National Care Consortium Ltd

Woodlands Care Home

Inspection report

The Woodlands
Riverhead
Driffield
North Humberside
YO25 6PB

Tel: 01377253485

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 30 October 2018 and was unannounced. This was the first inspection carried out by the CQC since the home changed ownership in November 2017.

Woodlands Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home is situated in Driffield in the East Riding of Yorkshire. There are 46 bedrooms for single occupancy (15 with toilet and wash hand basin facilities) and four bedrooms for double occupancy with wash hand basin facilities. Bathrooms and toilets were shared. The first floor was accessible to everybody using a staircase or a lift.

Woodlands Care Home provides accommodation for up to 54 people some of whom may be living with dementia. At the time of this inspection there were 41 people living at the home and receiving a service.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us they felt safe living at the home and staff understood how to recognise and report any signs of abuse. There were effective systems in place to manage any safeguarding concerns and these were reviewed, with actions implemented to keep people safe.

The service was working within the principles of the Mental Capacity Act 2005 (MCA). Care workers understood their responsibilities under the MCA and were actively promoting people's independence. The manager and care workers understood Deprivation of Liberty Safeguards. They had made appropriate referrals to the relevant authorities to ensure people's rights were protected. Assessments of associated risks were carried out to ensure any care and support activities were safe and with minimal restrictions.

Assessments were carried out around the home environment including any equipment used, to ensure it was safe for everybody. Where any concerns were highlighted action plans were implemented and reviewed for their effectiveness.

Care workers were supported to complete training, learning and development that enabled them to fulfil the requirements of their role and meet people's individual needs and support their preferences.

People were assessed and supported to take their medicines safely as prescribed. Systems and processes in place ensured people's medicines were managed and administered safely by staff who had been checked as

competent and who followed national best practice.

The provider had systems and process in place to ensure staff were appropriately recruited into the service. Staff received appropriate induction, supervision, support and training to acquire and update their skills to meet people's individual needs and fulfil their roles.

We observed there were enough staff on duty to meet people's needs. People confirmed they received care and support from regular care workers who they knew.

The provider completed a range of checks on the systems and processes in place to ensure they were fit for the purpose: to maintain and improve the service. We saw this included oversight of accidents and incidents, complaints and concerns, and other audits and maintenance checks.

People received information in a format they could understand and were supported to communicate their needs, and these were recorded to ensure peoples' needs were met.

The provider included people or their representatives in discussions regarding their health and wellbeing. Any positive behaviour support plans were evaluated and included input by appropriate health professionals for effectiveness.

People were supported to maintain a healthy and balanced diet. Care plans contained details of people's preferences and any specific dietary needs, they had, for example, whether they were diabetic, had any allergies or religious needs.

Care workers had a good understanding of people's needs and were kind and caring. They understood the importance of respecting people's dignity and upholding their right to privacy.

There was information available on how to express concerns and complaints. People were encouraged and supported to raise their concerns and processes were in place to ensure these were responded to.

The provider employed an activities coordinator. The registered manager was reviewing their input to improve the support people received to enjoy meaningful activities and avoid social isolation.

The registered manager understood their responsibilities as part of their registration with the CQC and had informed the CQC of significant events in a timely way.

There was a defined staffing structure and all staff understood their responsibilities and when to escalate any concerns.

Everybody spoke positively about the new registered manager and the improvements brought about by the new ownership of the home.

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.

Staff had received safeguarding training. Systems and processes were followed to keep people safe from abuse.

People received support to take their medicines safely as prescribed.

Risks associated with the home, equipment and people's care and support were managed safely without unnecessary restrictions.

Is the service effective?

Good

The service was effective.

Staff were supported to ensure they had the appropriate skills and knowledge to carry out their role.

People were supported to understand and make informed decisions. Where they were assessed as not having capacity to do this, the provider followed processes under the Mental Capacity Act.

People were supported to maintain and improve their health and wellbeing. Any dietary needs were assessed and supported.

Is the service caring?

Good

The service was caring.

People were treated with dignity and respect by staff who understood the importance of this.

People were involved in any decisions about their care and support.

Staff understood how to communicate with people in a way they understood.

Is the service responsive?

Good

The service was responsive.

Care plans included information to ensure staff provided care and support that was individualised.

People were supported to live meaningful lives.

People were supported to raise any concerns or complaints and systems were in place to record and learn from any outcomes.

Is the service well-led?

Good

The service was well-led.

Audits and checks were completed to maintain and improve the service.

The provider maintained good links with other health professionals to ensure best practice and support people with their individual needs.

The provider completed consultations and used feedback to help shape the service.

Woodlands Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 30 October 2018 and was unannounced.

The inspection team included one adult social care inspector and one 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. The expert had experience of older people including people with dementia.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed other information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales.

We sought feedback from the local authority commissioning team, and Healthwatch. Healthwatch is the consumer champion for health and social care. During the inspection, we spoke with the registered manager, the cook and eight staff. We spoke with a visiting health professional to seek their views.

We spoke with seven people in receipt of a service and four visiting relatives to seek their views. We had a look around the home and looked in people's rooms with their permission. We observed staff administering people's medicine and completed observations of staff interactions with people throughout the day.

We reviewed a range of records which included four people's care records. We viewed the records for four staff relating to their recruitment, supervision and appraisal. We reviewed the process used to manage staff training. We viewed records relating to the management of the service, including audit checks, surveys and

quality assurance and the provider's policies and procedures.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home and with the staff who supported them. One person told us, "It's safe here; we have good security." Systems and processes ensured people were protected from avoidable harm and abuse. Staff had received safeguarding training and told us what they would do if they had concerns. A staff member said, "I would discuss any concerns with the manager or we can whistle blow to the CQC if we want to raise anything anonymously."

Staff had access to a safeguarding policy and procedure that provided further guidance. The registered manager showed us a safeguarding file which included an updated monitoring sheet that logged any concerns and recorded any actions taken. The provider had oversight of any concerns which ensured the systems and processes were always followed and that preventative actions were implemented to keep people safe.

People had been assessed to determine how much support they required to ensure they received their medicine safely as prescribed. Staff who had been trained and deemed competent in this role had up to date guidance and followed best practice to meet people's needs.

We observed staff completed the Medication Administration Record (MAR), after witnessing people had taken the medicine. However, on one occasion they did not witness the person had taken their medicine before completing the MAR. They told us they were confident the person would take their medicine. We spoke with the manager who then issued a reminder to staff responsible for administering people's medicines to ensure all medicines were observed as taken before a record was completed. This ensured people always took their medicine as required.

The provider had labelled creams and eye drops with the date of opening to ensure they were used following the manufacturer's guidance. However, we found some creams were not labelled. We checked and found they were still in date. The staff member updated the labels to ensure the date was recorded. Where people required their medicines administered from a patch, guidance was not always available for staff to follow to ensure the patch was applied to the body following manufacturers guidance. The staff member told us they used body maps for this purpose and updated the records accordingly during our inspection. This ensured people received their medicines safely as prescribed.

The provider had a system and process in place for the ordering, storage, handling and disposal of medicines. Although measures in place were safe, storage was not always in line with best practice guidance. Medicines were stored in a dedicated locked medicines room. Any controlled drugs (requiring special treatment) were safely locked away but stocks of other medicines in individual cupboards were not always locked. We discussed this with the registered manager who implemented actions that ensured all cupboards were locked. The registered manager implemented a lockable returns box to ensure any medicines that were not required, were safely stored to await collection by the pharmacy.

Protocols for administering medicines that were prescribed, 'as and when required' for people were in place.

People confirmed they had access to pain relief when required. Records were up to date and audits were completed to maintain safe practice.

Our observations confirmed high levels of cleanliness and infection control around the home. Where there were any lingering smells the provider was responsive and implemented actions to identify and remove the source of the odour. This meant the provider ensured the home was maintained to a high standard for everybody.

The provider ensured staff were selected and recruited safely. Wherever possible people were involved in the process to ensure compatibility. Checks were completed before staff began work. This included obtaining a minimum of two references, and the completion of a Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevents unsuitable people from working with people who require care.

There were sufficient staff on duty to meet people's individual needs. The registered manager showed us a rota which confirmed staff on duty on the day of the inspection and planned for staff in the following days to ensure people were supported. The registered manager told us, "We plan staffing against people's needs but if we have a lot of staff off sick then it can take time to get cover in. We sometimes have to use agency." One person said, "Call buttons are usually answered within 20 minutes." Another person said, "There doesn't always appear to be enough staff at weekends mostly, but we are okay." A staff member said, "Sometimes we are short due to staff sickness but when everyone turns up it's fine. It is getting better and we are using a lot less agency staff which provides consistency of support for people."

The provider had completed risk assessments to ensure people received safe care and support and to uphold their human rights. Risk assessments were in place for everyday activities and events. For example, personal care, eating and drinking and maintaining people's health and those risks associated with slips, trips and falls in and around the home. This information was reviewed regularly and discussed with the individual. This meant people were supported to live fulfilling lives, safely and without undue restrictions in place.

Accidents and incidents were appropriately managed and recorded by the provider. We reviewed a log which recorded any events and we found the system in place ensured accountability and, with oversight by the provider recorded outcomes and actions which helped to reduce similar events.

People had personal emergency evacuation plans in place so staff were aware of the level of support people required should they need to be evacuated in an emergency. Checks had been completed to ensure the home and equipment was safe for everybody to use. We found checks on gas, electric, central heating, fire alarms, and equipment had been completed by a competent person. Associated certificates of compliance were available and up-to-date. Weekly water temperature checks had been completed and recorded. A legionella water test was completed and certified as compliant. Legionella is water borne virus that can cause lung diseases like pneumonia.

Staff had access to relevant information to support people safely. Where necessary care plans included a positive behaviour support (PBS) plan. Behaviour that challenges usually happens for a reason and may be the person's only way of communicating an unmet need. PBS helps providers understand the reason for the behaviour so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.

Good

Is the service effective?

Our findings

People we spoke with told us they received care and support from staff who understood their needs and had the skills and knowledge to provide them with an effective service. People said, "Once they have been here a few days and done the training they know what to do" and, "They are good carers."

Staff told us they completed an induction to the home and their role before they commenced independent duties. This induction included information about the service and the people who lived there. New staff completed the care certificate as part of their induction. The care certificate is a set of basic standards in providing care and support, for staff to adhere to in their daily role. We saw staff had completed training in equality and diversity which meant people were assured staff who supported them were well trained and understood the importance of compassionate and effective care.

Systems and processes were in place to ensure staff received support and appraisal. This helped them to complete their role in line with the provider's policy and procedure. Staff told us they felt supported in their role and confirmed they received regular supervisions. One staff member said, "Training and support has really improved. We don't need to worry about anything expiring because the manager will let us know if we need to do something."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

During this inspection, we checked and found the provider was working within the principles of the MCA. Records confirmed assessments were completed to ensure people could make informed decisions and choices. Where people living at the home had been assessed by the provider as lacking the capacity to consent to specific decisions, evidence was recorded that decisions had been made in their best interest and the least restrictive option. The records included input from people who knew the individual well or who were best placed to contribute to the decision-making process. For any restrictive practices applications had been submitted to the local authority for further assessments and where appropriate approval of a DoLS.

Records demonstrated people's consent had been sought or that of their legal appointee. For example, where people had appointed a lasting power of attorney for their wellbeing, checks to determine the legal position and scope of the appointee had been completed. Where confirmed, their involvement with the person's care and support had been recorded. A relative told us, "We are asked to contribute to [person's name] care and support when it is required."

Previous and current health issues were recorded and healthcare professionals were contacted where further support was needed. We saw evidence recorded of involvement from other health professionals that included people's GP, community nurse, chiropodists and community mental health workers. A health worker told us, "The service is responsive to people's needs. If anybody needs any assistance, for example with their skin, staff will contact us straight away and they record any advice or guidance and it is followed. No concerns." One person said, "If you ask at the office they get a doctor; no problems." One relative we spoke with raised concerns regarding a person's dentures. With their permission we discussed this with the registered manager. The registered manager was pro-active to the concerns and arranged for a dental visit to the home.
Care plans included information to help staff provide people with healthy eating options. Where assessments identified concerns regarding people's weight; monitoring tools were used and referrals made to the dietician for further assessment and support for the individual.

People were supported with any dietary or nutritional requirements. The service had recently employed a chef and all meals were now cooked in house. The chef told us, "I am kept up to date where people's needs change or they have specific food requirements. We currently have seven diabetics, and there are two people with allergies to mushrooms and peppers. There are people with other needs. For example, one prefers a vegetarian option and another has Crohn's disease (a bowel condition), which means they are not allowed certain foods which are listed.

We observed people's lunch time experience. People chose where to take their meal, either in their own room or the dining room. A choice of drinks was provided and we heard staff offering people a choice from the menu. The atmosphere was calm with people chatting to each other and the staff on duty. People were supported as much or as little as they required by attentive staff. One person said, "The food is always appetising, we have a choice of what we would like and there is even a pudding."

The home had an accessible entrance and a layout that had considered people's mobility needs. Adaptions were in place to minimise the risk of slips, trips and falls. People could independently access areas of the home and enjoyed the outdoor area which included of large secure garden area with seating and patio tables. The home was dementia friendly and easy to navigate with a large spacious hallway leading to various communal areas and a large dining room. All areas of the home were clean and tidy and appropriately furnished.

Good

Is the service caring?

Our findings

People told us they received a service from caring staff. Observations during our inspection confirmed staff treated people with kindness and were respectful of their wishes and preferences. People said, "We have all been here so long the staff know us all very well" and "They are not just staff they are friends."

Care plans recorded information to ensure people were supported equally but accordingly with any diverse needs. Where people had religious preferences, discussions with people had been held and where they had any associated preferences this was recorded. One staff member said, "We will always try to accommodate people's needs. A few people prefer a male or only a female carer to assist with personal care, so that's what they get."

Staff received training in, and understood the importance of maintaining people's dignity and privacy as part of completing the care certificate. Care plans recorded people's preferred name and we saw that these were used by care workers. We observed care workers respected privacy by knocking on doors and asking if they could enter the room. Observations confirmed they ensured that where ever possible they promoted people's independence. One staff member told us, "We support people to continue to live the lives they have always lived. We offer support with daily activities. For example, with washing and dressing but we don't take over, we encourage people to do what they can independently. We just support them to do it in a dignified way and to keep safe."

People received information that was accessible to them and presented in a way they could understand. The Accessible Information Standard is a legal requirement to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need from health and care services. We observed staff were effective in communicating with people. Where people required support to communicate and to understand information this was recorded.

Staff understood when people required assistance and how to support them. Staff checked people had access to their glasses and that hearing aids were in working order where they were used. Care plans were in place and were specific to people's needs and abilities. We saw information for staff to follow in relation to how they should engage with people. Where people required further independent guidance and support to make informed decisions the registered manager told us they would engage the use of advocates. Advocates can help people with independent support and advice and can speak on the person's behalf on a range of decisions, including the person's home, relationships, finances and health.

People could express their views and be actively involved in making decisions. A relative confirmed, "We are kept up to date with any changes and we are able to contribute our opinions because we know what [person's name] would have wanted. The staff are good at respecting [person's name] wishes and preferences." One person said, "I can pretty much do what I like. I get up and go to bed when I want, and I can choose what I do during the day."

We observed how staff clearly understood when some people needed reassurance and emotional support. One person who showed signs of confusion was gently taken by the hand and reassured by a staff member who assisted her to a seating area where a drink was provided. It was clear staff had built good relations with people who were at ease discussing daily events and making requests for assistance. One staff member told us, "We need to be patient with people. One person didn't communicate with anybody, but they now shadow staff around the home and they enjoy the company of others as well. They just needed reassurance and a bit of confidence; that's why I enjoy my job."

Good

Is the service responsive?

Our findings

People had been consulted with prior to moving into the home to ensure their needs could be met. This information formed the basis of further reviews which enabled the provider to develop person centred care planning information for staff to follow to provide holistic care tailored to people's individual needs. This included information on how staff should communicate with the individual, provide a safe environment and to determine their mental state and cognitive ability. People received an annual review of their care and support and associated information was checked at least monthly and routinely updated as people's needs changed.

Records included a 'map of life.' This information provided a personal history about the individual including reference to their family life, place of birth, interests, and significant others. A member of staff said, "We complete a, 'getting to know you' questionnaire with people. This provides us with insightful information and enables staff to have meaningful discussions with people and to ensure they are supported with their interests."

Care plans included information on people's routines and the type and amount of support the person required. Records included information for staff to follow. A daily progress record included prompts for staff to document activities of support to maintain their health and wellbeing. Examples included, records about people's daily weight and associated records to determine when other health professional input should be requested. Other records included turn charts to maintain people's skin integrity and mobility charts and falls records. The registered manager said, "When people have three falls we complete a referral to the falls team to ensure we are doing everything possible to keep the person safe and mobile."

People understood and had contributed to their care plans. One person said, "I have a file about my needs in the office. It's a lot of paperwork but it means they [staff] know what I need."

Staff had received training in equality and diversity and how to support people with any diverse needs. The provider told us refresher training was available and this was supported by a policy and procedure that provided staff with further guidance. This ensured staff fully understood the nine characteristics protected under the Equality Act 2010. One staff member said, "We treat everyone the same, some people may need more assistance than others but the goal is the same." Another staff member said, "If people are religious we can get them to church or the vicar can visit the home." One person said, "I am not religious but for those who are they can receive communion every month from the vicar who visits the home."

People were supported to maintain family relationships and encouraged to enjoy activities they were interested in. Records included provision for information to be documented regarding any activities or one to one support people received. We found this information was not comprehensive. The registered manager told us, "We are reviewing how we record the support we give to people to enjoy their activities. We have an activities co-ordinator who schedules activities and supports people who remain in their own rooms on a one to one basis. This ensures they have social interaction but record keeping would benefit from more information for us to understand what is working or what requires improvement."

People spoke positively about living at the home. Comments included, "We often have activities, we play bowls and we are very good at it" and "There's a bonfire night party soon." Another person said, "Personally, I like to stay in my room, but I like to do the jigsaws in the lounge doing and read the papers." A staff member said, "We play bowls, we all enjoy singing and we get musicians in monthly, but this will increase to every week over Christmas." They continued, "We have our own cinema with a big screen where we get everyone together to watch musicals; we watched Mamma Mia this week".

People were supported to raise any concerns or complaints. A policy and procedure was available to support this. A staff member said, "We usually deal with any daily concerns as they happen. It may be that someone is not happy or confused or requires a GP. Other concerns or complaints are escalated and recorded for investigation." The registered manager showed us a complaints log. We saw information about the complaint was recorded, details of any investigation and where appropriate the registered manager had completed duty of candour by writing to the individual with an explanation and outcome. Oversight of any complaints was logged and reviewed by the provider to ensure systems and processes had been followed and that they were effective to ensure satisfactory outcomes for people.

Where people had chosen to, their end of life care wishes and any advance decisions were documented in their care plans and kept under review. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate. A staff member said, "Discussing people's end of life is a sensitive topic. Some people are happy to discuss their wishes and we try and encourage relatives to be involved in those discussions. This information is then recorded in their care plans so we can ensure we can meet their wishes."

Good

Is the service well-led?

Our findings

There was a manager on duty on the day of our inspection who was registered with the CQC. The registered manager was responsible for the day to day running of the home and received support from the provider to drive improvements forward. Staff told us the registered manager was approachable and that they received good support when they required it. One staff member said, "The manager is caring, but not just about people who live here. They are supportive of staff, any personal needs we have and of ensuring relatives and other visitors are equally happy."

It was clear the registered manager was caring and understood people's individual needs. During our inspection we observed the registered manager was visible in and around the home and took time out to hold conversations, provide people with re-assurances and answer any questions or concerns. People told us, "The manager and the assistant manager are both alright and always approachable" and "The manager is busy, but seems nice."

People told us they were happy living at the home and with the staff who supported them. Comments included, "I am happy here because it makes me independent from my family" and "I like the attention you get, I am not frightened to ask about anything." One person told us, "We have the life of Riley, you can go out anytime, there are no restrictions." Everybody discussed how the home had improved under the new ownership. Staff told us, "Over the last year the service is more about the people who live here. If someone needs something to improve their lives or wellbeing then we just ask the registered manager and it happens. We can see people's lives are improving all the time." People told us, "The home is feeling like home. We have new decoration, pictures and seating; it's all very lovely. It is a happy place."

Staff who we spoke with told us they felt supported in their roles and were happy to speak with the registered manager if they had any concerns. One staff member said, "I used to work in community care but changing my job and working here has been the best decision; I love my job and the people who live here."

As part of the legal requirements of their registration, providers must notify us about certain changes, events and incidents that affect their service or the people who use it. We found the provider had submitted the appropriate notifications which meant we could check appropriate action had been taken. Discussions confirmed the registered manager was clear about these requirements.

The provider had completed quality assurance checks to maintain standards around the home and to identify any areas for improvement. Records were held for infection control, catering, checks on bedding, laundry and oversight of people's dining experience. These checks showed that systems and processes in place were followed with effective outcomes for people.

Monthly audits had been completed for example, for medication, accidents and incidents, and health and safety. The provider worked with the local authority and the local pharmacy who had completed checks on systems and processes in place at the home and provided feedback to help improve practice. Information was collated and monitored by the registered manager to ensure any actions were implemented and signed

off in a timely manner. Where trends became evident further evaluation and preventative actions were implemented.

The provider had completed consultations with people living at the home, staff and their relatives. The registered manager told us, "The home had changed ownership and I was new in post. I wanted to gauge people's opinions, to identify what was working and where improvements were required." We saw an evaluation of information returned from a stakeholder survey completed in March 2018. Where suggestions had been made actions had been taken. For example, because of feedback the provider had increased staffing to meet requirements and had amended the weekly menu to reflect people's preferences. We saw these and other actions had been implemented for the benefit of everyone.

Staff told us they had been consulted with, and we saw minutes of monthly staff meetings and manager meetings. Topics included outcomes from previous audits, complaints, decoration and home improvements, training and fund-raising opportunities. Staff told us they felt the meetings were a useful opportunity to participate in discussions about the home and the service and to raise any ideas and feedback towards further improvement.

The registered manager understood the importance of involving people who lived at the home to help shape the service they received. Minutes of residents and relative meetings recorded discussions held about any changes including decoration, gardening, new menus, events and coffee mornings. The registered manager told us, "We moved the dining room around to encourage people to be sociable. After the changes people wanted seating positioned differently so it has been moved. Some people choose to smoke so we have agreed for an undercover, outdoor smoking area to be purchased. Everybody can be involved; after all it is their home."

The provider worked closely with the various local authority services and departments involved with people's care and support. This included the commissioning team, occupational health, the safeguarding team and community mental health teams. Care records included a health passport which summarised important health and other information. This ensured people were supported with continuity of care should they need to transfer between services. For example, in and out of hospital.