

Yew Tree Residential Care Home Limited

# Yew Tree Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Yew Tree Residential Care Home is registered to provide accommodation for up to 18 people requiring nursing or personal care, including older people and people living with dementia. There were 11 people living in the home on the day of our inspection.

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

When we last inspected the service we found multiple areas of serious concerns. At this inspection we found significant improvements. However, there were still further improvements required.

Although quality monitoring processes were in place these needed further work to ensure when issues were highlighted it was clear what action would be taken and by whom. The provider recognised they need to have better oversight and ongoing support for the manager.

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; however the policies and systems in the service did not always support this practice and further improvement was required to record how best interest decisions were made.

People were supported safely and risks to their safety had been assessed using nationally recognised assessment tools, with measures in place to support them. The manager had processes in place to ensure people were protected from the risk of abuse and staff showed good understanding of safeguarding issues. People's medicines were managed safely, and the service had good infection prevention and control practices in place to protect people from the risks of infection.

People were supported by adequate numbers of staff who had received support and training for their roles. The manager had processes in place to ensure learning from events at the service.

People were supported with their nutritional needs. Specialist diets were in place when required and people were monitored to help them retain a healthy weight. Their health needs were monitored, and staff ensured when support from external health professionals was required this was sought in a timely manner.

Staff engagement with the people they support was good and people were treated in a caring and respectful way. People and their relatives had the opportunity to express their views on their care. Staff worked in a way which supported people's dignity and privacy.

People's care was provided in a person-centred way and staff showed good knowledge of the people they supported. There were social activities available on a regular basis to help prevent social isolation and people's communication needs were supported.

People received appropriate care at the end of their lives and their wishes for their care at this time in their life were recorded and carried out.

The service had a complaints policy in place and staff were aware of how to support people should they wish to complain.

The manager of the service was approachable and open, staff and people in their care felt supported.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was inadequate (published 4 May 2023). 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 8 July 2022. 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 inspection was carried out to follow up on action we told the provider to take at the last inspection.

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.

The overall rating for the service has changed from Inadequate to Good based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Yew Tree Care Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Yew Tree Residential Care Home

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 inspectors 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

Yew Tree Residential Care Home is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement dependent on their registration with us. Yew Tree Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was no registered manager in post. However, the current manager was in the process of applying for registration with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since it's registration with CQC. We sought feedback from the local authority and professionals who work with the service, and we reviewed previous inspection reports. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke with 4 people who used the service and 1 relative. We spoke with 7 members of staff. This included the cook, care staff, the deputy manager, the manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a number of documents associated with people's care needs, this included medicine administration records and 4 care plans. We also reviewed documents associated with the running of the service, this included quality monitoring records, policies, environmental risk assessments and cleaning schedules. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Good, this meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider's failure to maintain effective systems to safeguard people from the risk of abuse was a continued breach of Regulation 13 (Safeguarding service users from abuse and improper 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 this regulation.

- People were protected from the risks of abuse as the manager had implemented processes to ensure any safeguarding issues were recorded, reported, and investigated. The manager understood their responsibilities in managing any safeguarding concerns.
- Staff had received appropriate safeguarding training for their roles and during our conversations with them showed good knowledge of how to protect people. One senior carer told us if they saw anything of concern they would deal with it straight away and also report their actions to the manager.
- All the staff we spoke with were aware of the different ways they could report any safeguarding issues, and all felt the manager and provider would act on any concerns.

At our last inspection we found continued concerns around people's safe care and treatment. The provider had failed to properly assess and manage a wide range of risks to people's personal, environmental safety and medicines placed people at risk of avoidable harm. This was a continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However, at this inspection we found improvements and the provider was no longer in breach of this regulation.

Assessing risk, safety monitoring and management

- At the last inspection we identified an open stairwell to be a falls risk. Since that inspection the provider had worked with the Lincolnshire Fire and Rescue service to manage this risk in a safe way. The provider was in the process of securing the stairwell, but also giving access in an emergency. Whilst this work was completed staff were closely monitoring the area. Following the inspection, the manager informed us the provider had measures in place to secure the stairwell.
- The concerns around fire safety highlighted in the last report had been addressed by the provider in line with the Lincolnshire Fire and Rescue recommendations. People had up to date personal emergency evacuation plans (PEEP's) in place, showing the help they required should they need to evacuate from the service.
- The information in people's care plans and risk assessments showed a marked improvement since our last inspection. The measures identified in care plans and risk assessments to support people safely were in place. For example, where people were at risk of skin damage through their inability to reposition

themselves, we saw they were supported in line with their assessed needs. Where people had mobility issues they had mobility aids both identified in the care plans and in place on the day of the inspection.

#### Using medicines safely

- The high level of concerns we found with medicines at the last inspection had been addressed and people received their medicines in a safe way. The service had enough appropriately trained staff to administer medicines and we saw staff administering medicines in a safe way and in line with people's care plans.
- Where people needed medicines to be crushed or given in liquid form due to swallowing difficulties, they received them in line with the information in their care plan. There had been documented advice from the GP and pharmacist to ensure medicines were safe to administer this way and safe practices were followed. When covert medicines were administered, correct processes had been followed so they were given lawfully and safely.
- People's medicines were stored safely. However, the medicines room did require some refurbishment to support good infection prevention practices. The provider had a refurbishment plan in place that included the medicines room.

#### Learning lessons when things go wrong

- When we last inspected the service there was a lack of processes in place to learn from events. During this inspection we saw the manager had clear processes in place to discuss and learn from incidents and accidents.
- Written handover documentation was used to highlight any events and actions. Staff supervisions were used to review and discuss incidents.

#### Staffing and recruitment

At our last inspection we found concerns around the lack of staff in place to support people and the provider was in breach of Regulation 18 (1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements in staffing and the provider was no longer in breach of this regulation.

- People were supported by sufficient numbers of staff.
- People told us they were well supported. One person said, 'I'm very well looked after.' They went on to say their call bell was answered 'in good time'. During our inspection we noted call bells were answered in a timely way.
- Our review of the duty roster showed the staff numbers matched the established numbers of staff required to support people. There had been a number of new staff who told us they felt well supported and had received appropriate training for their role. Staff felt there was enough staff to support people.

At our last inspection the provider had failed to have safe recruitment processes in place. This was a breach of Regulation 19 (Fit and proper persons employed) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements and the provider was no longer in breach of this regulation.

- The manager used safe recruitment processes when employing new staff. They used a systematic approach to recruitment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. These had been received before a staff member's start date. Staff references, application form, right to work and interview notes were also in place.



### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- The provider worked within the government guidelines to manage visiting safely. During our visit we saw a number of relatives visiting people at the service.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment, and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

At our last inspection the provider was in continued breach of Regulation 11(Need for consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As they had failed to protect people's rights under the MCA. At this inspection we found there had been improvements in this area of care and the provider was not in breach of regulations, however further work was required.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- There was information in people's care plans about their mental capacity assessments and showed where people required support with decision making. However, there was a lack of recorded best interest meetings to support people with their decision making.
- The manager told us they did work with people's relatives and health professionals to ensure decisions made were in people's best interest but recognised there needed to be more robust recording of these decisions.
- Where people were deprived of their liberty the Deprivation of liberty safeguards had been applied.

Staff support: induction, training, skills and experience

At our last inspection we found the provider was in continued breach of Regulation 18 (2a) (Staffing), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As they had failed to provide staff with the necessary training for their roles. At this inspection we found improvements and the provider was

no longer in breach of this regulation.

- The provider and manager had worked hard to improve the training staff received to support them in their roles. On the day of our inspection, we saw examples of staff's competence in their roles. This included moving and handling and supporting people with their meals.
- We viewed the training matrix which showed staff had completed training and spoke with staff who told us they had been well supported to complete their training. One staff member gave an example of how their training in supporting people with dementia had helped them support a person who at times could become anxious.
- New staff told us they had an induction period when they started at the service and both the manager and deputy manager were very supportive. One new member of staff said, "Support has been tremendous. (I) Can ask anyone of the staff or the manager if unsure (about anything)."

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

At our last inspection we found issues with lack of guidance for staff around people's diets, people not receiving the correct diets and not being supported safely. This resulted in a breach of Regulation 14 (Meeting nutritional and hydration needs) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection there had been improvements and the provider was no longer in breach of this regulation.

- People were supported with appetising and appropriate foods to meet their nutritional needs. People we spoke with told us the food at the service was good.
- There was clear information in people's care plans on their dietary requirements and support they needed when eating and drinking. Where people were at risk of choking there had been referrals to the Speech and Language therapy (SALT) team who support people with swallowing difficulties. Where people required products to thicken drinks these had been stored safely.
- Staff we spoke with including the kitchen staff understood people's individual dietary needs. There was clear information in the kitchen on specialist diets and the cook told us they were kept informed if a person was losing weight so they could support the individual with a fortified diet.
- Throughout the inspection we saw staff supporting people in line with the information in their care plans. This included ensuring people were in the correct position when eating, or when supporting people to eat, doing so in a dignified and safe way.

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

- Staff worked with people, their relatives and health professionals to ensure people's health needs were met. Where people had ongoing health needs the staff consulted the person's GP and worked with them to manage their individual needs.
- There was information to show where people had needed external health professional's assessments this had been sought, and their advice had been followed by staff.

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

- People lived in a warm and welcoming environment. They were able to personalise their rooms.
- Since our last inspection the provider had worked with agencies such as the fire and rescue service to improve the environment for people at the service.

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

- At our last inspection although assessment tools were in place they had not been updated and did not

always reflect people's current needs. At this inspection we saw improvements in the information recorded.

- Assessment tools such as Waterlow, which is used to assess people's skin integrity, and MUST, which is used to assess people's weights, scores were regularly reviewed, and the information reflected people's current needs.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

When we last visited the service the provider's failure to provide person-centred care to meet people's needs resulted in a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to provide person-centred care to meet people's needs. At this inspection we saw significant improvements and the provider was no longer in breach of this regulation.

- People told us they were well supported by staff who treated them with kindness and care.
- We saw significant improvements in one person's well-being at this inspection. The person used to spend all of their time in their room with little social interaction, they were anxious and very low in mood. The person had been supported to spend time in the communal areas undertaking activities of their choice. Their persona when speaking to us was markedly improved since the last inspection.
- One person said "It's a wonderful establishment. I like the staff and everywhere is kept clean including my room. The staff are nice and friendly". This statement was supported by our observations of staff behaviours towards people.
- All staff were knowledgeable about people's wishes and treated them with respect. A member of staff new to the service told us they felt the service was a warm, welcoming home for the people who lived there.

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

- The manager had undertaken significant work to ensure people and relatives were involved in planning people's care. There was evidence of people being involved with reviews of care plans. The manager told us they planned to undertake further work to ensure this was maintained and widened to ensure our comments on best interest meetings cited in effective were addressed.
- There was no one at the service presently being supported by an Advocate. An Advocate is trained to help a person understand their rights, express their views, and wishes, and help make sure their voice is heard. However, there was information and support available should this service be required.

Respecting and promoting people's privacy, dignity, and independence

- People were treated with dignity and their independence promoted. We saw how a member of staff administering medicines for one person had worked in line with their care plan and supported them in a dignified way, giving time and positively engaging with the person.
- Where needed people were supported with their daily needs but also enabled to support themselves independently when they were able. For example, one person had been assessed as a choking risk when

eating but liked to eat independently. At lunchtime we saw how staff were careful to stay in the dining room, but also as well as ensuring the person had the correct diet allowing them to manage their own meal.

- One person told us how they enjoyed helping staff by folding washing and wiping cutlery after lunch.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed 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

When we last visited the service the provider's failure to provide person-centred care to meet people's needs resulted in a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported to engage socially, this had a negative impact on their well-being, causing anxieties and impacted on people's behaviours. At this inspection we saw significant improvements and the provider was no longer in breach of this regulation.

- People received personalised care from staff who showed good knowledge of their needs.
- There had been significant improvements in the information in people's care plans to inform staff of people's needs. This had resulted in good outcomes for people. For example, one person who spent all their time in bed and lacked capacity had detailed information about the different activities staff used to stimulate them. Such as music in the room and soft blankets. These were in place during our inspection.
- People's care plans were detailed and personalised with good information about the person's needs. For example, any underlying health conditions which needed monitoring had clear guidance for staff to follow. Where there had been changes to people's needs the changes had been recorded and what support had been accessed for the person. This included the input from professionals such as physiotherapists or the community psychiatric nurse (CPN).
- Staff told us they were able to access people's care plans. Our observations of their interactions with people showed they used their knowledge of individual's needs to provide them with personalised care.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People who needed support with their communication needs received this support.
- People who had hearing difficulties had hearing aids in place. Some people had difficulty understanding complex information and staff provided information in straightforward clear simple language.

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

- At our last inspection there was a lack of social activities to support people's social needs and reduce

isolation. At this inspection we saw significant improvements for people's well-being.

- There was an activities coordinator who had been in post six weeks. They told us they had a budget to allow external entertainers and had a visit from a ukulele orchestra which people enjoyed. They arranged pet therapy for Easter and a singer for the Coronation weekend.
- There was a weekly activities plan in place which had a wide range of activities such as armchair exercises, ball games, crafts, and quizzes. A second activities coordinator came to the service a few evenings a week to support people with activities such as bingo or movie nights.
- During our inspection we saw people enjoying activities of their choice such as playing dominos or watching old movies on TV and having manicures. We also saw during the afternoon the activities coordinator undertook some one-to-one activities with people.

Improving care quality in response to complaints or concerns

- The manager told us since coming into post they had not had any complaints made to them. However, they worked with people and relatives to address any concerns before they became complaints.
- Staff we spoke with were aware of how they should manage any complaints and there was a complaints policy displayed in the service's entrance.

End of life care and support

- People received end of life care in line with their expressed wishes.
- Staff worked with external health professionals to ensure people were well supported at this difficult time.
- We saw there was information in people's care plans about how they wanted to spend the last period of their lives. This included RESPECT forms which had information on whether people wanted to be admitted to hospital or stay in the service and what level of treatment they required.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to Requires Improvement. This meant the service management and leadership required further development.

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

At our last inspection the provider was in continued breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to implement systems and processes to oversee the safe and effective leadership and management of the service. At this inspection we found improvements had been made to the quality monitoring systems and the provider was no longer in breach of this regulation. However more time is required to ensure these improvements can be sustained and embedded into the service.

- Since our last inspection the manager and their deputy manager had worked to improve the quality monitoring processes at the service. However, there were further improvements required. Whilst audits highlighted areas of action required each month there needed to be clear ownership of actions.
- The manager is new to their role and recognised they needed ongoing support to further improve the quality monitoring aspect of their role. We discussed this with the provider who also recognised there needed to be a greater provider oversight to support their manager. They told us they would be addressing this following our inspection.
- The manager and deputy manager had a good working relationship, and both were keen to learn and improve their knowledge. The manager was a member of Linca, a local provider forum which supports services with training and networking.

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

- The manager worked to engage with people, relatives and staff. However, there were no formal processes in place for people and their relatives to feed back their opinions and views of the service. The manager told us they had produced a questionnaire which they were planning to send out in the near future.
- Staff told us they had been well supported by both the manager and deputy manager and had regular supervisions where they were able to discuss areas such as people's care, their performance and raise any concerns they had.
- Staff we spoke with told us the manager was approachable and listened to them when they raised issues. All the staff we spoke with felt the service had improved under the new manager's leadership. One member of staff told us the manager had begun to hold staff meetings. They said, "Had a staff meeting last Friday. Good meeting, most things covered, everyone encouraged to contribute. Felt able to make suggestions and ideas are listened to."

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

- Since our last inspection there had been a new manager in post who had worked consistently to improve the culture of the service. They had worked in an open and inclusive way with people and staff to ensure good outcomes for people highlighted elsewhere in this report.
- Throughout the inspection we saw people being supported in a person-centred way by all staff who interacted with them.
- We spoke with two staff members about a person who required a lot of support to manage their anxieties. They gave clear accounts of how they supported the person using distraction techniques highlighted in their care plan. This had resulted in the person requiring less medication to manage their anxieties and had improved their well-being.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their responsibilities in relation to the duty of candour. When things went wrong they were open with people about events and how they would work to improve.
- The manager notified CQC of events at the service and how these had been managed. This is their legal responsibility and part of their registration conditions.

Working in partnership with others

- Throughout the inspection we saw evidence of the management team working with external health professionals such as community nurses, GP's and other health professionals to affect good outcomes for people.