The Sisters Hospitallers Of The Sacred Heart Of Jesus

St Augustine's Care Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

St Augustine's Care Home (St Augustine's) 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. St Augustine's accommodates up to 52 older people. The service is divided into four units. Units A, B, C and D. Unit B specialises in providing care to people living with dementia. The service places a strong emphasis on the teachings of the Catholic church with support also being provided by the religious Sisters who live in the adjoining convent. People have access to the on-site chapel.

This inspection took place on 21 February 2018 and was unannounced. There were 48 people living at the service at the time of our inspection.

We previously carried out an unannounced comprehensive inspection of this service on 1 February 2017 when we rated the service as Requires Improvement.

The last two years have been a period of considerable change at St Augustine's with significant management and staffing changes having taken place. Since July 2016, a management team have been running the service whilst seeking to find the right manager to take over the role. In January 2018, a new manager was appointed and is currently in the process of applying for registration. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

Despite having only been in post for five weeks at the time of this inspection, the feedback we received from people, relatives, staff and other professionals was that the new manager was a good appointment. She was working well with the management team and collectively they had produced a development plan for the service. The culture of the service was open and positive and what the service needs now is a period of stability for the changes to be embedded and sustained.

The management team had successfully recruited a team of permanent staff and as such people were now being supported by sufficient staff who knew them. Appropriate recruitment checks had been undertaken to ensure suitable staff were employed. A bespoke programme of induction and training enabled staff to have the skills and support to deliver their roles effectively.

There were appropriate systems, processes and practices to safeguard people from abuse. Risks to people were identified and managed safely whilst allowing people the freedom to live the lives they chose.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes. Assessment information was then used to form individualised plans of care so

that people were supported in a person centred way.

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet. Staff worked collaboratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support. The management team were taking continuous steps to ensure medicines were managed safely and that people received their medicines as prescribed.

The environment was adapted and decorated for the purpose of the services provided. The service was clean and improvements to the management of infection control had recently improved significantly.

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met. People had opportunities to engage in activities that were meaningful to them. People had good relationships with the staff who supported them with genuine compassion and care.

People were involved in making decisions about their care and staff understood the importance of respecting people's choices and individual preferences. Staff had a better understanding of people's capacity and were being more proactive in the way they protected people's legal rights.

There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care. A culture of reflective learning was growing across the service to ensure lessons were learned and feedback was used to secure improvements.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld. End of life care enabled people's final wishes to be respected and allowed people to pass with dignity and peace.

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.

Staffing levels were sufficient to meet people's needs. Appropriate checks were undertaken to ensure only suitable staff were employed.

There were appropriate systems, processes and practices to safeguard people from abuse. Staff understood their roles and responsibilities in protecting people from harm.

Risks to people were identified and managed safely whilst allowing people the freedom to live the lives they chose.

The service was clean and improvements to the management of infection control had recently improved significantly.

The management team were taking continuous steps to ensure medicines were managed safely and that people received their medicines as prescribed.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong.

Is the service effective?

Good

The service was effective.

Staff had a better understanding of people's capacity and were being more proactive in the way they protected people's legal rights.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes.

An ongoing programme of training and support equipped staff with the necessary skills to deliver appropriate support. New staff received an induction that ensured they were both confident and competent in their role.

People were supported to lead healthy lives and encouraged to eat and drink so as to maintain a healthy and balanced diet.

Staff worked collaboratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support.

The environment was suitable for people's needs.

Is the service caring?

Good

The service was caring.

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met.

People had good relationships with the staff who supported them with genuine compassion and care.

People were involved in making decisions about their care and staff understood the importance of respecting people's choices and individual preferences.

Staff respected people's privacy and took appropriate steps to ensure their dignity was upheld.

Is the service responsive?

Good

The service was responsive.

People experienced a personalised approach to care and staff had good understanding about their needs and wishes. Improvements to care plans were ongoing, but the systems in place ensured staff were responsive to people's changing needs.

People had opportunities to engage in activities that were meaningful to them.

There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care.

End of life care enabled people's final wishes to be respected and allowed people to pass with dignity and peace.

Is the service well-led?

Requires Improvement

The service was still on its journey to being well-led.

The positive changes to the leadership and management of the service now needed to be embedded and sustained. The registration of the new manager and a period of stability were

crucial to this process.

Systems for auditing were effective monitoring and developing quality within the service.

The culture of the service had continued to become more open and people and their representatives were now fully engaged and involved in the future direction of St Augustine's.

St Augustine's 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 was a re-inspection of this service to check whether the provider was now 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 an updated rating for the service under the Care Act 2014.

This inspection took place on 21 February 2018 and was unannounced. The inspection team consisted of two inspectors and an expert by experience. An expert by experience is someone who has personal experience of using or caring for someone who uses this type of service.

Before the inspection, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. On this occasion the provider did not receive a request from ourselves to complete a Provider Information Return (PIR) before our inspection. This is information we require providers to send to us at least annually to give some key information about the service, what the service does well and improvements they plan to make. Instead, the provider sent us an improvement plan which outlined their assessment of the service and the developments they were working on. We used the information sent from the provider in making the judgements contained within this report.

As part of our inspection we spoke with 12 people who lived at the service, four visitors and six staff, including the new manager. We also met with an independent consultant who was providing ongoing management and training support to the service. In the planning of this inspection, we spoke with other health and social care professionals who have been supporting and monitoring the service in the last 12 months.

We observed interactions between people and staff during the morning and afternoon on each unit. We joined people in the communal areas across the service at lunchtime to gain a view of the dining experience. We also reviewed a variety of documents which included the care plans for six people, two staff files, medicines records and other documentation relevant to the management of the service.

Good

Is the service safe?

Our findings

People told us that they felt safe at the service. For example, one person said, "I don't need to worry. It is the best care." Likewise, another person said, "They do make me feel safe and secure." Relatives were equally confident that their loved ones were in safe hands. One family member commented, "I don't worry, she is so well looked after …She wants for nothing here."

Since our last inspection, the management team had worked hard to increase the team of core staff and reduce the reliance on temporary workers. During this inspection we saw that all support was provided by permanent staff and the rotas confirmed the manager's assertion that the use of agency staff was getting less and less. People commented, "I know them all, even the night staff, they are consistent" and "I always know the carers, they rarely change them now." Longstanding care staff commented, "It's so good to have most shifts covered by our own staff now. We are finally able to provide consistent care."

Staffing levels were sufficient to meet people's needs. People repeatedly told us that they received support when they needed it. For example, one person said, "I don't have to wait long if I use the bell. They come quickly day or night." Similarly another person commented, "They help whatever time of day or night and you don't wait long if you use the bell. I never hear them ringing out." We observed that people consistently received care when they needed it and staff had time to support people at their own pace and engage with them in a meaningful way.

The management team informed us that minimum staffing levels now provided 12 care staff for the early shift, ten in the afternoon and four at night. The rotas reflected that these levels were now routinely maintained. Domestic, catering, management and activity staff were in addition to this number. The Catholic Sisters were also additional to the minimum number of care staff. The sisters provided assistance at mealtimes, offered activities and led prayer. Staff confirmed that they had sufficient time to do the work expected of them and that staffing levels facilitated person centred care.

Appropriate checks were undertaken before staff began work. Criminal records checks had been undertaken with the Disclosure and Barring Service (DBS).This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who use care and support services. There were also copies of other relevant documentation, including employment history, relevant references, medical fitness and proof that people had the right to work in the UK. There were systems in place to ensure that the necessary checks were also undertaken on all staff supplied by external agencies.

People felt protected from the risk of harm. One person told us, "I don't worry about safety. Everything I own is well looked after and kept safe as am I." People and their relatives repeatedly said that they felt safe with staff who they described as "Kind" and "Caring" towards them. One relative was keen to tell us, "You couldn't find anywhere better – the staff, they have endless patience with people."

Staff understood their roles and responsibilities in protecting people from harm. Staff received regular safeguarding training and were confident about their role in keeping people safe from avoidable harm and

demonstrated that they knew what to do if they thought someone was at risk of abuse. All staff confirmed that the management team were approachable and that they felt able to share any concerns with them. The management team made appropriate safeguarding referrals as required and always co-operated fully with safeguarding investigations.

Individual risks to people were appropriately identified and managed. Staff had a good understanding of the risks associated with the people they supported and took action to minimise these. For example, staff knew which people were at risk of dehydration or weight loss and recorded the amounts people ate and drank. These charts were then monitored by senior staff throughout the day and referrals made to the GP as necessary. Staff knew the risks for those people who were cared for in bed and took steps to reduce the likelihood of pressure damage. As such, these people had appropriate pressure relieving equipment in place and staff ensured they were supported to regularly change the position they laid in.

Environmental risks had been considered and mitigated. People had Personal Emergency Evacuation Plans (PEEP) that provided guidance to staff in the event of an emergency situation. These were accessible to staff and the necessary equipment to aid evacuation was readily available throughout the service.

The service was clean and improvements to the management of infection control had recently improved significantly. People and relatives alike praised the standard of cleanliness. One person told us, "The place is very well kept and it feels nice." Likewise, a relative commented, "It's always immaculately clean and not once have I ever noticed a bad smell." We observed the home to be clean throughout and staff observed good hygiene practices.

Following a sickness outbreak last year, the management team had taken steps to improve the measures in place to manage infection control across the service. As such, the infection control lead from one of the provider's other services had recently completed a comprehensive audit of St Augustine's and the management team were working against an ongoing improvement plan.

People told us they received appropriate support with their medicines. For example, one person said, "The carer brings me tablets when I eat breakfast and after dinner. They remind me to take it and tell me what it is for. It I want painkillers I ask and they check me and write it down. They ask regularly if I would like a painkiller. It is my choice." Similarly, another person commented, "I have my tablets in the morning and I swallow them and they watch me do it and they do remind me what they are for but I usually remember."

The management team were taking continuous steps to ensure medicines were managed safely and that people received their medicines as prescribed. The management team had worked in partnership with the community pharmacist to improve the management of medicines within the service. Staff had completed training in the safe handling of medicines and regular checks of records and staff competencies were undertaken to ensure people received their medicines as prescribed and ensure any issues were dealt with swiftly.
Staff completed competency based training in the safe handling of medicines and we observed them administer medicines in a way that followed guidance from the Royal Pharmaceutical Society. Staff did not sign Medication Administration Records (MAR charts) until medicines had been taken by the person. We observed staff sitting individually with people and supporting them with their medicines in a person centred way.
Each person taking 'as needed' medicines, such as medicines for anxiety, pain or to aid sleep, had an individual protocol held with MAR charts. This described the reason for the medicines use, the maximum dose, minimum time between doses and possible side effects. Allergies relating to medicines were recorded both on the person's MAR chart and in their care plan.

All medicines were delivered and disposed of by an external provider. Medicines were stored safely. There were lockable rooms for the storage of medicines. Medicines trollies were locked when left unattended. Medicines requiring refrigeration were stored in fridges, which were not used for any other purpose.

A culture of reflective learning was growing across the service to ensure lessons were learned when things went wrong. One relative told us, "I have every confidence with the staff and the care here. They are very proactive, especially the management." The new manager was in the process of reviewing all recent accidents and incidents to ensure they had a good oversight of the risks across the service. We identified that first aid boxes contained some out of date items which we highlighted to the manager. These were immediately disposed of and replacements ordered prior to the end of the inspection. The manager has since informed us that changes have been made to the auditing of first aid boxes to ensure this area is not missed again.

Good

Is the service effective?

Our findings

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).

People told us that they were involved in the discussions about their care and that staff respected their choices. One person informed us, "I am given choices, time and respect. Time to talk and be listened to is very important to me and I get this to air my opinions. Staff ask my permission to touch me during personal care e.g. remove my underwear, assist with toileting. I have a plan of how I like things and what I need." Similarly, another person said, "They are very respectful during personal care. They ask if I require help and if I say no they respect that."

The management team had taken appropriate steps to manage restrictions on people's freedom. DoLS applications had been submitted to the authorising authority for all the people who lived in the dementia specialist unit (Unit B) as they lacked capacity and were unable to leave the service freely. As part of this process mental capacity assessments had been completed which considered what decisions people had the capacity to make and thus ensuring that capacity assessments were decisions specific.

The new manager had a sound knowledge of the MCA and staff had a better understanding of people's capacity and were being more proactive in the way they protected people's legal rights. Consent was sought before staff delivered care and where people lacked capacity; appropriate best interests decisions had been made. Care records now contained information to evidence who had the legal authority to act on people's behalf.

People's needs and choices had been better assessed to ensure support was delivered in a way that achieved effective outcomes. Prior to admission, people had been assessed to identify their needs and preferences. Subsequent care plans had been formulated on the basis of the information gathered at the assessment stage. For example, people's wishes around daily routines, mealtimes and interests had been transferred into support plans to guide staff in the delivery of personalised care.

Staff had the skills and experience to meet people's needs effectively. One person told us, "They appear well trained" and another stated, "They are very good and the excellent ones show the others what to do and how to do things well. They learn fast here." Likewise a relative informed us, "They make me feel confident in leaving him. I never doubt the care here."

An ongoing programme of training and support equipped staff with the necessary skills to deliver appropriate support. The management team had continued to develop values based training programme

bespoke to the services provided at St Augustine's. The training programme promoted a holistic approach to care that was based on values and a culture of reflective learning. Staff were encouraged and supported to pursue specialist areas of interest which they could then champion to the rest of the staff team.

New staff undertook a 12-week induction programme at the start of their employment which followed the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. New staff shadowed more experienced staff for a period of at least two weeks and during that time were required to complete specific tasks and experiences that involved them getting to know people and understanding how to implement person centred care.

Staff were well supported to deliver effective care. Staff were regularly competency checked in areas such as management of medicines and moving and handling. Part of these assessments involved staff researching information and reflecting on how this affected the way they delivered support. Regular supervision sessions enabled staff to discuss their training and development with a member of the management team and receive and share feedback about their work.

People had choice and control over their meals. People were complimentary about the food provided and told us that they could choose where and when to take their meals. For example, one person commented, "It is very good, so much of it and homemade." Similarly, a relative said, "I eat a full day of meals here twice a week when I visit. I pay a minimal amount and it is a good portion size, three courses and coffee and they all get that. Choices are usually a meat dish and a vegetarian dish but you can choose lighter meals too."

Lunchtime was a social occasion which brought people together. Lunch in the dining room started with one of the Catholic Sisters offering prayer. If people wished to eat elsewhere, we noted this too was respected. Assistance at mealtimes was provided sensitively and according to people's own pace. Staff sat next to the people and supported them with dignity and inclusion. One person told us, "They respect that I like to try but struggle with cutting sometimes so they offer help. They don't rush me."

People were supported to maintain good hydration and a balanced diet. We saw that people were regularly offered drinks and snacks and that their choices about food were respected. Staff were knowledgeable about people's dietary needs and preferences and we saw these were respected in practice. Where risks had been identified in respect of people's eating and drinking, these were appropriately monitored.

Staff worked collabaratively and in partnership with other healthcare professionals to ensure people received holistic personal and health support. People told us that staff arranged for them to see professionals such as the doctor, dentist or optician as necessary. One person informed us, "I have seen physios here and opticians. The dentist comes regularly and I am assisted on hospital appointments." Likewise a relative said, "He is well supported with all services and has a chiropodist who visits two or three times monthly. They keep me informed of doctors being called, appointments, professionals visiting"

The physical environment of St Augustine's had been adapted and decorated for the purpose of the services provided. The layout provided people with brightly lit rooms, level access and handrails to promote safe movement around communal areas. The specialist dementia unit was equipped with tactile objects and personalised memory boxes to orientate people around the unit.

Good

Is the service caring?

Our findings

People consistently praised the kindness and compassion of staff. For example, one person told us, "They are lovely. They hold my hand and we have a chat when I feel a bit sad, they do not rush away and always have some time to spare." Likewise another said, "They have always been very kind. They are very kind to people and chat and sit with me and help with anything you ask." Relatives were equally complimentary about the care they observed. One family told us, "They give her the time she needs. They don't seem to rush her and she is encouraged to be independent. I think they are kind and extremely nurturing."

The atmosphere in the service was relaxed and friendly and people's emotional and spiritual needs were met. The Sisters led regular prayer sessions and the service had a chapel where people could go for quiet reflection. People who were not of Catholic faith told us that their own religious preferences were also respected. Both people and their relatives placed a lot of emphasis on the comfort people received at the service. One person told us, "I am supported in visiting Mass and receiving Communion and I thank them for this as it is very important to me." Similarly, a relative informed us, "She attends Mass every day and if she feels she would like extra time a Sister will sit in her room with her. She is also never alone if she doesn't want to be."

People were actively involved in making decisions about their care and staff understood the importance of supporting them to live their lives as they wished. Staff consistently took care to ask permission before assisting. There was a high level of engagement between people and staff. People and their relatives told us that their care was planned in partnership with them. For example, one person said, "They know how I like things and what I am particular about because they ask me and listen to me" and another said, "The carers all know what I am happy to do or not. They read my plan."

Staff respected people's privacy and took appropriate steps to ensure their dignity was promoted. Personal care was provided discreetly in a way that involved the person and minimised embarrassment. We observed staff knocking on people's doors and waiting to be invited in. One person reflected, "Yes they are good like that. They call you and knock before coming in." There were no restrictions on visiting and family members said they were always welcomed. One family member told us, "They are very respectful if I am visiting and only interrupt if they have to and are very apologetic if they do."

People were supported to personalise their bedrooms and encouraged to share and celebrate their former lives. As such, photos of people on their wedding day, in their place of work or other meaningful events were displayed to remember their achievements before care. One relative told us, "I visited lots of other care homes before coming here. I knew this one was right, because staff really do recognise that they are working in the resident's home here."

Good

Is the service responsive?

Our findings

People experienced a more personalised approach to care and staff had good understanding about their needs and wishes. One person told us, "They know all my needs very well. They read my care plan and respect my wishes. I feel very well supported." Similarly, a relative informed us, "They know him well and his quirks. I think they give individual time to residents and chat with them [so they know how they want to be cared for]."

Staff spoke confidently about how they supported people when they became anxious, frustrated or refused to accept care. For example one staff member told us, "We have a good knowledge of people, but if one of us is struggling to support someone, then we ask someone else to try. Sometimes the change of face approach is all that is needed."

Each person had a plan of care which provided information about their support needs. Care plans contained information about people's care needs and the actions required in order to provide personalised care. For example, one person wished to be supported early on a Sunday so they could shower and be ready to attend Mass. All staff knew this and daily records showed this request was routinely fulfilled.

Staff responded to people's changing needs. For example we saw information that showed staff had promptly responded to changes in people's weight, mood or general health and sought specialist medical support as needed. During the inspection, the health of one person deteriorated and staff immediately contacted the GP and palliative care team to ensure they had the medicines and support to maintain the comfort of the person.

People had opportunities to engage in activities that were meaningful to them. Through the care planning process, staff had encouraged people and their families to share information about people's past hobbies and interests so that activities could be tailored to them. For example, one person told us, "I like gardening and I'm going to grow things to eat this year."

The ground floor lounge was a hub of activity throughout the day, with people engaging in many different things. During the morning there were arts and crafts taking place in the lounge. There was a lovely, friendly and chatty atmosphere. People were engaged with each other as well as staff who were assisting people in their individual activity. Prior to this the majority of people had attended Mass.

People spoke positively about the social aspect of the service. One person told us, "I like to go out on trips and always go. Sometimes we go in a minibus to a Park. Today we are going to walk in the gardens that are very nice here." Likewise a relative confirmed, "There is always something going on and they come to her room to do 1-1 activities. They do word games, sing, puzzles and Nun's read to them from the Bible. She is always entertained if she wants to be." Scrap books and photos displayed the outings, activities and entertainment that people had enjoyed. In the specialist dementia unit, people were participating in either individual or small group activities. Old time music was playing and people were singing and dancing with staff.

There were effective systems in place to ensure that people were listened to and concerns were addressed in a way that improved the quality of care. Whilst no formal complaints had been received since last inspection, people and their relatives expressed that they felt confident to do so. For example one person told us they could speak with, "The nurse or the manager. I know they would all listen" and a relative said, "Definitely the management. They seem proactive and approachable now and I really like the friendliness of the new manager."

The management team had proactively used comments and feedback to improve people's experience of the service. For example, one person enjoyed staying up late watching television in their room, but other people had commented that the television noise sometimes kept them away. Staff had therefore supported the person to move bedrooms to one which didn't directly adjoin other rooms.

End of life care enabled people's final wishes to be respected and allowed people to pass with dignity and peace. Staff had taken time to sensitively speak with people and their families about their wishes for end of life care. People expressed that they appreciated the way in which these discussions had been handled. For example, one person told us, "I have particular views on my end of life and what I would like and they chatted with me about it and write down my wishes." Likewise a relative said, "His requests on how he would like to live his life right to the end have been sensitively addressed and recorded. We all discussed it together and there was understanding and empathy throughout."

Requires Improvement

Is the service well-led?

Our findings

People were positive about the direction of the service and felt they received a good service. One person told us, "I feel very well looked after" and another said, "They work very hard and keep me entertained and well fed." Relatives were equally happy about the support their family members received. For example, one relative told us, "I am grateful to have found somewhere so good and local to us. I feel my father is in fantastic hands and part of his community still."

The manager had only been in post for five weeks at the time of this inspection, but the feedback was already positive about her appointment. People described the manager as "Approachable" and "Very hands on." One person said, "She comes to say hello and asks how you are every day." A relative reflected, "The new manager is far more proactive when she needs to get something done."

Staff also spoke positively about the new management arrangements at the service. For example, one member of staff told us, "There's been a lot of changes over the last few years, but things feel really good now. The management team are good, very supportive and give us lots of help." Likewise, another staff member said, "The new manager is getting things done."

The positive changes to the leadership and management of the service now need to be embedded and sustained. The registration of the new manager and a period of stability are crucial to this being achieved.

Systems for auditing were effective at monitoring and developing quality within the service. The management team had a clear development plan for the service that they were working to. As individual audits against areas such as medication, infection control and care planning were completed, the actions from these were transferred to this main plan for improvement. It was evident that this process was working and that each member of the management team owned the actions in place and were committed to the overall visions for the service.

The culture of the service had continued to become more open and people and their representatives were now fully engaged and involved in the future direction of St Augustine's.
People and relatives told us that they felt better engaged with and that their views were listened to. For example one person told us, "We have resident get togethers and air our views and make requests and suggestions." Similarly, talking of the recent relative's meeting, one family member said, "She (the manager) was very organised and efficient and we all had individual feedback"

Communication of information across the service had improved. There was a clear management and staffing structure across the service, with staff individually and collectively understanding their roles and responsibilities. Staff reported that effective handovers took place on every shift changeover which allowed information and issues to be shared and taken forward. Staff told us that communication, team work and morale was good at St Augustine's.

Feedback from other professionals highlighted that the service was continually improving and positively

embraced partnership working. Through the practice of open listening and reflective learning, the service was continually moving forward.