Livability

Livability Spinal Injury Centre

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?	Good

Summary of findings

Overall summary

The inspection took place on 23 and 24 October 2018 and was unannounced.

People using Livability Spinal Injury Centre receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate 13 people and specialises in providing care, treatment and rehabilitation for people living with spinal cord injuries. People used the service on a short-term basis and transferred from a local hospital. The service remained in daily contact with the hospital regarding people's care and support. The service was split over two floors with the first floor accessible by stairs or a lift. There was a large open plan dining area which led out onto a patio. All outside areas were accessible. There were four people using the service at time of inspection. We spoke with six people in total as two people left the service and two people came in during our time there.

People were protected from avoidable harm as staff received training and understood how to recognise signs of abuse and the who to report this to both internally and externally if abuse was suspected.

Staffing levels were adequate to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. Registered nurses had the necessary permissions to practice.

Risk assessments were individual and detailed which meant that staff understood safe practices which helped keep people safe.

Medicines were administered and managed safely by trained and competent staff. Medication stock checks took place together with regular audits to ensure safety with medicines.

People knew their responsibilities about the prevention and control of infections within the service. Staff had received training and there was protective equipment readily available.

People had been involved in assessments of care and support needs and had their choices and wishes respected. The service worked well and in partnership with hospital professionals.

People were involved in what they had to eat and drink and were encouraged to do this independently. People were happy with the quality, variety and quantity of the food.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The registered manager actively sought to work in partnership with other organisations to improve

outcomes for people using the service.

Care and support was provided by staff who had received an induction and continual learning that enabled them to carry out their role effectively including specific training in spinal cord injuries. Staff felt supported by the management of the service and were confident in their work.

People, their relatives and professionals described the staff as kind and caring. A professional told us, "Staff encourage people to express their needs and wishes".
People had their dignity and privacy respected and promoting independence was a focus of the service through rehabilitation.

People had their care needs met by staff who were knowledgeable about their individual needs and how they communicated. Each person had a spinal injury passport which gave information about their specific needs.

The service had a complaints procedure and people were aware of it. People knew how to make a complaint. The service actively encouraged feedback from people and this was used in making changes and improvements.

A variety of activities were available and people could decide what they wanted to do. The service actively encouraged people to do things for themselves as they would do in their own home. People had access to rehabilitation, therapies and psychological support.

Relatives and professionals had confidence in the service. The home had an open, honest and positive culture that encouraged the involvement of everyone. A professional told us, "There is a will to change and do good for people".

Leadership was visible within the home. Staff spoke positively about the management team and felt supported. The registered manager actively kept themselves updated.

There were effective quality assurance and auditing processes in place and they contributed to service improvements. Action plans were carried out and those responsible kept things up to date.

The service understood their legal responsibilities for reporting and sharing information with other organisations.

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.

There were sufficient staff available to meet people's care and support needs.

Staff had completed safeguarding adults training and were able to tell us how they would recognise and report abuse.

Medicines were managed safely, securely stored, correctly recorded and only administered by staff that were trained and competent to give medicines.

Lessons were learnt and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs and choices were assessed and effective systems were in place to deliver good care and support.

Staff received training and supervision and they were confident in their role.

People were supported to eat and drink enough and dietary needs were met.

The environment met people's needs and they were able to access different areas of the service freely.

The service worked well with health professionals and people had access to services when they needed them.

Is the service caring?

Good

The service was caring.

People were supported by staff that treated them with kindness and respect.

Staff had a good understanding of the people they cared for and supported them to make decisions about their care.

People were encouraged to be independent.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who had a personalised approach to deliver the care and support they required.

People were supported to access the community and a variety of activities and therapies were available to them.

A complaints procedure was in place and was effective, people knew how to complain.

Is the service well-led?

Good

The service was well led.

The management team promoted inclusion and encouraged an open environment.

The service worked well in partnership with other agencies and professionals.

Quality assurance systems were in place which ensured the management had a good oversight of the service.

Positive feedback was received about the registered managers leadership.

The service was continuously working to learn, develop and improve.

Livability Spinal Injury Centre

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 inspection site visit took place on 23 October 2018 and was unannounced. The inspection was carried out by one inspector. It continued on 24 October 2018 with two inspectors.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive.

We used the information the provider sent us in the 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.

We spoke with six people who used the service and one relative. We spoke to the registered manager, occupational therapist, seven staff and two health and social care professionals.

We reviewed two people's care files, two medicine administration records, policies, risk assessments, health and safety records, consent to care and quality audits. We looked at three staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between staff and people who were using the service. All the people using the service could tell us about their experiences.

Good

Is the service safe?

Our findings

People felt they were safe during their time at Livability Spinal Injury Centre. A person told us, "I feel safe here", another said, "I am safe it's a very safe environment for us. I try things myself and if I get it wrong the staff are there". Staff thought that people were kept safe and they were confident they worked in a safe way. A staff member told us, "People are absolutely safe, it's a safe environment. Training we have had allows us to keep people safe". A relative told us, "I feel my relative [name] is safe here".

Risk assessments, policies, audits, quality assurance and support systems were in place. People's risks were assessed for all aspects of their daily living as well as general risk assessments for the service. The focus of the service was to build people's confidence and encourage their independence. People were supported to gain new skills and get back out into the community accessing services. Risk assessments were regularly reviewed and amended as people developed or regained their abilities. The regular review of risk assessments meant that people were kept safe as they continued their recovery. A staff member told us, "We complete risk assessments and the hospital is involved. They are accessible to us, these are really useful and helps us reduce the risk of harm".

People received their medicines safely. The service had safe arrangements for the ordering, storage and disposal of medicines. Staff responsible for the administration of medicines were all trained and had had their competency assessed by the registered manager. Medicine Administration Records (MAR) were clear and had weekly review by the hospital pharmacist. Staff cross checked people's medicines with their MAR to ensure the correct medicine was given to the correct person at the right time. MAR's were completed correctly and audited monthly by the registered manager. Some people managed their own medicines. People had lockable safes for medicines and risk assessments had been completed to ensure they did this safely. Medicines that required stricter controls by law were stored correctly in a separate cupboard and a stock record book was completed accurately. Where people were prescribed medicines that they only needed to take occasionally, guidance was in place for staff to follow to ensure those medicines were administered in a consistent way.

The service had enough staff on duty to meet people's needs. The staff team consisted of registered nurses, rehabilitation assistants, an occupational therapist and a physiotherapist. The service employed domestic staff, administrative staff and a chef. Staff members felt that there was enough of them on duty and this enabled them to spend time with people. A person told us, "There is more than enough staff here, when I press my bell they come straight away".

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that staff employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people. There was a regular check with the Nursing and Midwifery Council to ensure registered nurses remained eligible to practice. The Health and Care Professions Council was checked for therapy professionals employed at the service.

Staff were clear on their responsibilities with regards to infection prevention and control and this contributed to keeping people safe. We observed staff hand washing and changing gloves and aprons throughout the day. Staff received training for the prevention and control of infection and could tell us their responsibilities. There were hand washing and infection control guidance reminders in various places throughout the service. The registered manager completed hand washing observations of the staff at various times and these were recorded. There were infection control stations along the corridors with gloves and aprons. The service had automatic 'no touch' soap and towel dispensers in all bathrooms and toilets operated by motion sensor. All waste bins had automatic 'no touch' opening. This meant that as well as being hygienic they were accessible for all to use as they didn't require hand or foot control.

Staff demonstrated a good knowledge of signs and symptoms of abuse and who they would report concerns to both internally and externally. Safeguarding reporting contact numbers were displayed in staff areas. All staff had received training in safeguarding adults during their induction.

Accident and incidents were all recorded and analysed by the registered manager and the regional manager. Actions were taken when needed. Lessons were learned and shared amongst the staff through meetings and handovers. A recent change was that people had individual therapy timetables and then that gave them flexibility to arrange their day around their appointments. Staff were involved in this so they were aware when supporting them.

All staff members prepared and served food from the main kitchen and had received food hygiene training. The service had recently received the highest Food Standards Agency rating of five which meant that conditions and practices relating to food hygiene were 'very good'.

The service had a health and safety lead who was based at the providers headquarters. The health and safety lead supported the registered manager in all matters relating to safety and visited regularly. All electrical equipment had been tested to ensure its effective operation. People had Personal Emergency Evacuation Plans (PEEP) which told staff how to support people in the event of a fire. The registered manager told us, "We have regular fire drills at the centre, we get the staff to experience the equipment". There was evacuation equipment available. All bedrooms were on the ground floor and had fire exits with level access to aid evacuation. Staff had received fire safety training. The registered manager explained the fire evacuation procedure to us during the inspection.

Good

Is the service effective?

Our findings

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.

The service met the requirements of the MCA. People could consent to their care and support. The service had clear documentation for assessment and planning for those who lacked capacity to ensure people's rights were protected. Staff had received MCA training and were able to tell us the key principles. Staff records showed training had been completed. A staff member told us, "People have the freedom to make choices and decisions. Everybody has the ability to make choices and we respect that".

Consent to care was sought from people. A person told us, "They ask me before they do anything". People's records showed signed consent for care. The service sought consent from people to use their photographs in care and medicine records. An example was that a person had not given their consent for their photograph to be used for their records and this was clearly shown in their care and support plan. Staff told us they were aware of this and this meant the persons wishes were respected.

People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. No-one at the service required a DoLS authorisation at the time of inspection. People were free to come and go as they pleased. It was a warm, sunny day and the doors to the patio and garden were open and people were spending time outside. All bedrooms had direct access to the outside and were locked and unlocked by the person. The registered manager had a good understanding of MCA and when an application under DoLS would be necessary.

The service had an induction for all new staff to follow which included shadow shifts and practical competency checks in line with the Care Certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training.

Staff received the training and support needed to carry out their role effectively, they told us they felt confident. Staff received training on subjects such as safeguarding adults, diabetes, moving and handling, wound care and fire safety. Staff had received in depth training in spinal cord injury. The registered manager had created a spinal cord injury training workbook. Staff knowledge was measured with questionnaires before the training, immediately after and then again at six months. Staff records showed the scores and evidenced that staff knowledge had increased with each check. The registered manager completed competency assessments of staff in various areas such as, bowel and bladder management, repositioning and moving and handling. Staff told us, "This is my first job working with spinal injury and we have had lots

of training. We have visited the hospital and completed workbooks and can use these to look back on". Another staff member said, "I have been shadowing other staff, we have workbooks and study afternoons. I am enjoying it and learning a lot".

The registered manager told us that they had arranged disability awareness training for staff. Staff groups went to surrounding town centres using wheelchairs to assess the accessibility of shops and cafés. The purpose was to demonstrate to the staff the difficulties faced by wheelchair users and help them to understand what it would be like for people. The results were shared through meetings and discussions. One member of staff told us, "We did the disability awareness training, it meant we can help people find ways of living their lives again". Another staff member told us, "This was eye opening, it put me in their [people] shoes. It will help me support them better". The occupational therapist was working with a person to move themselves in and out of the doors in their wheelchair. Encouragement and guidance was given and the person could do this with the support. People were very positive about the staff support.

Staff had regular supervision and appraisals, they felt these were positive experiences and that they were a two-way process. Supervision records showed conversations between managers and staff. The registered manager had a plan in place to ensure supervisions and appraisals were scheduled for the coming year. A member of staff told us, "I have regular supervision but if you need to talk there is always an ear".

People's needs and choices were assessed and care and support was provided to achieve effective outcomes. The registered manager met with people before they came to stay at the service and detailed plans were transferred with them. People told us they were involved in their care and support plans. We observed staff completing assessments for people who had been admitted to the service. The assessments were completed to provide a starting point so their development could be measured. A member of staff told us, "We work together over the first few days to put together a plan for the person. We ask them what they want to achieve".

People were supported to eat and drink enough. Staff had a good understanding of how to support people with meals and this was in line with their rehabilitation goals. The chef had a list of people's dietary needs including food allergies. The service had a six-week rolling menu and there was a menu of alternative lighter options and snacks. The menu clearly stated if the choices included ingredients such as dairy, nuts or gluten by using symbols. People were encouraged to make their own hot drinks and breakfast independently, if they could manage this safely. People were making drinks and snacks at various times throughout the day.

The service had an accessible kitchen with adjustable worktops so people could prepare and cook their own meals. There was a 'tuck shop' available and accessible to all in the main corridor. This contained snacks, drinks and sweet treats. There was a main kitchen, and the chef asked people each day what they wanted for their lunch and evening meal. People's comments about the food included: "I can't fault the food, it couldn't be any better", "They go to great lengths to cater for me. They grow vegetables, cook it and put it on my plate", "They go out of their way with me and food and I have been given the opportunity to cook", "The food is amazing".

People were supported to receive health care services when they needed. The service had daily contact with the hospital where a thorough handover was given for each person. The handover included updates on their personal care, rehabilitation and any medication concerns. This was then relayed to the medical professionals at the hospital and if necessary they would follow up with the service. If a person needed or wanted to see a doctor then this was arranged with the hospital. There was a weekly ward round at the service where people could discuss their individual needs. The registered manager told us that people went to the hospital to receive medical input or more intensive specialist therapies.

The service was split across two levels and had been adapted to ensure people could access different areas safely and independently. There was a lift in place for access from the ground to the first floor. The lift was controlled by sensors, when a person approached the lift in their wheelchair the doors opened. The lift would move up to the first floor automatically once the person was inside. There was an open plan kitchen and dining room which led out onto a decked patio area. The wide corridors and hard flooring allowed people to independently move from one area to another. We saw people using the slopes for exercise. One person told us, "It's easy to get around the place".

Good

Is the service caring?

Our findings

People, their relatives and professionals told us staff were kind and caring. Comments included: "The staff are wonderful", "Staff are perfect to help people to the next stage", Staff are lovely", "Staff are kind and so caring", "Everyone I have met has been lovely, always a smile!", "Staff are absolutely gorgeous". The registered manager told us, "I am very proud of our team. We have some wonderful staff".

People were treated with dignity and respect. We observed many respectful interactions during the day. Staff were supporting people with their personal care and then giving reassurance and encouragement to do things for themselves. Staff told us how they treat people with dignity and respect and support independence. A person told us, "They [staff] had a total eye on my dignity and modesty".

People's cultural and spiritual needs were respected and had been considered. People's religious and cultural beliefs were recorded in their files. A staff member told us, "We had a person who followed a particular faith and we accommodated their needs with regards to their care and food". We read a compliment about what the service does well, 'Respecting each individual as unique. Accepting people for who they are. Showing kindness'.

People were encouraged to have visitors to the service. It was important to the service that they not only worked with people but their families too. The service provided accommodation for loved ones so they could be together as a family. Many of the people using the service were not from the local area and had been in hospital for some time. The registered manager told us, "We need to work with the families too. Life has changed not only for the person but for everyone and we support them to try and adjust to that". People told us that family visits and being able to be together was important to them. A compliment said, 'Thank you for getting me to the stage where I could go home. It is great being home with my husband and the dogs'.

People told us they were happy with the care they received. Comments from people and their relatives included: "Everywhere I needed someone, they were there", "They make you feel welcome here", "Everything in here is special it's like a hotel", "Thank you for your help in my long-term recovery", "They are absolutely fantastic, I went to bed a very contented person". One person told us about how staff had helped them with their progress and how they had improved and said, "The stuff they can do is exceptional". A professional told us, "People get a lot out of the service".

People were encouraged to make decisions about their care. The service helped people to plan for how they would overcome difficulties with their care once at home. People told us they were involved in their care plans and setting goals. Staff worked with people to help them manage everyday tasks such as making a drink, cooking a meal or doing laundry. People had goal plans that transferred with them from hospital but had their own personal goals. One person told us, "I have met all my goals in hospital. Now I want to work on getting my strength back and that's what I am going to do here". Records showed input from their hospital specialists. The service reviewed care and support plans daily with people and with the hospital. Care and support plans contained information that was important to people. The occupational therapist

told us, "People are involved in setting goals, I assess people with the physiotherapist and we set a plan. It's reality, with a safety net".

The service had received good, positive feedback from surveys and comment books. We read: 'Livability Spinal Injury Centre has been a great stepping stone to the rest of my life', 'It gave me the freedom and dignity to get back on track', 'With all the help from the staff I can do more for myself'. The service had asked people "How does Livability make you feel?". People had written, 'Human', 'Respected', 'Hopeful', 'Still here'.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Care and support plans were in place and reviewed daily. People's needs changed as they improved and regained their abilities and plans reflected this. Each person had a spinal injury passport that gave details of their injury and how it affects them and what support they need specifically for the injury. A professional told us, "They have a very individualised approach. This meant people were receiving the care that was important to them and met their individual needs".

The focus of the service was for rehabilitation therefore many of the activities were of a practical nature. People came to the service on a short-term basis and quite often before they were discharged from hospital to their home. The registered manager told us, "We provide holistic care for people. We also concentrate on wellbeing as well as practical ability. We give 'real time' rehabilitation. The service is still very much developing and we are learning all the time".

The location of the service in acres of woodland allowed people to explore and spend time outdoors safely. People could access the grounds and they had accessible all-terrain vehicles which people could transfer onto from their wheelchair. A person told us, "I have used the vehicle and it was good to be outdoors". People were encouraged to access services in the community. The service had three accessible vehicles which they could use to take people out. A staff member said, "I like to get out with people". The occupational therapist told us, "We access the community to re-integrate people with the outside. Finding services, making appointments and getting there, people have to work it out. How am I going to do this? We help them find a way". Records showed that people had accessed local beaches, shops and countryside. One person told us, "It was so good to be out at the beach. It felt great".

All areas of the service were fully accessible. The kitchen was used by people to cook and prepare meals. This had helped people to improve and regain dexterity by using their hands and assisting with cooking. People were encouraged and supported to do their own laundry. People had occupational therapy and physiotherapy and this was on a timetable. There was a focus on practicing, developing and regaining practical ability. The registered manager told us about a person who could manage their care needs but couldn't take off their shoes. They worked together to find a solution to this and suggested the person lift their leg up onto their other one to be able to reach the shoe. This was successful and meant that the person could dress independently.

There was a variety of activities and options available to people inside the service. There were bookcases containing novels and fiction as well as practical guidance and support in relation to spinal cord injury and wellness. People could meet in different areas including outside patio areas which people were using throughout the day. The main dining area had a television, DVD's and games. Internet access and computers available for people to use. There was a vegetable and herb garden with raised beds for people to access in their wheelchairs. The registered manager told us that during the summer people had helped with planting and maintaining the garden. The service had external companies in to provide rehabilitation and training for people. We observed wheelchair training taking place, people practicing transfers and general control. This

meant that their confidence was increased which helped them be independent. A person told us, "I enjoyed my session with the chair".

People could continue their rehabilitation and therapies at the service. There was a gym with equipment used specifically for people living with spinal cord injuries. This included an adapted exercise bike for people to use in therapy and for fun which could be operated by hand or foot. The service was completing a challenge of cycling the distance from Land's End in Cornwall to John O'Groats in Scotland. People had been involved in this, doing a few miles each day as part of their rehabilitation and this continued. The registered manager told us, "People have really embraced this challenge". People could access exercise outside of the service. The occupational therapist told us, "One person wanted to go to an outside gym, so we arranged for them to go to a local gym, they preferred that". Staff told us they were making contacts each week and these would increase as time went on. The service signposted people to external services such as local gyms, swimming clubs and mobility support services. One person told us that the staff had taken them to test out things that would help them once they went home and said, "It was really helpful to go and try things out".

People knew how to make a complaint and the service had a policy and procedure in place. Records showed that complaints were dealt with within agreed timescales and actions had been carried out to people's satisfaction. Complaint records had a detailed time line of events. The registered manager told us, "I use the timeline and make sure things are resolved. The complaints are discussed with my line manager and our quality partner". People felt comfortable to make a complaint. A person told us "If I don't like something I will say". Another said, "If I had a complaint I would speak to the registered manager, they are very approachable".

The service met the requirements of the Accessible Information Standard. The Accessible Information Standard (AIS) is a law which is a requirement to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. The service had considered ways to make sure people had access to the information they needed in a way they could understand it, to comply with the AIS. Peoples individual communication needs were detailed in their plans.

The service does not provide end of life care. People's individual end of life wishes were recorded by the service and this included whether they wanted to receive medical help should they need it. If a person's health deteriorated then they would return to hospital immediately. The service had equipment they could use in the event of a medical emergency and staff were trained to assist.

Good

Is the service well-led?

Our findings

There was 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.

The service had a clear vision and that was to have values, to be enabling, open, courageous and inclusive. The registered manager and staff team had discussed the service visions and had interpreted each one and these were displayed in the service. The registered manager said, "It's important that staff really understand them and know what they mean to them". The service was still developing and was going through continuous improvement and change driven by people and staff. The registered manager had created an open, honest and approachable culture within the service. People and staff told us they felt supported by the registered manager and they were there when they needed them. A staff member told us, "Our views and opinions matter to the registered manager and we are listened to". A professional told us, "We have a great working relationship".

People's and staff feedback on the management of the service was positive. Staff felt supported and told us: "The manager is larger than life and very bubbly", "The registered manager is a good nurse", "The manager is lovely and cares a lot about all of us", "They are a very good leader", "We are all part of a team which is instigated by the registered manager", "They have made me feel at ease", "They are very dedicated".

The service sought people's feedback and involvement through individual meetings and by questionnaire. There was a feedback post box in the dining area. Results from a recent survey of people was on display. The service called it 'You said, we did'. An example was that people had asked for a better routine to the day and the service put in a therapy timetable. The timetable was displayed in the corridor so people knew when they would receive their sessions and staff that were available.

Learning and development was important to the registered manager and they had attended all updates provided by the service. The registered manager actively sought learning and development and had completed specialist training in various areas. They felt supported by the provider and had good support networks in place.

The registered manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm.

Quality assurance systems were in place to monitor the standard of care provided at the service. Audits reviewed different aspects of care and actions were taken to make any improvements that had been identified. The registered manager completed internal audits and checks monthly. The service had announced and unannounced quality audits by the provider and these had been positive. Systems were in place for learning and reflection. The registered manager told us, "All aspects of the service are discussed monthly with the quality partner and regional director".

The service had good working partnerships with health and social care professionals and they supported the registered nurses in their role within the home. The service was supported daily by the hospital and professionals visited the service each week. A professional told us, "We have a great relationship, we learn, we change things". Another professional said, "It's a fantastic facility".