

Norse Care (Services) Limited

Lloyd Court

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Lloyd Court provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented from a housing association, and is the occupant's own home. There were 40 self-contained flats on the site. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

At the time of this announced comprehensive inspection of 30 May 2018 there were 38 people living at the service. The provider was given 24 hours' notice because we wanted to be certain the registered manager and key staff would be available on the day of our inspection. We also wanted to give them sufficient time to seek agreements with people so that we could visit them in their homes to find out their experience of the service.

At our last inspection on 30 September 2015, we rated the service good overall, with outstanding for the caring domain.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection on 30 May 2018, the evidence collected supported a continued rating of outstanding for the caring domain, and good overall.

We received high and consistent praise in relation to this service. People and their relatives were positive and enthusiastic about the quality of the service provided. We found that people were supported to have maximum choice and control over their lives and staff worked with them in the least restrictive ways possible; with the policies and systems in place to support this practice.

Staff treated people with care and compassion, and took pride in their caring roles. Staff understood how to identify and report safeguarding concerns to keep people safe. Staff approach and people's records demonstrated adherence to the principles of the Mental Capacity Act and Deprivation of Liberty Safeguards.

People accessed a variety of meaningful activities arranged within Lloyd Court to reduce social isolation and spent time with relatives, friends and accessing the local community.

People and their relatives knew how to make a complaint, and were encouraged to give feedback to the management team, however there had been no formal complaints in the last three years. The service provided high standards of care to people who required support with complex health needs and those

approaching the end of their life.

Lloyd Court had excellent governance systems in place which enabled the service to continuously learn, improve and sustain high quality person-centred care. We received high praise from the local GP practice in relation to the collaborative approach taken by Lloyd Court staff when working with their team to ensure positive outcomes for people living at the service.

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

People had individualised risk assessments linked to care plans.

People received their medicines as prescribed and at times to ensure clinical effectiveness.

Staff knew how to keep people safe and what actions they would need to take if they had any concerns.

There were enough staff to meet people's needs with flexibility built into each shift to allow for changing needs and complexity.

Is the service effective?

Good ●

The service was effective

Staff received the necessary training and reviews of competency for their roles.

People's mental capacity was assessed, with best interests decision making in consultation with relatives and other professionals involved in their care and support.

The service had worked collaboratively with the GP surgery and other healthcare professionals.

Is the service caring?

Outstanding ☆

The service was very caring

People were treated with kindness, respect, dignity and compassion.

We received consistently positive feedback from people and their relatives about the high quality of care and described staff as excellent, going above and beyond to ensure provision of consistently high levels of care and support.

The service held an accreditation for providing high standards of end of life care.

Is the service responsive?

Good ●

The service was responsive

People engaged with activities onsite and in the community which had a significant impact on their overall health and wellbeing, with the aim of reducing social isolation.

Care plans linked to risk assessments and demonstrated empowerment to make choices and for people to have as much control and independence as possible.

Is the service well-led?

Good ●

The service was well-led

The service encouraged feedback and took account of the views of people who used the service, their relatives and staff to help drive improvement.

Robust auditing processes were in place to monitor and maintain high and consistent standards of care and support.

The management team's open-door policy for staff extended to people living at the service and their relatives and friends.

Lloyd Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, which took place on 30 May 2018, and was announced to the registered manager 24 hours before the inspection to ensure people living at the service were aware of our visit, and to offer them the opportunity to meet with the inspection team.

The inspection team consisted of two CQC inspectors and two experts-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.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information we held about the service, including previous inspection reports and statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback at meetings we attended about the service from the local authority and safeguarding team.

During the inspection we spoke with 15 people who lived at Lloyd Court. We observed care and support being delivered in communal areas and we also spoke with the relatives of 14 people and six members of care staff including care support workers, senior support workers the registered manager and deputy manager. We spoke with a GP from the local practice who contacted us by telephone during the inspection.

We reviewed nine people's care plans in detail and looked at two people's medicine administration records (MAR) and the medicines management procedures in place. We observed the medicines delivery and recording process completed by a member of the local pharmacy, with the deputy manager for 10 people living at the service. This included checks of their MAR charts and existing stock levels. We attended the afternoon shift handover meeting. We looked at three staff recruitment files as well as training, induction,

supervision and appraisal records. We also viewed a range of monitoring reports and audits undertaken by the registered manager and other members of senior staff.

Is the service safe?

Our findings

During our inspection in September 2015, we found the service was safe and was rated Good in this key question. During this inspection, we found staff continued to be aware of how to keep people safe and protected from risk of harm with robust medicines management arrangements in place, therefore safe remained rated as Good.

Staff continued to demonstrate a clear understanding of safeguarding practices and procedures, and recognising types of abuse. Staff completed mandatory safeguarding training and were booked onto a refresher course if their training was due to expire.

People told us they felt safe living at Lloyd Court. One person told us, "It is lovely here. You could not have a better place. They [staff] are kind and helpful and it makes me feel safe here." Another person said, "I feel so safe and relaxed here. It is a wonderful place, where I feel secure." A third person told us, "You could not wish for a nicer place. I feel relaxed, safe and secure. I have no worries. Life is good." A fourth person said, "Lloyd Court is lovely. I am safe here and the people look after me so well."

Staff maintained detailed risk assessments identifying individual needs relating to people's health and wellbeing. Care plans included guidance on the use of moving and handling equipment and contained guidance on day and night time positioning and turning charts to reduce risk of pressure ulcers. Staff checked the condition of people's skin regularly when assessed to be at risk and escalated any concerns identified to the local community nursing team for care and treatment. Care plans contained guidance for staff to safely support people with managements of risks. Risks included, safe management of medicines; monitoring of people's food and fluid intake to reduce the risk of weight loss. Staff had guidance to follow in relation to safe use of equipment to move people e.g. between their bed and chair or to reposition them during the night to reduce the risk of pressure areas.

Staff continued to complete risk assessments, which contained guidance and techniques to follow when working with people with physical health care or behavioural support needs. Risk assessments detailed least restrictive approaches and reflected in depth knowledge of each person to encourage participation in their daily routine. Staff recorded people's weights monthly, with changes in weight monitored closely and linked to the Malnutrition Universal Screening Tool (MUST), used to identify people, who were at risk of not maintaining a healthy weight.

People living at Lloyd Court were supported and encouraged to live independently, maximising their levels of independence. Daily levels of care and support provided to each person was tailored to maintain people's safety while respecting their freedom to live meaningful lives.

The provider continued to use a dependency tool to ensure sufficient staffing levels on each shift to meet people's needs. We examined staff rotas and found that staffing levels remained in accordance with the dependency assessment. Staff told us they worked as a team, with the manager and deputy manager working alongside care staff to cover gaps in a shift, and ensuring people received consistent standards of

care. The provider accessed the shared support team (internal bank) staff familiar with the service to cover staffing vacancies and sickness.

People told us staff responded to their needs in a timely manner. Six people told us if they pressed their call button staff attended to their needs quickly. One person said, "I press my buzzer and they are there. Everything here gives me confidence." Another person told us, "I love living here, I couldn't ask for more. I have a pendant if I need help I can press it. I feel very safe with the carers. I used to have a lot of falls at home, I fall much less now because it is on one level and I am reminded to use my walker, at home I used to forget. The staff supervise my insulin injections four times a day, they also give me my tablets."

Some people living at Lloyd Court received support from staff with taking their medicines safely and some people managed their medicines independently, with risk assessments in place linked to mental capacity assessments. Staff completed medicines administration training, and regular reviews of their competence to ensure they kept up to date with good standards of practice. The deputy manager held the lead role for medicines management including completion of regular audits. The deputy manager and a member of the local pharmacy team completed weekly medicine deliveries, stock checks and reviews of people's Medicine Administration Records (MAR). This offered people living at the service the opportunity to raise any issues such as medicine side effects, the member of the pharmacy team escalated any concerns to the GP for further review.

Lloyd Court continued to have procedures in place for the safe storage of medicines in people's flats, using locked boxes. One person who received support from staff with their medicines told us, "I get my medication on time three times a day." One person who managed their own medicines said, "I take my own tablets, but they check each day to see I have taken them."

Staff supported people as needed to maintain high standards of cleanliness and hygiene in their flats to prevent the risk of the spread of infection. If needed, staff assisted people living at the service to dispose of food items when out of date. Lloyd Court was visibly clean throughout, with no unpleasant smells or odours. Staff had access to gloves and aprons when completing tasks such as personal care with people living at the service. Staff demonstrated awareness of methods to prevent risk of cross contamination techniques and service protocols in place.

Staff continued to demonstrate understanding of accident and incident reporting procedures. We saw examples of investigations completed post incident by the registered manager or deputy manager, and the written responses provided. The provider shared investigation findings with the staff team and implemented changes to practice where possible to prevent risk of reoccurrence.

Employment records examined contained references, copies of proof of identity documents and Disclosure and Barring Service (DBS) checks (which helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups) undertaken before new staff started work. This helped to ensure people's safety by employing staff who were suitable to work in the care sector.

Is the service effective?

Our findings

During our inspection in September 2015, we found the service was effective and was rated Good in this key question. During this inspection, we found staff completed the provider's mandatory training and the service worked collaboratively with the GP practice and other healthcare professionals. Effective remains rated as Good.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Records and DoLS authorisation paperwork examined demonstrated staff worked within the principles of MCA.

Care records contained decision specific mental capacity assessments, and examples of best interests decisions involving relevant professionals and family members. Staff continued to recognise the importance of least restrictive practices and balancing decision making relating to risk against people's wishes and preferences. Staff told us about support measures put in place for a person who had lived at Lloyd Court for a long time, and had developed dementia. A one to one package of support was in place to maintain their independence and ability to remain living in their flat, which recognised their past wishes and preferences.

Staff completed the provider's mandatory training through on line and face to face sessions, including moving and handling, safeguarding adults, mental capacity and deprivation of liberty safeguards. Staff spoke positively about the training and development opportunities and support available to ensure they had the necessary skills for their job roles.

The service maintained a training matrix, recording staff completion of courses and dates for refresher training and updates. Staff continued to demonstrate implementation of training into practice and linked this information to people's individual needs to deliver effective care and support.

Most people purchased their own shopping, and planned their own menus. People living at the service had the option to cook independently or with support from staff. Alternatively, people could eat their main meals in the onsite communal dining area. The catering team also dished up meals for people to eat in their own flats. Some people had prescribed food supplements to aid weight gain and nutritional intake.

Lloyd Court is located on the same site as a GP practice, dental surgery and community therapy service. This gave people living at the service timely access to healthcare professionals, to manage ongoing health

conditions and access to health services. The manager and deputy manager worked closely with the GP practice, making onward referrals to speech and language therapists and dieticians to source specialist advice and assessments for people.

People gave feedback on access to healthcare services. One person said, "I can see the doctor whenever I need to." Another person said, "The district nurse calls regularly." We spoke with the GP who visited the service regularly. They said, "The staff are caring and compassionate about the people living at the service. Leadership from the manager transcends down to the performance of the staff. The medical team work with staff to support people with end of life care planning, and the proximity of the GP practice enables staff from the practice and Lloyd Court to work very closely together. Lloyd Court is a phenomenal service."

Some people used equipment such as hoists to help them transfer between their bed and chair. External companies completed regular maintenance checks. This meant that checks had been carried out to ensure that equipment used by people was well maintained and was safe to use. All flats were on the ground floor, and accessible for people using wheelchairs.

Is the service caring?

Our findings

During our inspection in September 2015, we found the service was caring and was rated Outstanding in this key question. During this inspection, we found levels of care and support remained of a very high standard, with people treated holistically and encouraged to live life to the full. Caring therefore remains rated as Outstanding.

From observations of staff interaction with people living at the service, staff treated people with compassion, dignity, care and respect and were familiar with each person's care and support needs and preferences.

People gave positive feedback on the care they received. One person said, "I had some bad news from the hospital and they sat me down and calmed me. They kept calling in to see me to check I was alright." A second person said, "I am so well looked after. Staff are so kind. I can joke with them. They make me feel a valued human being. They are polite and knock before they enter my room and check me at night as well as in the day." A third person told us, "The staff are polite and respectful. We have a laugh. They are real characters. Kindness is everywhere in this place and nothing is too much trouble to them." A fourth person said, "I know the staff very well. They are all so nice and cheerful. They never come in and interfere. They might make my bed for me or draw the curtains. They do that extra bit even if not on the plan. They always have time for me. They are cheerful people and cheer me up."

A relative told us, "The staff talk to us. [Relative] is valued and respected." Another relative said, "The staff are lovely to [relative] and they are very happy. Staff are so kind and considerate." A third relative said, "I cried with joy when [relative] got a place here and I feel so confident about this place." A fourth relative told us, "[Relative] has high level care and support needs, the level of support is extraordinary, we as a family are so fortunate to have [relative] here."

We saw staff position themselves to be at eye level with people when speaking with them. Staff called people by their preferred name, and adapted their communication techniques and approaches to accommodate people with communication and sensory difficulties such as hearing loss. Staff gave reassurance and emotional support to people when they showed signs of distress or feeling unwell, and used humour to put people at ease. We heard many episodes of laughter and fun interactions between staff and people living at the service, displaying close and trusting working relationships.

Staff continued to support people to maintain choice and control and involvement in their care and treatment. Staff discussed care plans with people and their relatives to ensure incorporation of opinions into the development of their plans; collecting feedback through an audit completed by the providers. People were encouraged to maintain personal hobbies and interests such as gardening, attending film nights and the book group.

People using the service told us about being encouraged to give their views and feedback on the service. One person told us, "I have never had anything to complain about." Another person said, "If I had a

complaint I would speak to the manager." One relative told us, "I find it staggering how even under pressure they [staff] are, it is never transferred through. [Relative] presses their pendent they are there instantly."

Relatives told us about the high standards of care and support given by staff. One person said, "We are speechless by the level of care they give to [relative], the dignity of my [relative] is superb my [relative] has to have everything done for them. [Relative] is made to feel the centre of attention and it is always 'You matter and '[relative] matters'. Staff will only do the right things, determined by the person they care for."

We observed staff knocking on flat doors before entering and asking people's permission to enter their flats if they were out or seated in communal areas. The service had policies in place to support staff with management of people's dignity in relation to protected characteristics including disability and sexuality.

People using the service told us staff treated them with dignity and kindness. One person said, "Staff knock before entering my flat." Another person told us, "They use my name and always knock before entering." A third person said, "Staff treat me with dignity."

Is the service responsive?

Our findings

During our inspection in September 2015, we found the service was responsive and was rated Good in this key question. During this inspection, we found people were empowered to make choices and maintain control over their independence. The service offered activities to reduce the risk of social isolation. Therefore, responsive remained rated as Good.

Staff continued to write care plans collaboratively with people and their relatives. Plans were person centred and holistic incorporating areas of personal importance such as people's spiritual and religious needs. The documents demonstrated empowerment to make choices and for people to have as much control and independence as possible. Care plans linked to risk assessments, with guidance for staff to follow in relation to the management of risks such as long-term physical healthcare conditions.

Staff incorporated provision of on-site activity groups at Lloyd Court which went above and beyond the service's funded responsibility to provide support with personal care. We observed staff playing seated sports games to encourage social contact and low impact exercise.

Lloyd Court was developing the 'Ellie Project', which encouraged people to participate in activities to reduce social isolation and support people living at the service experiencing mental health conditions including changes in their memory. The project was designed around an elephant and the understanding that elephants 'never forget'. People living at the service worked collaboratively with staff to plan activities, and raise funds through events such as cake sales. Staff were very enthusiastic about the success and purpose of providing on site activities such as the 'Ellie Project', and the positive impact this had on people's mental health and wellbeing through social contact and opportunities to share life experiences.

One relative said, "The Ellie project is new, it is about inclusion, activities and doing things to stimulate, which is very good." Another relative told us, "The icing on the cake is such things as the Ellie project, which has given my [relative] something to focus on."

The 'Ellie Project' was still in its infancy at the time of the inspection, but once embedded will offer people living at the service an outstanding source of meaningful activity and opportunities to maintain and develop social contacts.

One person gave an example of the personalised care they had received when feeling lonely. They said, "I pressed my bell once at night I did not need anything I was just on my own and they came very quickly."

Staff told us that activities such as fish and chip night, and film night offered people living at the service opportunities to have meaningful social contact in the evenings and at weekends when they often found themselves on their own and at risk of feeling lonely. Staff said the design of supported living resulted in people offering each other neighbourly support, and people kept an eye on each other.

People told us about the benefits of living at Lloyd Court. One person said, "I can get outside and walk

around which is lovely to be able to do." Another person told us, "We chat in the lounge and I do knitting. There's always a carer around. I'm happy with life. I am not bored. I like TV and watch tennis." A third person said, "I enjoy the hairdresser's visits. I get out and about and down to the shop. I love the displays around, like the seaside in the entrance."

The design of housing with care offered flexible levels of support for people living at the service to be responsive to changing needs. For example, if a person experienced an episode of illness, staff support could be increased. Staff completed regular reviews of people's care and support needs to ensure people received the required level of care.

The service had received one complaint in three years, and we reviewed the written response sent to the complainant. The complaint had been handled in line with the provider's procedures to offer a satisfactory outcome. Information on how to make complaints was accessible for people and relatives. Thank you cards were on display in communal areas, and we saw examples of written feedback from relatives in relation to end of life care and support provided by staff. One quote from written feedback said, "Please believe me from the bottom of my heart everything you all did was very much appreciated."

People had care plans in place indicating their wishes and preferences when needing care at the end of their life. Lloyd Court held an end of life accreditation recognising the standard of care provided to people at the end of their life. Staff worked closely with the GP and community nursing team to manage people's pain levels and to ensure care and treatment maintained dignity and choice. Palliative care professionals visited the service to offer specialist advice and support to people and staff as needed.

Is the service well-led?

Our findings

During our inspection in September 2015, we found the service was well-led and was rated Good in this key question. During this inspection, we found the management team continued to lead by example and supported staff to ensure provision of a consistently high standard of service. Staff completed quality checks and audits, implementing changes based on findings to continue to improve standards of service. Through strong leadership, the service had maintained their overall rating from the last inspection, including 'Outstanding' for the caring domain. Therefore well-led remained rated as good at this inspection.

Lloyd Court had a very experienced registered manager in place, who recognised their accountability and their legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how this service was run. Under this registered manager's leadership, and since December 2015 the service had maintained a rating of outstanding for the caring domain, and ensured the service continued to improve and strive to provide an outstanding service.

We received consistently positive feedback from people using the service, and their relatives about the care and support provided at Lloyd Court. This clearly linked to the strong leadership in place from the management team to ensure all staff worked to consistent standards, with the needs of the people living at the service as their main focus at all times. The management team told us they enjoyed coming to work, and running activities such as the fish and chip evenings, as this offered them time to spend with people using the service, and oversight of staff performance during the day and overnight.

The service's overall performance rating, from feedback received for 2017/18 indicated that 100% of people were happy living at Lloyd Court and 100% were happy with the overall standard of the service. In addition, the service has continued to be placed in the top three care settings nationally, in an independent survey of relatives and residents views, conducted by a social research institute.

People using the service told us, "It is a well organised place. The manager and deputy are helpful and friendly." Another person said, "The manager and deputy manager are so lovely. They are kind and work together well. Their leadership means staff know what is expected of them." A third person told us, "There is nowhere better than here. The people in charge are wonderful. They are focussed on our needs and keep us content and cheery." A relative said, "The managers value the staff immensely. Such a great, pleasant atmosphere to be in, relaxed friendly with humour."

Staff spoke positively about the direction and leadership provided by the registered manager and deputy manager, identifying that their hands-on approach and open-door policy made Lloyd Court an enjoyable and supportive place to work. Staff promoted a person-centred, inclusive and empowering culture for people living at the service to ensure they reached and maintained their maximum potential. Staff told us they worked closely as a team, and staff morale was good. Staff told us they felt their workload was evenly distributed, with staff helping each other when needed to ensure people received compassionate, quality care. One staff member told us, "We work together as a brilliant team, a good support network. A staff member from another service worked here and could not believe how supportive we are of each other."

Another staff member told us, "Everyone works as a team, you are definitely supported here." Another staff member said, "We are here as a team to make sure everyone is cared for."

The management team's open-door policy for staff extended to people living at the service and their relatives and friends. The management team encouraged feedback from people using the service and felt their low complaint levels were linked to the fact that they could intercept any issues or concerns and address these before they escalated to the level of a complaint. One relative told us, "I would go and talk to the manager if I had any concerns, who would listen to me, but I have not had cause to make a complaint." Another relative said, "There is always somebody there to speak to and any of them will sort things out, the managers are lovely."

Staff had lead roles and completed clinical quality audits focussing on areas such as care plans and whether these were jointly produced with people and their relatives, infection control and medicines management. Staff provided daily updates, and shared findings from the support provided to people during shift handovers. We attended the afternoon shift handover meeting. If there was no information of note, staff said "no change." We did escalate to the management team that this could be an area of risk if staff on shift were unfamiliar with the people living at the service. However, all staff on shift that day worked regularly at Lloyd Court.

Staff were clear of their roles and responsibilities to make efficient use of their time while on shift. Staff received regular managerial supervision and annual performance appraisals. Supervision offered staff the opportunity to discuss their work, receive feedback on their practice and identify training and development needs. We saw examples of written commendation on staff files, recognising where staff had performed well or handled a difficult situation with professionalism. There were no staff under performance management at the time of the inspection. Staff told us that the managers allowed them time to ensure they completed training sessions and kept up to date.

People using the service told us they felt staff had the skills and training required for their caring role. One person said, "Yes I do, I think the staff do a marvellous job." A relative told us, "There is a huge level of professionalism, the level of support is extraordinary the skills of the staff mean we don't feel dependant, a lot of support is given but very discreet as my [relative] likes to be as independent as they can be."

The registered manager attended care provider forums and completed internal investigations in other services within the wider organisation. This offered an opportunity to keep up to date with current practice and access resources and advice to assist with development of service policies and procedures. The service had good links with health services including the local GP practice. They used networking opportunities to implement continued improvements in care provision. The GP told us they worked closely with the whole team at Lloyd Court, worked as a multi-disciplinary team and that the managers encouraged feedback to continue to improve the service.

Quality assurance checks were completed by the management team, and by managers from the provider's other services. This gave objective oversight of the service, identified areas of improvement and opportunities for shared learning and service development. The management team told us they strived for improvement and implemented feedback received on the service or following incidents to prevent risk of reoccurrence and to improve the overall standard of the service provided. An example given related to a person who moved into Lloyd Court and was struggling to walk and get in and out of their chair safely. This resulted in a high number of times where their call bell was pressed to seek assistance from staff and increased risks of falls. Staff completed an environmental risk assessment, and identified that furniture used in the person's previous home was a different height to that used at Lloyd Court, and this had resulted in

difficulties with walking and transferring. A referral was made for a therapy assessment and equipment was put in place, the person has now regained their independence and reduced their risk of falls. The managers told us they disseminated outcomes from incidents and investigations relating to other services within their organisation as another means of driving improvement within the service.