

Key Healthcare (St Helens) Limited

Elizabeth Court

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

Elizabeth Court is a residential care home providing personal and nursing care to 33 people. The service can support up to 44 people. The home provides accommodation on two floors in one building.

People's experience of using this service and what we found

Systems in place to monitor the quality of the service were not effective and failed to highlight or address concerns identified during this and the previous inspection. Improvements were needed to make the service safe.

The care planning and recording systems in place did not ensure that up to date information was available in relation to people's needs being planned for or met. Information available was poorly written, lacked detail and failed to demonstrate people's individual needs in a person centred way. Improvements were needed to ensure that people's medicines were safely managed.

People were not always protected from abuse as appropriate procedures were not always followed. Incidents and concerns were found to be recorded in generic communication books. These incidents had not been brought to the attention of the registered manager and no further investigations had taken place. This put people at unnecessary risk of harm.

People's needs and wishes were assessed prior to moving into the service. People received care and support from appropriately trained staff but staff did not always have adequate or up to date information on people's needs. Records on occasion were poorly written and failed to protect people privacy and dignity. People's personal information had been recorded in generic communication books.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Safe recruitment practices were in place to help ensure that only suitable people were employed at the service. The environment was clean and effective systems were in place to control infection.

People had access to a programme of activities. People and their family members spoke positively about the service and the changes made since the last inspection.

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

Rating at last inspection (and update)

The last rating for this service was Inadequate (published 8 February 2019). At this inspection improvements had been made however, the provider was still in breach of regulations and further areas of improvement had been identified during this inspection. This service has been rated inadequate for the last two

consecutive inspections.

Why we inspected

This was a planned inspection based on the previous rating.

At this inspection enough improvement had not been made sustained and the provider was still in breach of regulations.

Enforcement

We have identified breaches in relation to Regulation 9 person centred care; Regulation 11 need for consent; Regulation 12 safe care and treatment; Regulation 13 safeguarding service users from abuse and improper treatment; Regulation 17 good governance and Regulation 18 staffing at this inspection

Please see the action we have told the provider to take at the end of this report.

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

This service has been in Special Measures since January 2019. During this inspection the provider demonstrated that improvements have been made, however further improvements are still needed. The service is rated as inadequate in safe and well-led sections and therefore is rated inadequate overall. Therefore, this service remains in Special Measures.

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

Follow up

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our safe section below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective section below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring section below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive section below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led section below.

Elizabeth Court

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

This inspection was carried out by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Elizabeth Court 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 from and about the service and sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with 14 people who used the service and 10 visiting family members about their relatives experience of the care provided. We spoke with ten members of staff including the registered manager.

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

After the inspection

We continued to seek clarification from information that the provider provided to us. This included records and procedures in place within the service.

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 Inadequate. At this inspection this key question has remained the same. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection the provider had failed to robustly assess the risks relating to the people's safety. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection no effective improvements had been made to ensure people's care was safe which meant the provider was still in breach of Regulation 12.

- People's care planning documents were not consistent in detailing potential risks for people. Emergency procedures failed on occasion to identify people's needs in relation to their care plans. People's emergency evacuation plans contained different information to that recorded on their care plans.
- People did not always receive the support they required in relation to their assessed needs. For example, information in a staff handover book for one person stated that they should be sat in a specific recliner chair for pressure relief however, staff told us that this chair was unsuitable. Another person's care planning documents stated that a pressure relief cushion to be in place when in chair. On both days of the inspection we observed this person sitting in the lounge with no pressure relief cushion in place.
- Safety monitoring of the service failed to identify potential risks to people. Locks in use on communal toilet and bathing facilities on the ground floor posed a risk to people. Bolt locks were fitted to the exterior of doors which put anyone accessing these facilities at risk of being locked in the room. Pipes in a shower room were exposed. The registered manager took immediate action in addressing these issues.
- Assessments in place for specific risks to people did not always consider actions that could minimise the risk. For example, one person's behaviour had been identified as a risk. No information about potential triggers or management plans were available to support the person when displaying this behaviour.
- Systems in place for the recording and monitoring of accidents and incidents were not always used. Incidents had been recorded in staff communication books and not reported appropriately.
- Food stored in the kitchen was found to be unlabelled and uncovered. The lack of appropriate storage and dates meant that staff could not be sure these food were within their use by date. This was addressed immediately by the registered manager.

Using medicines safely

At our last inspection the provider had failed ensure that people medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and we identified further improvement was needed; the provider was still in breach of Regulation 12.

- Policies, procedures and good practice guidance in place for the safe management of people's medicines were not always adhered to.
- Medication administration records (MAR) for some people failed to demonstrate what stock of medicines were available and the times that medicines should be administered. In addition, not all medicines

prescribed for people had been recorded on a MAR which put people at risk of not receiving their medicines when needed. For example, a medicine prescribed for one person showed that they had received two doses, however there was no record of when these two doses had been given.

- Safe systems for the monitoring of room temperatures where medicines were stored were not always in use. The temperature of the upstairs medicines room was taken once a day. There were no records of any temperature checks taken of the downstairs medicines storage room.

Systems were either not in place or robust enough to demonstrate people's safety and medicines were not effectively managed. This placed people at ongoing risk of harm. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that robust procedures were in place to prevent and protect people from the risk of abuse or improper treatment. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and the provider was still in breach of Regulation 13.

- The systems to record and report incidents and safeguarding concerns were not safe as they failed to demonstrate that procedures in place were being followed. Records of incidents that had occurred had been recorded inappropriately in staff communication books. The lack of appropriate reporting had resulted in the registered manager not being made aware of incidents that had occurred.

Systems were either not in place or not robust enough to demonstrate people were protected from the risk of abuse. This placed people at ongoing risk of harm. This was a continued breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People told us they felt safe living at the service. Comments included "I feel very safe as there are lots of people to look after me" and "I feel safe and I know this is the best place I could be as far as I am concerned."

- Family members told us they were confident that their relative was safe from harm. Comments included "I feel my [Relative] is safe because he gets the care he needs" and "I have no concerns about safety, as I have seen how nice and helpful the staff are. I've been here at all times of the day and he has always been well cared for."

Staffing and recruitment

At our last inspection the provider had failed to ensure that sufficient staff were available to meet people's needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and the provider was no longer in breach of this regulation.

- Sufficient numbers of experienced staff were on duty to meet people's needs. Following a review of staffing, the registered manager had increased the numbers of staff during evening times.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered a job.
- People had access to nurse call bells to alert staff that they needed support. Staff responded quickly when call bells were activated.
- People and their family members felt there were sufficient staff to meet their needs. Comments included "There are enough [Staff] and there is always one in the lounge keeping an eye on everyone", "Things have changed since the new management has been in place which is good. There are now staff who have had

mental health training so they know how to handle all the residents well and show empathy for all their different needs" and, "Dad is very safe here as the [Staff] are all exceptional, so caring. There have been changes recently which have made the place more friendly and caring so that puts us at ease." .

Preventing and controlling infection

- Procedures were in place to maintain a safe and clean environment for people to live. People and their family members commented "The home is very clean" and "The home is always very clean, it is kept spotless."
- Personal Protective Equipment (PPE) was available throughout the service. Staff were seen to use PPE appropriately when supporting people.

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 Inadequate. At this inspection this key question has now been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

At our last inspection the provider had failed to fully implement people's rights under the Mental Capacity Act. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and we identified the provider was still in breach of Regulation 11.

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

People can only be deprived of their liberty to receive care and treatment 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. We found that people's needs were not always planned for in a way that considered the MCA.

- The assessment process in place to ascertain people ability to make specific decisions was poor, generic and failed to demonstrate that people ability to make decision had been fully assessed.
- Where people had a DoLS in place, records failed to demonstrate that best interest decision meetings had taken place to ascertain the need for a DoLS application to be made.
- Where people's best interests had been considered the information recorded was not person centred or decision specific, as required under the MCA. In addition, records failed to demonstrate that the person or any relevant others had been involved in the decision making process.
- Records failed to demonstrate that people's best interests had been considered in the decision making processes for administering medicines covertly.

Systems were either not in place or robust enough to demonstrate people's rights under the Mental Capacity Act were fully considered and planned for. This placed people at ongoing risk. This was a continued breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that qualified nursing staff had received clinical supervision. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection not enough improvement had been made and we identified the provider was still in breach of Regulation 18.

- Since the previous inspection clinical leadership was now in place. However, only limited clinical supervision had taken place for the provider to be assured that nursing staff worked within their professional standards and guidelines. This was concerning as the lack of clinical supervision for nursing staff had been identified as a significant concern at the last inspection.

Systems were either not in place or robust enough to ensure that qualified nursing staff were in receipt of clinical supervision. This was a continued breach of Regulation 18 of the Health and Social Care Act 2008 (Staffing) Regulations 2014.

- Care staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff told us that training was available to ensure that they had up to date knowledge for their role.
- A programme of induction and continual mandatory training was in place for staff. Records demonstrated that the majority of care staff were up to date with their training.
- The registered manager had a system in place to ensure that non-clinical staff received an appropriate level of support for their role. Staff felt supported in their role and described the registered manager as "Approachable" and "Supportive."

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

- Systems were in place to assess and review people's needs and wishes in line with legislation and best practice.
- People's individual needs were assessed prior to moving into the service to ensure they could be met.
- Family members commented "I have been fully involved with [Relative] care plan and I am happy with the care she receives. Before she came here there was a meeting and we went through everything she needs to be looked after well here", "Review meetings are held regularly which I attend. I can say whatever I wish and they [Staff] listen to my requests and concerns for my mum."

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

- People were protected from poor nutrition and dehydration. People had access to sufficient food to meet their dietary needs.
- People had a choice of where they ate their meals with several people eating in their bedrooms and lounge. Pictorial menus were in use but not always available to demonstrate the meals on offer. We discussed this with the registered manager who made a commitment to address this.
- People spoke positively about the food provided and confirmed that their specific dietary needs were met. For example, low sugar, vegetarian and finger foods. Comments included, "The food is very good here as there is plenty of choice and it is well cooked. We get plenty of drinks and get biscuits too. I have my own kettle in my room and things to make drinks" and, "Excellent food."

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

- Where people required support from health care professionals this was arranged. Staff requested visits from nurse practitioners, opticians and a podiatrist when people required these services. GP services visited on a weekly basis. People told us that their medical needs were met.

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

- The layout of the building enabled people freedom of movement around each floor. One person told us "I can roam anywhere and go in the garden when I ask for the doors to be unlocked."
- Signage was in place around communal living areas to assist people. The registered manager said that they were awaiting delivery of more signage to further support people wayfinding around the building. Two large boards containing locks and tools to offer focus and engagement to people.
- Since the previous inspection decoration had taken place within the building and new furnishing were in place in the communal areas. This offered people comfortable environments for people to sit.

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 Requires Improvement. At this inspection this key question has remained the same. This meant people's dignity and respect was not always maintained at all times.

Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure that people's dignity and respect were maintained. At this inspection we found that improvements had been made.

- People's independence and privacy was not always respected. People were seen on several occasions to attempt to enter a lounge in which staff training was taking place. The use of people's lounge area for staff training purposes was inappropriate as it prevented people from having freedom of movement to access areas familiar to them. Following discussion, the registered manager ensured the training session was moved to another room to allow people to access their lounge.
- People's independence was not promoted in choosing their meals for the day. Food menus on display contained the wrong information and failed to inform people of the choice of meals to be served.
- People's independence in accessing communal toilet facilities within the service was not promoted. All but one communal toilet was unlocked on the ground floor of the service.

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

- People felt they were well supported and treated with kindness. Comments included "The [Staff] are fantastic and cannot do enough. They knock on my door when they need to enter my room and ask for permission to come in", "The [Staff] are very good, they are polite and caring. They can't do enough for everyone and they respect my wishes" and, "The staff treat me with respect and when they have to care for my needs, I never feel embarrassed as they are very professional."
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed.
- Staff understood and supported people's communication needs. Staff spoke with people clearly whilst maintaining eye contact and where it was required they used non verbal methods to communicate with people.
- People, along with family members, had been given the opportunity to share information about their likes, dislikes and preferences.
- People were supported to maintain their religious and spiritual needs.
- Policies and procedures were in place to promote people's right in relation to equality, diversity and human rights

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

- People and their family members were encouraged to share their views about the care provided.
- Regular care reviews gave people and relevant others the opportunity to express their views about the

care provided and make any changes.

- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support.

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 Inadequate. At this inspection this key question has now been rated Requires Improvement. This meant people's needs were not always fully planned for or met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure person centred care was planned for people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection improvements had been made, however, we identified further improvements were required under Regulation 9.

- People's needs were not always consistently planned and care plans were not always available to support staff to deliver people's care. The lack of consistent care planning put people at risk of not receiving the care and support they required or wished for.
 - Care planning records did not always clearly demonstrate that people had received the care and support. For example, people repositioning records did not always show that they received the support they needed to change position in order to prevent a pressure sore from developing.
- Systems were either not in place or robust enough to ensure that person centred care was planned for. This was a continued breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Family members told us that they received regular updates about their relative's care and welfare needs and were involved in their care plan reviews.
- The majority of staff were person-centred in their approach when speaking to and about the people supported.

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.

- People were supported by staff who understood their communication needs. However, these needs were not always fully recorded in people's care plans.
- The provider had facilities to provide written documentation in different formats to meet people's needs.

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 had the opportunity to discuss activities they were interested in and a team of activities workers were available to offer the support and activities to people. This was an improvement from the last inspection.

- People's comments included "We have activities every day. Today I have had my nails done. I have taken part in bingo and exercises. A family member commented "There are lots of activities which my wife takes part in such as skittles, bingo and exercises."

Improving care quality in response to complaints or concerns

- A complaints procedure was in place and made accessible to all.
- People and their family members knew how to make a complaint, or who they would speak to and were confident that their complaint would be dealt with in the right way. Comments included "If I had any concerns about my wife I would speak to the manager, she is very approachable" and "I would speak to the unit manager first before going to the principle manager and I know the unit manager would do their best to sort my concern out."
- Procedures were in place to record information relating to complaints made. This procedure did not include the need to maintain records of investigations carried out in relation to complaints. In addition, complaints were not always recorded so that the registered manager was made aware of them. For example, verbal complaints and concerns raised by people had been recorded in staff communication books and not in line with the complaint's procedure. We discussed this with the registered manager who made a commitment to address this.

End of life care and support

- People and family members were given the opportunity to record their specific wishes about how they wanted to be cared for at the end of their life. However, this information was not always recorded in people's personal care planning documents. For example, minutes of a meeting that took place between family members, a GP and staff was recorded in the staff communal communication book.
- Specific care planning took place for people who were on an end of life care pathway. This included anticipatory medicines being available for use when needed.
- The service worked with local health care professionals to ensure that people's needs and wishes were maintained in their end of life care. For example, a GP had been involved in the planning of a person's end of life 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.

At the last inspection this key question was rated as Inadequate. At this inspection this key question remained the same. This meant there were widespread and significant shortfalls in service oversight and did not assure the delivery of high-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection the provider had failed to robustly assess the risks relating to quality monitoring, and governance. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that the provider had failed to address this. This meant the provider remained in breach of Regulation 17.

- Systems in place for the monitoring and ensuring quality and safety were not effective and put people at risk of not receiving the care and support they needed. Monitoring systems had failed to identify improvements needed in relation to risk management, medicines management and the implementation of the Mental Capacity Act to protect people's rights.
- The current system in place for the oversight and monitoring of people's care planning documents was ineffective. It failed to identify the gaps and inconsistencies in people's care records with regards to assessing and minimising risk, the planning of people's care and the monitoring of the care they received.
- People's records were not person centred or always managed in a way that promoted privacy and respect. Communal communication books used by staff were seen to contain records of meeting relating to people's health and end of life care, complaints made about the service and records relating to safeguarding concerns. This meant that areas of concern that required further action or investigation were not always identified or acted upon by the management team.
- The provider and their representatives visited the service on a regular basis. A record of the dates and reason for the visits was maintained. However, no further information was available to demonstrate that any monitoring or quality checks had been completed during these visits. Therefore, there was no evidence to demonstrate that the provider had sufficient oversight over the quality and safety of the service.

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

- The lack of effective oversight of the service created a risk of incidents that occurred may not be identified and responded to appropriately.

Systems were either not in place or robust enough to demonstrate that governance within the service was effective. This placed people at risk of not receiving their planned care. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

regulatory requirements

- Since the last inspection a new registered manager was in post. In addition, a qualified nurse was in post as clinical lead for the service. This was an improvement from the last inspection.
- Staff had an understanding of their role and responsibilities.
- Staff told us that the registered manager was available to offer support and guidance.
- The management team were clear about their responsibilities. However, the registered manager recognised that improvements were still needed across the service. And with regards to the timeliness that safeguarding referrals were made to CQC.
- Policies and procedures to promote safe, effective care for people were available. However, these were not always adhered to.

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

- The registered manager engaged and involved people using the service, family members and staff – what were they involved in?
- People's comments included, "There are relative's meetings. There are meetings for upstairs and separate meetings for downstairs which is good as we have different issues. Feedback is given in letters and news leaflets", "The management of the home has improved and that has had an impact on the standard of staff providing support. I have attended relative's meetings which are very good. We can raise issues and they are discussed openly", "There has been a lot of improvements since the new manager arrived, decoration and staffing which is all for the best" and, "The relative meetings are very constructive as they have acted upon issues raised and we are still waiting for some things to happen. They are doing their best to work through issues."
- Staff were engaged and involved through team meetings.
- Staff sought advice and worked in partnership with others such as health care professionals.