

Cathena Healthcare Limited

Oakwood House

Residential and Nursing Home

Inspection report

Oakwood House
Stollery Close, Kesgrave
Ipswich
Suffolk
IP5 2GD

Tel: 01473840890

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Oakwood House is a purpose-built residential care home providing personal and nursing care for up to 24 people. There were 23 people living in the service on the day of our inspection visit as one person was in hospital.

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

People living in the service were supported in a clean and safe environment. There were sufficient suitably trained staff to provide safe care and support. Staff were aware of their responsibilities regarding safeguarding and safeguarding concerns were dealt with appropriately. Medicines were managed safely, and people received their medicines as prescribed. There were appropriate infection control measures in place which had been enhanced in response to the COVID pandemic. Where things went wrong incidents were investigated and lessons learnt.

Since our previous inspection in October 2019 care plans had been rewritten and contained sufficient information for staff to provide effective care and support. We fed back to the registered manager areas for further development including more detailed moving and handling plans specifically for those exhibiting distressed behaviour. The registered manager had already identified some of the concerns raised and was taking action.

People received enough to eat and drink. Where required support was requested from appropriate health care professionals. However, we found that the meal time experience could be improved to ensure people received their choice of food and enjoyed the mealtime experience.

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.

The service worked well with other healthcare professionals and was working on developing these relationships further.

We received positive feedback from relatives regarding the way care and support was provided to people. We observed mainly caring and respectful interactions between people and staff.

People were supported, as far as possible during the COVID pandemic, to access the local community and engage in meaningful activities. They were supported to maintain contact with family and friends by video calls. Visits from family were taking place in the service garden.

Since our previous inspection new audits and quality assurance measures have been put in place. These

had resulted in significant improvements to the quality of the service provided. These now need to become embedded to ensure improvements continue and is sustained.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 12 November 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

This service has been in Special Measures since November 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

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.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Is the service caring?

Good ●

The service was Caring.

Is the service responsive?

Good ●

The service was responsive.

Is the service well-led?

Good ●

The service was not always Well-led.

Oakwood House Residential and Nursing 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

Inspection team

The inspection was carried out by one inspector and a specialist advisor.

Service and service type

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

Notice of inspection

We gave the service one hours' notice of our inspection. This was to check if there were any infection control issues, we needed to address prior to visiting.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with one person living in the service other people were not able to speak with us about their care and support. We carried out observations of the care and support provided. We spoke with seven members of staff including the registered manager, nursing staff, care workers and the activities co-ordinator.

We reviewed a range of records. This included four people's care records and multiple medication records.

After the inspection

We spoke with three relatives and a health care professional. We requested and received from the registered manager information regarding the management of the service. These included health and safety records, audits and quality assurance records.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Our inspections of August and October 2019 found that the service was not protecting people from the risk of abuse. Staff had not received training in safeguarding. At this inspection we found that all staff had received safeguarding training.
- The registered manager was aware of their responsibilities with regard to safeguarding and carried these out, for example, making appropriate safeguarding referrals to the local authority.

Assessing risk, safety monitoring and management

At our inspections of August and October 2019 we found the provider had failed to properly and safely maintain the environment. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

- The environment had been improved and assessed to ensure it was safe for people living in the service. The rear fence had been repaired, holes in the walls of en-suite bathrooms had been repaired and improvements had been made to the communal areas. The registered manager told us that the cupboards in the communal kitchen areas were being replaced the week following our inspection visit.
- Risks to people's health had been assessed and were safely managed. People's needs and abilities had been assessed prior to moving into the home and risk assessments had been put in place to guide staff on how to protect and support people. The potential risks to each person's health, safety and welfare had been identified. Well known assessment tools such as MUST (Malnutrition Universal Screening Tool) and Waterlow (A pressure ulcer risk assessment tool) were used.
- Individual risk assessments were undertaken for specific activities. For example, accessing the community as part of a rehabilitation plan.
- One person's care plan did not have a risk assessment for their use of bed rails. The registered manager told us that this had been in place in their old care plan but had been overlooked in the new care plan. The assured us that this would be put in place. Records demonstrated that bed rails were regularly checked for safety.

Staffing and recruitment

At our responsive inspection in October 2019 we found the provider had failed to employ sufficient, appropriately qualified staff. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made

and the provider was no longer in breach of the regulation.

- The manager used a dependency assessment tool to assess how many staff were required to support people safely.
- All people and staff spoken with said there were sufficient staff on duty. Our observations on the day found sufficient staff available to meet people's needs promptly. People did not wait long when they requested support from staff.
- The home regularly used agency staff. The agency nurse on the afternoon shift on the day we visited said they always received a handover and enjoyed working in the service.
- Staff were recruited safely with appropriate checks carried out. New staff completed the Care Certificate and induction. We observed there was a new carer shadowing an experienced carer on the day of our inspection visit.
- There was effective delegation of work, staff communicated with each other, updating colleagues on work to be done.

Using medicines safely

Our responsive inspection in October 2019 found that medicines were not managed safely, and people did not get their medicines as prescribed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

- Since our previous inspection in October 2019 a new system for managing medications had been put in place. The clinical lead told us it was working well, saved time and prevented errors.
- Medication Administration Record (MAR) charts had a cover sheet which included a photo of the person to aid identification. The sheet detailed how the person liked to take their medication, for example, on a spoon with juice or water and whether the person had any allergies.
- All medicines prescribed to be taken as required (PRN) had a relevant protocol detailing when and how to they should be given. Expected and achieved outcomes were also being recorded.
- PRN protocols used good descriptors of verbal and non-verbal indicators, for example, signs a non-verbal person was in pain were included.
- Several people were prescribed PRN medicines to manage behaviour. When staff administered PRN medicines there was clear documentation about when and why.
- Several people had been assessed by the GP as requiring covert administration of medication. However, the information from the GP and on the MAR chart was limited. There was no evidence of input from a pharmacist. It would be safer if either the prescriber or a pharmacist reviewed each medicine and gave explicit instructions for each drug as some preparations' efficacy is reduced by mixing with certain foods or being crushed.
- Medicines were delivered to the service on a regular cycle but there were not always sufficient medicines held in stock for each person to ensure their medicine did not run out before the next cycle. This had been recognised by the registered manager who had taken action to ensure people did not miss their medicine. The clinical lead and manager are working with the GP to try and ensure a regular supply of medicines. This was an ongoing problem and the service have involved the Clinical Commissioning Group (CCG) to support them with issues surrounding the GP practice.
- Body maps were being used to indicate the date, placement and removal of medication patches.
- Body maps for topical applications were not consistently used and the MAR sometimes gave insufficient information, for example, apply to affected areas does not fully explain where to apply the medicine.
- We observed medication administration. The nurse gave relevant, accessible information to the person

about what the drugs were and what they were for. They sought consent and encouraged the person to take their medicine.

Preventing and controlling infection

- The service was clean throughout and there were no unpleasant odours.
- Infection control procedures had been enhanced to address the COVID 19 pandemic. This included increased cleaning of frequently touched areas such as door handles.
- Personal protective equipment (PPE) including gloves and masks were used appropriately by staff. We observed staff wearing masks, gloves and aprons when attending to people's care needs and serving food.
- Staff and visitor temperatures were taken on arrival as a means to identify possible infection.
- Hand sanitiser dispensers were placed around the building and readily accessible for use.
- Appropriate precautions were in place when new people moved into the service to ensure COVID 19 was not brought into the service.

Learning lessons when things go wrong

- The registered manager was keen to develop and learn from events. They welcomed support from external agencies with advice.
- Falls and pressure ulcers were monitored, and actions taken when analysis showed this was necessary.
- Accidents were appropriately recorded, and actions taken to prevent similar occurrences.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our inspection of August 2019, we found that care was not always delivered in line with standards, guidance and the law. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations, but further improvements were still required.

- Care plans had been extensively revised. They were person centred and provided relevant information about people's needs, preferences, likes and dislikes.
- However, there was scope for improvement. For example, care plans relevant to supporting people with behaviour that may challenge did not always contain sufficient detail. ABCD charts were used to monitor some people's behaviour. These described the observed behaviour but care plans did not contain information about how to prevent the behaviour or support the person when they became distressed. We observed that this resulted in people receiving different support from different members of care staff. We observed one person repeatedly present with the same behaviour, one member of care staff asked them to leave the room whereas another member of staff offered to go and speak with them. The registered manager showed us that they were working to improve these records.
- Where people required hoisting the care plan did not always contain explicit information as to how each person should be supported. Staff we spoke with were able to explain what people preferred but including a full explanation of how a person was transferred would ensure consistency.
- Care plans were being evaluated monthly. However, some changes had not been made across all documents. For example, the food and fluid chart in one person's daily log did not match the advice from the Speech and Language Team (SALT). We discussed this with the registered manager who explained that this was due to an improvement in the person's condition since returning from hospital and that further advice had been received which had not been recorded in the care plan.
- Care plans contained personal details and photographs. However, it was not always clear from the care plans how the person or their representative had been involved in their care planning. The registered manager told us that they involved people and their representatives as much as possible, but the involvement of representatives had been somewhat curtailed by the COVID 19 epidemic.
- Daily logs completed by staff were comprehensive and gave details about activities, health and mental wellbeing.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their assessment of needs. This information was detailed in care and support records.

Staff support: induction, training, skills and experience

At our inspection of August 2019, we found that the staff had not received the appropriate training to support people effectively. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of this regulation.

- Nursing staff and care staff told us they had received mandatory safeguarding, health and safety, infection control, mental capacity and medication training.
- Describing their training a member of care staff said, "The training was very good. Situation I had yesterday, resident grabbed my arm I knew how to deal with it. Training is brilliant, on line and face to face"
- Staff also told us they were supported by the management team and received one to one session to discuss any work-related issues.
- Records confirmed that staff were up to date with training. Most training had been carried out on line. However, where practical experience was required, for example moving and handling, the training had been carried out face to face.

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

- We observed the lunch time meal in two units. In both units a trolley was brought from the kitchen and plugged in to keep food hot. Staff wore aprons to serve food.
- The rooms used for dining were also used as the lounges. In neither room was a table set up for the meal. People were assisted to walk to the table but there was not always a chair available. This left one person having to wait, being supported to stand by one staff member while other staff moved furniture.
- People were not encouraged to come together for a meal and no effort was made to make it a social occasion.
- People were not always supported to make effective choices as to what they would like to eat. For example, people were asked if they would like pork or vegetarian sausages but people who had communication difficulties were not always able to understand the question. Showing people the options would have been more effective
- People were not offered a choice of vegetable sides, different portion sizes, condiments or a choice of drink. Their meal was served up at the trolley and placed in front of them.
- Where people required adapted equipment to meet their needs this was provided. For example, one person had a high sided plate to support them to eat independently.
- The clinical lead had started a bespoke training programme which included nutrition and hydration. This has focused on supplements, food consistency and maintaining weight/hydration.

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

- We received positive feedback from external healthcare professionals as to how the service worked with them to provide care and support. One health care professional said, "The manager works very well with me."
- Where a person's health declined staff made referrals to relevant agencies. For example, a person with sustained weight loss has been referred to the dieticians and weekly weights continued to be monitored.
- The service had facilities to support people with virtual and online consultations with healthcare services.
- The registered manager was working with the Clinical Commissioning Group to further improve the relationship with the local GP service.

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

- Several areas of the home have been redecorated since our last visit and bedrooms, corridors and communal areas were clean and tidy.
- There was a planned maintenance schedule to maintain and improve the service.
- The secure garden was accessible for people to enjoy outside space and fresh air.
- There were appropriate facilities to meet people's needs such as accessible bathing and sluice rooms.

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). 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Capacity assessments were undertaken for specific decisions. For example, covert administration of medicines and covid-19 testing. The record detailed the steps to determine whether the person had capacity were clear. However, where the assessment showed a best interest decision was required it was not always clear what decision had been made.
- Staff received training about the MCA and there were notices about the home, but it was not clear whether all staff were able to put this learning into practice. For example, we observed staff did not consistently seek consent to provide care, moving people's wheelchairs or putting on aprons without seeking consent or communicating with the person.
- The clinical lead and registered manager were aware of their advocacy role for people in their care. One person required a medical procedure but had declined. The records showed the clinical lead planned to work with them on this to see if she can manage their anxiety and encourage them to have the necessary procedure. In another example the registered manager had advocated for a person when a reduction in their medicine was indicated.

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 Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

Our inspection of August 2019 found that people were not always treated with dignity and respect. This was a breach of regulation 11 (Dignity and Respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations

- People had been supported to maintain contact with friends and relatives via video conferencing during the Covid-19 restrictions. This has been coordinated by the activity coordinator and families reported how much they valued the calls.
- Where a person's room looked out onto a public area and they did not always behave appropriately when their curtains were open a privacy film had been applied to the lower half of the window. This meant they could still see out of the window but maintain their dignity.
- We observed most staff treated people with dignity and respect. Where we had concerns about the behaviour of one member of staff, we raised this with the registered manager. They were already aware of and dealing with the issue.
- We observed people moving around the service freely, making use of the shared spaces and garden.

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

- Our observations showed people displayed signs of well-being. A relative told us, "I have only been impressed with the competency and compassion shown to my [relative]. I do not worry about her, I am confident she is safe and looked after with dignity."
- Communication between people and staff had improved since our last inspection visit. Most staff demonstrated a positive rapport with people and engaged in social conversations which improved people's wellbeing and engagement.

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

- Relatives told us they were involved with their family members care. A relative said, "They do involve me. I go up quite often. I have only good things to say about the place. They love their residents."
- Staff told us they had time to get to know people as individuals. One member of care staff said, "We gave time to sit and have conversations with people."
- People were consulted on the decoration of their bed rooms. One person had asked for their room to be decorated mid blue before they moved in. On admission they were not happy with the colour. The service

supported them to pick the colour they wanted. The room was then redecorated in the colour of the person's choice.

- The registered manager positively advocated for people with medical professionals. We were made aware of two examples where this resulted in improvements in people's health and wellbeing.

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 Inadequate. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

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

Our inspection of August 2019 found that care and support was not always person centred and did not meet people's needs. This was a breach of regulation 9 (Person-centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

- Since our inspection in August 2019 all care plans had been re-written and now reflected people's care and support needs.
- The service responded to people's individual changing needs. For example, the service had identified a key cause of recurrent hospital admission for one person. Additional equipment had been purchased, and staff trained in its use. The person now had a new continence care plan which has successfully prevented their health deteriorating.
- There were games and resources in communal areas. These were being used effectively, for example one person was given a soft toy to hold while their medication was administered. This helped them be alert and calm.
- The range of group activities at the service had been reduced due to covid-19 restrictions as maintaining family contact had been prioritised. People and relatives had been consulted about their preferred means of communication and a regular schedule of calls was in place. This included calls to relatives who lived abroad scheduled at times convenient to the relative.
- Where appropriate people were supported to access the community. A relative told us their family member had been supported with a visit to the local supermarket. They said, "[Relative] told me how much they enjoyed it."
- A pet dog attended the service on the day of our inspection visit. We observed people enjoying meeting the dog.
- Some family members had been able to visit at a social distance using the garden. One relative told us how much they appreciated the visit.
- The activity coordinator was creating personal profiles for each person which identified likes, dislikes and activities which they may want to take part in.

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.

- The service identified people's information and communication needs by assessing and recording the level of support a person required in their care plan.

Improving care quality in response to complaints or concerns

- There were systems and procedures in place to address concerns and complaints. These were known to people and their visitors. The procedure was displayed in the service.
- Relatives said that they felt able to speak to the registered manager at any time. A relative gave us an example of a response from the registered manager, saying how pleased they were with how they were responded to.

End of life care and support

- Care plans contained details of people's end of life wishes.
- We saw an example of how the service had worked with the local hospice to support a person discharged from hospital on end of life care. Working with the hospice the service had improved the person's health and wellbeing. They had been losing weight with specific end of life medicines prescribed, they were now gaining weight and prescribed normal medicines.

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 Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our inspections of August and October 2019 we found the provider had failed to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Well-led) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of the regulation.

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

- Relatives told us that the culture of the service had improved in the past year. One relative told us, "No comparison to last year, I feel he is in good hands now." Another relative told us they had confidence in the service to the extent that they had gone from having daily contact with their family member they now, "Felt able to have a couple of days away."
- Staff were complimentary about changes and developments made by the new management team in relation to training, the environment and care planning and how this had improved the care people received. Staff told us that they were fully behind the planned developments and the manager.
- Staff told us they felt involved with the improvements. One member of care staff told us how they were contributing to the new challenging behaviour care plans.
- Regular staff meetings were held. The minutes of these demonstrated a free flow of information between staff and the management team. Where issues were identified actions, plans were put in place and communicated to staff.

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

- Relatives told us that the service communicated well with them following an incident or accident. Describing their contact with the service about an incident a relative said, "They were open and transparent about what had happened and told me what had been put in place to address the error." They went on to say that this gave them confidence in the service.
- Documentation we saw confirmed that the service complied with the duty of candour requirements.

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

- Since our inspection of October 2019, the manager had registered with the CQC. Relatives and staff praised the registered manager. One relative told us, "[Registered Manager] is great and has concentrated

on what really needed doing." A member of care staff described the registered manager as, "Approachable and supportive."

- Staff were supported in their role; supervision of care and ancillary staff was in place along with clinical supervision for nurses. Speaking about their supervision meeting a member of care staff told us, "I get a lot out of it."

- New governance systems had been put in place since our last inspection. There was a framework of accountability to monitor performance and risk leading to the delivery of demonstrable quality improvements to the service. These now need to be embedded into the service to ensure sustained improvement and ensure they independently identified all of the concerns we identified.

- The provider had put in place new quality management systems. Audits and action plans were shared as required. This included regular visits from the provider's representatives who had oversight of the quality of care being provided. As with the new governance systems these now needed to be embedded into the service to ensure improvements continued and were sustained.

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

- The registered manager was developing better links with the local community. They told us about support they had received from the community during the COVID crisis.

- The registered manager was engaging with support services such as the clinical commissioning group and the medicines optimisation team to improve the quality of the service provided.