

## Cream Residential Care Limited

# The Dairy House

### Inspection report

Longrun House

Bishops Hull

Taunton

Somerset

TA1 5AY

Tel: 01823330015

Date of inspection visit:

18 March 2019

19 March 2019

Date of publication:

26 April 2019

### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: The Dairy House provides care and support to adults who have a learning disability, autism and/or a physical disability. The home is situated in grounds with three of the provider's other care homes. The home is registered to accommodate 15 people. At the time of the inspection 15 people were living in the home.

The people we met had complex learning disabilities and were not able to tell us about their experiences of life at the home. We therefore used our observations of care and our discussions with relatives and staff to help form our judgements.

The care service worked in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

People's experience of using this service:

During the inspection we found people were given choices and their independence and participation within the local community was encouraged.

Although we found the care people received did not continue to meet our outstanding characteristics, people still received good care and support.

Staff knew how to recognise and report abuse and were confident any concerns raised would be responded to by their managers. Risk assessments were in place to ensure people's safety. Medicines were managed and administered safely. 'As required' medicines had protocols in place but some required more detail to instruct staff on when and how to administer them safely. Where medicines errors had occurred, learning had been shared and implemented.

There were a range of checks in place to ensure the safety of the home. Accidents and incidents were monitored to identify and address any patterns or themes. Learning from incidents was shared with the staff team. There were systems in place to manage infection control.

There were sufficient staff available to support people in their home and in the community. Relatives commented about the amount of staff changes there had been. The provider had recognised this and put plans in place to enable staff consistency. Staff said they felt well supported by the registered manager and the providers senior managers.

Staff received the right training and support to enable them to effectively support people. People's complex needs were well planned for. Staff supported people to have good health care support from professionals. When people were unwell, staff had raised a concern and taken action with health professionals to address

people's health care needs.

People were supported to, communicate, make choices and maintain their independence through a range of assistive technology. Staff knew people well and were able to interpret non verbal communication.

Where people lacked the capacity to make decisions for themselves, their capacity to make these decisions had been considered. However, the assessments were not always decision specific in line with the Mental Capacity Act 2005.

People were involved in choosing what they wanted to eat and were supported to have a healthy and nutritious diet. There was some disparity over the texture of one persons meal. We discussed this with the registered manager who told us they would amend this and ensure all staff were aware.

Staff were aware of people's routines and preferences, and they used this information to develop positive relationships and deliver person centred care. Relatives told us core staff knew their family member well.

Staff described how they supported people by treating them with respect and dignity. Staff recognised when people were not happy and responded appropriately to support them. We observed occasions when staff did not seek consent before supporting them, we discussed this with the registered manager who told us they would raise awareness with the staff regarding this.

Relatives told us staff were kind and caring. Staff were caring and understanding towards people and people were comfortable in the presence of staff.

People participated in chosen activities and accessed the local community, staff encouraged people to participate in things of interest to the them.

Care plans were detailed and relatives told us they felt involved in their family member's care. Relatives said they were regularly invited to person centred planning meetings and reviews. Relatives felt able to raise concerns with the staff or the registered manager directly.

The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Statutory notifications had been completed to inform us of events and incidents, this helped us the monitor the action the provider had taken.

The aims of the service were embedded within the staff team who were passionate about providing person centred support for all the people living at the service. There were systems in place to monitor and improve the quality of care and support provided.

We have made a recommendation for the provider to revisit the Mental Capacity Act 2005 in relation to people making decisions.

Rating at last inspection: Outstanding (report published September 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection. At this inspection we found the quality of service good.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received we may inspect sooner.

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?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# The Dairy House

## Detailed findings

### Background to this 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.

The first day of the inspection was unannounced and the second day was announced. The inspection was carried out by one adult social care inspector.

Service and service type: The Dairy House is a care home. People in care homes 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 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 was a planned inspection and was unannounced. The inspection took place on 18 and 19 March 2019.

What we did: Prior to the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, tell us what the service does well and the improvements they planned to make. We reviewed other information that we had about the service including safeguarding records and statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

As part of our inspection we met with with people, however they were unable to tell us verbally about their experiences of life at the home. We therefore used our observation, discussions with staff and we received feedback from five people's relatives.

We also spoke with the registered manager, deputy manager, the providers senior managers and four members of staff, including the cook. We spoke with one visiting health professional and received feedback from another health professional following the inspection.

We reviewed the care and support provided to people and viewed three care plans relating to this.

We looked at records relating to the management of the home, such as the staffing rota, recruitment records, training records, meeting minutes and audit reports. We also made observations of the care that people received.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. For example, one staff member said, "We are always looking out for any signs. We have annual safeguarding training and discuss scenarios in supervision. We make sure staff raise concerns and we refer everything through to safeguarding."
- Safeguarding incidents had been reported to the local authority and CQC appropriately.
- Relatives told us they thought their family members were safe. One relative commented, "For the first time in my life I no longer worry about [name of person], I just know they are ok."

Assessing risk, safety monitoring and management

- People's care plans contained detailed risk assessments linked to people's support needs. These explained the actions staff should take to promote people's safety, their independence, social activities and ensure their needs were met appropriately. Staff we spoke with were aware of these risks and could tell us how they acted to keep people safe in line with these guidelines.
- Emergency plans were in place to ensure people were supported in the event of an emergency.
- There were a range of checks on the environment and equipment to ensure they were safe. One person's bedroom door had not closed properly following a routine fire check. The registered manager arranged for this to be addressed during the inspection.

Staffing and recruitment

- People had individual hours allocated to them based on their needs and preferred routines. The staffing levels in the home met these needs.
- There were enough staff to provide people with safe care and support. Some relatives commented on the high turnover of staff. The provider had plans in place to address this.
- Staff said the staffing in the home had improved. One staff member told us, "We have enough staff, there are a few new starters who are all getting on well. Staffing is really good at the moment, it feels much better."
- Staff were safely recruited and appropriate checks were carried out such as checks with the Disclosure and Barring Service (DBS). The DBS check ensures people barred from working with certain groups such as vulnerable adults would be identified.

Using medicines safely

- People received their medicines safely from staff who had received training to carry out the task.
- Medicines were stored securely and administered safely.
- Medicine Administration Records (MAR) had a photograph of the person and their allergies along with information about how they like to take their medicines. Staff 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.

- Some people were prescribed medicines to be taken 'as required' (PRN). The protocols in place for some of the PRN medicines required more details. For example, how staff would know when they were needed and the maximum dose to be taken. The registered manager told us they would ensure this information was included on people's PRN protocols.
- Lessons were learned where medicines errors had occurred.

#### Preventing and controlling infection

- Staff described how they used appropriate processes and equipment to reduce the likelihood of the spread of infection.
- The home was clean and odour free. There was an infection control policy and cleaning schedules ensured that risks to people and staff from infection were minimised.

#### Learning lessons when things go wrong

- All accidents and incidents were recorded and reviewed by the registered manager.
- Learning from incidents took place and this information was used to update people's care and risk assessments where needed. This information was shared with the staff team.

# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved to the home. This helped to make sure the service had the staff and facilities to meet people's needs. Staff worked with the person, their family and relevant professionals to develop a personalised care plan that identified achievable outcomes. Pre-assessments covered people's spiritual and cultural needs.

Staff support: induction, training, skills and experience

- People were supported by staff that had received an induction and shadowing opportunities with more experienced staff. The induction also included reading information relating to people's needs and observations of staff supporting people. This ensured staff were confident and competent before they commenced lone working. Staff told us the induction was supportive and if they needed additional support this would be provided.
- Staff were provided with a range of training and support to ensure they could provide people with the care they required. Additional training had been provided to meet people's specific needs including training around new assistive technology products and supporting people with specific health conditions. One staff member told us, "We have in depth training, it's definitely enough to do the job, it's really good." A relative commented, "The staff are well trained."
- The IT communication support worker and a staff member had undertaken specific training regarding assistive technology, which they had cascaded to the team. This had supported one person with their communication to enable them to communicate with their family.
- The provider employed a 'training manager' which enabled them to deliver person specific training to staff relating to individual's needs.
- Due to the recent employment of new staff, some staff had not received training in supporting people with specific activities. For example, one person had a piece of equipment to support them to walk. Not all staff had been trained to use this. The providers physiotherapist told us there were plans in place to address this.
- Staff told us they felt supported by the registered manager and provider and they were supported through regular supervision and an annual appraisal.

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

- People were supported to receive enough nutrition and hydration and maintain a balanced diet. The cook told us communication with the staff team was good, and they were regularly informed if people's needs changed, for example, if they were losing weight and needed additional calories.
- People chose what they wanted to eat and drink. Where people were unable to verbally tell staff what they would like to eat or drink we saw people visually being offered two choices.
- There was some conflicting written information relating to the consistency of one person's meal in their

care plan, and from the information we received from staff. We discussed this with the registered manager who told us they would address this straight away.

- We observed lunchtime and this was a sociable experience for people who wanted to be present. Staff sat with people assisting them on their level and at their pace, staff verbally communicated to people what their meal was. People had adapted equipment to support them to be able to eat independently.

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

- People's healthcare needs were monitored by staff. Staff supported people to attend healthcare appointments. Staff knowledge about people was good and professional advice provided was followed. The provider employed health professionals who were involved in supporting people's needs. For example, a physiotherapist and speech and language therapist, who were available to provide advice, guidance and training for staff.

- The registered manager told us how they worked proactively with health professionals. For example, engaging the local learning disability team to undertake a workshop with staff, families and people regarding specific health conditions.

- Health professionals spoke positively about how staff worked alongside them to keep people well. One health professional told us, "The staff are really good, they follow regimes to a T, they know the residents really well, they are really good."

- Each person had a hospital and health passport which indicated their needs, so they could be communicated to other health care professionals.

- Although there had been changes in the staff team, people were supported by a core team of staff who understood their needs. This meant people could build meaningful relationships with staff they knew and trusted.

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

- Each person had their own bedroom which reflected their personal preferences and interests. People had chosen to personalise their rooms with photographs, personal items and items relating to their personal hobbies. The registered manager told us how they supported people to personalise their rooms to ensure they entirely reflected people's individual choices. This had included changing the décor, soft furnishings, carpets and changing rooms entirely where people had expressed a preference to do so.

- The home had been divided into two separate areas, each with its own dining area and lounge. Where people were able to communicate their preferences relating to which side they would like to live, this was respected. Staff used their knowledge of people's compatibility with input from families to support people who could not communicate this choice. Staff and relatives commented this separation had a positive impact on people and the home.

- The home was well equipped to meet the needs of people living there. For example, bedrooms and en-suite bathrooms had overhead hoist tracking to enable people to transfer throughout their rooms with ease. One visiting health professional commented on the, "Superb facilities and environment." There was a hydrotherapy pool within the grounds and a sensory area which people could use.

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

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 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.

- People's capacity to make decisions had been considered and mental capacity assessments had been completed. For example, support with medicines, fluid and nutrition and health care input. Relatives and health professionals were involved in this process.
- We found some of the MCA assessments were not decision specific, which is in line with the MCA Code of Practice. We discussed this with the registered manager who told us they would review their process for recording restrictive practices in line with the Act.
- DoLS applications had been made as required, the registered manager was regularly contacting local authorities to enquire the progress of the DoLS applications.
- Staff told us they had received training in the MCA and they had an understanding of the Act.

We recommend the provider revisits the Mental Capacity Act Code of Practice in relation to supporting people to make decisions.

# Is the service caring?

## Our findings

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us staff were kind, caring and committed to their work. Comments included, "The staff are excellent, they are very caring and attentive to [name of person's] needs. Their Key Worker knows my [relative] nearly as well as I do", "The staff are so patient, all the staff are lovely", "The staff are excellent and very caring" and "Staff are very caring in their approach." One relative commented on how a staff member came in to work for a meeting regarding a person whilst they were on annual leave, they told us, "That is a sign of the commitment by the staff."
- Staff had developed positive relationships with people. People were relaxed in the company of staff. We observed positive interactions between people and staff. We saw one person visibly expressed their affection towards a staff member and other interactions where people and staff were laughing together.
- Staff described how they treated people as individuals and respected their wishes. One staff member told us, "We offer people choice's and respect their wishes, [name of person] chooses which staff they would like to support them and that's their choice."

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

- People were supported by staff to make day to day decisions about their care and support. Staff knew people well and were skilled in communicating in their preferred way to support them to make decisions. For example, we observed staff showing people specific items to enable them to make a choice, we also observed staff asking questions and observing people's responses that indicated their choice.
- Relatives confirmed people were involved in making decisions relating to their care and support. One relative told us, "[Name of relative] makes choices about everything, when the house was separated in two they were given the choice of which part to be in. They also like to stay up late at night and get up late, they respect that. [Name of relative] decides all aspects of their support."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was in the main respected. All personal care was provided in private. Staff described how they supported people in a way that promoted dignity and respect.
- We observed one instance where a staff member walked into a person's room without first knocking on their door. We also observed an occasion where staff supported a person without seeking their consent or informing them what they were doing. We discussed this with the registered manager who told us they would raise this with staff.
- The home had created a 'Digna-tree'. This involved staff and people creating statements about dignity and what it meant to them, these statements had formed the leaves of a tree. One staff member told us, "It was about dignity and respect, we all had a leaf and wrote what it meant to us and put on the tree. The residents joined in with making the tree, we discussed with them what dignity meant, some people used their communication aids. It was lovely."
- People were supported to maintain and develop relationships with those close to them. Relatives told us

they were welcome to visit anytime and always felt welcome.

- People were supported and encouraged to be as independent as they could be. One relative said, "They are so amazing with [name of relative], they encourage her to have her independence." Staff understood the importance of involving people and supporting them to do as much as they could for themselves.
- Staff received training in 'active support'. Active Support is a method of enabling people with learning disabilities to engage more in their daily lives. Staff described how they were supporting one person to independently mobilise their wheelchair and supporting other activities using their hand over the persons hand to involve them.
- Staff respected people's religious and cultural differences. People were supported to follow their religious beliefs.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's support needs and preferences were detailed in their care plans. Care plans detailed what people could do for themselves and the support they required from staff.
- Some of the care plans required further details to fully explain people's support needs. For example, one person's communication plan stated they were "Unable to make choices." We discussed this with staff and they described the methods they used to support the person to make choices and how they indicated their choice.
- Other communication plans were detailed and people's communication needs were met using various aids and assistive technology. We observed an example of staff supporting communication with a person's relative using assistive technology and eye movement. This enabled the person to communicate with their family member which they were visibly happy about.
- The provider employed an assistive technology manager, who facilitated one to one sessions with people to develop their opportunities to communicate and make decisions through the use of assistive technology.
- There was an interactive sensory room available within the grounds that people could use. This is a multi-sensory interactive technology that allows people to interact with their environment and cause and effect. This allows people with very limited physical movement to control aspects of the program and see the effect. The registered manager told us this had been very beneficial to people.
- Where required people had detailed plans identifying their needs in relation to physiotherapy exercises. We found two instances where people's physiotherapy plans were not being consistently followed. This was partially due to the person's health needs and them not always engaging with the programme, although this wasn't being recorded. It was also due to some new staff not having received the appropriate training with the persons equipment. We discussed this with the registered manager and senior manager, who told us there were plans in place to ensure all staff were trained and they would ensure records would demonstrate when the person refused the activity.
- People's individual communication needs were assessed and recorded in line with the Accessible Information Standard (AIS). The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people with a disability, impairment or sensory loss. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared with others including professionals. Staff knew people well and responded to their individual communication needs.
- Relatives felt the staff were responsive. One said, "There are responsive to [names] needs. They observe how [name] responds and they [staff] are listening to them." Another commented, "They are attentive to [name of persons] needs. I feel privileged [name of person] is living at such a brilliant home."
- People engaged in activities of their choosing. Each person had their own activities schedule. People took part in activities such as hydrotherapy, accessing the community, attending college, day trips, holidays, meeting friends and shopping. One relative told us, "[Name of person] is always doing something cooking

most days, water play, music, going out on their bicycle, going out to shops and for cake at coffee shops, hydrotherapy at least twice a week and bowling. They are taken to Church most Sundays. [Name of person] is stimulated all the time."

- People also had access to local colleges and educational opportunities, as well as volunteer opportunities within the local community such as the Taunton flower show.
- People were also enabled to listen to music through a range of assistive technology, that supported them to do this independently.

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

- Most people living at the home were unable to raise a verbal complaint and relied on staff to support them with this. Staff described how they knew if people were not happy by how they expressed themselves, they described how they responded to this at the time to try and resolve the issue.
- Relatives felt able to raise concerns and were confident they would be listened to. One relative said, "Any concerns I would just email or phone [name of registered manager], I've never had to, I am confident she would get back to me." Another commented, "I can raise concerns no issues, the Chief Executive Officer (CEO) is fantastic, they are very approachable, as is the registered manager and the staff."
- There had been no formal complaints in the past year.

#### End of life care and support

- Care plans included information relating to end of life care. However, most people using the service did not have the mental capacity to understand this. Therefore, the service had sought the views of their relatives to be included in care plans.
- Staff described how they supported one person at the end of their life to pass peacefully in their home. They also described how they supported a person to have a personalised funeral that they know the person would have wanted.
- We reviewed a comment from a relative relating to the support staff gave their family member at the end of their life. This stated, "It was made possible for [name of person] to come back to her home in the past few days of her life where they received so much care and love, you have all been amazing." A comment from the local hospice included, "Well done for all your excellent care."



# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager demonstrated a commitment to provide person-centred, high quality care by engaging with everyone using the service and stakeholders.
- Staff and the registered manager involved people and their relatives in all aspects of the service and their care. Relatives commented positively about the registered manager. One relative told us, "The [registered] manager is very good in her approach and does her upmost to sort out any worries or concerns as soon as they are raised." Another commented, "[Name of registered manager] is very caring and hands on, lovely and definitely approachable."
- Staff commented positively about working for the provider and about the team culture at The Dairy House. Staff said they worked well together as a team.
- Staff told us the registered manager was always available and approachable. One staff member said, "Name of registered manager is fantastic, you can speak to her about anything, she is very understanding and supportive. We are lucky, she is easy to approach, it makes such a difference having a manager you can trust."
- The registered manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- The registered manager demonstrated a commitment to ensuring that The Dairy House delivered a high quality, safe service to people living at there.
- There was a clear staffing structure in place and staff were aware of their roles and responsibilities.
- Regular checks and audits were completed by the registered manager and senior staff to ensure people were safe and were happy with the service they received.
- The registered manager had ensured they had communicated all relevant incidents or concerns both internally to the provider and externally to the local authority or CQC as required by law.

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

- The aims of the service were embedded within the staff team who were passionate about providing person centred support for all the people living at the service.
- People, their relatives and staff were engaged and able to speak up freely, raise concerns and discuss ideas.

- People and their relatives had completed a survey of their views. The feedback from these had been used to continuously improve the service.
- Staff views were also sought to improve the service. Staff surveys were carried out and staff confirmed they attended regular staff meetings. Staff told us the registered manager and provider listened to them. One staff member said, "We are very fortunate we are well supported and the management are available to talk to. The director and senior managers are available if needed. [Name of senior manager] is on site will come and see everyone, they know the staff and residents, its very personal and its nice. They are part of the team."
- The provider also arranged a staff forum called the 'team talk' forum. This involved staff representatives from the providers homes meeting with the Care Director and Support Manager to raise issues of relevance to the home and the wider company. This was also used as a forum for feeding back to staff, for example, following the staff survey and the changes made as a result of their feedback.
- The provider used social media to share good practice with people's relatives and staff.
- The provider held annual awards where people, their relatives and staff could nominate staff members for the good work they do. We saw many nominations and positive statements relating to staff at The Dairy House. Staff told us this made them feel positive and valued.

#### Continuous learning and improving care; Working in partnership with others

- There were systems in place to monitor care provided and drive improvement.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care.
- There was a focus from the provider and registered manager on improving the care and support for people living at The Dairy House. This involved working in partnership with a range of internal and external professionals such as the providers speech and language therapist, assistive technology manager and physiotherapist, nutritionists and as well as people's GPs, a range of health professionals and people's social workers.
- The provider gave examples of how they worked with partners to improve staff understanding and awareness of mental health and well-being. Staff had access to 24 hour support and advice which also gave them access to a range of health benefits for the staff and their families.