

Octavia Housing

Octavia Housing - Park Lodge House

Inspection report

31 Sutton Lane
Hounslow
London
TW3 3BB

Tel: 02085775688

Website: www.octaviasupport.org.uk

Date of inspection visit:
04 February 2020

Date of publication:
02 March 2020

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

Octavia Housing – Park Lodge House is an extra-care sheltered housing service providing personal care and support to people living in their own flats. It provides a service to adults with a range of needs, such as dementia and those with a learning disability. The service has 36 flats and each person had their own tenancy. There were 30 people receiving personal care at the time of our inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Risks to people's safety and wellbeing were appropriately assessed and mitigated. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were responsive to people's individual needs and knew them well. They ensured that each person felt included and valued as an individual. People were supported to remain as independent as they could and were encouraged to engage in activities organised at the service. They were consulted in all aspects of their care and support and were listened to.

People who used the service and their relatives were happy with the service they received. Their needs were met in a personalised way and they had been involved in planning and reviewing their care. People said the staff were kind, caring and respectful and they had developed good relationships with them.

The provider worked closely with other professionals to make sure people had access to health care services. People received their medicines safely and as prescribed. People's nutritional needs were assessed and met.

People's needs were assessed before they started using the service and care plans were developed from initial assessments. People and those important to them were involved in reviewing care plans. There were systems for monitoring the quality of the service, gathering feedback from others and making continuous improvements.

Staff were happy and felt well supported. They enjoyed their work and spoke positively about the people they cared for. They received the training, support and information they needed to provide effective care. The provider had robust procedures for recruiting and inducting staff to help ensure only suitable staff were employed.

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

Rating at last inspection

The last rating for this service was good (published 4 August 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Octavia Housing - Park Lodge House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector and an Expert by Experience. 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

This service provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

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 11 people who used the service and three relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, scheme coordinator, scheme support officer and care workers. We also spoke with an external professional who was visiting on the day of our inspection.

We reviewed a range of records. This included five people's care records and multiple medicines records. We looked at four 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, some policies and quality assurance records. We emailed two professionals who regularly visit the service but did not receive a reply.

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 good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Octavia Housing - Park Lodge House. Their comments included, "It's good here. I feel safe with the staff. Definitely" and "I feel very safe." A relative echoed this and said, "This is a safe place, and a nice place." A healthcare professional stated people were happy and safe and they had no concerns.
- The provider had a safeguarding policy and procedure, and staff were aware of these. Staff demonstrated they would know what to do if they thought a person was being abused.
- The registered manager referred concerns to the local authority as needed and worked with them to investigate safeguarding concerns. At the time of our inspection, a safeguarding alert had been raised by an external professional and we saw the provider had obtained statements and had conducted an internal investigation.
- Staff received training in safeguarding adults and this was refreshed regularly. This helped ensure all staff were suitably qualified to recognise signs of abuse and protect people from harm. One staff member told us, "I think people are safe here because we have an entry door system, so people can't just come in. Staff are well trained, they know how to minimise falls, and we have good systems in place."

Assessing risk, safety monitoring and management

- People's records contained risk assessments of each person's personal environment, and individual risks they might be exposed to such as risk of falls, medicines and behaviour that challenges. People had fire risk, protection and evacuation assessments in place, so staff would know how to support a person to evacuate in the event of a fire.
- Risk assessments were detailed and included measures already in place to manage the risk, and further actions needed should the risk occur. For example, a person tended to become anxious if their needs were not met promptly by staff and staff knew to attend to the person's needs without delay to prevent anxiety. In the event of the person's anxiety escalating, staff were instructed to offer reassurance, a drink and a chat.
- The provider undertook regular safety checks of the building to ensure the safety of the people who lived there. These included gas and electricity checks, water checks and checks on the environment such as window restrictors and fire checks. They also ensured people's wheelchairs were regularly serviced. There were also regular checks of people's flats to help ensure people were safe in their own environment.

Staffing and recruitment

- There was enough staff deployed to meet the needs of the people who used the service according to their individual care packages. Where a person's needs changed, or became more complex, the registered manager told us they would discuss their needs with the local authority to review their care package and

increase their allocated care hours. During our inspection, we saw there was enough staff to meet people's needs.

Using medicines safely

- There were procedures for the safe handling of medicines. All staff had received training in these and the registered manager regularly assessed their skills and competencies to manage medicines in a safe way. The registered manager undertook regular medicines audits to check medicines were handled safely and people received these as prescribed.
- Medicines were kept in locked cabinets in people's flats. Some people were able to manage their own medicines whilst others required support with this. Each person's file contained a medicines assessment indicating the level of support the person required.
- We looked at the medicines administration record (MAR) charts for 10 people who used the service and saw these were completed correctly and according to instructions. Where a person had refused their medicines, staff had recorded the reason for this at the back of the MAR.

Preventing and controlling infection

- People lived in a clean and hygienic environment. We saw all communal areas and toilets were kept to a high standard. People were supported to keep their flats clean and received support from cleaning staff. Staff were provided with personal protective equipment to help prevent the risk of infection and cross contamination. Toilets were equipped with liquid soap and hand towels and this was replenished as needed.

Learning lessons when things go wrong

- Incidents and accidents were recorded and logged. We viewed a range of records which stated the nature of the incident, location and time, actions taken and outcome. We saw each incident or accident was reviewed by a manager and an agreed action was recorded. For example, where a person had a fall, hourly checks were put in place and a request for staff to monitor and report any concern.
- The provider analysed data for accidents and incidents each year. This gave them a clear idea whether there was an increase and if so, what had contributed to this. The analysis for 2018/2019 showed an increase of 30%. This included falls, medicines errors and behaviours that challenged. We raised this with the registered manager, who acknowledged this appeared concerning, however, they explained that this was because they had become more efficient at monitoring and this meant they were now better at dealing with issues and managing accidents and incidents.
- The registered manager told us lessons were learned when things went wrong. They said they worked closely with senior managers and staff and discussed incidents and accidents to help embed learning.

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 good. At this inspection this key question has remained the same.

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

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

- People's needs were assessed before they started using the service, to help ensure their needs could be met. Initial assessments were detailed and included all aspects of people's care according to their choices and wishes. These were used to write people's care and support plans.
- Most people were referred by the local authority who provided their own detailed assessment to the service.

Staff support: induction, training, skills and experience

- People were supported by staff who were well trained, supervised and appraised. We viewed the training matrix which showed all staff received training in courses the provider identified as mandatory, such as safeguarding, health and safety, moving and handling and medicines. We saw when training was due, this was identified in red and action was taken to ensure staff received this without delay. Staff files contained training certificates to evidence training undertaken.
- New staff received an induction into the service before they could support people. This included reading policies and procedures, an introduction to people who used the service and the building. They were supported to undertake the Care Certificate. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- Staff told us they received regular training which helped them feel confident in their role. They confirmed they received regular supervision where they could discuss any concerns they may have. Their comments included, "We feel supported. We have good training with Octavia. We have supervision", "Staff get more than enough training and are well supervised" and "I got training, the first three months while waiting to start here I had health and social care, food hygiene, health and safety, hoist management, MCA."

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

- People's care plans specified how people wanted their meals. Some people chose to come down and eat in the communal dining room, where they could purchase a meal, cooked by a member of staff at a reduced cost. If they preferred, people were supported to cook in their own flats, or staff prepared meals or snacks for them as requested in their care plan.
- People's care plans specified their food likes and dislikes so they could be supported to eat the food they wanted. A summary of people's dietary needs was kept up to date. These recorded the person's health conditions, allergy status, dietary needs and what kind of support a person needed to meet these. For example, a person requested Halal meat and did not eat pork, and this was respected.

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

- A healthcare professional told us where there had been issues in relation to a person using the service, they were not always informed in a timely manner and sometimes had to chase staff up. However, they added things had improved and said, "I think the staff are caring here. The management always seem to be responsive and involved."
- People's healthcare needs were assessed, recorded and met. People were supported to maintain good health and had access to healthcare professionals, including GPs, dieticians, mental health services and district nurses. Overall, the service worked well with other healthcare and social care professionals to meet people's needs. People were supported to attend appointments such as dental appointments or chiropodists. A member of staff told us, "When I am concerned about somebody not being well. I always report it. We monitor people more closely if they are not well. Any concern, we call the GP or the ambulance."
- Where people had specific healthcare conditions, such as diabetes, we saw risk assessments in place and guidelines for staff to help ensure they knew how to prevent the person becoming unwell. For example, 'Staff to encourage [Person] to have a balanced diet to reduce weight and avoid sweets and fizzy drinks.'

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

- People lived in self-contained flats but had access to communal areas such as a lounge and dining room. We saw these were large, light and airy, tastefully decorated and well maintained. Communal areas and toilets were clean and pleasantly decorated with a range of framed pictures, objects of interest and various information for people to read. Each floor was decorated in a different colour, to help people identify the floor they lived on. One relative who was visiting told us, "Isn't it beautiful here."

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.

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- People told us they were consulted in all aspects of their life and consent was obtained before providing care and support. Consent forms were in place and signed by the person or their representative. These included consent for staff to administer medicines, sharing records and keeping the safety latch on windows and balcony doors locked.
- The provider was aware of their responsibilities under the MCA. Staff received training and demonstrated a fair understanding of the principles of the Act.
- People's care plans stated how people should be supported to make day to day decisions about their care. One person's care plan stated, 'I am able to make choices about my day to day living. I would like to be informed and consulted before any decisions are made.'

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 told us the staff treated them kindly and respectfully. Their comments included, "The staff chat to me, they are friendly. I feel safe and happy here" and "I like the staff, they are kind, but they are often very busy." Relatives agreed and said, "It's really nice here, my relative is happy. I am happy about that" and "It's a nice place."
- People's religious and cultural needs were assessed during the initial assessment although this was not clearly recorded in their care plans. We discussed this with the registered manager who agreed to improve this without delay. However, people told us the staff respected their needs in this area.
- The provider had an equality and diversity policy in place and staff received training in this. They also had a sexuality and gender transitioning policy so they could support people and staff who may have specific needs in this area. At the time of our inspection, the registered manager told us they did not support people from the lesbian, gay, bisexual and transgender (LGBT+) community.

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

- People who used the service were supported to express their views and be involved in the service development via regular meetings and quality surveys. Discussions in meetings included activities, shopping trips, maintenance and housing issues. There were committee meetings led by people who used the service where a range of issues were discussed.
- Staff told us they encouraged people to have a say and get involved in decisions about their care.

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain their independence and do as much as they could for themselves. For example, one person's care plan stated for staff to 'Remind me of my strength and capabilities such as able to wash dishes, picking up litter, doing my laundry and preparing breakfast.'
- People told us the staff respected their privacy and dignity and supported them to remain as independent as they could. Their comments included, "The staff always treat me with respect and dignity" and "We always feel treated with dignity and respect." One person stated in a recent survey, "My flat has been adapted so I am able to cook for myself. I am also encouraged to dress and shower myself with supervision."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People told us their needs were met at the service and the staff were responsive. One person stated in a recent survey that their mobility had improved since moving in to the service. They commented, "I was only able to transfer using a banana board, but in the last few weeks, I am able to stand and transfer.... I don't think that this would be possible without the support from the staff."
- The provider had recently updated their care and support plan policy and were using a comprehensive care and support plan and risk assessment tool. They were in the process of updating all the support plans using the new format which was more person-centred. The registered manager told us, "Our approach to how we support and care for people is to put people in control."
- Care and support plans were clear and detailed and included all aspects of a person's life, their needs and how to meet these. They contained a life history of the person, to help ensure staff knew the person and understood their individual needs. They also included the 'need and goal' of each person and action needed to achieve these. For example, where a person needed support to maintain social contacts, staff were requested to support the person to join others in the communal lounge. Staff were also requested to display an activities calendar in the person's flat so they could see what was organised and decide to attend or not.
- Staff recorded the support they gave people in daily contact sheets. We viewed a range of these and saw they were written in a person-centred way and included social activities as well as tasks undertaken.

Meeting people's communication needs

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

- People's communication needs were recorded in their care plans. For example, one person had poor hearing and their care plan requested staff to 'Speak clearly facing the person so they could lip-read'.
- People were supported to attend relevant appointments if they had conditions that affected their communication. For example, a person attended audiology appointments to improve their hearing.

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 take part in activities of their choice if this was part of their care plan and were provided with an activity plan. The provider organised a range of in-house activities such a gardening club,

puzzles and word games, visiting entertainers, bingo and exercise and relaxation. The provider had employed activity staff who organised regular events, including a garden club. People were encouraged to engage in planned activities to help reduce isolation and loneliness. Some people attended a day centre and had access to activities out in the community.

- Despite the planned activities, some people reported they felt lonely and did not have much to do. Their comments included, "There used to be more activities I think. I get bored sometimes", "There are fewer activities on offer now and I looked forward to those. It's something to look forward to" and "The daytime is boring." However, others stated they enjoyed the activities and said, "There are quite a few activities on offer. We sometimes go along" and "I enjoy the activities on offer. Some amuse and stimulate."
- We discussed people's comments with the registered manager who explained that as an extra care service, it is not always possible to have the staff available to provide activities unlike a care home. However, they were trying their best to have as many activities as possible and encouraged people to take part in these.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. The provider kept a record of all complaints they received. We saw these were taken seriously and responded to appropriately and in a timely manner. For example, where a person had complained about the conduct of a care worker, we saw this had been addressed straight away and appropriate action was taken.

End of life care and support

- None of the care plans we looked at contained end of life information. We discussed this with the registered manager who told us, "We are now working with the local hospice to speak with people about end of life plans, how they would like the service to meet their needs about this. There has been training about end of life care with staff, but not how to approach that subject. Working with end of life specialists will be useful."
- The registered manager told us that they planned to incorporate an end of life section in each person's care plan. Nobody was receiving end of life care at the time of our inspection.

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 good. At this inspection this key question has remained good.

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

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

- There were 'Residents committee meetings', which were led by people who used the service. We saw at their first meeting on 17 January 2020, two issues had been raised, one regarding staff lateness and missed visits, and the other where a person had been left on the toilet for an hour. We discussed this with the scheme coordinator, who told us these issues had been investigated as soon as they were made aware of them.
- After the inspection, we were provided with evidence to indicate the matters had not been brought to the attention of the management until eight days after the meeting, and appropriate action had been taken, including a meeting with people who used the service, where the issues were raised and discussed. In relation to the person allegedly being left on the toilet for an hour, we saw an email from the social worker to evidence this had been discussed in a multi-disciplinary meeting on 14 January, and it was found that they were only left for a few minutes and had not been at risk.
- In relation to alleged late or missed visits, the scheme coordinator told us that at the time of the concern, the electronic system had a fault which meant the display panel was not working, but this had been repaired within a few days. Following the inspection, we received evidence that the issues about lateness were raised by one person, and this had been addressed and investigated. The person themselves acknowledged they were receiving their care according to their agreed package of care. We checked records of visits which indicated people usually received their care in a timely manner and according to their care package.
- The provider's improvement plan showed evidence that the issues raised in the committee meetings were discussed, investigated and being monitored as part of their continuous improvement.
- People were given the opportunity to give their opinion about the service, and whether their needs were met. We viewed a range of recently completed surveys which reflected people's satisfaction. Comments included, "I have no complaint. I am very happy", "I am very satisfied" and "I feel staff listen to me and help to resolve any issues I may have." However, one person expressed they were not always happy and felt misunderstood and lonely. We discussed this with the registered manager who explained there were sometimes communication issues as English was not their first language, and it was difficult to engage in conversation. They added that staff had tried using pictures but the person had felt this as patronising. Staff had learned some words which they used with the person. The registered manager told us they used an interpreter for important meetings or reviews to help ensure the person understood what was discussed and contributed to planning their care. They added the surveys had only just come back and assured us they

would discuss all concerns with the person without delay.

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

- People and relatives were complimentary about the staff team and the management team. One person said, "I know the manager, [they are] kind." However, a number of people reported feelings of boredom verging on loneliness and isolation. The registered manager was trying to secure funding to provide more stimulating activities for people who were less able to go out by themselves who did not have family members to visit or take them out.
- Staff told us they felt supported and listened to by the management team and enjoyed their job. Their comments included, "I actually enjoy working here. I actually look forward to work after my annual leave. It's a nice place to work. I could not see myself anywhere else" and "I feel supported by the management. If I need support, I ask, and they help me."
- When the previous registered manager left two years ago, the service manager had become the registered manager to ensure the appropriate management was in place. Their responsibilities as service manager were therefore reduced. As part of the new structure, an additional scheme coordinator was recruited to work across the provider's two services. They supported the service manager alongside the scheme coordinator who had a deputy role.

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 registered manager was transparent and told us they understood how important it was to be honest and open when mistakes are made, or incidents happen. They said, "It's about transparency and sharing what has gone wrong and learning from this. We need to understand and learn. Octavia is a learning organisation. For example, after the Grenfell tower fire, we updated our fire regulations, and commissioned external agencies to check our services. We learned from them."

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

- The provider had a 'care and support work plan' in place. This looked at the company's objectives for improvement, the impact this may have and timescales for achieving this. For example, by March 2020, the provider planned to deliver an 'end of life' project in collaboration with the local hospice. The aim for this would be to reduce crisis hospital admissions at the end of people's lives.
- The provider had effective monitoring systems in place. These included file audits, medicines audits and environmental audits. Senior staff undertook regular spot checks to monitor calls from people who used the service and staff response times. The provider conducted internal quality checks and looked at all areas of the service. Any concerns were appropriately addressed in a timely manner.
- The provider's improvement plan showed evidence that the issues raised in the committee meetings were discussed, investigated and being monitored as part of their continuous improvement.

Continuous learning and improving care

- The registered manager kept abreast of developments within the social care sector and was always striving to improve their knowledge and skills. They tried to attend provider forums organised by the local authority whenever they could, and often attended seminars around specific topics such as dementia and end of life care.
- The registered manager told us the provider had a management and development program which all managers were expected to attend. They added, "Octavia has a huge development plan where we are supported to learn and grow. We need to keep abreast of everything we need to know. Contract managers

come out every month or we go to them to discuss the new things that might come up. I read the CQC emails. I engage with other managers and keep informed of everything. Our head of service has a briefing with us every month to keep us informed."

- The provider kept a record of all compliments they received from people, relatives or external professionals. We viewed a range of these. Comments included, "In my view, Park Lodge House is an excellent sheltered resource. My [family member] is very happy there", "[Family member] was very well looked after by [staff members] who went well above and beyond what was expected of them. Highly recommended" and "We, as a family feel that the staff at Park Lodge are doing a fantastic job with the case of my [family member]. We are very happy."

Working in partnership with others

- The registered manager worked alongside other healthcare professionals such as the GP, dentist and district nurse. Staff told us when they reported changes in people's conditions, they were listened to and action was taken.

- Staff told us there was good communication at the service. They said teamwork was good and they all worked together to help people who used the service. One staff member stated, "Park lodge I believe is really making a difference to people's lives. One [person] had moved in after a stroke, mostly nonverbal. [They have] been here four years and [their] communication has improved. [They are] doing so well, we have a physio involved and [they are] actually standing up."

- There were regular staff meetings where good communication was encouraged. The management shared relevant information with staff so they felt valued and informed.