Bupa Care Homes (CFChomes) Limited

Wilmington Manor Care Home

Inspection report

Common Lane
Wilmington
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Tel: 01322288746

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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
Wilmington Manor Care Home is registered to provide nursing care with accommodation for up to 50 people. There were 46 people living at the home on the day of our inspection. Most people lived in the home permanently, however, some people stayed for a planned period of respite care. For example, if they were recovering from a medical procedure or health issue or if their usual carers were having a break. People living at the home had varying nursing care needs. Accommodation was over two floors plus a mezzanine floor. A lift was available, so people could move between floors easily.

People's experience of using this service and what we found
People and their relatives felt the service was safe. One person said, "I feel very safe, the staff know how to keep me safe. It is very nice here." Staff understood how to recognise and report concerns or abuse. The provider continued to have a robust recruitment programme which meant all new staff were checked to ensure they were suitable to work with vulnerable people.

There were risk assessments in place to identify any risk to people and staff understood the actions to take to ensure people were safe. There were enough staff to support people with their daily living and activities.

People and relatives felt staff had the right training to meet people's needs. People's needs and choices were assessed in line with current legislation and guidance in a way that helped to prevent discrimination. People were supported to have enough to eat and drink. People and relatives spoke positively about the quality and choices of food and drinks. Staff contacted medical services promptly for advice if there were concerns about people's health.

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.

People and relatives said the support provided from staff was kind and caring. A person said, "I feel the staff care about me in the way that they are with me. I said that I preferred to have a female carer when showering and they have respected that." Another person said, "They [staff] always knock on my door before coming in. They respect me." One relative said, "The staff are laid back, friendly and kind when I visit." People also commented on how well staff knew them and supported them in the ways they preferred. People said they felt involved in making decisions about their care.

People received responsive care and support which was personalised to their individual needs and wishes and promoted independence. There was clear guidance for staff on how to support people in line with their personal wishes, likes and dislikes.

There were systems to monitor the quality of the service, ensure staff kept up to date with good practice and to seek people's views. Records showed the service responded to concerns and complaints and learnt from

the issues raised.

People and relatives felt the service was well-led. One person said, "It is wonderful here." The management team demonstrated an open and positive approach to learning and development. Staff said the management team were open to suggestions and approachable.

The management team and staff worked professionally with agencies outside of the service and ensured a transparent, honest and open approach to their work which was valued by others.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 14 June 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Wilmington Manor Care Home

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector, a specialist advisor and two Expert by Experience's. The specialist advisor was a nurse with experience in older person's care. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Wilmington Manor Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection
We spent time observing the care provided and the interaction between staff and people. We spoke with 17 people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the regional director, regional support manager, two nurses, three care workers and the chef. We also spoke with a visiting healthcare professional.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We looked at training data and quality assurance records. We contacted a further seven relatives about their experience of care provided.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

● At the last inspection, although people had individual medication profile's that included their photo, any allergies and details of any administration difficulties; for example problems with swallowing., we had observed one person who had difficulty swallowing their medicines. The nurse encouraged them to take their medicines with a drink, but the person was unable to swallow and the nurse recorded this on the MAR. This meant the person did not receive their medicines. At this inspection, people who required medication in liquid form, had this prescribed. People told us, they felt well supported with their medication. One person said, "My painkillers come when I need them and the staff watch me take them in case I need assistance. I know what I take."

● At the last inspection, for people who had prescribed creams, there were no record of the staff's name who had applied the cream. At this inspection, we reviewed recording sheet's that had been introduced which were completed by care staff when creams were applied.

● Medicines were managed and administered safely. There were reliable arrangements for ordering, administering and disposing of medicines.

● There was a sufficient supply of medicines. Nurses and trained care staff had been assessed as competent to safely administer medicines. This is an observation of how staff safely handle and administer medicines, which is recommended in the Royal Pharmaceutical Society guidance, 'The Handling of Medicines in Social Care.'

● The temperature of the medicine's storage room was monitored as was the temperature of the fridge used to store medicines. These were within the recommended safe limits.

● Medication audits were completed on a weekly and monthly basis. The management team reviewed and analysed the findings of the audits to ensure they took action that may be required to safeguard people.

Systems and processes to safeguard people from the risk of abuse

● People were protected from the risk of abuse. One person said, "The staff and the environment make me feel safe. I know about different types of abuse and I have no concerns." A relative said, "[Person] is well-looked after. I never worry about them because I know [person] is safe."

● The management team and staff understood their responsibilities to safeguard people from abuse. Staff were able to give us examples of when concerns and allegations were acted on to make sure people were protected from harm.

● Records showed staff had received training in how to recognise and report abuse. Staff had a clear understanding of how to report abuse and felt confident management would act appropriately, should they raise concerns.

Assessing risk, safety monitoring and management

● Risks to people had been assessed and the potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. Staff knew how to mitigate risks and took measures to reduce risks to people. Care planning was clear about how people should be supported to move safely, and staff had regular training in this subject.
● One person said, "I am at risk from pressure sores, the staff check my skin all the time, this makes me feel safe. There are people to talk to and I have made friends here." Another person said, "I can get pressure sores, so my skin is checked regularly. I have a special mattress to help me as well."
● To ensure the environment for people was kept safe specialist contractors were commissioned to carry out fire, gas, water and electrical safety checks. One person said, "I feel safe because I know that there are locks on all the doors. The staff always check the security at night." There were risk assessments in place relating to health and safety.
● People had individual Personal Emergency Evacuation Plans (PEEP) in place on how they should be supported to evacuate the building in the event of an emergency. An environmental risk assessment was in place which identified risks to people, staff and visitors.

Staffing and recruitment
● People continued to be supported by enough staff to meet their needs. People told us they felt there were enough staff in the home to respond to their needs in a timely manner, which we observed. During the inspection bells were answered promptly. One person said, "If I ring my bell the staff come quickly." Staff told us they felt there was enough staff as they could take time to talk with people and not be task orientated.
● People continued to be protected by safe recruitment practices. New staff were appointed after robust checks were completed which ensured they were of good character to work with people who had care and support needs. All pre-employment checks had been carried out including criminal record checks and getting references from previous employers. People had developed a good relationship with care staff who knew them well. This supported people to feel safe.

Preventing and controlling infection
● Staff used personal protective equipment when assisting people with personal care. For example, gloves and aprons. One person said, "My room is very clean. I wasn't happy with my mattress and the manager replaced it for me. The staff wear gloves when they shower me."
●There were systems in place to assess and review the cleanliness of the building, and that clinical equipment was cleaned as required. A person said, "The best thing is that it is clean and tidy here. The cleaners are very good."
● Staff had received training in infection prevention and knew what action to take to prevent infections from spreading.
● A Food Standards Agency inspection in July 2018 had awarded the service the highest rating of five.

Learning lessons when things go wrong
●Accidents and Incidents were recorded and analysed to identify any emerging trends and patterns.
● Records demonstrated sharing of incidents took place during the daily handover meeting and through monthly staff meetings. A person experienced a choking episode, as a precaution and to ensure this area of risk was robustly mitigated, everyone was assessed to ensure they had the correct choking guidance in place, including a new specific choking risk form being implemented for people assessed as at risk. New SALT referrals had been made for people assessed as at risk and guidance had been put in place to mitigate the risk while the referrals were in process. All staff received a supervision to re look at the policy and procedures relating to emergency care, DNAR's and each staff member recently completed the modified foods and thickened fluids work books to ensure their confidence around this area was improved. Staff's

competence was assessed to ensure their knowledge was delivered in practice.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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 started to receive support from staff. Records showed consideration had been taken to establish what practical assistance each person needed before they had moved into the service. This had been done to make sure the service had the necessary facilities and resources to meet people's needs. The information gathered included people's preferences, backgrounds and personal histories. This enabled staff to know people well.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with nutrition and skin integrity. Care plans and assessment tools were in line with guidance from the National Institute for Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff. People felt staff were competent to give them the care they needed, and that staff were flexible with the support they provided.
- The provider maintained a record of training that staff had completed. This included courses which the provider considered as mandatory to providing effective care. This allowed the provider to monitor when this training needed to be updated. These courses included health and safety, emergency first aid, including choking, moving and handling and falls awareness.
- Additional training was available to staff in specific conditions, to keep people safe. These included palliative care, nutrition and hydration, bedside rails and pressure ulcers for nurses.
- New staff had completed a comprehensive induction, which included a competency assessed workbook on equality and diversity, they worked alongside more experienced staff to get to know people. Where staff were new to care, they completed the Care Certificate, a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their jobs well.
- Staff told us they were supported by the management team through regular supervision and an annual appraisal. Staff told us this provided them with the opportunity to discuss working practices, what went well and what did not go well and explore ways of improving the service they provided.

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

- People spoke positively about the quality of food and choices. People were provided with a choice based on their individual needs. One person said, "I eat a lot of fruit here. They get a great variety. There is enough to eat, loads, and it is fresh. I like a small portion, which they respect." A relative said, "The food always looks good. If I am here, I usually support [person], but I have seen staff support [person], and it is fine."
- We observed lunch which had an informal, social feel. People were offered drinks regularly throughout the

day, in their rooms, in the lounge and dining area.
● People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required. Kitchen staff were knowledgeable about people's needs and providing healthy diets, such as for people living with diabetes.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People had access to healthcare professionals and the service worked in collaboration to ensure their needs were met. Staff monitored people and picked up on changes in their health. Records confirmed people had been supported to meet with a variety of healthcare professionals including the GP, hygienist and chiropodist. One person said, "The optician came here, and I now have new glasses. I cut my own fingernails with nail clippers, and the podiatrist comes every five weeks to cut my toe nails." One relative said, "Staff will always make sure [person] is taken care of and seen by the doctor swiftly when needed. [Person] had a bedsore from their time in hospital, staff treated it diligently and it has now completely healed."
● The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The management team met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them. A visiting healthcare professional said, "I have been coming here since April (2019), I have grown to like it. It is improving. I have only ever seen them (staff) be caring. It seems they really have people's best interest at heart. They really advocate for people's needs. A practice nurse visits to support people with insulin. There have never been any issues."

Adapting service, design, decoration to meet people's needs
● The home was adapted to meet the needs of the people. For example, there were raised toilet seats in the bathrooms to provide additional comfort and pressure relief.
● The home was decorated creating a warm and welcoming environment. Homely touches were evident, including photographs and art work. People's bedrooms were personalised with items they had brought with them and pictures they had chosen.

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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Where people lacked capacity, mental capacity assessments were undertaken. A staff member described how a best interest decision had been made on behalf of a person who lacked capacity. People's legal representatives, relatives and professionals were consulted and involved in best interests decisions. For example, regarding a person's health.
● The registered manager had submitted DoLS applications to the local authority for people who lacked

capacity and were subject to some restrictions for their safety. Some people had their applications authorised. Staff had complied to the conditions of the DoLS. For example, a DoLS stipulated staff to make daily best interests decisions around the person's oral healthcare, nutrition and hydration. The persons care plan was updated to reflect the conditions. This included completing a quarterly monitoring form which was shared with the local authority.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

● People received care from staff who developed positive, caring and compassionate relationships with them. A person said, "The staff make me feel good and cared for. They know how I like things done." Another person said, "I just feel normal here, cared for. I can chat to the staff. A carer went to the hospital with me yesterday. You get to know about them. I mostly have the same staff." One relative said, "Everyone (staff) seems very caring and attentive." Another relative said, "The staff know [person] inside out. [Person] has been there for two years and has built strong relationships with them. Staff always listen to me and act upon any requests I have or answer any queries I have."

● People were treated with kindness by staff. Staff spoke respectfully to people and showed a good awareness of people's individual needs and preferences. People were relaxed and cheerful in the presence of staff. A relative said, "I can't praise the staff enough. There isn't one carer I'm not keen on. They are always very friendly." Another relative said, "The staff treat [person] with the utmost respect and dignity."

● The service had received a number of compliments and comments including; 'Thank you for all your kindness and care shown to [person].' 'Visiting over the past 2.5 years has been a pleasure. Staff have always been courteous and polite.' '[Person] is looked after with such kindness and you go beyond your normal duties to make sure she receives the best possible care.'

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

● People said they were involved in day to day decisions and care records showed they participated in reviews of their care. Their views were reflected in care records. Where people needed support with decision making, family members, or other representatives were involved in their reviews. A person said, "The staff ask me before they do anything, such as when I want a shower. The staff say, 'You are very self-sufficient. You must call us if you need more help. Are you alright [person's name], is there anything I can do for you?"

● Care records included instructions for staff about how to help people make as many decisions for themselves as possible. For example, about which aspects of personal care a person could manage for themselves and what they needed help with. One person explained they had a recent medication prescription change, they said, "The staff made sure I was included in the decision and I have been fine." Another person said, "I am involved in everything that goes on. I can get up and go to bed when I want." Another person said, "The staff seem to know what they are doing. They always ask me before they do anything."

● Staff supported people to keep in touch with their family. There was a telephone for people to use in the welcome area, which had an area to sit while on the phone. People said visitors were always made welcome and offered a drink, and some privacy to talk. A relative said, "I can visit whenever I like, and am always

made to feel welcome."

Respecting and promoting people's privacy, dignity and independence

● Staff told us how they supported people's privacy and dignity. This included giving people private time, listening to people, respecting their choices and upholding people's dignity when providing personal care. While we were chatting with one person, a carer knocked on the door and came in when invited. The person was informed the doctor would be coming today, and would they like to see them. The conversation protected the person's dignity and supported their privacy.

● Confidential information was held securely in locked cupboards. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy.

● People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. One person was being supported to remain independent while eating, they said, "There are special handles on my spoon and fork." This reduced the risk of people being over- supported and losing the skills they still retained.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care plans included clear information about the support they required to meet both their physical and emotional needs. They included information about what was important to the person and their likes and dislikes. People told us they had been involved in developing their care plan and were kept involved during reviews and when updates were required.
- Important information about changes in people's care needs were communicated at staff handover meetings each day. Summary written information about people's care needs and any risks was available for new staff who hadn't yet got to know people well.
- Staff were knowledgeable about people's preferences and could explain how they supported people in line with their care plans. For example, one person said, "I go to the church service here once a week on a Wednesday. The staff support me with this."
- Activities were co-ordinated by an activity team every day. The programme was varied and inclusive of all as people were supported to participate as much as they wanted and were able. People told us there was enough to keep them occupied and they did not get bored. A person said, "The staff have time for me, they sit and have a chat. I feel cared for." Another person said, "I like to read magazines. I go out in the garden in the summer. I'm not lonely. It is lovely here. Someone will always stop and chat." A relative said, "The entertainment staff are keen to involve [person] and will spend time talking to them about their interests and past." Where people chose not to participate in group activities, staff spent one-to-one time with them, talking about topics of interest to them, which helped people avoid becoming isolated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Each person had an 'Accessible information' care plan. This detailed the person's communication needs and whether the person required a hearing aid, wore glasses and what support the person required around this.
- Written information was available in bigger print for people who needed it.

Improving care quality in response to complaints or concerns

- There was a concerns, complaints and compliments procedure. This detailed how people could make a complaint or raise a concern and how this would be responded to. People and their relatives had access to

the policy and knew who they could raise a concern or complaint to. None of the people we spoke with said they had raised any formal complaints. A person said, "If I was concerned, I would speak to one of the carers, or see the manager. I haven't complained about anything."

● We reviewed the records of complaints that had been received since the last inspection. The records demonstrated concerns had been thoroughly investigated and relatives had received a detailed response to their complaint.

End of life care and support

● The service was not supporting anyone who was receiving end of life care at the time of our inspection. Documents to record the arrangements, choices and wishes people may have for the end of their lives were made available to people and their families for completion, should they choose to do so. Where known, people's wishes were recorded, and families were involved as appropriate.

● Systems provided clear guidance for staff when people, or their representatives, had agreed that they did not want to be resuscitated. This meant people were able to die with dignity. This is known as a 'DNACPR' which means; Do Not Attempt Cardio Pulmonary Resuscitation. Care staff knew which people had DNACPR's so that people's wishes were known and respected.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● People and relatives told us they knew the management team well and our observations confirmed this. . . People and relatives were consulted and involved in day-to-day decisions about the running of the home through quarterly meetings. Areas discussed included activities people would like over the next few months, and menu planning. One person said, "The manager is lovely. He is always walking around." Another person said, "I have asked the staff, and they say they love it here. All the staff just seem to get on. The staff tell you what is going on. Sometimes there is a questionnaire to fill in. I think it is well managed here. The best thing for me is the company." Another person said, "The staff seem to be happy here. They don't look down in the mouth. They seem to get on with the manager. I am told what is going on and included in decisions about the place." A relative said, "The home seems to be run efficiently and well managed from what I can tell. The best thing about the home is that I know [person] is safe, and that the carers care about them."

● Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered manager. We observed the management team and nurses, being visible in the service, spending time engaging with people and helping staff with delivering support to people where needed.

● The management team promoted the ethos of honesty, learned from mistakes and admitted when things had gone wrong. This reflected the requirements of the duty of candour, and their philosophy of being open and honest in their communication with people. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.

● Staff were consulted and involved in decision making through monthly staff meetings. They were encouraged to raise issues, and records showed action was taken in response.

● Without exception all the people and relatives we spoke with stated they would recommend the home to anyone who needed this type of service. A relative said, "I would recommend the home to other families in a similar situation to my husband and myself." Another relative said, "I have recommended the home to others, it feels like a real family home, not an institution."

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

● There were a range of systems to measure and monitor the quality of the service overall. This included observations of staff practice and audits of medicines, care planning, infection control, recruitment,

incidents and accidents, training and risk assessment. We saw these were capable of identifying shortfalls. Senior staff and the registered manager undertook daily, weekly and monthly checks with evidence of actions taken in response. For example, making improvements to the environment.

● Staff at all levels were aware of their role and responsibilities. An on-call system was available, so all staff could contact a manager at any time of the day or night for advice and support.

● The management team was aware of their responsibilities to notify CQC about safeguarding concerns, and accidents resulting in injuries.

Continuous learning and improving care

● The management team kept up to date with developments in practice through working with local health and social care professionals. They used the National Skills for Care and Social Care institute for Excellence websites. This was to enable the sharing of experiences, tools and good practice ideas.

Working in partnership with others

● The management team had set up links with a local school and had arranged for the children to visit the home to do art and crafts with people. People told us, they were excited about this and looked forward to meeting them.

● The provider worked professionally with external agencies such as the local authority. This demonstrated the management of the service conducted themselves in an open and transparent way.