

Unlimitedcare Limited

# Belvedere Care Home

## Inspection report

Wellington Street  
Accrington  
Lancashire  
BB5 2NN

Tel: 07802413999

Website: [www.unlimitedcare.co.uk](http://www.unlimitedcare.co.uk)

Date of inspection visit:

10 April 2019

11 April 2019

12 April 2019

15 April 2019

Date of publication:

29 May 2019

## Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

# Summary of findings

## Overall summary

About the service: Belvedere Care Home is a residential care home that was registered to provide personal care for up to 38 people. On the day of our inspection, the service was supporting 25 people. Some people using the service, were living with dementia.

People's experience of using this service:

The registered manager had made some improvements since our last inspection of 6 November 2018. However, there remained breaches of the regulations.

People were not always safe. Risks to people's health and wellbeing had not always been identified or managed appropriately. Risk assessments and care plans had not always been updated when people's risks or needs had changed. Accident and incident records and body maps were not always completed after an injury or incident. We found hazardous cleaning products and a small canister of butane gas were accessible in people's bedrooms. Medicines were not always managed safely; we observed an instance of unsafe practice.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible; the policies and systems in the service were not always followed. Some assessments of people's capacity to make decisions were generic and not decision-specific, and no consideration had been made to a person's capacity when under the influence of alcohol. One application made under the Deprivation of Liberty Safeguards contained contradictory information. Staff were not always aware of who had capacity and who did not.

Care records we looked at did not evidence people had been involved in the development or reviewing of their needs. These records lacked information about people's histories, past times and life experiences. Care plans were not person-centred and reviews did not always reflect changes in people's support needs. Those people considered to be at the end of their life did not have end of life care plans in place.

We received mixed responses in relation to the activities available within the home, with some people saying there was nothing for them to do. Whilst some improvements had been made we found one person deemed as requiring stimulation during the day was not in receipt of this; we did not observe any staff member interacting with them.

We found concerns around records and them not being kept up to date, some were hand written and difficult to read. Audits were not sufficiently robust to identify the concerns we found on inspection. Action plans submitted to us did not reflect what we found on inspection.

People who used the service told us they felt safe from abuse. They told us there were enough staff on duty to meet their needs and we observed a calm atmosphere throughout the inspection. There had been improvements in the recruitment processes, environment, staff meetings, supervisions and appraisals and

meetings for people who used the service. There had been an increase in staff training, although concerns we found during our inspection indicated that further training was required.

The provider had recently instructed a consultancy firm to support the registered manager to make improvements within the service. The registered manager was new in post and was open and transparent throughout the inspection. Whilst some improvements had been made these need time to become embedded and sustained so they become part of normal practice. There was a continuing failure to meet the regulations.

Rating at last inspection: At the last inspection this service was rated inadequate and placed in special measures (published 4 February 2019).

Why we inspected: We carried out this inspection based on the previous rating of the service.

Enforcement: Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up:

The overall rating for this service remains inadequate and the service therefore continues to be in special measures. Services in special measure will be kept under review and, if we have not taken immediate action to propose to cancel the provider's registration of the service, will be inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe.

If not enough improvement is made within this timeframe so that there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve. This service will continue to be kept under review and, if needed, could be escalated to urgent enforcement action. Where necessary, another inspection will be conducted within a further six months, and if there is not enough improvement so there is still a rating of inadequate for any key question or overall, we will take action to prevent the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration.

For adult social care services the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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

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

We always ask the following five questions of services.

### Is the service safe?

**Inadequate** ●

The service was not safe.

Details are in our safe findings below.

### Is the service effective?

**Requires Improvement** ●

The service was not always effective

Details are in our effective findings below.

### Is the service caring?

**Requires Improvement** ●

The service was not always caring

Details are in our caring findings below.

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

Details are in our responsive findings below.

### Is the service well-led?

**Inadequate** ●

The service was not well-led.

Details are in our well-led findings below.

# Belvedere 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two adult social care 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. For the purpose of this inspection that experience was older people.

**Service and service type:** Belvedere Care Home is a 'care home' which is registered to provide personal care for up to 30 people. People in care homes receive accommodation and personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

**Notice of inspection:** This inspection was unannounced on the first day.

**What we did:** Our inspection was informed by evidence we already held about the service. We also checked for feedback we received from members of the public, local authorities, Healthwatch, safeguarding and clinical commissioning groups. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also checked records held by Companies House.

We had not asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During inspection we spoke with nine people who used the service, two relatives and three visitors to ask about their experience of the care provided. We also spoke with the registered manager, a representative

from a consultancy service, two deputy managers, four care staff and two visiting healthcare professionals.

We reviewed a range of records. This included five people's care records and four staff files around recruitment. We also looked at various records in relation to medicines, training and supervision of staff, records relating to the management of the home and the provider's policies and procedures.

# 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 of 6 November 2018, this key question was rated inadequate. This key question continues to be rated inadequate.

People were not safe and were at risk of avoidable harm. Some regulations were not met.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

At this inspection, we found insufficient improvements had been made and the provider continued to be in breach of regulation 12.

- Staff had not always identified or appropriately managed risks to people's health and wellbeing. One person at risk of falls had no risk assessment in place and three people deemed at risk of pressure ulcers did not have appropriate risk assessments or care plans in place.
- Staff had not always updated risk assessments and care plans when people's risks or needs had changed. One person had fallen; the incident report gave directions to follow in future to mitigate the risks. However, staff had not documented this information on the risk assessment or care plan and the person had subsequently fallen and sustained a serious injury. Staff had completed reviews but they did not always reflect the current risks.
- The service had not done enough to support two people whose conditions had changed, and who presented a risk to themselves and others.
- Staff had not always completed accident and incident records and body maps after a fall, injury or incident. All accident and incident records before January 2019 had been lost, so inspectors were unable to review all the records. The registered manager informed us two weeks after the inspection the records had been found.
- We asked one external professional if they felt people were safe and they could not confirm they were.

The provider continued to fail in ensuring appropriate risk assessments and care plans were in place, failed to monitor risks to people's health and wellbeing and failed to ensure people were safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The registered manager carried out a variety of environmental checks and arranged servicing for equipment.
- We looked at fire safety. The registered manager carried out checks to ensure equipment, including

alarms, was safe. The provider had a fire risk assessment.

- We found personal emergency evacuation plans were in place for all people who used the service. However, these were not dated so it was unclear if these had been reviewed to reflect any changes. The registered manager told us they would address this.
- Staff had been trained in moving and handling and we observed safe practices.

### Preventing and controlling infection

At our last inspection the provider had failed to ensure infection prevention and control systems and processes were in place to keep people safe. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, we found insufficient improvements had been made and the provider continued to be in breach of regulation 12.

- We found a container of hazardous cleaning product and a small canister of butane gas were accessible in people's bedrooms. The accessibility of hazardous products has been a recurring concern throughout our inspections and is a risk to people.
- One visitor entered the kitchen without wearing personal protective equipment and with their outdoor attire on. This was not addressed by staff.

The provider had failed to ensure infection prevention and control systems and processes were followed to keep people safe. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

- The provider had made improvements in the refurbishment of the environment. Carpets that were badly stained had been replaced. These improvements need to be sustained through a robust programme of refurbishment.
- The service was clean and there were no malodours during our inspection.

### Using medicines safely

At our last inspection the provider had failed to ensure medicines were consistently managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvements had been made and the provider continued to be in breach of regulation 12.

- We observed 'as required' (PRN) medicines were left with one person, who lacked capacity, for them to take later, at their request. This is not safe practice and we brought it to the attention of the staff, who took immediate action. Protocols were in place to guide staff when administering PRN medicines, however, these did not always contain adequate information. The registered manager actioned this soon after our inspection.

The provider continued to fail in ensuring medicines were consistently managed safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.



- One person told us they received their medicine on time. Staff told us, and records confirmed, they had received medicines training.
- Medicines including controlled drugs, were stored safely. The provider had policies and procedures for staff to follow.

#### Learning lessons when things go wrong

- Whilst there was evidence that some lessons were learned, there were missed opportunities to evidence further lessons learned. For example, after a serious injury.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe from abuse. Staff had received training in safeguarding and there were policies and procedures for staff to follow.
- The registered manager sent us statutory notifications to inform us of any events that placed people at risk.

#### Staffing and recruitment

- The majority of people we spoke with felt there were enough staff on duty. We saw staffing levels had increased since our last inspection. We observed a calm atmosphere throughout the inspection and call bells were answered in a timely manner.
- The provider followed robust recruitment systems and processes to ensure only suitable staff were employed.

# 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 of 6 November 2018, this key question was rated requires improvement. This key question continues to be rated requires improvement.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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

At our last inspection the provider had failed to ensure they were working within the principles of the MCA and the correct DoLS authorisations were in place which was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvements had been made and the provider continued to be in breach of regulation 11.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The service was not working within the principles of the MCA. Staff completed assessments of people's capacity, however some continued to be generic and not decision-specific. No consideration had been made to one person's capacity when under the influence of alcohol, despite other records highlighting capacity concerns when the person was intoxicated. Staff did not always know who had capacity and who did not.
- One DoLS application contained insufficient and contradictory information. Whilst the supervisory body had not considered the application at the time of the inspection, it was unlikely they could have made an informed decision.
- Training records showed staff had completed training in MCA and DoLS.

- The registered manager had made some improvements since our last inspection but told us they had not managed to review each person's file.

The provider continued to fail to ensure they were working within the principles of the MCA and the correct DoLS authorisations were in place. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide suitable and appropriate training and support through formal training and supervisions and was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of regulation 18.

- The registered manager had taken steps to ensure all staff members had received or were due to receive, the required training to meet people's needs. However, concerns highlighted during our inspection suggested further training was needed.
- Staff said they had attended various training courses and that this was a mandatory requirement. One staff member told us, "I am encouraged to complete my external qualifications in health and social care."
- Records showed, since the last inspection, staff had accessed a number of courses including safeguarding, first aid, moving and handling, medicines and diet and nutrition.
- Staff were receiving supervisions regularly and the registered manager was utilising these to also check staff understanding and knowledge in certain topics. For example, asking them questions about the MCA. The registered manager told us any gaps in knowledge would result in re-training for staff.

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

- Care records contained information that confirmed staff completed assessments of people's needs prior to them moving into the service. However, one external professional told us the service accepted people who had needs they could not manage. We discussed this with the registered manager, but they were unable to comment as there had been no admissions since they had been in post or since the last inspection.
- People's care records were not always accurate and up to date. Staff reviewed people's care records. However, they did not always reflect changes in people's conditions or needs.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- Staff recorded people's food and fluid intake if they were at nutritional risk. However, we found there was a lack of detailed information on these to evidence people's needs were being met.
- The majority of people we spoke with felt the food was good. We observed people had a choice of two hot meals at lunchtime and dessert, and people were offered more if they had finished their meal. Staff sensitively supported some people to eat. Tables were nicely laid with condiments.
- People who needed special diets, such as soft or pureed, were catered for. The kitchen staff were aware if people had food allergies and had access to all the necessary information.
- The service used the 'Telemedicine' system. Telemedicine is the use of technology that enables remote access to healthcare professionals.

Staff working with other agencies to provide consistent, effective, timely care

- We saw information and instructions given by external professionals was available in care records. Whilst this information was not always transferred to care plans, the registered manager assured us this was being followed by staff.

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

- The service supported people living with dementia. However, we saw very little evidence the provider had paid any regard to best practice guidance around dementia friendly environments other than signage for communal areas such as toilets, lounge and dining room.
- Carpets that were badly stained on our last inspection had been replaced and continued refurbishment was required.
- People's bedrooms were personalised with their own items of furniture and ornaments.

# 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 of 6 November 2018, this key question was rated requires improvement. This key question continues to be rated requires improvement.

People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- Care records we looked at did not evidence people had been involved in the development or reviewing of their support needs. For example, reviews often stated there was no change and no mention of the person being consulted with. This was highlighted at our previous inspection.
- Staff had not always recorded information about people's background, history, favourite pastimes and life experiences in care records. We saw new documents in place in files, however, some of these were blank. The registered manager was aware further work needed to be done with this as this was highlighted at our previous inspection.
- The registered manager told us, since our last inspection, menu picture cards had been introduced to support people to make choices when menu planning.

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

- Staff interacted with people in a caring, kind and sensitive way. For example, we saw a staff member encouraged someone to take a rest from walking and spent time chatting with them whilst they had a hot drink. People appeared relaxed around staff and were treated with respect and without discrimination. A person told us, "The staff are really lovely." Another person said, "I'm settled, I like the home as its close to my family and friends."
- Some staff knew people well. Those staff that were new to their roles were continuing to get to know people and therefore required care records to be up to date and person-centred.
- Staff had received training in equality and diversity since our last inspection. The provider had equality and diversity policies and procedures to guide staff.
- The registered manager had made a referral to advocacy for two people who used the service. One person was already in receipt of support from an advocate. Advocacy seeks to ensure that people are able to have their voice heard on issues that are important to them.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when providing support with personal care. We observed staff knocked on doors before entering.
- Confidential information was being stored securely and in line with The General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals.

- Staff promoted people's independence and encouraged them to do things for themselves.

# Is the service responsive?

## Our findings

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

At our last inspection of 6 November 2018, this key question was rated requires improvement. This key question continues to be rated requires improvement.

People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control;  
End of life care and support

At our last inspection the provider failed to ensure the care and treatment provided was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvements had been made and the provider continued to be in breach of regulation 9.

- Care plans did not always set out how to meet people's needs in a person-centred way. Whilst care plans were reviewed on a regular basis, they did not evidence people were involved. Reviews did not always reflect changes in people's needs. Care plans did not always reflect people's choices, wishes and preferences or things that were important to them. The registered manager told us they were aware care plans were insufficient and further improvements were required; despite a recent action plan stating they were robust. The registered manager did not follow internal policies and procedures to ensure care plans were adequate.
- People's end of life wishes had not always been considered. For example, one person deemed to be at the end of their life did not have a care plan to identify how they were to be supported. The registered manager did not follow internal policies and procedures relating to end of life care to ensure people could have a dignified and pain-free death.

The provider continued to fail in ensuring the care and treatment provided was appropriate, met people's needs and reflected their preferences. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed responses in relation to activities. One person told us, "I get fed up, there is nothing to do." The service had made arrangements for an external company to come in and engage people in activities three days a week, a singer came in one day a week and we saw staff doing jigsaws and colouring with some people. However, one person was deemed as requiring stimulation during the day to prevent behaviours that challenge; we did not observe any staff supporting this person with activities.
- The registered manager had updated their knowledge in relation to the Accessible Information Standard. They had taken action to ensure people and their relatives were aware information was available in different formats.

#### Improving care quality in response to complaints or concerns

- People and their relatives knew how feedback about their experiences or make complaints; they felt these would be listened to and acted upon in an open and transparent way. One person said, "I know how to complain but I've never had to."
- The provider had a complaints policy and procedure to guide management and staff to use complaints and concerns to learn and make improvements to the service.
- One complaint had been received since the last inspection. This had been acknowledged, investigated and responded to, consistent with policies and procedures.



# 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 of 6 November 2018, this key question was rated inadequate. This key question continues to be rated inadequate.

There were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

At our last inspection the provider failed to assess, monitor and mitigate the risks relating to the health and welfare of people using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection insufficient improvements had been made and the provider continued to be in breach of regulation 17.

- The registered manager was new in post, having registered with us on 1 March 2019. We found continued concerns as highlighted throughout this report, some of which we needed to prompt the registered manager to address appropriately. There were some areas of improvement, but these needed time to become embedded and sustained so they were part of normal practice.
- The registered manager was not always aware of concerns within the service. For example, staff had not completed an incident report for a person who had been found on the bathroom floor and handover notes queried if another person had a moisture lesion. When we spoke with the registered manager about this, they were unaware of both concerns or what action had been taken.
- There remained concerns about risk management and the safety of people using the service. People with complex needs were at risk of receiving inappropriate or inadequate care and support.

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

At our last inspection the provider failed to maintain securely an accurate and complete record in respect of each person using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvements had been made and the provider continued to be in breach of regulation 17.

- The provider continued to fail to ensure people were in receipt of person-centred, high-quality care and support. Records relating to the care and treatment of people who used the service were not always kept up to date and did not always reflect current needs. Care plans continued to be hand written, which were sometimes difficult to read. All of which had been highlighted at our last inspection.

The provider continued to fail to maintain securely an accurate and complete record in respect of each person using the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager was open and transparent throughout the inspection. They were aware of some of the concerns we highlighted during our inspection and were working with consultants to make improvements.
- The last rating was displayed in the service and on the company website, as required.

#### Continuous learning and improving care

At our last inspection the provider failed to assess, monitor and improve the service and was in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found insufficient improvements had been made and the provider continued to be in breach of regulation 17.

- The provider's quality assurance processes and systems continued to be insufficiently robust to identify the issues we found during this inspection.
- Action plans submitted to us did not reflect what we found during our inspection. There was no evidence to show how the service continuously learned to improve the quality of care.
- Whilst some improvements had been made there was a continuing failure to meet the regulations.

The provider continued to fail to assess, monitor and improve the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff members were complementary about the registered manager and the support they received from senior staff. The registered manager had held two staff meetings since our last inspection. At one of the meetings we noted that the registered manager used it as an opportunity to remind staff of safeguarding roles and responsibilities.
- The registered manager had held two meetings for people who used the service since our last inspection. Records of these were available and showed people discussed activities in the home, new staff members and the role of the new registered manager. The registered manager had sent out surveys but not all of these had been returned at the time of our inspection.

#### Working in partnership with others

- Feedback on the service's partnership working was mixed. One external healthcare professional told us the service was slow to refer people to external services and when they did it was too late. Another said the home had recently worked well in making arrangements for a person to return to their home with a package of care in the community.

- Another healthcare professional said they had noticed an improvement in how the home had engaged with external health care services during the past 12 months.