

Asprey Healthcare Limited

Walton Park Care 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

Walton Park Care Home is a residential care home providing accommodation and personal care support to up to 35 people. The home provides support to older people living with physical and health related support needs, some of whom also live with dementia. At the time of our inspection there were 23 people using the service.

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

There were multiple changes in the management team in the home and a new home manager had started not long before the inspection. Governance and oversight processes in place had overall improved but were not yet fully embedded and effective. Although improvements had been made to the care people were receiving, the home and its culture, not all actions had been completed yet and some audits were not yet fully effective in identifying issues promptly.

People and their relatives told us the home was safe. Staff were recruited safely, there was enough staff to meet people's needs and consistency of the staff team had improved since the last inspection. People were safely supported around their medicines, individual risks and infection prevention and control.

Staff knew people's needs and risks and any individual changes were discussed with people, their representatives and healthcare professionals to find best ways to support them safely. People had individual care plans in place and staff were trained to provide the care they needed. People received personalised care and support and had regular opportunities to express their wishes.

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 to host visitors and the offer of things to do and home events was being reviewed and improved at the time of the inspection. The home environment continued to improve with an extensive refurbishment work underway.

People and their relatives told us staff were caring, compassionate and respectful. Staff felt supported by the home management and listened to. The home worked with other health and social care professionals.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 February 2023).

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.

At our last inspection we recommended the provider to review the way they had recorded MCA and 'best interest decisions' to ensure the records clearly indicated how the MCA Code of Practice had been followed. At this inspection we found the provider had made improvements.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last 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.

Follow up

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 ●

Walton Park Care 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

The inspection was carried out by 3 inspectors and an Expert by Experience. 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

Walton Park Care 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. Walton Park Care Home is a care home without 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 not a registered manager in post. There was a home manager who was in the process of completing CQC registration application.

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 sought feedback from the local authority. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people and 6 relatives about their experience of care. We interacted with another 8 people using the service who were not able to provide full feedback about their experiences and we observed how staff supported people. We spoke with 14 members of staff including the nominated individual, the home manager, deputy manager, senior care staff, care and ancillary staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 4 people's care plans and multiple medicines records for people. We looked at recruitment checks for 3 staff members. A variety of records relating to the management of the home, including training, staff rosters, audits, meeting records and an action plan were also 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and neglect and felt safe in the home. One person told us, "I feel perfectly safe all the time here." A relative commented, "He is as safe; we don't go home and worry about how he is being looked after or anything like that."
- Staff knew how to report any concerns, felt confident to do so and received safeguarding training and support from provider. One staff member said, "I would report (concerns) to the senior member of staff or directly to management. I would go to (local authority) safeguarding or CQC. Whistleblowing is basically reporting something you've seen if you're concerned about it."
- The management team reported and investigated any safeguarding concerns raised since the last inspection. They worked with the local authority to make sure people were protected from harm.

Assessing risk, safety monitoring and management

- People were protected from avoidable harm and had individual risk management plans in place which were reviewed when their needs had changed. One relative said, "Yes, I do think [person] is safe living here. There have been a couple of safeguarding issues during their time here but now they are very vigilant on anything like that and that is a noticeable shift change from the way it was before. [Staff] are meticulous in making sure two people assist her when they use [care equipment]. I don't fear for her safety, and I am confident that they would flag up any problem at all". The relative explained to us what changes were made to their loved one's care to better protect them from accidents.
- Staff knew how to care for people safely, for example when helping them to mobilise. Staff we spoke with were aware of people's individual risks and told us these were discussed during daily meetings with management to ensure people received safe care. Staff could refer to people's care plans and daily handover document which contained information around people's specific individual risks and needs.
- People's care plans contained information around their individual risks. For example, around people's mobility, falls risk, health conditions or what could make them anxious and how to reassure them. One staff told us, "I have read the risk assessments. I know the risks now because I read all the care plans. I write every day as well what is happening." Some care records for people whose needs had recently changed required further updating and clarification which we addressed in the well-led key question in this report.
- Risks around health and safety, fire safety and home environment were managed safely. Care equipment was regularly checked. Staff were aware of fire safety procedures. Where new risks were identified due to ongoing refurbishment works in the home, these were assessed by the management to implement measures to protect people.

Staffing and recruitment

- There were enough staff to provide people with a timely and safe care. People told us their calls for

support were answered promptly and they could access staff throughout the day and night. We observed there were enough staff to help everyone during the day and support was not rushed. One relative said, "I think like everywhere they could always do with more (staff) but that might not be realistic. I think there is an adequate level but there can be times when you see that they are stretched, but I think that will improve when all the main communal areas are back in use and it will be easier for them. For now, I think they are coping."

- Staff provided mixed feedback about the levels of staffing in the home but all knew how to voice any concerns and where and how to find help if they could not support people timely. The provider monitored staffing levels on an ongoing basis and discussed this with the staff team during management meetings. The consistency of the staff team had improved since the last inspection as the provider continued to recruit new staff and reduced the level of staff vacancies in the home.
- New staff were recruited safely. Candidates had to complete a range of pre-recruitment checks, including identity, right to work, references and Disclosure and Barring Service (DBS) checks. DBS provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. People told us staff supported them at the required times and explained what the medicines were for. One person said, "[Staff] always make sure I take my tablets. They never, ever just put the tablets down. They don't leave until they make sure you have taken them." The person explained staff were aware of side effects of their medicines and helped them to monitor it to keep well.
- Staff completed medicines administration records when they supported people to take their medicines. People had clear medicines profiles and care plans around high-risk medicines they were taking. People's medicines records included specific instructions from prescribers, information when the medicines were last reviewed by GP and how to use 'when required' medicines.
- Some medicines records were inconsistent which was identified in the last management medicines audit but not yet fully mitigated. We noted significant improvement in how medicines were managed since our last inspection. The provider had an audit process and action plan to monitor ongoing compliance and took action when a concern was identified. We addressed this in the well-led key question in this report.

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 were supported to host visitors whenever they wished to do so.

Learning lessons when things go wrong

- The management team analysed all incidents and accidents to identify any lessons learnt which could mitigate any ongoing risks to people. Analysis of root causes and follow up action required was completed for each incident or accident.
- The management team ensured changes were made to people's support or how the home was run in response to any trends and lessons learnt they had identified. For example, people's individual care was reviewed and changed to better protect them from risks, or appropriate referrals were made to seek further support from healthcare professionals.
- Staff were aware of lessons learnt and kept up to date by the management. One staff member told us, "There is a daily 'flash meeting'. We get made aware of incidents or if there's been an issue. It's about becoming better (in how we support people)."

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.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure staff had appropriate training, knowledge and skills to provide safe and quality support to people. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The management team had now closely monitored staff training completion and further training needs. Additional online and face to face training courses were offered and completed by staff since the last inspection. One staff told us, "Face to face training is manual handling and first aid. We have face to face training for dementia. It last happened two weeks ago." We saw staff completed a range of training courses, including for example courses specific to aging, dementia, falls awareness, pressure area care, end of life care, diabetes, medicines management, infection prevention and control or learning disabilities and autism awareness.
- New members of the staff team were supported to complete initial training and induction which included orientation in the home and working alongside more experienced member of staff. One staff member said, "I was shadowing (working with senior staff) for one week. I did all my e-learning and manual training. I did the manual training face to face first before I (started supporting people)."
- Staff told us they felt supported and had opportunities for regular supervisions and training. The management team was said to have open door policy and staff told us they could count on their support if they had any queries or concerns.

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 we recommended the provider to review the way they had recorded MCA and 'best interest decisions' to ensure the records clearly indicated how the MCA Code of Practice had been followed. The provider had completed the improvements.

- Staff knew how to support people in line with MCA. One staff member said, "To not assume [people] don't have capacity to make a decision for themselves." Another staff member told us, "We always give [people] options and give them time to decide so we don't deprive them of their free will."
- The management team ensured people's capacity was assessed when needed and included their representatives and any other relevant people in best interest decision making processes. Applications to deprive people of their liberty were submitted to the local authority where this was necessary least restrictive option to be able to provide them with safe care.
- Where people's needs had changed, the local authority was informed of any support measures required to support people's safety that could amount to deprivation of liberty. This was the case, for example, when people needed additional supervision and monitoring due to risk of falls.

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

- The provider had a clear process in place to ensure people's needs were assessed and discussed with them and their representatives before they moved into the home. People who moved into the home since the last inspection were complimentary about this process and the support they received to settle into the home safely and comfortably.
- Staff completed a care assessment and initial care plans when people moved in. People's individual risk, needs and wishes were included. The management team maintained a close oversight of people's feedback and experiences within the first weeks after they moved in to ensure they received appropriate care. One person told us how the deputy manager visited them daily to discuss how they were which helped them to settle in and reduced their initial anxieties.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to eat and drink well. People were overall complimentary about the choice of foods and drinks on offer and the quality of the meals. One person said, "The menu here is good and [staff] are always encouraging you to eat. You get two choices of meal and I get my favourites two or three times a week. I have put on weight since I moved here."
- Another person told us, "There was an improvement in the catering too. It is good quality food now and they provide fruit salads and things in the afternoons which is a nice touch, I think." A relative told us, "Certainly, the catering seems to run smoothly and people are provided with good food."
- People at risk of malnutrition, dehydration or with specific dietary requirements had appropriate care plans in place and staff were aware of their needs. Kitchen staff knew when people required more nutritious options of meals and snacks or had specific allergies or food and drink textures. Senior staff monitored when people were losing weight to ensure adequate support and that people's GP was informed if this was of concern.

- People could access healthcare services when needed and staff supported them to do so. For example, people were referred to their GP, specialist nurses, speech and language therapy services or community mental health teams when needed.
- People's care plans included information around any specific needs. For example, if people required to see an optician, audiologist, chiropodist or any other healthcare professionals. The provider was working with the local integrated care system to ensure people could access services when needed.

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

- The home had some adaptations which people told us worked well for them and enabled them to be comfortable and independent. There were ongoing refurbishment works and further improvements to the home were being made by the provider. This included ensuring dementia friendly environment.
- People could access communal areas, secure back garden and had personalised rooms with ensuite bathrooms. Handrails and adaptations for people with reduced mobility were also in place.

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 good. At this inspection the rating for this key question has remained 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; Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff were caring and kind to them. We saw people being comfortable with staff and staff communicating with them when providing support. One person told us staff would always patiently answer their calls to help out with a TV issue despite not always being able to resolve it for them.
- Another person said, "The staff here are all very chatty and they are always asking you if you would like something to eat or to drink. I think it is wonderful how [staff] support the less able residents here. They are always included and encouraged." People's relatives commented, "From my point of view the staff here are all caring and caring to all the residents and always welcoming to visitors too."; "[Staff] are all very helpful and attentive."
- Staff treated people with respect and protected their dignity. People's care plans included information around their preferences and wishes and how to reassure them should they become anxious. We observed staff supported people privacy and dignity when helping them on the day of the inspection. Staff spoke about people with respect and compassion and knew them as individuals. Staff celebrated people's successes with them.

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

- People and their relatives were involved in their care and encouraged to express their views and wishes. One relative said, "[Person's] care plan is reviewed regularly now. The last time was with [the deputy manager] and her keyworker (staff who oversees person's care). There was plenty of time devoted to that and they did go through it in a lot of detail too."
- Another relative said, "Yes, [person] has a care plan and I have been fully involved when [staff] review it." The management team explained how they planned to regularly meet with all people and their representatives to discuss their individual care and any changes required. Some of these meetings happened on the day of the inspection too.

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 good. At this inspection the rating for this key question has remained 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; End of life care and support

- People's care was personalised to their needs and wishes. One relative said, "As [person's] health has deteriorated she has needed more care and I have been particularly impressed with the vast improvement in her care, particularly over the last six months. [Staff] now go through the care plan thoroughly, listening to what she and we feel are her needs. They are incredibly careful, especially in what constitutes her needs in personal care."
- People's care plans included information around their likes and dislikes, personal preferences, cultural and family needs or interests. When people were receiving end of life care, specific care plans were in place, explaining what support they need to be comfortable, safe and pain free.
- People told us their care was personalised and staff respected their wishes. One person said, "I go to bed when I want and I am an early riser, so there are no problems there". We saw another person being enabled to move freely around the home which reduced their anxiety. They were involved in day-to-day tasks and staff spoke with them in a gentle and reassuring manner. Staff we spoke with were aware of people's individual preferences and things important to them.

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 communication needs were clearly addressed in their care plans. Staff knew how to best communicate with people. Where people needed support to be able to communicate freely due to sensory impairments, this was also assessed in their care plans.
- The provider was aware of their responsibilities in relation to the Accessible Information Standard and was able to accommodate people's needs in this area when needed. People's care assessments and reviews included discussions around their communication needs.

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 have visitors and enjoy doing what they liked. The home offer of events and one to one support with individual interests was being developed by the new activities and lifestyle staff. One person said, "I feel confident with [lifestyle staff] and he took me out one day last week".

- People could attend a range of events, games and exercises. Staff encouraged people to go out into the garden. The lifestyle staff told us, "I've done an assessment with every resident. What they like, what they don't like. All the planners that I do all go on what they have told me." They told us how people requested to play bingo which was organised on the day. We saw people who initially did not want to take part were smiling later on and enjoyed their time playing the game.
- People's care plans included information around their life stories, interests and hobbies and people important to them which supported staff to ensure they could spend quality time with their visitors and be encouraged to do things they liked. Staff were increasing the one to one activities to better support people who preferred not to take part in group events.

Improving care quality in response to complaints or concerns

- People and their representatives knew how to raise a complaint and told us they would feel confident approaching the management or the provider. The provider had a complaints policy in place.
- Complaints were logged, investigated and a response was provided to the complainant. The management team made improvements since the last inspection based on people's feedback.

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; Continuous learning and improving care

At our last inspection the provider had failed to ensure their governance systems were used effectively. The provider had failed to maintain securely an accurate, complete and contemporaneous record in respect of each person, including a record of the care and treatment provided, and of decisions taken in relation to the care and treatment provided. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The management team had improved the governance and oversight systems in the home but not all improvements had been fully embedded. The management of the home had changed several times, hence further work was needed to ensure consistent and effective oversight as frequent changes delayed completion of some improvements and affected consistency of the leadership in the service.
- People's records were now regularly reviewed, audited and updated. Regular audits identified the need for prompt review of care plans. However, we found one example where the quality review was not always followed up by the management in a timely way which meant this person's record still required a formal review. Staff were briefed of this person's changing needs and how to support them which mitigated the risk. We fed this back to the management who updated this care plan immediately after the inspection. The provider told us they would train and appoint a senior carer to provide additional oversight to address ongoing improvement needs in relation to recording.
- The home manager identified some improvement needs around medicines records in their last medicines audit which were not identified in the earlier audits. This meant issues around gaps in staff signatures on topical medicines administration charts or on booking medicines into the home, some unclear instructions in people's records and stock return issues had not been resolved. However, we found no evidence people were harmed due to those issues and the provider shared a clear action plan with us on how they would correct the issues and mitigate risks to people going forward.
- Other areas of governance had significantly improved since the last inspection. For example, all safety and quality audits were now regularly completed with clear actions and follow up on improvements. The management team and senior staff met regularly to discuss any changes in people's needs and risks and

there was evidence of action taken to protect people from avoidable harm. Best practice was regularly discussed in team and management meetings and staff were supported to improve how they provided care.

- The management team implemented a continuous improvement action plan and a range of actions had already been completed. For example, new staff were recruited to improve staffing consistency, lifestyle and activities offer in the home was reviewed, staff were supported to ensure timely and safe care and appropriate recording. Staff completed additional training and the management were present in the home, providing day-to-day support and advice. This improved the culture of the home and we heard from people their experience of care was also better.

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

- People, their relatives and staff told us the culture of the home had significantly improved thanks to ongoing support of the deputy manager and better consistency of staffing. One relative said, "The [staff] team in place now I am impressed with. I think they are good quality and [the deputy manager] is very good and attentive and rises to any challenge."

- Staff felt positive about the changes in the home and how it impacted their ability to provide people with good standard of care. Staff comments included, "I am very impressed with [the home manager]. If you need something, she's there. She actually listens and takes action."; "Staff connect with each other better. I feel more supported by manager and deputy."; "Since [the deputy manager] had been changed, the door is open and you can discuss what you are thinking without being judged rather than being just told what to do."

- The provider understood their duty to work in an open and transparent way. People and their representatives were informed when things went wrong and provided with information on action taken to improve and mitigate any risks. People's relatives told us they felt the communication with the home had overall improved in the recent months.

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

- People and their representatives were engaged in their care, although communication with people's relatives was being further improved by the new home manager. One relative said, "We speak to the managers. They're both very approachable."

- Staff felt supported, listened to, and valued by home management. One staff member said, "Yes, I feel supported, especially now. [The home manager] is very supportive. I know where to go. [The home manager and deputy manager] are easy to approach." Staff had regular opportunities to discuss any issues, concerns and suggestions during daily 'flash meetings', staff and management meetings. The provider was present in the service weekly and staff could approach the nominated individual with any concerns.

- The home worked with local healthcare and social care partners and was working on re-establishing local community links following the COVID-19 pandemic. Staff team worked with local hospitals, specialist services, social services and GP to improve people's experiences. They engaged with the local integrated care system to resolve any issues they came across to enable people timely and effective access to services they required.