

Elizabeth Finn Homes Limited

Merlewood

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?	Good ●

Summary of findings

Overall summary

About the service

Merlewood is a residential care home providing personal and nursing care for to 53 people aged 65 and over, some who may be living with dementia. At the time of the inspection, 38 people were living at the service. Merlewood accommodates people across two separate wings. Both wings have their own communal lounge area. There are two dining areas for people's communal use.

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

People told us they were cared for by staff who were kind and caring and that they felt involved in determining their own care and making their own decisions.

People said they felt safe living at Merlewood and this was mostly down to the fact they felt there were sufficient staff who checked on them. People told us they received the medicines they required and had access to healthcare professionals if they needed it.

Activities were varied and we received mainly positive feedback about these, particularly the trips out. However, some people did say they would like further choice. People's care plans in general had good, detailed information. However, we found there was at times a lack of evidencing of the care that had been provided. Management told us this was due to the electronic care planning system still embedding into the service.

People gave positive feedback about the food they were offered and they told us they had no concerns about the cleanliness of the home. People said the manager led the service well. This was reiterated by staff who told us they felt supported and that the new manager had had a positive impact.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

Continual reviews of the service and care were carried out to look for ways to improve or change. Information was analysed and discussed with staff for learning purposes.

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

Rating at last inspection

At the last inspection we gave the service a rating of Good (the report was published on 14 October 2016).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor intelligence 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.

Merlewood

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 planned this inspection to check 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 two inspectors, a specialist nurse 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

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

The service did not have a manager registered with the Care Quality Commission (CQC). A new manager was in post and had applied to become the registered manager. Once registered they would be 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 and took place on 7 May 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). 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.

During the inspection-

During the inspection we spoke with seven people, one relative, the manager, the provider's operation

support manager and nine staff. We also reviewed the care plans of ten people, recruitment files for four staff, as well as documentation relating to the running of the service, such as audits.

After the inspection –

We asked the manager to provide us with some additional information following our inspection which they did. This included staff training and supervision information.

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 in September 2016 we awarded the service a Good rating in this domain. We found at this inspection, they had maintained this rating. People were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe because staff understood their responsibility in relation to safeguarding people from abuse.
- Staff told us they received safeguarding training and as such knew what they needed to do to report any concerns. A staff member told us, "We would document it and report it." Another said, "If I was aware of a problem, I would report it to the duty nurse or to my manager."
- Where incidents of suspected abuse had been identified the service had worked in conjunction with the local authority safeguarding team to investigate these incidents. They had also notified CQC of any concerns. We had been made aware of two recent safeguarding concerns, one of which was still on-going. We had been told by the relevant professionals involved that the manager was providing them with requested information and documentation to assist with the investigation.

Assessing risk, safety monitoring and management

- People told us they felt safe living at Merlewood. One person said, "I feel very safe, they (staff) are very attentive." Another told us, "I feel safe, there is someone on duty 24 hours a day." This was reiterated by a relative who commented, "I feel she is safe here. There are always carers going up and down. They always check her and she has her bell."
- Where people were at risk, appropriate action had been taken to help reduce that risk and keep the person safe from harm. For example, in the case of one person who was at risk of their skin breaking down. We saw they had been provided with a pressure relieving mattress which was correctly set for their weight. The staff held hand-held devices which they used to record any care given, this helped ensure that when people were repositioned when needed as the device alerted staff.
- We read one person had had several falls during in a month. As a result, staff had increased the person's well-being checks and referred them to the falls clinic.
- People had personal evacuation plans in their care records. These stated what assistance a person would need if they needed to leave the building in an emergency.

Staffing and recruitment

- People were cared for by staff who were recruited through an appropriate process. This helped ensure they were suitable to work in this type of setting. Prospective staff provided references and proof of their right to work in the UK. In addition, they went through a Disclosure and Barring Services Check (DBS).
- People were cared for by a sufficient number of staff. During our inspection we received positive feedback from people in relation to staff availability and we did not observe any occasions when people had to wait for attention.

- Staffing levels were determined using a dependency tool and regular call bell audits were carried out to help ensure staff responded to requests for assistance from people in an appropriate timeframe. Where the audits identified shortfalls in response times, these were addressed.
- People gave us positive feedback about staffing levels. One person told us, "There is definitely enough staff for my needs." Another person said, "I've no problem with the amount of staff. None at all. They answer my call bell quickly" and a relative said, "There seems to be enough staff." Staff told us, "There are enough staff at present."

Using medicines safely

- People received the medicines that had been prescribed to them. One person told us, "I get my tablets every day" and another said, "I always get my medication at the same time."
- The service used an electronic medicines system with a photograph of the person (for identification purposes), any allergies and the person's date of birth showing clearly on the system.
- The electronic system helped ensure people were safeguarded from receiving incorrect medicines, as it provided information to staff on the timespan between each dose.
- Medicines were stored in a locked clinical room which was clean and tidy and the temperature checked twice daily.
- Where people were on 'as required' (PRN) medicines, these were accompanied by a protocol giving information on indication of need and dosage.

Preventing and controlling infection

- People were protected from the spread of infection through the safe practices of staff. People told us they felt their home was kept clean. One person said, "They come in and clean every day" and another told us, "They clean the room every day."
- Cleaning schedules were followed and all areas of the service were found to be cleaned to a good standard. Laundry staff were aware of the need to have a clean and dirty area to prevent cross-contamination, and the facilities allowed for that.
- Staff had access to personal protective equipment such as gloves and aprons. A staff member told us, "We use aprons and gloves and we are always making sure our hands are clean."

Learning lessons when things go wrong

- Accidents and incidents were recorded and action taken to minimise the risk of them happening again.
- The clinical lead ensured that regular reviews of accidents and incidents were completed to identify trends. These were discussed at the clinical and senior staff meetings. We read that they had identified from a recent audit an increase in falls during 16:00 and 20:00. In response staff were completing more routine checks on people during these periods.
- We read in staff meeting minutes that discussions were held to reflect on things that had gone wrong. For example, where there had been a medicines error.

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 in September 2016 we awarded the service a Good rating in this domain. We found at this inspection, they had maintained this rating. 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; Staff working with other agencies to provide consistent, effective, timely care

- People's needs had been assessed prior to moving into Merlewood. Their assessments formed an initial plan of care. This was developed into a formal care plan which was completed within four weeks of them moving in.
- Staff worked with other professionals to help ensure the transition of moving into the care home was smooth. There were funding authority assessments in people's records which outlined the care people needed.
- There was evidence in people's care plans of staff working closely with healthcare professionals to help provide effective care to people. For example, in the case of one person where staff liaised with the speech and language therapy team, dietician and the doctor.

Staff support: induction, training, skills and experience

- People were cared for by staff who had access to appropriate induction, training and supervision for their role. People told us they felt staff were competent. One person said, "I need a hoist for everything and they are well trained in moving me." Another person told us, "The staff are very good and know what they are doing."
- Staff told us the training was relevant and that they felt supported. Clinical staff reported that training was accessible to them such as ear syringing, catheter care, end of life care and nutrition and hydration. A staff member said, "The training is really good. It's relevant."
- Care staff said they had the opportunity to attend non-mandatory training courses which they felt would help them to support people in the most appropriate way. Recent courses included dementia and nutrition.
- Staff also told us they had regular supervisions and an annual appraisal which meant they had the opportunity to meet with their line manager to discuss their role, any training needs or concerns.

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

- People were provided with nutrition and hydration in order for them to maintain a good level of health. People told us they were happy with the food. Comments received included, "The food is very good and we have choices," "They have a new chef, he comes into the dining room every day and asks our opinions" and, "The food is good. I'm full to overflowing by the time supper comes."
- There were two dining areas and we were told that people who required assistance to eat were served their lunch half an hour earlier to other people in order to ensure they were provided with the assistance they required at an appropriate pace. We saw staff being very attentive and interactive with people, not

rushing them and checking the person was ready for their next mouthful.

- Throughout the day, we observed staff providing people with drinks and for those people who remained in their room, either out of choice or necessity, we noted drinks were within reach.
- People's dietary needs were recognised and as such people were provided with suitable foods. Where this meant people were on a modified diet, such as pureed foods, they were offered the same choices as those on a normal diet.
- If people wanted snacks during the night, these were available from the kitchenette areas in each wing. Staff had the facility to make toast, porridge or simple snacks to help meet people's needs.

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

- There were few people living at Merlewood who were living with dementia and as such required help to orientate around the building. That said, people's rooms had their names on and all rooms were on one floor with nurses' stations, dining and lounge areas, within easy reach.
- There were adapted baths for people to use and we observed people had access to equipment to assist them, such as walking aids.
- There was easy access to the grounds which were level.

Supporting people to live healthier lives, access healthcare services and support

- People told us they could access healthcare input when they needed it. One person told us, "I've seen the doctor once or twice." Another person said, "I can see the doctor and there is a chiropodist and optician."
- Where staff had determined people required weekly weighing, we found this was being carried out. This was in the case of people who were losing weight or had changed in their eating habits.
- There were facilities for people to attend an in-house physiotherapist for rehabilitation.
- One person, who had previously suffered from swallowing issues, was now able to take half cups of tea and soup following input from the speech and language therapy team. Another person was supported to have their regular eye screening within the service, rather than attend hospital appointments.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- We read people had mental capacity assessments carried out for areas such as medicines, personal care, bed rails eating and drinking and the need for hospitalisation. Best interests discussions and decisions had taken place.
- There were no locked doors within Merlewood, which included the front door. This meant people were not being restricted from leaving when they wished to.
- Staff provided care in the least restrictive way. One person had previously been assessed as requiring bed rails. Following recent reviews and risks assessments it was identified these were no longer needed.

- Some of the records in relation to the MCA were difficult to locate. We discussed this with the manager during our inspection who told us due to the change over of care system, records were held in different locations. They were working on consolidating people's care records. We will check at our next inspection that this has been done.

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 in September 2016 we awarded the service a Good rating in this domain. We found at this inspection, they had maintained this rating. 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

- Everyone we spoke with told us that staff were very kind and caring. One person said, "The staff are kind. They always treat you in a kindly way. When I first came, they asked me how I would like to be addressed." A second person said, "The staff are very kind and some of them go the extra mile." A third told us, "The staff are lovely and make sure that I have everything that I need."
- Our Expert by Experience wrote in their notes from the inspection, "The carers who were helping residents were very caring, not rushing the residents at all and having a conversation and interacting with them."
- People clearly felt well cared for. We heard the friend of one person who was on respite care comment, "He would like to stay longer." A second person said, "I would be hard pressed to find a better home."
- We observed one person waiting to attend a hospital appointment. Staff were attentive to them, providing them with a sandwich and wheelchair for the trip.
- Another person was brought into the lobby area in a wheelchair by a staff member who asked them, "Where would you like to sit so you can watch out for your taxi?"
- Staff were attentive to people and we observed staff using touch to reassure people. A staff member took a hot drink to one person following their lunch. We heard them say to the person, "Have you finished? You did very well." As they placed the person's drink in front of them they added, "It's quite hot so give it a minute to cool down."
- People's diversity was respected. A sexuality and relationship policy had been developed by the provider and we read this was regularly discussed with staff during their meetings.

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

- People could make their own decisions. One person told us, "You can go out when you want and have visitors when you want. If I want, I can stay in bed." Another person said the same thing, telling us, "They let me decide if I want to stay in bed."
- People felt their care was personalised. One person told us, "The carers know how to put my nightie in the right position so that I can put it on myself."
- A relative told us they felt their family member was involved in their care, saying, "They (staff) go over and above. They are patient with her (family member) and give her time."
- We saw evidence of people's preferences and wishes within their care plans. One person was recorded in their care plan as, 'like to wear their jewellery'. We observed that they had this on during the day.
- During the morning activity, staff were making an effort to strike up conversations with people and talk to them about they were feeling and what they would like to do.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent. People were provided with appropriate equipment, such as a fork and spoon, rather than a knife and beaker with lid, to enable them to eat and drink independently.
- At lunch time we saw that staff put serving bowls of vegetables on tables which enabled people to help themselves and make their own decision about the quantity they had. At dessert time, staff brought around a selection on a trolley, which also included cheese and biscuits, again so people could be independent in making their choices.
- People's privacy was respected, and their dignity upheld. One person told us, "They (staff) always knock on the door." A staff member said (they respected a person's dignity by), "Knocking on doors and asking them if I can come in, involving them in everything, closing the bathroom doors." We observed this practice taking place throughout the day.

Is the service responsive?

Our findings

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

At our last inspection in September 2016 we awarded the service a Good rating in this domain. We found at this inspection, they had maintained this rating. 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 felt they had responsive and personalised care. One person told us, "The staff will always do things for you. I think it is unique."
- People care plans covered areas such as communication, mobility, nutrition and hydration, skin integrity, personal care and activities and interests.
- One person's care plan had a clear description of their sight and hearing requirements, including spectacles and hearing aids required. The information included the type of batteries required for the hearing aid. There was also good detail on the person's mobility issues, equipment required and the number of staff needed to support them.
- Staff worked well with people and their families to help ensure they were providing the most appropriate responsive care. One person's blood sugar levels were unstable and this was discussed with them and their family member. As a result of action taken, over a period of time, the person's body mass index had dropped to a healthier level and their blood sugars stabilised sufficiently to enable their medicines to be reduced.
- Other people had detailed guidance in their care plans relating to their care. Such as one person who had long periods of bed rest and required to be positioned correctly and another who used a standing aid. Both were accompanied by laminated information in their care records as well as in their rooms as a memory aid for staff.
- We did find however, that although staff knew people well and were providing the right care, there was not always evidence of this in people's care plans and some care plans were not person-centred. We spoke with the provider's operational support manager about this. They told us they were in the process of taking feedback from staff in relation to the electronic care plans, in order to make improvements as the system had only been introduced last year. They said, "We are reviewing the information to make the system work for us." We will check at our next inspection that improvements have been made.

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

- Most people enjoyed the variety of activities that were on offer, which included a knitting club, flower arranging, arts and crafts and music sessions. The service also had their own mini-bus and weekly outings were arranged. A relative told us, "My mother goes to the flower arranging and the staff try hard to encourage her to join in on activities."
- One person told us, "I enjoy the activities; they come and get me to attend." A second person said, "I like the music activities and I enjoy the trips." A third person was also positive about their involvement in activities, telling us, "The activities co-ordinator will take me to listen to music. I'm not forgotten." Another

person told us, "[Activities lead] is very supportive and I would give him a pass, there are plenty of things for us to do here." However, we did hear from some people that they would like to have more variety and staff told us, "We don't have to look at the programme, it's the same old routine." We fed these comments back to the manager at the end of the inspection.

- For those people who practised a faith, church services were held at the service. People also had access to library books as a library service visited weekly. For two weeks at Easter the service had duck eggs which people could observe as they developed and hatched.
- There was good community involvement. The local guides had visited the service and a local dignitary had planted a tree at Merlewood in honour of the Queen's 90th birthday. We read in the minutes of a meeting, 'many people enjoying the Alpha (evangelistic) course being run by Christchurch'. This is a group that through discussion and last summer students from a local school carried out a moth project with people.

Improving care quality in response to complaints or concerns

- No one we spoke to had ever felt the need to make a complaint. One person said, "I wouldn't need to complain about anything." A second person told us, "I've never had to complain. I would go to the ladies at the desk (if I needed to)." A relative also said they had never made a complaint but would know how to do so if they felt the need to. They told us, "I would go to the nurse in charge first."
- We reviewed the complaints file and found it was difficult to track a complaint through from receipt to resolution. This was not helped as complaints and compliments were stored together in the same folder. It was clear the manager had responded to people and apologised when the service was at fault, however some detail of actions taken were not held within the complaint's paperwork. We spoke with the manager about this. They acknowledged the process needed to be tightened up and better records kept. We will check at our next inspection that this has happened.
- We read compliments that left about the service and staff. A professional had written that staff provided, 'exceptional care' and a relative had commented, 'should have moved (family member) from previous home sooner'.

End of life care and support

- Staff were working with people and relatives on advanced care planning to support end of life care. Medicines were in place for those people assessed as requiring end of life care and relevant information held by staff. Brief details of people's wishes were recorded in their care plans.
- We read positive feedback from relatives on the care their loved ones receiving during the end of their life. One compliment read, 'thank you so much for looking after our mum with such love, care, compassion and dignity'. Another read, 'biggest thank you. They (staff) helped to keep her with me longer than expected'.
- The manager told us, "Getting to know people is so important and also families, especially when people are at the end of their life. We can accommodate families if they wish to stay either in an empty room or we have recliner chairs they can sleep on."

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 in September 2016 we awarded the service a Good rating in this domain. We found at this inspection, they had maintained this rating. 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

- People told us they felt Merlewood was well managed. One person said, "Yes, I know the manager. They (staff) are all fine and I think the home is well managed." A second person told us, "I feel the home is well run, way beyond what I expected" and a relative commented, "I know the manager, she is very approachable and seems very competent."
- Since the new manager had commenced in post, staff and people told us she had made a positive impact to the service. Staff told us that although Merlewood had always been a good place to work, there was now a more relaxed atmosphere, which had been created by the new manager. A staff member told us, "She is very good. It's more relaxed and we can now get on with our jobs. The residents are calmer too." A professional had written, 'complete faith in her [manager] having been impressed by working with her over the years'.
- The manager had been the clinical lead within the service, so although they commenced in post as manager earlier this year, they already knew people, staff and the service well. They told us, "I think staff are more open. I'm more accessible and this has improved morale. Staff are working as a team now and there is a positive attitude all round."
- There was evidence of discussion with staff at meetings on the provider's values and staff were asked to give examples of care given that reflected these values.

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 manager told us, "Since staff are asking for help more and less apprehensive, they are much more aware of their responsibility in relation to safeguarding people and report concerns."
- The provider's operational support manager told us, "I have learnt a lot from the manager. I don't lose sleep over this service now. All reports are in on time. The manager is liaising regularly with us on the recent safeguarding concern and being very open about it."

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

- Staff were supported to progress within their role. Staff had the opportunity to attend leadership and management training and staff had lead roles which enabled them to access training specific to that topic to disseminate to other staff.
- Staff told us the manager was, "Supportive and responsive." A staff member said, "It's a lovely home and

it's nice working here. The manager has been through all of the roles, so she knows what it's like."

- The manager told us they were aware of their responsibility to, "Maintain the good reputation we have and ensure a good running of the home."
- Staff meetings were held at all levels. Clinical staff and senior carers met to discuss aspects of people's care. This included reflecting on any of life care provided.
- Champions were identified in areas such as falls, tissue viability and end of life, giving staff individual responsibilities and specific roles.

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

- People had the opportunity to give their views through residents' meetings. Feedback from people and their relatives was sought on the menu, activities and other aspects of the service. One person told us, "They have residents' meetings. I do go to the these. They (management) do respond to what is said at meetings."
- We read at the last meeting that people had been invited to participate in the interview process for new staff.
- We reviewed the results of the most recent 'Your Care' survey for which 29 responses were received. We read that 100% of people were happy with the standard of care, the kindness of staff, accessibility to healthcare professionals and staff being available when needed. Everyone also fed back they felt safe and secure living in Merlewood.

Continuous learning and improving care

- Various audits were carried out within the service. These included care plans, call bells, medicines, accidents and incidents, infection control and health and safety. And shortfalls identified were actioned. For example, during some care plans audits, the auditor had highlighted the need for further entries in a person's records. There was evidence to show when shortfalls had been addressed.
- The provider also carried out routine audits of the service which covered all aspects relating to the care people received. These were undertaken by a manager of another of the provider's services.
- The manager completed a night audit in February 2019. They recorded, 'all okay, well-being and comfort log all complete'.
- The provider's operation support manager told us, "We have developed a new audit tool; a KLOE (CQCs key lines of enquiry) report. This looks at where services are in relation to the KLOEs and lessons learnt. From that reports are created to share with other homes.
- The manager looked for different ways to improve individuals care. For example, a move of room had been facilitated for one person, so they could have the use of a floor bed and another person was provided with a thermal plate to keep their food warm as they were a slow eater.
- The manager told us, "Call bell responses have improved notably." They told us when they first came in to post the six or seven calls a month took 10 minutes to respond to and this was now down to one or two.

Working in partnership with others

- The manager told us they worked with the local hospice in relation to people who were receiving end of life care. In addition, they had good relationships with the district nursing, speech and language and dietetic teams.