

Trees Park (Kenyon) Limited

Kenyon Lodge

Inspection report

99 Manchester Road West
Little Hulton
Manchester
Greater Manchester
M38 9DX

Tel: 01617904448

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10 April 2019

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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

About the service:

Kenyon Lodge is owned by Trees Park (Kenyon) Limited, trading as Abbey Healthcare. The service is registered with the Care Quality Commission to provide nursing and personal care for up to 60 people. The single room accommodation is arranged over two floors and has lift access. On-site car parking is available, and the service is situated on a local bus route and is close to the motorway network.

At the time of the inspection 25 people were receiving nursing care on the first floor of the home and 11 people were receiving residential care on the ground floor of the home. A comprehensive refurbishment of the upstairs floor of the building had been undertaken since the last inspection.

People's experience of using this service:

The service had an open and supportive culture. Systems were in place to monitor the quality and safety of care delivered. There was evidence of improvement and learning from any actions identified.

There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were appropriate to work with vulnerable people.

People's needs were thoroughly assessed before starting with the service. People and their relatives, where appropriate, had been involved in the care planning process.

Staff were competent and had the skills and knowledge to enable them to support people safely and effectively. Staff received the training and support they needed to carry out their roles effectively. Staff received regular supervisions and annual appraisals were planned.

Staff had awareness of safeguarding and knew how to raise concerns. Steps were taken to minimise risk where possible.

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. Staff supported people to access other healthcare professionals when required. Staff supported people to manage their medicines safely.

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

Staff worked with other agencies to provide consistent, effective and timely care. We saw evidence that the staff and management worked with other organisations to meet people's assessed needs.

We observed positive interactions between staff and people. Staff had good relationships with people and were seen to be caring and respectful towards people and their wishes.

People were supported to express their views. People we spoke with told us they had choices and were involved in making day to day decisions.

The provider and registered manager followed governance systems which provided effective oversight and monitoring of the service.

The premises were homely and well maintained. We observed a relaxed atmosphere throughout the home.

The service met the characteristics of Good in all areas.

Rating at last inspection:

At the last inspection of the service (published 04 May 2018) the home was rated Requires Improvement overall and there were two breaches of regulations in relation to safe care and treatment and good governance. At this inspection the overall rating has improved to Good.

Why we inspected:

This was a planned inspection based on previous the rating.

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

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.

Kenyon Lodge

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 was undertaken by one adult social care inspector and an assistant inspector on both days. An expert-by experience and a medicines inspector undertook the inspection on day one. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert had experience in dementia care in residential and community-based health and social care settings.

Service and service type:

Kenyon Lodge is care home providing nursing and residential care. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 and was carried out on 09 and 10 April 2019.

What we did:

We reviewed information we had received about the service since the last inspection in February 2018. This included details about incidents the provider must notify us about, such as abuse. We had requested the service to complete a provider information return (PIR) which we received; this is a form that asks the provider to give us some key information about the service, what the service does well and improvements

they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with 12 people who used the service and three relatives to ask about their experiences of the care provided. We also spoke with the registered manager, the regional operations support manager and five staff members, including nursing and care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records including four people's care records and risk assessments and eleven people's medication administration records (MARs) and associated documents. We also looked at four staff personnel files including staff recruitment, training and supervision records. We reviewed records relating to the management of the service, audits, and a variety of policies and procedures developed and implemented by the provider.

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

- People were protected from the risks of abuse and harm.
- There was a safeguarding and whistleblowing policy in place.
- Staff we spoke with had a good understanding of their responsibilities and how to safeguard people. One staff member said, "I look out for mood changes in people and if they were upset I would report this to the registered manager, although I've never had to report anything in the past." A second staff member told us, "Safeguarding covers issues such as physical, financial, sexual or institutional abuse. I would report to the registered manager and if I felt I was not listened to I would go to the regional manager."
- Staff received appropriate safeguarding training and refresher courses. One staff member said, "Yes, I have done this training. I think it prepares you properly, I know what to do but I've not had to deal with anything personally."
- The service followed safeguarding procedures, made referrals to the local authority and notified CQC as required.
- Everyone we spoke with told us they felt safe living at Kenyon Lodge. One person said, "Of course I feel safe; I'd do something about it if I didn't." A second person told us, "The staff are lovely here and nothing is ever too much trouble." A relative stated, "I don't think you'd find another home as good as this."

Assessing risk, safety monitoring and management

- People had pre-admission assessments completed before they moved into the home which meant the service knew that they could cater for the person's care needs and the environment was suitable.
- Care plans included risk assessments in relation to people's specific care needs. The risk assessments were person centred and covered areas such as, moving and handling, falls, nutrition and hydration.
- People had ongoing risk assessments that were reviewed as part of their care plan reviews, or when needs changed.
- A fire risk assessment was in place and fire drills were undertaken regularly. People also had personal emergency evacuation plans (PEEPs) in place to ensure people were supported in the event of an unexpected need to evacuate the premises, which were specific to people and their needs.
- There was a PEEPS grab file in place which contained each person's evacuation plan.
- Premises risk assessments and health and safety assessments were in place and reviewed on a regular basis, including gas, electrical safety and fire equipment.

Staffing and recruitment

- There was evidence of robust recruitment procedures being followed; all potential staff were required to

complete an application form, and attend an interview so that their knowledge, skills and values could be assessed. The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

- A dependency tool was used to organise staff rotas. Staffing levels were determined by the number of people using the service and their needs and could be adjusted accordingly. The dependency tool provided an overview for staffing needs and staff rotas showed staffing numbers were over and above the numbers outlined by the tool.
- Staff rotas we saw confirmed staffing levels remained consistent, so that people continued to receive continuity in their support.
- There were enough staff on duty to meet people's needs at the time of the inspection due to there being 24 bed vacancies, however the registered manager told us there was still one vacant nursing post for three nights per week that was being advertised. Some staff felt more assistance was needed.
- The registered manager told us a new staff role of clinical night manager was due to be introduced shortly after the date of the inspection.
- People's comments were varied regarding staffing levels. One staff member said, "Yes we have enough staff; only sickness makes staffing tricky. It's well-staffed otherwise." A second staff member told us, "All the residents have different needs, on a good day it's alright with having five staff in morning upstairs, it runs well. I'd like five staff in the afternoon too." A relative commented, "There's not really enough staff but they do very well."

Using medicines safely

- People's medicines were managed safely, and medicines related records were complete. Gaps in the recording of the use of creams and agents to thicken drinks identified at the last inspection had now been rectified.
- Guidance on how to administer medicines prescribed 'when required' had been updated since the last inspection. Records showed that people received their medicines in the way prescribed.
- We watched some people being given their medicines and saw that staff who administered medicines were competent for this role and people were given their medicine at the right time.
- The registered manager and members of staff qualified to handle medicines completed frequent audits to make sure procedures were followed and any medicine concerns were acted upon promptly.

Preventing and controlling infection

- The service was clean and free from malodour.
- The registered manager had conducted an infection control audit in March 2019 and a rating of 98.6% compliance had been achieved with some minor recommendations, which had been actioned immediately.
- Records showed infection control audits were undertaken weekly by domestic staff and these were audited by the registered manager to ensure compliance.
- We saw personal protective equipment (PPE) was readily available and accessible, such as disposable gloves and aprons, and staff used these during the inspection.
- Staff received training in the management of infection control and food hygiene.
- The service had achieved a rating of 'five' (the highest rating) from the Food Standard's Agency (FSA) in February 2019. FSA are regulators for food safety and food hygiene

Learning lessons when things go wrong

- The service had an up to date accidents and incidents policy.
- Accidents and incidents were recorded and monitored by the registered manager and provider for patterns and trends.
- Risk assessments were reviewed following incidents. There were no regular themes or trends in the incidents recorded.
- The registered manager submitted statutory notifications to CQC and informed the local safeguarding authority where appropriate.

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 comprehensively assessed and regularly reviewed.
- Care records identified people and their relatives were involved in care planning.
- All the relatives we spoke with said they were involved in care planning and were kept fully informed of developments and progress; they were also happy with the standards of care being given and the treatment their relative was receiving.
- People's preferences, likes and dislikes were acknowledged and recorded, and we saw staff respected these choices, for example regarding what to eat or what activities to take part in.
- People's past life histories and background information were also recorded in the care documentation.

Staff support: induction, training, skills and experience

- Staff told us they had access to ongoing training and development relevant to their role and were provided with refresher training and updates. One staff member said, "[Registered manager name] puts us all down for different training sessions and updates; moving and handling was a practical session. We've had also had training in thickening drinks which was observed; I think it's really important, you've got to know how to prepare people's drinks properly."
- The registered manager had completed an audit of staff training at the end of February 2019 and this identified a staff compliance rate of 95.9% with some staff still needing to attend tissue viability training.
- Staff told us, and records confirmed they received regular supervision on a one to one or group basis and had an annual appraisal. Staff found these constructive and said they were encouraged to further develop their knowledge and skills. One staff member told us, "Yes I have supervision, or we can just approach [registered manager name] whenever." A second staff member said, "There's always someone to talk to like another carer or a senior staff member if you feel you need a minute, that's the way here, the staff are supported."

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

- People's dietary needs and preferences were met, and people were involved in choosing their meals each day.
- During the inspection we observed the lunchtime meals. There was a calm and unrushed atmosphere, people took as much time as they liked to eat their meal and staff were available to provide any assistance to people.
- We found specialist diet types were provided for people to meet their dietary requirements, such as diets

with food fortification. We saw 'hydration stations' which had drinks for people to access themselves and extra drinks and snacks were served to people mid-morning and mid-afternoon.

- There were appropriate risk assessments and care plans in place for nutrition and hydration which were reviewed each month and people's daily nutritional intake was recorded.
- Malnutrition Universal Screening Tool (MUST) assessments were completed and updated each month. This enabled staff to closely monitor people's nutritional status and respond accordingly such as if they needed to be referred to agencies for advice. We saw people were weighed either weekly or monthly so that staff could determine if any further action was required.

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

- Staff worked in partnership with other agencies to provide consistent, effective and timely care and we saw evidence that staff and management worked with relevant health and social care professionals.
- Records showed the service worked with other agencies to promote people's health, such as district nurses, dieticians, podiatrists and general practitioners (GPs).
- Where necessary, the service supported people with arranging healthcare appointments.

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

- The premises were well maintained and there was enough space inside and outside for people to get around freely without restriction, including when using a wheelchair. There was a passenger lift access to the upper floors of the home.
- We observed a relaxed atmosphere throughout the home during the two days of inspection and people moved from one area to another as they wished so they could take part in activities or enjoy a more 'quiet space.'
- People could choose to sit in different lounges or in their own rooms and there was easy access to the communal landscaped gardens.
- People's rooms were personalised and individually decorated to their preferences; we found people's rooms reflected their personal interests and some bedroom doors had additional relevant information posted on them to assist people to find their room.
- The home was 'dementia friendly,' and there was clear signage to identify different rooms in the home.
- Since the date of the last inspection the entire upper floor of the home had been completely refurbished.
- Equipment such as bath aids and hoists were in place to enable people to have a bath or shower safely.

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, 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.
- Staff received training in MCA and DoLS. We observed staff understood consent, the principles of decision-

making, mental capacity and deprivation of people's liberty. One staff member said, "It's about having the capacity to make a decision; when supporting people, it's important to talk to them and explain clearly what you intend to do. We can also use pictures. You take it day by day with residents, because things change day-to-day." We observed staff asking for consent before assisting people, for example when mobilising or assisting with personal care.

- Capacity assessments were in place where people lacked capacity. Best interest decisions were recorded including people consulted, and the reasons for the decision; DoLS were being adhered to and a tracker sheet was maintained by the registered manager, so they knew the status of each DoLS application.
- Records showed people signed to consent for their care and treatment.
- Information on how to access advocacy services was available; this information would be useful for people who did not have any relatives to ensure they had someone they could turn to for independent advice and support when needed.

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

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

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

- During the inspection we observed positive interactions between people and the staff who supported them; it was clear staff had developed good relationships with people and were seen to be caring and respectful towards people and their wishes. One staff member told us, "I love the bit in the morning when you're chatting to someone and they are so glad you could talk to them; when you've had a chat they say, 'I'm so glad I could talk to you.' The residents look out for me when I'm on shift."
- People were observed to be treated with kindness and were positive about the staff's caring attitude. One person said, "You can say anything to the girls [the staff] and they'll sort it out." A relative told us, "I like the way the staff really seem to care about [my relative]."
- The service supported people to meet their religious needs and worked in partnership with visiting clergy.
- Equality and diversity were promoted. We found no evidence to suggest anyone using the service was discriminated against and no-one we spoke with told us any different.
- Staff had received training in equality and diversity and they were committed to ensuring people had equal opportunities.

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

- People were involved in making every day decisions and choices about how they wanted to live their lives and staff respected these.
- Staff understood how people communicated. Care records set out how staff should offer people choices in a way they would understand, so they could make decisions about their care. This included using different methods of communication such as picture charts.
- People and their relatives had been included when care was being planned and reviewed.
- Staff supported people to access advocacy services and language interpreters if required.

Respecting and promoting people's privacy, dignity and independence

- One member of staff explained to us that there were now 'privacy screens' in lounges in case of incidents when it was important to respect both privacy and dignity.
- Staff were committed to providing the best possible care for people. They respected people's privacy and dignity and could tell us the ways they did this, such as ensuring doors were closed if supporting people with personal care.
- Staff valued the importance of maintaining people's independence and promoted this where possible, for example, people were encouraged to carry out tasks they could such as selecting their own clothes or

choosing what activities they wished to take part in or what food they wanted each day.

- Systems were in place to maintain confidentiality and staff understood the importance of this; people's records were stored securely in the office premises.

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 care plans contained detailed and personalised information about their abilities, health needs, likes and dislikes and what was important to them. Staff could tell us details about people's needs, the support they required and the person's preferred routines. This enabled staff to provide person-centred care and support people in line with their preferences.
- People's care was regularly reviewed each month to ensure people received appropriate support.
- People were involved in decisions about their care and supported to engage in care planning.
- People's communication needs were assessed, recorded and highlighted in their care plans; this helped ensure staff understood how best to communicate with each person. Where appropriate, staff from the speech and language therapy team (SaLT) had assessed people's communication abilities and provided guidance for staff.
- The registered manager was meeting the requirements of the Accessible Information Standard and provided adapted information for people on request. For example, information about the service was available in different formats such as 'easy read' and there were pictorial activity and menu boards in place in addition to 'easy read' and 'talking' books. Language interpreters were also used, and the complaints policy was also available in 'easy read' format.
- A range of activities were available to people and pictorial information was posted about these to help people to make a choice. During the inspection we saw people accessing the hairdressing salon and taking part in a pampering session which they enjoyed.
- A range of videos, board games and reading materials were available and some people enjoyed the quieter space in the library area.
- One relative told us, "I can't fault it; they had [my relative] walking after a week." This relative also said they were always involved in any changes to [their relative's] care.

Improving care quality in response to complaints or concerns

- Processes, forms and policies were in place for recording and investigating complaints and there was an up to date complaints policy.
- People also had access to a 'service user guide' which detailed how they could make a complaint and a copy of the complaints policy was in each person's bedroom.
- People told us they knew how to make a complaint.
- We saw complaints and concerns were very minimal and the last complaint was received in November 2018. We looked any historical complaints and found the registered manager had acted on these appropriate and fully communicated with the complainant during the process of investigation. Records relating to complaints were robust.

- There was a well-advertised whistle-blowing policy and clear notices about this were displayed throughout the home.
- A 'you said, we did' board was displayed in the corridor identifying any changes made each month and the most recent information referred to the refurbishments.

End of life care and support

- We looked at how end of life care was delivered. The service followed the principles of the 'Six Steps' end of life care programme which is intended to enable people to have a comfortable, dignified and pain free death.
- The registered manager had an end of life care register in place, which listed anyone within the home who was currently on the six 'steps' pathway and staff completed a monthly review to decide whether the current stage was still appropriate to reflect their situation.
- We saw where people had been willing to discuss end of life wishes, advanced care plans were in place which documented their wishes at this stage of their life, including where they wished to receive treatment. Care files documented whether a person had a 'Do Not Resuscitate' order (DNACPR) in place, with a copy of the form located at the front of their file.
- People's relatives had provided positive feedback regarding end of life care, one comment stated, 'A massive thank you for all you have done for [my relative] in the past three and a half years. All the staff, especially the carers, have been amazing, not only caring for [my relative] but also watching out for her husband and embracing the whole family; we have had many good times at Kenyon and [my relative] has had top quality care.' A second comment read, 'Thank you so much for all the care you gave to [my relative] and all the support you gave to us. You made [my relative's] last few weeks as pleasant as possible. All our love and appreciation.' A third comment stated, 'Thank you to you all for the care and support you gave to [my relative]. Towards the end of her life you were so wonderful to her and her family, so caring. Once again thank you.'

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 service had an up to date statement of purpose which set out the aims, objectives and ethos of the service. The statement of purpose was also issued to all people using the service with their 'service user guide' and was also posted around the home.
- Kenyon Lodge had submitted all relevant statutory notifications to us promptly which ensured we could effectively monitor the service between our inspections.
- A wide range of audits were undertaken by the registered manager and provider; these were used by the service to measure health, safety, welfare and people's needs; records confirmed this.
- It was clear from our discussions and observations that the registered manager valued people and was committed to providing a person-centred service. They had developed a positive culture within the service which was open and transparent.
- Staff told us they felt listened to and that the registered manager was approachable and supportive. One staff member said, "Staff are a lot happier now. [Registered manager name] is the most consistent supportive manager I've had; he is approachable, and you can discuss anything with him." A second staff member told us, "[Registered manager name] has made this place what it is; he's brilliant and it's what we needed. He's on top of everything. He is approachable, and he's hands on, he'll offer to help, I've never known anyone from management to get on and help like he does."
- The registered manager received regular support from the wider management team and had access to a support network which was flexible and responsive. The regional operations support manager was highly complementary about the registered manager and the positive progress made since the last inspection.

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

- Quality assurance systems were in place to ensure any shortfalls were identified and to drive continuous improvement within the service. The registered manager and provider completed a range of audits and checks on a regular basis; action plans were completed to address any shortfalls.
- The registered manager was aware of their regulatory requirements, for example, they knew their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.
- People at all levels understood their roles and responsibilities and managers were accountable for their staff and understood the importance of their roles.

- The provider and registered manager operated efficient governance systems which provided effective oversight and monitoring of the service, for example, the registered manager followed a regular programme of audits each day, week or month; the regional operations support manager also conducted regular quality compliance checks and was known to people by name.
- It was clear from our observations that the registered manager was fully involved and engaged in supporting staff and people throughout the inspection, providing guidance and instruction where appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager promoted best practice in person centred care. There was a clear culture based on achieving positive outcomes for people.
- People and their relatives spoke positively about the registered manager. Comments included, "[Manager name] is lovely," and, "The Manager is very approachable."
- The service involved people in their day to day care and promoted their independence to make their own decisions. Our observations confirmed this.
- Regular staff meetings were held which discussed people and their needs. One staff member told us, "Personally I think [registered manager name] is the best manager we've had here, he's firm but fair."
- Daily handover meetings were undertaken at the start and end of each shift and a daily 'flash' meeting was also held each day to ensure staff had all the latest information about people. One staff member told us, "We hold flash meetings at 11am every morning; we can discuss anything. Sometimes if can't attend [registered manager name] will come and ask me if there is anything I want to contribute if this happens."
- Quarterly meetings with people and their relatives were undertaken to discuss people, their needs and any concerns. We looked at previous meeting notes and saw discussions included refurbishment, activities, staffing levels, laundry, maintenance, decorating of rooms, surveys.
- People and their relatives' views had been sought through regular contact, surveys and quality monitoring. Responses received from the most recent surveys were overwhelmingly positive. Less positive comments had been made about people's clothes sometimes going missing and in response any unlabelled clothes were placed on an accessible rail, so people and their relatives could check if any belonged to them.

Working in partnership with others

- The service worked in partnership with the local community, other services and organisations.
- Records showed multi-disciplinary teams were involved in people's care.
- A healthcare professional who regularly supported the service told us, "I find the new unit managers are very good and knowledgeable. The care staff do work hard from what I see."