

Rajanikanth Selvanandan

# Beechcroft Care Home

## Inspection report

327-329 Brownhill Road  
Catford  
London  
SE6 1AL

Tel: 02084612437

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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?

Good ●

# Summary of findings

## Overall summary

### About the service

Beechcroft Care Home is a residential care home providing personal care and support to people aged 65 and over at the time of the inspection. The service can support up to 30 people.

### People's experience of using this service

The safeguarding systems in place provided staff with knowledge of how to protect people from the risk of harm and abuse. Training in safeguarding equipped staff to report any suspected abuse promptly for investigation. Risks associated with people's health and well-being were assessed and management plans were put in place for staff to take action to mitigate any risks.

Medicines were administered so people received them as prescribed. Each person had a medicine administration record that was completed when staff supported them, these records were reviewed for their accuracy and completeness.

Staff were deployed within the service to best meet people's assessed care and support needs. People contributed and were involved in their care assessments, including how they wanted their care and support provided.

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.

An activities coordinator asked people for their views on current social activities or new hobbies they were interested in. As a result, a variety of social activities were provided at the home. The onsite chef prepared meals each day and a menu was available for people.

Staff were proactive to support people when their health needs changed. A GP visited the service each week and there were systems in place for people to have a health check-up and a medicines review. People discussed their individual end of life wishes and these were recorded in line with people's choices.

People gave staff positive feedback about the care they received and the service where they lived. People confirmed staff were kind and provided care with dignity and in privacy. The complaints system allowed people to make a complaint about the service or an aspect of their care.

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 (published 8 February 2019) and there were multiple 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 was a planned inspection based on the rating of the service at the last inspection.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

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 well-led.

Details are in our well-led findings below.

Good ●

# Beechcroft 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 Care Act 2014.

#### Inspection team

This consisted of one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses a residential care service.

#### Service and service type

Beechcroft Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with seven people who used the service and one relative about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, home administrator, activities co-ordinator, senior care worker, two care workers, GP and the chef. We made general observations of the service.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at five 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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

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

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

### Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly ensure service users lived in a properly maintained service. There were areas in the home that needed extensive repairs and decoration. Some people's bedrooms looked drab and bare, some were not decorated and the furniture looked mismatched, worn and damaged in places. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition, the provider had failed to robustly ensure service users were kept safe from the potential risk of fire because unsafe equipment was in use. Staff used a portable electric heater to keep the communal dining room warm and there were missing and broken window restrictors in people's bedrooms. These issues were resolved during the inspection.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- The provider had arrangements in place to ensure the service was properly maintained and decorated. The service was designed and adapted to meet people's individual needs so they could move around the home freely and independently.
- The provider had completed decoration and refurbishment of the service since the last inspection. We noted the service was brightly decorated and people's rooms and communal areas looked well maintained.
- The registered manager completed an action plan that identified areas of the service that required repairs and redecoration. The maintenance worker managed these jobs, that were carried out to a good standard. For example, the ground floor bathroom door was risk assessed as unsafe due to the glass panel and this was replaced. After the inspection we were provided with evidence of further works carried out to ensure the home environment was safe and comfortable for people to live.

### Assessing risk, safety monitoring and management

- Staff assessed people for risks associated with their health and well-being and plans were put in place to manage these. Risk assessments looked at people's needs such as mobility, medicines management, health conditions and mental health needs. Any risks found were recorded and a management plan developed for staff to follow to reduce those risks. For example, staff monitored people's weight each month and any concerns were shared with the nurse in charge and referrals sent to the dietician for an assessment.
- The registered manager arranged for checks of the service to ensure any potential risks were identified and resolved. The safety checks included, gas, water, electricity, fire safety equipment and lighting.

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

- The service had established safeguarding systems in place that helped to keep people safe. People confirmed they felt safe living at the service and receiving care and support from staff. Comments included, "Yes, I feel safe and secure. If I press my buzzer, they come quickly" and "I am safe because there are always lots of people around."
- The safeguarding policy and processes were available for staff to follow to help protect people who were at risk of or experiencing harm and abuse. Training in safeguarding was completed by all staff which gave them knowledge about how to identify and report allegations of abuse promptly.
- All incidents of safeguarding allegations were recorded and monitored. The registered manager had safeguarding records in place and any actions taken regarding these incidents were detailed. The local authority safeguarding team outcome was also recorded including any actions the service should take following the investigation.

## Using medicines safely

- Staff managed people's medicines, so they received these safely. Staff had medicines management training and had their competency assessed as safe before administering medicines for people.
- Staff followed the provider's medicines management policy to ensure safe practices were maintained. There were systems to order, administer and dispose of medicines in a safe way.
- Each person had a Medicine Administration Record (MAR) and these were completed when staff gave people their medicines. Each MAR was audited for completeness and the sample we looked at was accurate and had no unexplained gaps in them.

## Staffing and recruitment

- There were enough members of staff available to meet people's needs. The rota detailed the numbers of staff on duty for each shift. There was a skill mix of nurses, senior care workers and care workers on duty during each shift. During our observations we found staff were available to attend to people's needs without delay.
- The provider recruited suitable staff using a robust recruitment process. Each new member of staff had pre-employment checks completed before working with people. The checks included obtaining job references, proof of the right to work in the UK and a criminal record check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working in care services.

## Preventing and controlling infection

- The provider had an infection control process in place for staff to reduce the risks of infection. Staff understood how to apply the infection control guidance to ensure the service was clean, odour free and hygienic.
- The registered manager had enough supplies of personal protective equipment (PPE). PPE is protective clothing or equipment designed to protect the wearer's body from injury or infection. Staff used gloves and aprons to help reduce the risk of infection and cross contamination.

## Learning lessons when things go wrong

- The registered manager monitored the service for opportunities for learning. Records showed that accidents and incidents that occurred at the service were monitored. A member of staff said, "I would report the incident straight away and I wouldn't think twice."
- The registered manager acted to improve the service when an incident occurred. There was an incident where a person with reduced mental capacity left the service unaccompanied. The registered manager raised a safeguarding alert with the local authority, the police were contacted, exit points of the home were

secured and staff completed a workshop that explored people leaving a service unnoticed. This helped to increase staff knowledge and improve their practice.

# Is the service effective?

## Our findings

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

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

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

At our last inspection the provider had not adequately monitored or identified a deterioration in people's health. This was a breach of regulation 12 (Safe Care and treatment) 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 12.

- The provider had taken action to implement a system that records when a person's health deteriorated, and the GP visited the service for medical support.
- People attended scheduled appointments with health and social care professionals when their health needs changed or deteriorated.
- The registered manager arranged for weekly GP visits to the home to review people's health needs. A person said, "The doctor visits if necessary." In preparation for the GP visits the registered manager and nurses created a list of people that needed a GP visit because they were unwell. Health professionals commented, "The staff are very responsive when people's health needs change and deteriorate, they will contact the surgery for advice" and "The staff registered nurses and carers have attended all clinical commissioning group (CCG) training offered and I have not received any recent safeguarding concerns, in relation to quality of care provided by the home."
- The service implemented Coordinate My Care (CMC) that recorded people's wishes and views on their long term health care. CMC is an NHS service that records people's wishes, and then shares them, electronically, with all medical professionals who are involved in people's care. This system ensures all health professionals see the most accurate information about people, so their care is coordinated well.
- People were assessed by healthcare professionals when they required specialist services. This included attending health care appointments at a local hospital, podiatrist, optician, dentist and district nurse. This helped to manage people's healthcare needs.
- The service implemented strategies that improved the transition between two services. The service was involved in the red bag scheme. This red bag contained information about the person such as medical notes, medicines and a copy of care records and personal items. This helped to provide a better care experience for care home residents by improving communication between care homes and hospitals. The registered manager adapted the red bag scheme at the service and had developed a hospital bag

containing care records, medicines and a snack available for people when they attended hospital appointments.

Staff support: induction, training, skills and experience

- Staff were supported through an induction, training, supervision and appraisal in their roles. A person said, "Yes, I do think that they are well trained."
- Newly employed staff completed an induction which involved shadowing experienced staff and completing the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Nurses were supported to maintain their registration and meet the requirements for registering with the regulatory body. The Nursing and Midwifery Council (NMC) is the regulator for nursing and midwifery professions in the UK. The NMC maintains a register of all nurses, midwives and specialist community public health nurses and nursing associates eligible to practise within the UK.
- Staff had completed training to improve their knowledge and development. Staff training included safeguarding adults, basic first aid, and medicines management. Staff said, "My training is up to date" and "There is a lot of training we are kept up to date with it all." The registered manager also arranged a theme of the month for additional training for staff. Examples of additional training included safeguarding, infection control, continence care and end of life care. Staff completed a workshop on each theme of the month, and they had completed an assessment to evaluate their knowledge.
- The registered manager had a supervision and appraisal tracker, this detailed the arrangements for staff to attend these meetings. Staff confirmed they had attended a supervision and a yearly appraisal. These meetings were used to discuss staff daily practice, developmental needs and to reflect on their individual performance.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

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

- Staff obtained people's consent before providing care and support. One person said, "They definitely know how to look after me and they do ask for my consent."
- The registered manager and staff acted when people were unable to make decisions for themselves. Assessments took place to assess people's mental capacity, and people lacking decision making ability had a best interests' meeting to discuss any future needs. The outcomes from these meetings were recorded.
- Deprivation of Liberty Safeguards (DoLS) assessments were completed by the local authority and an authorisation granted if agreed. Staff ensured people were cared for in line with the guidance of a DoLS authorisation, so people had the least restrictive care.

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

- People had an assessment of their needs before they came to live at the service. This ensured the service was appropriate and staff were competent to meet their needs.
- Care and support were provided in relation to the guidance from health and social care professionals. This included guidance from the Royal Pharmaceutical Society in relation to safe management of medicines in care homes. This ensured people received care that was lawful.
- The registered manager acted within the framework of the Equality Act (2010). Staff acknowledged the protected characteristics such as religion, culture, sexuality and these were respected. Staff had completed training in equality and diversity and knew how to support people appropriately.

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

- Meals were prepared onsite by the chef who understood people's nutritional needs. The chef prepared meals for people that met their preferences and a menu was developed with people's input. One person said, "The food is very good."
- We observed that people enjoyed the meal they ate. We noted the food looked appetising and was served efficiently so that people did not have to wait long before being served. At lunch there was a choice of two main courses. People who wanted were served food in their rooms with choices given.
- People chose meals that met their individual needs. The chef completed a meal service checklist. People confirmed they were pleased with the choices, consistency, appearance and choices of meals provided.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported with care from staff that were respectful and kind. People said, "I am always treated with dignity and respect. They are very kind" and "They do respect me. They chat to me. They ask me how I am, and if I am happy here. Staff are very patient." We observed staff talking in a friendly and respectful manner to people who were staying in their rooms. The demeanour of people who had limited communication ability appear relaxed in staff's company.
- People confirmed staff treated them with dignity, and respect, and that their privacy was also respected. We observed staff always knocking on people's doors before entering. We also observed very good interaction between staff and people. Staff spent time giving people one on one attention in the communal areas. In the 'quiet room' a student volunteer spent the morning having conversations and engaging with people around a table.
- Staff respected people's needs in relation to equality and diversity and had completed training which helped them build on the skills to treat people equally and fairly and respecting their individual needs. Staff supported people in their religious practices and attend support services that met their cultural needs. There was a weekly church service at the home, people were encouraged to attend if they chose.

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

- People were involved and contributed to their care assessments. Assessment captured people's decisions they made about their care and support. Relatives were also invited to attend assessments or the review of people's care and support. This information helped staff to understand people's needs from their perspective. A relative said, "The staff here are really good. Fantastic. I am very happy with the care [my family member] is getting."
- People's care records were reviewed and updated when changes were identified.
- People said that staff listened to them and were supportive. Comments included, "They are all very nice" and "They are all my friends. I love it here."

Respecting and promoting people's privacy, dignity and independence

- People had the privacy they needed at the service which helped to maintain their dignity. A person said, "They [staff] understand my needs." People had their personal care and support carried out in their bedrooms, so their dignity was protected.
- Staff protected people's records in line with the General Data Protection Regulation (GDPR) to ensure records were secured to protect confidentiality. Staff understood people's personal confidential information could only be shared with authorised individuals and organisations involved in a person's care.

- People maintained their independence and were encouraged to take part in activities outside of their home. People went out in their local community and enjoyed going shopping and eating lunch out independently. Relatives and friends were encouraged to visit and made to feel welcomed at the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection the provider had failed to ensure people had activities that met their interests or individual needs. These issues were a breach of regulation 9 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 9.

- The provider had taken action to employ an experienced activities coordinator who developed an activities programme that had a variety of activities provided that met people's needs and preferences.
- People took part in activities they chose to do and enjoyed. People said, "There are plenty of activities" and "I enjoy the activities, particularly the physical ones where we do exercises."
- The activity programme was updated and improved so people benefitted from activities which met their individual needs. The activities co-ordinator engaged with each person in a proactive manner to draft personal 'social care programmes' based on their activity preferences, interests, and personal backgrounds. The activities co-ordinator kept a daily record of how they engaged with people, including one-on-one visits to people in their rooms.
- There were activities provided that met people's cultural needs. Staff supported a person to attend a daycentre that met their cultural needs. The person enjoyed socialising with people outside the home who shared a cultural heritage.
- The activities co-ordinator had introduced a wide range of dementia friendly activity resources. This included developing memory boards consisting of photographs to reflect the individual's interests and background. Each person's bedroom had their memory board displayed if they chose.
- People were taken on trips out of the service. For example, on the day of the inspection, one person was taken to a local shopping centre where he/she is well known. Live entertainers also visited the service. We saw photographs of these occasions and from the smiles on people's faces they appeared to be enjoying the activity taking place.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Pre-admission assessments captured people's care and support needs such as their medical condition, medicines, wound care, mobility, elimination, nutrition, skin condition and baseline observations. They also

included details of people's life history and what things were important to them including previous employment, family life and hobbies they enjoyed. Each assessment determined whether people's care and support needs could be met by staff and at the service.

- There were daily records completed by staff which detailed the support people received. Daily logs detailed how people responded to their care, social activities they took part in and their mood. Staff reviewed these records to ensure people received their assessed care.

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their care workers.

- Care assessments recorded when people had specific communication needs. This enabled staff to communicate with people in an effective way.
- Care records were written using large print where necessary. Staff had access to tools that supported people with sensory impairment to communicate better and enabled them to take part in activities. For example, there were talking books for people with visual impairments. These formats enabled people to better understand information about them.

#### Improving care quality in response to complaints or concerns

- The provider had a complaints process systems in place which enabled people to make a complaint about an aspect of the service. People commented, "I have no concerns" and "I have never raised any concerns."
- The registered manager followed the complaints policy and process to manage each complaint received. We saw complaints received had been recorded and the actions taken to resolve them. The registered manager had responded to the complainant after their investigation.
- The registered manager had a suggestions and complaints box. This provided people, relatives and visitors with an opportunity to complete feedback forms with their views of the service. The registered manager reviewed the comments submitted and shared these with the staff team.

#### End of life care and support

- There were established systems in place to support people with care, support and treatment at the end of their lives. Staff completed training in end of life care which gave them knowledge of how to care for people living with a life limiting illness. This training gave staff an understanding of how to support people effectively. The registered manager arranged end of life workshops to help staff to develop their skills and knowledge in end of life care. Staff knew the health and social care professionals that could provide care and specialist support at that time.
- People shared their end of life wishes with staff and these details were recorded on their advanced care plan. Advance care planning offers people the opportunity to plan their future care and support, including medical treatment, while they have the capacity to do so. Records included details about pain relief, funeral arrangements and who to contact when this was necessary.
- People made decisions regarding resuscitation. People's records contained Do Not Attempt Cardiopulmonary Resuscitation (DNACPR). DNACPR is a document issued and signed by a doctor, which tells the staff team not to attempt cardiopulmonary resuscitation. Each person had a DNACPR record in place which clearly described people's choices and a clinical decision for resuscitation.
- The registered manager supported people, relatives and staff through meetings, following any deaths in the home and these were handled with sympathy and kindness.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. We found the registered manager had developed an action plan for home improvements and repairs however, action was not taken to make good those repairs. At this inspection enough improvement had been made and this key question has improved to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 were complimentary about the registered manager. Staff comments included, "[The registered manager] is on top of everything", "[The registered manager is] very good, very respected, you can sit and talk to her" and "Communication is good, I arrive at eight and get a good handover from colleagues."
- The registered manager understood their registration responsibilities to the Care Quality Commission (CQC). CQC were informed of all notifiable incidents as legally required.
- The registered manager understood their responsibilities regarding the duty of candour and to share information when concerns are raised or when things go wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had a clear leadership role at the service. There were checks in place that reviewed staff performance to ensure practice was safe so people receive a good standard of care. A health professional commented, "Overall, I have been impressed with the progress made and what has been achieved since they became the manager. I also feel that a continuous improvement culture has been introduced."
- There was an improved governance system in place which monitored and reviewed the quality of the service. The registered manager developed a system of quality checks and staff contributed to this. Staff reviewed care records, activities, food quality, home environment, falls prevention, training and medicine administration records. The outcomes from the audits were shared with the registered manager who completed an internal audit of the whole service. The registered manager had an oversight of the home which enabled them to identify and monitor areas for improvement and share those outcomes with staff.

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

- The registered manager had systems in place for people and their relatives to give feedback about the service. People gave positive feedback about their experiences of receiving care and support. Comments

included, "They are good people who help us. They do understand me" and "They make me comfortable." A member of staff said, "The [registered] manager was approachable and gave good leadership and support."

- Staff attended meetings to help them share information with colleagues. Clinical governance meetings attended by nurses to review people's nursing and clinical needs and actions taken to improve their outcomes. Other meetings were held including head of department and staff team. These were used to share their work experiences and to keep up to date with the changes and developments in the service.

#### Continuous learning and improving care

- The registered manager described the changes in the service which involved developing their knowledge to improve their effectiveness at the service. The registered manager developed new roles in the service for nurses and care workers. The 'champion' roles involved staff promoting the understanding of knowledge of the chosen area to all team members. The areas of end of life care, nutrition, mental capacity and continence had champions who were the lead person in the service to give specific advice to staff or people when needed.

- The registered manager supported staff through reflection after a person died at the service. The reflective practice helped staff to learn from the experience and gain insight into their practice and whether anything could be done differently. These were recorded and shared for learning where staff consented to this.

#### Working in partnership with others

- The registered manager and staff had developed working relationships with staff in the local authority and health care services. The registered manager attended the Providers Forum to meet with staff from the local authority and other providers. This relationship helped share information with each other to improve the service.

- The registered manager worked in collaboration with health and social care professionals to help them improve the service. A health and social care professional said, "The home manager does contact me immediately if she has any concerns, particularly in relation to pressure area's and responds in good time to any requests for information."