Country Court Care Homes 2 Limited

Carter House

Inspection report

1-2 Farnham Gardens
London
SW20 0UE

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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
Carter House is a care home providing nursing and personal care to 41 people aged 65 and over at the time of the inspection. The service can support up to 46 people across four floors, each with their own adapted facilities. Most people residing at the care home were living with dementia.

People's experience of using this service
People told us they were happy with the standard of care and support provided at this care home.

People were kept safe and protected against the risk of avoidable harm and abuse. People were cared for and supported by staff who knew how to manage risks they might face. The premises were kept hygienically clean and staff followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19. Medicines systems were well-organised, and people received their prescribed medicines as and when they should. The service was adequately staffed by people whose suitability and fitness to work in an adult social care setting had been properly assessed.

The provider ensured staff had the right levels of training and support they needed to deliver effective care and support to people living at the care home. 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. People lived in a suitably adapted and recently refurbished care home that was now decorated to a very high standard. People were supported to access food and drink that met their dietary needs and wishes. People were supported to stay healthy and access community health and social care professionals as and when required.

People were treated equally and had their human rights and diversity respected. Staff treated people with respect and dignity and upheld their right to privacy. People were supported to maintain their independent living skills. People were encouraged to make decisions about the care and support they received and had their choices respected.

Up to date, person centred, electronic care plans were in place for everyone who lived at the care home, which helped staff meet their personal, social and health care needs and wishes. Staff ensured they communicated and shared information with people in a way people could easily understand. People were supported to participate in meaningful recreational activities that reflected their social interests. People were supported to maintain relationships with family and friends. People's concerns and complaints were listened to and investigated by the provider. Plans were in place to help people nearing the end of their life receive compassionate palliative care in accordance with their needs and wishes.

The provider recognised the importance of learning lessons when things went wrong and were keen to continuously improve the service. The quality and safety of the service people received was routinely

monitored by the services management team. The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives, community health and social care professionals and staff working there. The provider worked in close partnership with various community health and social care professionals and agencies to plan and deliver people's packages of care and support.

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

Rating at the last inspection
This service was taken over by a new provider as a new legal entity and was reregistered with us in April 2019. This is their first comprehensive inspection. The last rating for the service under the previous provider was good (published 22 February 2017]. The overall rating for the service remains good.

Why we inspected
This was a planned comprehensive inspection based on the service being taken over by a new provider as a new legal entity and reregistering with us.
We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up
We will continue to monitor the service and information we receive about them. 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.

Carter House

Detailed findings

Background to this inspection

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

As part of this inspection we also looked at the providers infection control arrangements, so we could understand the preparedness of the service in preventing or managing an infection outbreak.

Inspection team
The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Carter House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Care Quality Commission (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 CQC. 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 three-day inspection was unannounced on the second day. The first day was announced when we made telephone contact with relatives, as was the third and final day, which was conducted on-site at the care home.

What we did before the inspection
We made telephone contact with 12 relatives in total to gather their views about the standard of care and support their loved ones who lived at the care home received there. We also sought feedback from the local authority and various health and social professionals who work with the service.

In addition, we reviewed all the information we had received about the care home since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spoke in-person with six people who lived at the care home, two visiting relatives and a community nurse about Carter House. We also talked with various managers and staff who worked there including, the services registered manager, an area manager, the providers infection prevention and control lead, an area clinical lead nurse, three other registered nurses, six carers, including a team leader, an activities coordinator, two housekeeping staff and the regional head of maintenance.

We used the Short Observational Framework for Inspection (SOFI) during lunch on the first day of our inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We also looked at a range of records that included four people's electronic care plans, multiple staff files in relation to their recruitment, training and supervision, and medication administration record sheets. A variety of other records relating to the management of the service, including policies and procedures were also read.

Following the inspection
We requested additional evidence to be sent to us after our inspection. This included information regarding how the service monitors staff compliance with personal protective equipment (PPE).

Good

Is the service safe?

Our findings

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

This is the service's first inspection since reregistering with us and we have rated this key question good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Medicines systems were in the main well-organised and people received their prescribed medicines as and when they should.
- However, some staff had failed to always accurately record the reasons why certain prescribed 'as required' medicines were administered contrary to best medicines practice and the providers medicines policies and procedures.
- We discussed this recording issue with managers at the time of our inspection who agreed staff's approach to recording why certain 'as required' medicines were administered remained inconsistent and would need to be improved. Progress made by the provider to achieve this aim will be closely monitored by the CQC.
- People's electronic care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered. Staff followed clear protocols for the safe receipt, storage, administration and disposal of medicines. Records showed staff received on-going safe management of medicines training and their competency to continue doing so safely was routinely assessed by senior nurses.
- Managers and senior nurses routinely carried out checks and audits on staffs' medicines handling practices, medicines records and supplies. This helped ensure any medicines errors or incidents that occurred were identified and acted upon quickly. We found no recording errors on completed medicines records we looked at.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of avoidable harm and abuse.
- Staff were aware of safeguarding responsibilities and had confidence in managers to address any concerns. Staff had received up to date safeguarding adults training and knew how to recognise and report abuse or neglect.
- The provider had notified the relevant authorities without delay when it was suspected people using the service had been abused and appropriate safeguarding investigations carried out. The provider analysed such events and identified actions to take to prevent reoccurrence. At the time of our inspection no safeguarding incidents were under investigation.
- Easy to understand safeguarding information was displayed in communal areas. People told us they felt the service was a safe place to live. A relative said, "I know my [family member] is absolutely, one hundred percent safe at Carter House because she's told us so".

Assessing risk, safety monitoring and management

● People were supported to stay safe while their rights were respected.
● People told us staff knew how to keep them or their relative safe.
● Staff told us risk management plans gave them sufficiently detailed guidance on how to meet people's needs and kept them safe. Staff demonstrated a good understanding of how to prevent or manage risks people might face. For example, staff were aware of the signs to look out for and the action they needed to take to prevent or minimise the risk of people with mobility needs falling.
● Regular checks were completed to help ensure the safety of the environment and people's care. For example, in relation to fire safety we saw personal emergency evacuation plans were in place to help staff evacuate people in an emergency.

Staffing and recruitment
● There were enough staff to meet people's needs and wishes.
● Staff were visibly present throughout the care home during our inspection. We observed staff on numerous occasions respond quickly to people's requests for assistance or to answer their questions.
● The service had very few staff vacancies and was therefore not reliant on temporary agency staff and continued to experience relatively low rates of staff turnover. This meant people living in the care home received continuity of care from a stable staff team who were familiar with their needs, wishes and preferences.
● Staff continued to undergo robust pre-employment checks to ensure their suitability for the role. Staff files contained proof of their identity and right to work in the UK, full employment history, a health check, satisfactory character and/or references from previous employer/s and a current Disclosure and Barring Services [DBS] check. A DBS is a criminal records check employers undertake to make safer recruitment decisions.

Preventing and controlling infection
● We were assured the service was following current infection prevention and control (IPC) procedures, including those associated with COVID-19. Feedback we received from people about how the provider had managed COVID-19 was positive.
● Access to the care home had been restricted for non-essential visitors during the various COVID-19 lockdowns that the Government had put in place in the last 16 months. The care home was now open to a limited number of people's designated family and friends providing they followed the providers strict IPC guidelines. These guidelines included having an up to date negative COVID-19 test on arrival at the care home and wearing appropriate personal protective equipment (PPE) throughout their visit.
● Staff used PPE correctly and in accordance with current IPC guidance. We also observed hand-sanitising stations were available throughout the care home. Staff received ongoing IPC training and demonstrated a good understanding of their IPC roles and responsibilities.
●The premises appeared very clean and hygienic. People told us they rarely smelt any unpleasant odours in the care home and staff responded to incontinence issues in a prompt and dignified manner.
● We observed housekeeping staff continuously clean various high touch points, such as door handles, handrails and light switches throughout our inspection.
● A 'whole home testing' regime was in operation at the care home, which meant everyone who lived or worked there was routinely tested for COVID-19.

Learning lessons when things go wrong
● The provider learnt lessons when things went wrong.
● The provider had systems in place to record and investigate any accidents and incidents involving people using the service. This included a process where any learning from these would be identified and used to improve the safety and quality of support people received. For example, the provider had taken appropriate

and prompt action to minimise the risk of staff not wearing their PPE correctly following several incidents in the care home. Lessons learnt included increased quality monitoring checks on staffs PPE wearing practices, the holding of individual and group meetings with all staff to discuss this PPE issue and the creation of designated 'comfort zones' within the care home where staff could safely take a break from wearing their PPE while on duty.

Good

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.

This is the service's first inspection since reregistering with us and we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the right mix of skills, knowledge and experience to deliver effective care and support. For example, it was mandatory for all new staff to complete a comprehensive induction programme that was mapped to the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well. In addition, staff had completed up to date training in dementia awareness, moving and handling, and how to support people in a positive way to prevent or appropriately manage behaviours considered challenging.
- People described staff as competent and supportive. For example, a relative told us, "I guess the training staff receive is good because they all seem to know what they're doing and do a good job looking after my [family member]."
- Staff had received all the relevant training they needed to effectively carry out their working roles and responsibilities. This was confirmed by staff who told us they were confident the training they had been given ensured they had all the knowledge and skills they required to meet people's needs and kept them safe. One member of staff said, "I feel the training I've had prepared me well for my job as a carer here."
- Staff had ongoing opportunities to reflect on their working practices and professional development. Staff told us they received all the support they needed from the services management.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- People consented to the care and support they received from staff at the service.
- Staff had received up to date MCA and DoLS training and were aware of their duties and responsibilities in relation to the MCA and Deprivation of Liberty Safeguards (DoLS). For example, staff understood who they supported that lacked capacity and told us they always asked for people's consent before commencing any personal care tasks.
- People's care plans clearly described what decisions people could make for themselves. The assessment

process addressed any specific issues around capacity.
● There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests. We found a clear record of the DoLS restrictions that had been authorised by the supervising body (the local authority) in people's best interests.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● People received care and support that was planned and delivered in line with their identified needs and wishes.
● People's care and risk management plans were based on people's pre-admission assessments. These were carried out prior to people using the service, to ascertain people's dependency and care needs.
● Staff were aware of people's individual support needs and preferences. Staff told us people's relatively new electronic care plans and risk assessments were easy to follow and included sufficiently detailed guidance about how to meet an individual's needs and wishes.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to access food and drink that met their individual dietary needs and wishes.
● People told us they were happy with the overall quality and choice of meals they were offered at the care home. One relative told us, "The meals seem very nice. My [family member] says she likes the food here. They always offer her a choice at mealtimes." A second relative remarked, "I know my [family member] refuses her dinner sometimes, but the staff are very good at encouraging her to eat and will make her something else they know she definitely likes when this happens."
● People's care plans included assessments of their dietary needs and preferences. A relative told us, "Staff know my [family member] is on a soft diet and has a problem swallowing, so they take their time and are very careful when they're helping her to eat and drink."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● People were supported to stay healthy and well.
● People's care plans detailed their health care needs and conditions.
● Records showed staff ensured people attended scheduled health care appointments and had regular check-ups with a range of community health and social care professionals. A relative told us, "When my [family member] was unwell, they [staff] called the doctor straight away and kept us informed about any changes to her condition."

Adapting service, design, decoration to meet people's needs
● People lived in a suitably adapted care home that had been decorated to a very high standard.
● Since our last inspection the service had been totally refurbished. For example, all the communal areas had been repainted or new wallpaper hung, and furnished with new tables and chairs, curtains, carpets and lighting.
● People told us the service was a relaxed and comfortable place to live and were impressed with all the recent improvements made to the interior décor of the care home. A relative remarked, "The place was looking rather tired before, but since all the refurbishment work has been done the whole place looks so much better…Dare I say beautiful in parts."
● We saw the premises were kept free of obstacles and hazards which enabled people to move safely around the care home.

Good

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

This is the service's first inspection since reregistering with us and we have rated this key question good. This meant people continued to be 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 had their human rights and diversity respected and were treated with compassion by staff.
- People typically described the staff who worked at the care home as "friendly". A relative said, "The staff are amazing and have a wonderful can-do attitude", while a second remarked, "They [staff] are lovely and treat my [family member] so well. They're all very kind and caring."
- Interactions between people living in the care home and staff were characterised by warmth and kindness, and showed they knew each other well. People looked at ease and comfortable in the presence of staff and were frequently observed just sitting and casually chatting with people. We also observed several instances of staff assisting people to eat and drink in a dignified and respectful manner. Staff achieved this by sitting next to people so they could be in the person's line of sight and easily talk to them about the meal they were having.
- Managers and senior nurses carried out regular observations of staff practice, to ensure a kind and respectful approach was being delivered.
- Staff knew about people's diverse cultural heritage and spiritual needs and how to protect people from discriminatory behaviours and practices. For example, staff were aware of people's dietary needs and wishes and which food groups certain people could not eat based on their spiritual beliefs or wishes.
- People's care plans contained detailed information about their spiritual and cultural needs and wishes.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity respected by staff. One person said, "The staff always speak with me in a respectful way. They [staff] treat us with dignity here, unlike the last place I lived." We also observed staff close bedroom doors when they were about to support people with their personal care and call people by their preferred name, which in some instances was a nickname.
- People were supported to be as independent as they could and wanted to be. Staff told us they actively encouraged people to maintain their independent living skills and told us how they helped people who were willing and capable of doing so safely to continue washing and dressing themselves, for example.
- Care plans reflected this enabling approach and set out clearly people's different dependency levels and what they were willing and could do for themselves and what tasks they needed additional staff support with.
- People's confidential records were stored securely. Staff told us they were aware of the importance of confidentiality and knew they had a responsibility not to share confidential information with unauthorised persons.

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

● People living in the care home and where appropriate their relatives were involved in making decisions about the care and support they or their loved ones received at Carter House.

● People told us staff listened to them and acted upon what they had to say. A relative said, "My [family member] has a care plan and we were asked to get involved in helping staff create it when she first moved in."

● Staff signposted people to independent advocacy services when required. Independent advocates are those who speak up on people's behalf when needed, for example if they have no family members to do so.

Good

Is the service responsive?

Our findings

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

This is the service's first inspection since reregistering with us and we have rated this key question good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
● People received care and support from staff according to their individual assessed needs and preferences.

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● People's care plans were personalised and contained detailed information about people's strengths, likes and dislikes, and how they preferred staff to meet their personal, social and health care needs.
● Input from people living in the care home, and where appropriate their relatives and external health and social care professionals were actively sought by staff to help them develop people's care plans and to ensure they were person centred. Care plans were routinely reviewed and 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 information and communication needs, and preferences were identified in their care plan and met by staff.
● The provider understood and worked within the principles of the AIS. For example, easy to understand pictorial cue cards that were also available in a variety of different languages were often used by staff to enable them to communicate more effectively with people whose first language was not English. The registered manager also told us they sometimes used interpreters to help staff communicate important information with one person living in the care home who could not understand or speak any English.
● Staff continued to support people to use various electronic communication devices, such as tablets and mobile phones, to keep in touch with family and friends who were unable to visit the care home in-person.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People were supported by staff to participate in a variety of meaningful social activities that reflected their social interests.
● People told us they were able to participate in social activities they wanted to and enjoyed. One person said, "There's always plenty to do here if you want to get involved in the activities the staff put on. I personally like sitting in the garden when the weather is warm and watching the odd film in the cinema room upstairs."
● The service had recruited a new activities coordinator who was responsible for organising social and

leisure activities for people. The service also used an external activities company who provided training and support to staff working in adult social care to help them deliver meaningful activities for people living with dementia.

● The activities coordinator confirmed they had started the process of involving everyone living at the care home and where appropriate their relatives to develop personalised life history profiles, These were then used to plan individualised social activity programme's for people based on their past interests and experiences. The activities coordinator gave us a good example of how they had arranged for one person to attend art classes at the care home with a teacher after they had mentioned to the activities coordinator how much they missed painting, which was something they enjoyed when they were younger.

● We observed staff initiate a variety of interesting activities people could choose to participate in during our inspection. This included the use of a portable electronic interactive device the staff called a 'Magic table', which helped people living with dementia engage in a variety of stimulating interactive touchscreen computer games. We saw two people supported by staff really enjoying using their fingers to touch the 'Magic table' screen and play a paintball splatting and seashell sorting game on this device.

Improving care quality in response to complaints or concerns

● The provider had a complaints policy which detailed how people could raise concerns if they were dissatisfied with the service they received and the process for dealing with it.

● People said they were aware of the provider's complaints policy and how to raise any concerns or complaints they might have.

● Complaints were logged, responded to appropriately and actions were identified to improve the service.

End of life care and support

● When people were nearing the end of their life, they received compassionate and supportive care.

● People's care plans included detailed information about their end of life care wishes and preferences.

● Managers told us they regularly liaised with GP's and other health care professionals, including palliative care nurses from a local hospice, to ensure people experienced dignified and comfortable end of life care in line with their dying wishes.

Good

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.

This is the service's first inspection since reregistering with us and we have rated this key question good. This meant the service management and leadership was inconsistent.

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

- There were clear management and staffing structures in place. The registered manager was supported by the various senior managers who regularly visited the service including, an area manager and the providers IPC lead. The registered manager also had a deputy manager and a clinical lead nurse who worked exclusively at Carter House.
- People living at the care home, their relatives, community health and social care professionals and staff all spoke positively about the way the care home was managed. One person told us, "This place is definitely well managed. The manager has been here a long time and she clearly knows what's she's doing." A relative also remarked, "They continue to have a very stable and competent management team at Carter House who've worked there for many years now, which means I remain confident my [family member] will continue to receive consistently good care there."
- We saw the service's previous CQC inspection report, which we carried out before they were taken over by a new provider and reregistered with us, was clearly displayed in the care home and was easy to access on the provider's website. The display of the ratings is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.
- The registered manager understood their responsibilities with regards to the Health and Social Care Act 2008 and what they needed to notify us about without delay.

Continuous learning and improving care

- Managers were keen to improve the service and they recognised the importance of continuous learning.
- The quality and safety of the service people received was routinely monitored by managers and senior nursing staff at both a provider and service level. For example, they regularly checked staff were handling medicines safely, the care home was kept hygienically clean and people had a pleasant mealtime experience. During our inspection an area manager and the providers head of IPC arrived to carry out their internal monthly audits of the care home.
- Audits were routinely analysed to identify issues, learn lessons and implement action plans to improve the service they provided people. For example, we saw the provider had implemented an action plan they had developed to improve staff training after an internal audit had identified gaps in some staff's knowledge and skills. The managers gave us another good example of how they had improved how meals were presented to people on soft diets after they had received several negative comments about this issue. They achieved this by sending the services chef on an additional training course where they learnt how to make soft and pureed food look more presentable and appetising on the plate.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

● People received personalised care from staff who had the right mix of knowledge, skills and experience to perform their roles and responsibilities well.

● The managers had a clear vision that was shared by the managers and staff. The registered manager told us they routinely used group team meetings to remind staff about the provider's underlying core values and principles.

● Managers were 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 if things go wrong with care and treatment.

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

● The provider promoted an open and inclusive culture which sought the views of people living in the care home, their relatives and staff.

● The provider used a range of methods to gather people's views about what the care home did well or might do better. For example, this included regular one-to-one meetings with their designated keyworker for resident of the day, regular online individual and group meetings between relatives and staff, and bi-annual customer satisfaction surveys. The results of the most recent satisfaction survey indicated people were satisfied with the standard of care and support provided at Carter House.

● The provider valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well and what they could do better during regular individual and group meetings with their line managers and fellow co-workers.

Working in partnership with others

● The provider worked in close partnership with various community professionals and external agencies including, the Local Authority, local Clinical Commissioning Groups (CCGs), GPs, palliative care nurses and social workers.

● The managers told us they regularly liaised with these external bodies and professionals, welcomed their views and advice; and shared best practice ideas with their staff.