

HC-One Oval Limited

Oakhill House Care Home

Inspection report

Eady Close
Horsham
West Sussex
RH13 5NA

Tel: 01403260801

Date of inspection visit:
11 March 2020

Date of publication:
03 April 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Oakhill House Care Home is registered to provide nursing care and support to a maximum of 49 people; 34 people were living at the service at the time of our inspection. The service is for older people, who may be living with a physical disability and/or dementia.

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

People told us that staff were caring and compassionate in their approach. One compliment seen stated, "From the manager and reception down to every grade of staff, the home shows they are a caring and committed bunch who go out of their way to make everyone feel welcome."

People were treated with kindness and emotional support and their independence was promoted by staff. People were treated with respect and dignity and supported to make decisions about their care.

People told us they felt safe at the home. Risks to their health and wellbeing had been assessed and actions put in place to reduce those risks. People were protected from harm and abuse from staff who were knowledgeable about safeguarding. People were protected from the spread of infection through effective and safe control measures.

Risks to people's physical and mental wellbeing had been assessed and staff ensured that these risks were reduced as much as possible. People were supported by enough skilled and trained staff to meet their needs. Training was provided to staff in order to meet the needs of people at the home. People's nutritional and hydration needs were met and monitored for those who were assessed as being at risk.

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

People told us that there had been a definite improvement in the activities and engagement at the home. People's views were listened to and acted upon and they and their relatives felt confident that concerns would be acted upon.

People, staff and relatives spoke positively about the registered manager. Management was approachable and open to feedback and discussions about people's care. The quality of people's care was supported by effective quality assurance systems.

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 requires improvement (published 11 April 2019). At this inspection, the

service had made improvements and the rating had improved to good.

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.

Oakhill House 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

The inspection was undertaken by two inspectors.

Service and service type

Oakhill House 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. 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

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We asked the provider to supply the CQC with an updated action plan on what steps they had taken to make the improvements that were identified in the last inspection. We used this information to plan our inspection.

During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, area director, two care

staff, a registered nurse, an activities and wellbeing coordinator, the dementia champion and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also carried out a number of observations of staff practices. We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We contacted two relatives about their experience of the care provided. We contacted five professionals who work in partnership with the service and provide specialist support to people who live there.

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 now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- At the last inspection, the provider had not assured us that the security of the premises adequately protected people and staff from unwelcome visitors. Following that inspection, the provider had implemented an electronic access system to ensure that only staff and authorised visitors could access the home.
- Improvements had also been made to evidence that maintenance checks to equipment that people needed, such as wheelchairs and suction machines, had been carried out. Formal checks were being undertaken and recorded by care workers and nursing staff. Staff were now undertaking regular checks on air mattresses people used to support pressure areas.
- Risks to people were identified, and comprehensive assessments were in place. Some people had risks associated with their mobility and needed support to move around. There was detailed guidance for staff in how to support people in the way they preferred.
- Some people had access to equipment to mitigate risks to their safety. For example, some people used pressure relieving devices such as an air flow cushion and mattress to maintain their skin integrity. Other people had sensors in their rooms to alert staff to issues with their mobility. One relative said, "She is very, very safe there. She has a sensor if she gets out of bed in the night and it alerts the nurses' station."
- Environmental risks had been assessed. Risks from fire were managed well. People had individual personal evacuation plans to ensure that they were supported properly in the event of an emergency.

Using medicines safely

At the last inspection we recommended the provider seek advice from health professionals in respect of the administration and use of medicines given covertly in line with the National Institute for Health and Care Excellence (NICE) guidance. Covert medicines are when medicines are administered in a disguised format, for example in food or in a drink, without the knowledge or consent of the person receiving them. At this inspection, the provider had made improvements.

- The provider had sought guidance from health professionals in the Clinical Commissioning Group (CCG) and the local GP on the use of covert medicines. For those people whose medicines were given covertly, the provider had arranged for the GP to review these arrangements every three months to ensure that they remained the appropriate method of administration.
- People needed support with their medicines and staff ensured that they administered these safely.
- Staff were trained in handling and supporting people to take their medicines which involved an assessment and observation of their competency to do so. The provider had policies and procedures regarding the handling and administration of medicines.

- Medicines were stored and disposed of safely. Medication Administration Records (MAR) showed people received their medicines as prescribed and these records were completed accurately. Where people had 'as and when needed' (PRN) medicines, staff were supported by guidance on when to administer these.
- People and their relatives told us that staff provided them with their medicines. We observed medicines, including covert medicines, being administered during the inspection and this was completed safely and correctly.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse and harm.
- People told us they felt safe living at the service. Relatives also said they felt that staff ensured the safety of their loved ones. One person said, "Yes, I feel extremely safe here."
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff had a clear understanding of the different types of abuse, how to recognise these, especially with some people living with dementia, and what to do should they witness any poor practice. One staff member said, "Yes, I've done safeguarding training and would take any concern or abuse to the manager. I can also escalate this within the organisation. It's important to keep records."
- Incidents had been escalated appropriately where safeguarding concerns were highlighted. The registered manager had notified the local authority when potential safeguarding issues had arisen and had made the appropriate notifications to the CQC.

Staffing and recruitment

- There were sufficient numbers of staff to ensure that people were safely supported. One person said, "Yes there's a lot of staff around. When they are passing, they will sit down and chat to me."
- Staff confirmed there were enough staff to meet people's needs, but also considered additional staff and more permanent staff would benefit people. One staff member said, "Management work hard to get enough staff. Needs can vary." The registered manager confirmed there were vacancies currently filled by agency staff, but newly appointed staff were due to start work. The provider recognised the issue of staff recruitment and had advertised for staff.
- The registered manager told us it had often been difficult to recruit new permanent staff and they needed to rely on using agency staff. One relative told us that the provider had tried to use the same agency staff. They said, "We've had some excellent agency people. They are getting more regular now. We are hopeful." One staff member said, "It doesn't have an impact on people because there are always permanent staff on. Agency staff are always paired with a permanent member of staff."
- Checks were made that newly appointed staff were suitable to work in a care setting. References were obtained from previous employers and checks with the Disclosure and Barring Service (DBS) were made regarding the suitability of individual staff to work with people in a care setting. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- The home was clean, tidy and free from odour.
- We observed staff using personal protective equipment (PPE) when carrying out personal care, supporting people with food and administering medicines.
- Staff received training in infection control and food hygiene. There were hand sanitizers throughout the service, and we observed staff using these to ensure any cross contamination was reduced.

Learning lessons when things go wrong

- Accidents and incidents were recorded appropriately by staff, in line with the provider's policy.

- The registered manager had ensured that specific incidents that required notification to local authorities and the CQC had been made.
- Staff had acted, following accidents and incidents such as falls, to ensure the safety of people. For example, protocols had been followed that included observations and health checks, when people had suffered falls.
- The registered manager had ensured that learning from these types of incidents took place and were discussed between staff at their daily meeting to share knowledge.

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.

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

At the last inspection, we made a recommendation that the provider seek guidance regarding oral hygiene practices. At this inspection, the provider had made improvements.

- People's oral health care had been assessed, and they could see a dentist, if this was needed. Oral health care plans captured what each person required to maintain good oral hygiene, what they could do independently and what support they needed from staff.
- Staff continued to work effectively with other agencies and in partnership with professionals to meet people's needs. Records showed that appropriate and timely referrals were made to specialists such as speech and language therapists (SaLT), tissue viability nurses, falls and dementia crisis team.
- People were supported to access healthcare appointments and received support with their healthcare needs. One relative said of their loved one, "She wasn't well a month ago on a Sunday and they called the GP. They called me and let me know what's going on."

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

- People's needs and choices had been assessed prior to living at the home and were reviewed regularly. Staff delivered care in line with standards and good practice.
- The provider had ensured that protected characteristics, such as people's religion, race, disability and sexual orientation were explored and recorded appropriately. This information was reflected and recorded in their care plans before care was provided.
- People's needs were assessed using evidence-based guidance to achieve good outcomes. For example, people who were at risk of malnutrition had risk assessments in place. The provider had implemented the Malnutrition Universal Screening Tool (MUST). The MUST tool enables providers to monitor people's risk of malnutrition so appropriate action can be taken.
- Waterlow assessments had been completed to assess people's skin integrity, while staff had followed guidance and instruction from SaLTs to ensure that people's needs were met in line with professional standards.

Staff support: induction, training, skills and experience

- Staff were provided with the training and skills to meet people's needs effectively
- People told us they had confidence in the skills of staff. One person said, "Some have just got an aptitude for the job that is just there. They do a damn good job."

- Staff received regular training to ensure they had the skills to meet people's needs. For example, training was provided in mandatory areas such as safeguarding, moving and handling, and medicines.
- Where people lived with specific health needs such as diabetes, Parkinson's disease and catheter care, training was given to staff to support them. One staff member said, "The training is very good. We have refreshers yearly. There's an online data base of training which we use to review and update our knowledge."
- We observed staff supporting one person to move using a hoist. Staff supported the person physically and emotionally to ensure that they were moved safely and correctly.
- New staff received an induction, mandatory training and shadowing sessions with experienced staff before they started working by themselves.
- Staff told us they felt well supported in their roles. One staff member said, "The manager listens to me. I feel like I am heard."

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

- People were supported to eat and drink enough. People were given choices of what they wished to eat and were provided alternatives if they requested this. We observed lunch being provided. People were offered two choices, and these were plated and brought to the table so that people could choose. One person said, "It's good and well presented. They will bring it to my room if I want it."
- People's nutrition and hydration needs had been assessed and risk assessments and care plans had been completed for staff to support them.
- When people had been assessed as requiring specialist support, appropriate referrals and assessments had been completed to SaLTS.
- Some people had been assessed as being at risk of malnutrition. MUST tools were used to monitor these risks. Staff discussed these at clinical meetings and referrals were made to a GP or dieticians if needed. Information was also shared with the chef to ensure that meals were adapted or fortified to support any noted weight loss.
- As many people lived with dementia, food choices were shown to them on the plate so they could decide there and then what they would like to eat, based on what appealed to them.

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

- The home was purpose built and had been designed to meet people's needs.
- People with mobility needs were supported with appropriate flooring and grab rails to support them.
- Rooms and communal areas were spacious and well decorated. There were quiet areas around the home for people to meet privately with visiting relatives and friends. People's rooms had ensuite bathrooms to ensure their privacy and dignity. One relative said, "The facilities are really good."
- People living with dementia were supported to orientate around the home. For example, there were large print signage and pictorial references to guide people to access communal areas and toilets.

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. 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.

- The provider was ensuring care and treatment was in line with the law and guidance.
- Staff demonstrated a good understanding of their responsibilities and had received training in the MCA.
- The registered manager had made appropriate DoLS applications and had a process to check authorisations remained valid and to monitor when authorisations needed to be reapplied for.
- Some people had conditions attached to their DoLS and records showed that these were being complied with. For example, one person required their medicines to be given covertly and this decision was being regularly reviewed as per the condition on their DoLS.

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 well treated and supported by kind and caring staff. One relative said, "They treat her with total respect and genuine kindness. (Staff member's name) will often put her arm around my wife. The nurses are so gentle and patient with her."
- People and their relatives were consistently positive about the caring attitude of staff. One person said, "They look after me extremely well. I can't fault it here." One family member said, "The staff are all so very friendly. I can't speak too highly of them, the staff from the bottom to the top and all that they are doing."
- We observed a number of interactions where staff showed compassion towards people and an understanding of their individual needs. For example, when speaking with a member of the inspection team, one person stopped a carer that they were particularly fond of and held their hand. The person said, "If I have a worry, I can speak to this one (carer) and she'll make me feel better." One compliment seen stated, "The atmosphere is warm, and I'm always impressed with how well she is treated and how everyone seems to be happy."
- People's individual needs were known by staff and they were supported compassionately to meet these. For example, one person liked to smoke but their mobility prevented them from doing this independently. We observed their carer supporting them discreetly outside to wear a clothing protector and to light their cigarette.
- People's diverse cultural, religious and spiritual needs were recorded when they moved to the service and staff supported them, when needed, to meet those needs. For example, gender care plans recorded people's views and preferences and how they wished to be identified in terms of their gender or orientation.

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

- People and their family members told us they could express their views and be involved in their care. We observed people being offered choices of what they would like to eat and drink, as well as decisions on what activities they wanted to be involved in.
- Records showed that people and their family members were regularly involved in meetings and reviews about their care.
- People were informed of the changes that had been made as a result of their feedback and opinions. Staff had documented these changes in 'You Said, Action we had taken' feedback forms telling people what the provider had done differently in response to this feedback.
- Some people had been supported by an independent mental capacity advocate (IMCA). An IMCA is an advocate who has been specially trained to support people who are not able to make certain decisions for themselves and do not have family or friends who are able to speak for them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was promoted. One person said, "I am treated with a lot of respect here."
- Throughout the inspection we observed people's privacy being respected. Staff knocked on people's doors before entering, and people were addressed and spoken to with respect.
- We observed staff supporting people to maintain their dignity. People wore clothing protectors during mealtimes to protect their clothing from spillages. The registered manager told us that consent was always sought and that people were asked if they wished to wear these.
- People were encouraged to maintain their independence as much as possible. We observed staff encouraging people to walk around the home using walking aids where required. One person told us, "I go everywhere with this thing (walker) and staff encourage me."

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 required improvement. At this inspection this key question has now 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; Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At the last inspection we found that people lacked social stimulation and there were limited activities to provide social engagement.
- People were now provided with social engagement and stimulation to meet their individual needs. Since the last inspection, the provider had invested time and resources to ensure that improvements had been made and embedded. People, their relatives and staff all told us that activities had improved, and that staff made continuous efforts to engage people. One person said, "Staff get you interested in various things, that's good I think."
- One relative said, "They've improved the activities and they employed a second activities person. They do some really good activities with people to keep them occupied. When they do the quizzes, Mum is eagerly sitting forward and shouting out the answers. They started a gardening club. In the square garden, they have troughs at waist height and were planting bulbs. Things like that they really love. It's lovely she has a smile on her face and is taking part."
- People engaged in activities such as exercise to music, knit and natter, book clubs, external entertainers, as well as being offered opportunities for community outings to local clubs and railways. One activities and wellbeing coordinator told us about the importance of finding what people respond to and what interests them. They said, "You have to find that spark to engage them."
- Personalised care planning ensured that people living with dementia were provided with responsive support. For example, staff had arranged for a local museum to provide reminiscence items for people. People had responded to this and the home has made this an ongoing arrangement. One relative said, "The leaders linked up with the Horsham museum, and put boxes together with memorabilia. They chat with the residents to see what they remember. It's great."
- People were supported by a staff member who had become a dementia champion. Champions are staff that had shown a specific interest in particular areas that are essential to bringing best practice into the home, sharing their learning, acting as role models for other staff, and supporting them. One relative said, "The staff have got just the right attitude for people with dementia." Another relative said, "They seem to be very understanding. One lady is the dementia champion. She has been very good with Mum. She's helped me explain things to her."
- People's care plans recorded information about people's individual physical, social and emotional needs, as well as their preferences for support. These were reviewed regularly by staff and any changes were updated,

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 detail and staff followed guidance in care plans.
- When people had sensory impairments, such as hearing loss, there was guidance for staff to ensure they encouraged people to maintain and wear hearing aids.
- The registered manager stated that no one at the home required information presented to them in an alternative format but that the provider had the means to adapt care documentation to meet people's requirements if needed.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to make a complaint and told us they felt any concerns would be listened to and acted upon. One person said, "If there's something that's not agreeable to me they'll look into it for me."
- Records from one open meeting with people and their families showed that one relative had expressed that the complaints policy was not clear. This was updated and the 'Your Thoughts Counts' policy was shared and discussed with those at the meeting.
- The complaints policy was in a written and pictorial format to make it accessible to people.
- There were very few complaints received over a period of time and the registered manager stated that the home received very few formal complaints.

End of life care and support

- End of life care plans were in place for people that captured their wishes and preferences.
- People had made advanced decisions and personal preferences for their care in terms of where they wished to be supported at the end of their lives, as well as clinical recommendations for emergency care and treatment.

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. At this inspection this key question has now 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- At the last inspection, the provider's quality assurance systems had not always identified some incomplete maintenance issues that had been highlighted during that inspection. The provider had identified shortfalls in people's social activities but had yet to implement a plan to improve these.
- The provider had continued to make improvements and had addressed these shortfalls. Maintenance schedules and checks had been implemented in full. The provider had invested in resources and time to improve activities for people.
- The home had a registered manager. The registered manager understood their responsibilities and was supported by the provider to deliver what was required. Staff understood their responsibilities and what was expected of them.
- Quality assurance systems were effective in identifying issues and supporting learning. Records showed that care plans and risk assessments had been reviewed monthly, while audits were completed in areas such as infection control, health and safety, maintenance and food.
- The registered manager completed a twice daily walkaround to observe areas such as resident care, whether infection control procedures were being followed, and people's dining experience. The provider also undertook wider quality assurance visits to the home.
- Information from incidents and investigations were learned from and used to drive quality. For example, analyses had taken place when people had developed a pressure sore or a serious fall and injury. The registered manager investigated whether the occurrence was a deviation from normal procedure, assessed staff responses and what actions could have prevented it.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People, their relatives and staff told us that the registered manager promoted an open culture which encouraged feedback to be shared. One staff member said, "The manager is always forthcoming. Her office door is always open. Contact and feedback is encouraged." Another staff member said, "We have a great manager. She has brought a lot of spirit to the home. She is very approachable and hands on. She will come onto the floor and help."
- The registered manager worked with staff to achieve good outcomes for people. This was demonstrated in our observations of staff practice and care planning. One professional told us that the registered manager had worked proactively with the local authority and family members to facilitate a good result for the person

under difficult circumstances.

- The registered manager was aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent; it sets out specific guidelines providers must follow if things go wrong with people's care and treatment.

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

- Staff told us there was an emphasis on team work and communication sharing. Staff told us they felt supported by the registered manager who was open to suggestions for improvement which were listened to.
- We observed a daily 'flash' meeting with senior staff, team leaders and heads of department. The meeting was well organised and effective in communicating actions needed to meet people's changing needs and the organisation of the service for the day.
- People and their family members told us that they felt engaged and informed. Satisfaction surveys had been completed and staff looked at these to drive improvement. People felt that organised meetings were proactive and that they felt listened to. One relative said, "They have quarterly meetings with residents' families. I went to one a couple of months ago. It was chaired by (the registered manager). The two activities leaders came in and shared their plans. The new maintenance guy explained what he was doing with various things. They asked if we had any questions, it was really good."

Working in partnership with others

- The provider worked in partnership with local organisations and services such as the local authority to share information and ensure good delivery of care.
- Staff worked closely with a number of specialist agencies to ensure that people's needs were met. These included dieticians, speech and language therapists and district nurses.
- The provider had established links with local churches to arrange visits to the home so that people's religious needs could be met.