One relative told us, "We talked about [aspect of care] and staff took that on board and added it to the care plan; so, there is a good working relationship."
- People told us they could choose what times they got up and went to bed, what food and drink they wanted and how they spent their day. People were also given a choice about the gender of who supported them with personal care, and this was respected.

Respecting and promoting people's privacy, dignity and independence

- People's dignity was promoted, and people were respected. One person told us, "Staff are always polite and treat me with dignity and respect, even in the tone of their voice."
- The provider used a dignity audit which enabled them to assess how well they were ensuring people's

dignity in the home.

- Staff described how they protected people's privacy during personal care. This included listening to people, respecting their choices and closing doors and curtains. People and their relatives confirmed this took place. We saw signs on people's doors in use. These stated, 'Please do not enter – personal care in progress.' This helped protect people's privacy.
- People's independence was promoted. Guidance was recorded in people's care plans which promoted independence, and staff were able to describe ways of maintaining people's skills.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

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

- People received personalised care and support specific to their needs and preferences. Staff had very good knowledge about the people they supported.
- People were pleased that they had as much choice and control to meet their needs and preferences as possible. For example, one person told us, "It is my preference to have my meal in my room and staff organise that with no problem. I prefer my peace and quiet and like to read in my room, so they keep my door shut because they know that's what I prefer."
- Care plans contained enough information and guidance for staff to support people in a person-centred way. However, we noted further information would enhance these such as more detail about people's life history and how their health conditions affected their day to day lives. The provider had recognised this, and work had already begun.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's individual communication needs were assessed and included in their care plan.
- Communication needs were met for people. For example, staff took time to ensure the people they were speaking with understood what was being said.

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

- The registered manager and staff told us they had worked hard to make improvements in relation to activity provision for people. They provided examples of how these improvements had supported people's well-being.
- People and their relatives provided us with positive feedback about the activities provided. For example, one relative told us, "I am really impressed with activities; they have two ladies come in. They took dad out to the aircraft museum and do some pot plant gardening and clay modelling. They also spend time with residents on a one-to-one basis. There is a lot of interaction that I think is smashing."
- There was a programme of activities planned within the service and on the first day of our inspection we

saw an Elvis impersonator entertaining people. We also saw smaller group activities taking place which people enjoyed.

- People were supported to maintain relationships with friends and family. Visitors were welcomed to the service and people could go out with their visitors if they wished.

Improving care quality in response to complaints or concerns

- There was an accessible complaints procedure in place. This was made available to people and their relatives.
- People and their relatives told us they knew how to complain, were confident they would be listened to, and their complaint resolved if possible.
- The provider treated concerns and complaints seriously. Records demonstrated complaints were investigated and lessons were learned as a result. Changes were made to prevent recurrences, and any learning was shared with the team and the wider organisation.

End of life care and support

- In response to previous situations, the provider had organised additional training for staff in end of life care.
- We reviewed the records of people who had recently received end of life care and found they had been supported to have a pain free and dignified death. Equipment and medication had been sought in a timely manner. External health professionals were also involved in people's end of life care if the service felt this was necessary.
- Some people's care plans could be further developed to ensure people's preferences for end of life care were reflected. The registered manager was in the process of updating care plans.



# 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 our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement.

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

At our last inspection, a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was identified. This was because the governance of the service was not effective, and records were not always accurate. At this inspection, enough improvement had been made and the provider was no longer in breach of this regulation. However, further improvement was still required.

- The provider had improved their quality assurance processes and had a range of audits in place. We found this had been largely successful and compliance had mostly been achieved. However, there were some areas where we identified shortfalls. This included records relating to risk, care plans and medicines, recruitment processes and sending in notifications to CQC.
- Some areas for improvement had already been identified by the provider and an action plan to make improvements was in place. It was evident this had already driven improvement and plans were in place to continue this. Where concerns were identified on inspection which had not already been identified by the provider, the registered manager was very responsive and put plans in place to make immediate improvements.
- Services that provide health and social care to people are required to inform CQC of important events that happen in the service. This had mostly taken place apart from when a stakeholder had raised an allegation of abuse with the service. We discussed this with the registered manager who made retrospective reports to CQC and said they would report all allegations of abuse to CQC going forward.

We recommend the provider seeks reputable guidance to ensure records are complete and accurate in respect of each person, and to ensure effective quality assurance systems are used to assess, monitor and improve the quality and safety of the service.

- The registered manager and deputy managers had oversight of the service and demonstrated a clear commitment to improvement.
- There was a clear management structure in place. Staff understood their roles and responsibilities and who they could access advice and support from.

### Continuous learning and improving care

- The registered manager and deputy managers understood the importance of continuous learning to improve the care people received. They all worked well together and shared an aim of ensuring people received good quality and safe care. Relatives and health professionals told us it was beneficial to have a stable management team in place.
- Significant improvements to the running of the home had been made since the last inspection. We saw several examples of this which have been reported on throughout this report. Time was needed to continue the improvement and embed this into practice.
- Effective systems were in place where incidents, accidents, complaints and safeguarding concerns were monitored. This ensured themes and trends were identified with timely investigations, potential learning and continual improvements in safety.
- There was a strong emphasis on teamwork and communication, and staff commented on how this had got better in recent months.
- The provider had an 'Employee of the month' scheme. This meant staff were recognised and rewarded for their hard work. Staff told us, this made them feel appreciated.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were positive about living at Gorseway and the support they received. For example, one person told us, "I must admit, it's like living in a hotel: domestics, care staff, nurses, they are brilliant, and you can have anything you want." Relatives shared this view. Comments included, "I would say it's the best home that mum has been in; this home has restored our faith in care homes.", "It's exceptional." and "I would recommend this home to others."
- The registered manager and deputy managers promoted an open and honest service and led by example. People and staff told us they were accessible and supportive.
- There was an open culture and staff were confident that any issues they raised would be listened to. Staff consistently told us they felt supported by the provider and their contributions were valued.
- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.
- An initiative called 'Resident of the day' was in place. The primary aim of this was to improve the overall experience for people who lived at Gorseway. It meant that people's needs and wishes were reviewed in a holistic way and ensured any improvement they felt they may need.

### 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 provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred.
- When care did not go to plan, people and their relatives were kept informed showing a transparent service. However, in some instances, the full requirements of this regulation were not always followed. We discussed this with the registered manager who said they would update their practice.

### Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Working in partnership with others

- People benefitted from partnership working with other local professionals, for example GPs, community nurses and social care professionals.
- People's views about the running of the service was sought in various ways. This included surveys, meetings and individual reviews. Where suggestions had been made to improve the service, the provider had addressed these.

- Staff meetings were held regularly. Staff were encouraged to make suggestions and explore new ideas to support people. Staff told us they felt listened to and valued.