

# Pharos Care Limited

# The Lodge

## Inspection report

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Date of inspection visit:  
09 January 2020

Date of publication:  
29 January 2020

### 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

### About the service

The Lodge is a residential care home providing personal care for seven younger adults with learning disabilities and/or autism spectrum disorder. The service can support up to eight people.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

A number of management changes had taken place during the year and a new manager had recently been appointed. Relatives were disappointed they had not been kept informed of these management changes but welcomed the arrival of the new manager. Staff were complimentary of the support provided by the new manager and were positive about the support they received from their colleagues. Additional quality assurance systems had been introduced to provide management and the provider with oversight of the service and identify areas for improvement. Action plans were in place and monitored closely to ensure any areas for improvement identified were completed in a timely manner.

People were supported by a group of safely recruited staff who had receiving training and guidance in how to safeguard people from abuse. Staff were aware of the risks to people on a daily basis and were kept informed of any changes in people's care needs. People received their medicines as prescribed. Accidents and incidents were reported and acted on appropriately and analysed for any trends.

Staff felt supported and well trained and spoke positively of the help and guidance support they received from their colleagues and the management team. New staff benefitted from an induction which included working with more experienced members of staff. People were supported to maintain a healthy diet and had access to drinks and snacks throughout the day. Staff were aware of people's healthcare needs and assisted people to access a variety of healthcare services.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service applied the principles and of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service

reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

We saw staff were kind and caring and had positive relationships with the people they supported. Families were kept informed of their loved one's care needs and were happy with the care they received. People were treated with dignity and respect by staff who supported them, where possible, to maintain their independence.

Staff knew people well and were aware of what was important to people, their likes and dislikes and how they wished to spend their time. People were encouraged to participate in activities that were of interest to them, both in the home and the community. People were confident if they had any concerns, they would be responded to appropriately. People's views were regularly sought to ensure they were happy with the care and support they received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 10 January 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service was safe.	<b>Good</b> ●
<b>Is the service effective?</b> The service was effective.	<b>Good</b> ●
<b>Is the service caring?</b> The service was caring.	<b>Good</b> ●
<b>Is the service responsive?</b> The service was responsive.	<b>Good</b> ●
<b>Is the service well-led?</b> The service was not consistently well led.	<b>Requires Improvement</b> ●

# The Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

The Lodge 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 did not currently have a manager registered with the Care Quality Commission. The head of residential services had submitted an application to become registered manager of the service.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who lived at the service and observed the interactions of staff and other people living at the service. We also spoke with the head of residential care, who was responsible for overseeing the

service, the newly appointed manager, a senior carer and two care staff.

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

#### After the inspection

We spoke with the relatives of three people to obtain feedback on the service. We also received additional information from the provider, which had been requested during the inspection. This included copies of the current action plan and latest medication audits.

## Our findings

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

- People were supported to receive their medicines as prescribed. Medicines were stored and managed correctly. Staff had received training in how to administer medicines and had their competencies assessed. Relatives spoken with had no concerns regarding their loved one's medication.

- ## Learning lessons when things go wrong

- ## Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were aware of the processes to follow, should they have concerns that a person was at risk of, or had been the subject of abuse. A member of staff told us, "In this type of setting we are supporting vulnerable people, we have to follow safeguarding procedures." The staff member

went on to describe the actions they would take.

- People appeared comfortable in the company of the staff who supported them. We observed people approach staff for support and reassurance and this was provided. Relatives spoken with told us they considered their loved ones to be safe at the service. One relative said, "I know [person's name] is safe and staff do a good job because [person's name] is happy."
- Where safeguarding concerns had been raised, actions had been taken to make people safe and the appropriate authorities notified.

#### Assessing risk, safety monitoring and management

- Staff were aware of the risks to people they supported. Systems were in place to ensure risk assessments were up to date and staff were kept informed of any changes in people's safety and care needs.
- Risk assessments were detailed and informative and provided staff with the information required to provide care to people in the least restrictive way possible, whilst maintaining people's safety. For example, where people may express themselves through behaviours that may challenge, records clearly identified what each behaviour may mean, the reason/trigger for it and actions for staff to take in response to each behaviour on how to reassure the person. Staff spoken with were knowledgeable in this area and knew how to respond to people safely and effectively.

#### Staffing and recruitment

- The service had safe recruitment processes in place including obtaining references and checks with the Disclosure and Barring Service (DBS). A DBS check enables a potential employer to assess a staff member's criminal history to ensure they are suitable for employment. A member of staff told us, "They asked for references and a DBS. I had to wait for a start date whilst they waited for everything to come through."
- People were supported by sufficient numbers of staff to meet their needs. Each person had an allocated member of staff to support them. Staff were allocated to support people on a shift by shift basis. This meant staff were familiar with each person living at the service and able to cover any staff absences.

#### Preventing and controlling infection

- Staff had received training in infection prevention and control. We observed personal protective equipment being used by the staff on duty throughout the inspection. People living at the service were also encouraged to wear gloves, for example, when cleaning the dining table after eating their lunch.

#### Learning lessons when things go wrong

- At our last inspection, we noted that accidents and incidents were reported but paperwork used was inconsistently completed and analysis of this information was not always routinely completed to enable lessons to be learnt. At this inspection, we found that each accident and/or incident was reported and recorded appropriately. The provider and members of the management team received copies of the information to ensure all appropriate actions had been taken. A member of staff told us, "It's your [staff] responsibility to fill in the incident form and present it to the office and to get a debriefing on what happened. It helps, because not every restraint will go 100% perfect and we can talk about what went well, and what could have been better."
- Analysis of this information took place to identify any trends and actions to be taken. For example, following an incident where staff responded to behaviour that may challenge, the actions taken had been reflected on, (along with other events for the same individual), and additional advice and guidance was sought and given to staff to reduce the risk of reoccurrence. Staff spoken with were aware of these changes and explained about the positive impact they had on the individual involved.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- From care records seen, we could see people had been involved in conversations regarding how they wished to be supported. We found the protected characteristics under the Equality Act had been considered when planning people's care; including who was important in their lives and how they wished to be supported.
- Care plans and risk assessments showed how people were supported to make choices regarding their day to day living, such as what they would like to eat, how they wished to spend their day and what activities they wanted to take part in. One relative told us, "I am happy with the care, 100%" and another said, "The staff have always been very good with [person] and always put his needs first."

Staff support: induction, training, skills and experience

- People were supported by staff who felt well trained and supported in their role. Staff who had been in post for a short amount of time told us their induction provided them with the opportunities and information needed to help them support people safely and effectively. One member of staff said, "I did a week of shadowing [experienced staff] and then a lot of intensive training."
- Staff were supported to access additional specialist training to provide them with the skills required to meet the needs of the people they supported. This included NAPPI training [which instructs staff in de-escalation techniques when supporting people who display behaviour that may challenge] and training in autism. Staff confirmed, and we saw, their competencies were assessed. and they were not signed off to work alone with people until they and their manager were confident they could do so.
- Staff told us prior to the inspection, the opportunity to have formal supervision meetings with management had 'fallen by the wayside'. However, they confirmed that following their appointment, the new manager had made arrangements to speak to each of them individually to get to know them and offer support where required.

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

- We observed people were supported to exercise choice and have access to sufficient food and drink throughout the day. Pictorial menus were available to assist people to make their own decisions about what they would like to eat. We observed one person had chosen their meal and a member of staff prepared it for them. They told they person, using Makaton [a form of sign language]. the food was hot and to be careful when eating. The person acknowledged this advice and took their time eating their lunch.
- People were supported to plan their meals for the week and where appropriate, carry out their own food shop. If people changed their mind at mealtimes, staff were aware of their particular likes and dislikes and

offered alternatives.

- Staff knew people's dietary and healthcare needs and were mindful to offer people healthy options where appropriate. Staff supported people to enjoy treats occasionally, but in moderation and without impacting on their particular healthcare needs.

Staff working with other agencies to provide consistent, effective, timely care

- Systems were in place to work alongside other professionals to meet people's needs, for example, speech and language therapists, GPs and community healthcare services.
- Where arrangements were made for people to move on to other services, such as, supported living, staff worked alongside other providers to ensure where possible, a smooth transition.

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

- Each person's room was decorated to reflect their personality. Appropriate signage was in place to assist people locating areas or items.
- Staff had raised some concerns regarding the environment and had asked for changes to be made to make it brighter and more homely. Following a direct discussion with people living at the service, a member of staff painted the chairs in the dining room in a variety of bright colours. Arrangements were also underway to develop a summer house in the garden into a sensory room.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access a variety of healthcare services and systems were in place to ensure people attended their routine healthcare checks on a regular basis. Relatives told us they had no concerns regarding their loved one's healthcare needs being met.
- Staff were aware of people's healthcare needs and knew how to support people appropriately in order to maintain good health. A member of staff explained how one person's epilepsy affected them and the circumstances in which particular medication would need to be administered. They told us, "If the seizure goes over four minutes, we need to administer the medication and call an ambulance."
- Each person had their own hospital passport in place, which was up to date and provided outside agencies with all the necessary information they would need, should they be supporting the person outside their own home.
- Each person had their own oral healthcare plan, but plans were in place to develop these further and arrangements had been made for staff to attend additional training in this area.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff spoken with had a good understanding of MCA and DoLS. We observed staff obtained people's consent before providing support to people.

- People's capacity to make specific decisions had been assessed in line with the MCA. Each person's care plan considered whether the person had capacity to agree to the plan of care and this was recorded.

# Is the service caring?

## Our findings

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

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

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

- We observed staff speak to people with kindness and respect. When people wanted staffs' attention, it was provided. We saw when staff engaged with the people they supported, they maintained eye contact. Staff listened to the people, gave them time to express themselves and then checked their understanding with them before acting on what they had said.
- Staff to had positive relationships with the people they supported. Where people wanted a hug, their hand held or a shoulder to lean on, this was provided. We saw people were comfortable in the company of the staff who supported them and were able to have a laugh and joke with them.
- Relatives spoken with described staff as kind and caring. One relative told us, "I go by [person's name] and how they are. They are happy and content at The Lodge." Another relative described a difficult situation where their loved one was kept in hospital overnight and had become very distressed. A member of staff had volunteered to stay at the hospital to support their family member and had reassured them by telling the person, "I'm not leaving you." The relative told us, "The staff had [person's name] best interests at heart all the way through."

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

- Staff encouraged people to express their views and make choices about how they spent their day and how they were supported. For example, we observed one person was very keen to go out shopping and for lunch. A member of staff engaged in conversation with the person, encouraged them to lead on planning this and make their own decisions. Staff then wrote down what the person wanted to do that day and agreed times for each activity. Other staff became involved in the conversation and all gave the same consistent messages regarding the timetable for the day. This resulted in the person appearing to be reassured and confident that what they had decided would be happening at the times agreed.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and respect. Staff explained how they ensured people received the support they needed whilst maintaining their dignity and privacy. A member of staff told us, "[Person's name] loves water and enjoys a bath. We make sure curtains are closed and [person's name] is encouraged to do what they can for themselves."
- We observed many examples of people being supported to maintain some level of independence. For example, one person was supported to plan their meals for the week and then do their own food shopping. Another person supported staff to prepare their evening meal.
- The head of care described concerns had been raised with regard to one person's healthcare needs which

resulted in healthcare professionals suggesting the person use a wheelchair when accessing the community. They told us they carried out some research into this and found the cause of the problem was due to the person's awareness of depth when walking. Additional risks assessments were put in place to support the person when they accessed the community. This meant they were able to do this without the need of a wheelchair, thereby maintaining their independence and reducing the risk of suffering a fall.

# Is the service responsive?

## Our findings

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

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

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

- Following a number of audits that had been undertaken by the provider's management and quality teams, the decision had been made review care plans and add more information and tools to assist staff to support people and respond to their needs. Additional support had been given by the provider's behaviour team and communication specialist in order to do this.
- People's care plans held detailed information regarding their needs, what was important to them, their likes and dislikes and how they wished to be supported. Each person had their own care plan, health care plan and daily record which provided a comprehensive record of how each person spent their day. People's daily routines were included in their care plans and staff were knowledgeable about the importance of this. A member of staff told us, "[Person] is very observant and will pick up on any staff changes or changes to their routine."
- Care plans were updated and reviewed as required and information was shared as people's needs changed, so people would continue to receive the right care. Staff spoken with understood people's needs, what was important to them and how they wished to be supported.
- People were supported by staff who were responsive to their needs. People were encouraged to identify long and short-term goals to aim for and plans were in place to establish how to meet those goals. One person had said they wanted to go on holiday and arrangements were being made to help them plan this. Another person had wanted to save for a computer game and a member of staff was putting together a visual budgeting planning to help them save for this.
- Staff spoke positively of the support from the provider's own behaviour management team. One member of staff described how a member of the team had witnessed an incident in which a person communicated through a number of behaviours when they were distressed. In response to this they were able to provide staff with clear and appropriate guidance on how to support the person safely during these events.

Meeting people's communication needs

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

- Each person had their own communication care plan in place. Staff used this information to communicate with people effectively, for example, by using Makaton or pictorial cards. Information was made available to people, where appropriate in easy read formats. One person had on their bedroom wall, in an easy read format, what actions they should take, should the fire alarm sound.
- We saw people were routinely consulted about their needs through one to one conversations, with staff

using easy read formats where appropriate. The head of care explained the form of communication used to obtain feedback from people was being reviewed to ensure it was fit for purpose for each person living at the home.

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 were supported to take part in activities that were of interest to them. Each week, people were supported to plan the activities they wanted to do that week and this was recorded in their daily records. Staff were aware of people's interests and what they enjoyed doing. For example, one person enjoyed train rides, and going shopping. Another loved their music and going to the cinema; others enjoyed arts and crafts. Staff spoken with knew people well, we observed this from the conversations staff had with people as they were able to discuss their interests. One member of staff described a person they supported. They told us, "[Person] loves anything outdoors and they love nature."
- People were supported to maintain relationships with their loved ones, either by home visits, or conversations over skype. Staff understood how much people enjoyed keeping in touch with others who were important to them, and the positive impact this had on their well-being.

Improving care quality in response to complaints or concerns

- There was a system in place to record complaints. Only one complaint had been received since the last inspection and it had been responded to appropriately. Relatives told us they were confident that if they did raise a concern, it would be dealt with appropriately.

End of life care and support

- At the time of the inspection, no one at the service required end of life care. The head of care told us 'last wishes' booklets had been sent to families and there were plans for this area of work to be progressed and discussed. This would help to ensure people's wishes and preferences were identified and responded to.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to assess, monitor and improve the quality and safety of the services provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, the service needed time to embed the systems that had been put in place and ensure the improvements introduced were sustainable.

- At our last inspection, audits in place had failed to identify areas for improvement that had come to light during the inspection. At this inspection, we found there were a number of audits in place to provide management with daily oversight of the service. For example, when particular incidents took place, management were immediately notified, and checks were made to ensure all appropriate actions were taken and all relevant parties were notified. We saw accidents and incidents were analysed for any trends and/or lessons to be learnt.
- The quality team for the service had completed a full audit and an action plan was in place which identified areas for improvement. The quality director visited regularly to ensure actions were being taken in a timely manner. The head of residential services told us, "One thing that has changed is we have more critical oversight of the service which has helped us nip things in the bud quicker." Actions were rated to ensure they were responded to in a timely way.
- Improvements had been made which provided oversight of service delivery but owing to further, recent and planned changes to the management of the home, further time will be needed to provide assurance the improvements are fully embedded for the benefit of people living at The Lodge.
- Following the last inspection, there had been a period of inconsistency at management level. The manager appointed shortly after the inspection left and another manager who had been appointed to drive improvement in the home left the service in October 2019, along with another senior member of staff. At this point, the provider's head of residential services stepped in and took over responsibility for the running of the service.



- Staff described this period of change as challenging but acknowledged the support from colleagues and the head of residential services in order to maintain service delivery. A member of staff told us, "Honestly, I feel better now at The Lodge than I have for a long time, purely because when [former manager's name] left, [staff names] picked up everything and without realising it they held the fort."
- A new manager was appointed in December 2019 and was undergoing a period of induction. The head of residential services had submitted an application to become registered manager of the service in order to provide continuity of management and a period of stability for the home whilst the new manager settled in post. The head of residential services told us, "Staff know me now, we have lots of conversations and meetings to discuss any concerns they have and that seems to be working. I want to give [manager's name] a proper handover in a couple of months' time."
- Staff were aware of the management changes that had taken place and described both the new manager and the head of residential services as supportive and approachable. A member of staff said, "For the past few weeks, staff morale has picked up for the better. We have someone you can go to who will listen, it's not falling on deaf ears."
- Staff were understood their roles and responsibilities and were provided with clear guidance on a daily basis.
- Staff told us they were confident people were well cared for and would recommend the service to others.
- Relatives told us they were happy with the service their loved one's received, and their only concern was a lack of consistency when it came to communication with the home

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

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- Relatives told us they were kept informed of events regarding their loved ones but added they had not been made aware that the previous manager had left, and the new manager was in post. One relative commented, "The first I knew there was a new manager was when [person] came home and told me." They went on to confirm the new manager had recently been in touch to introduce themselves and discuss their loved one's care needs.
  - The atmosphere in the home was calm and friendly and relatives and staff commented positively on this.
  - Staff felt supported and listened to. Staff told us the new manager had settled in well, was approachable and had a visible presence in the home. One member of staff said, "Now [new manager's name] has come in and made himself very approachable and I feel very confident talking to him. He has made it his mission to speak to all staff. Morale is very good at the minute."
  - The new manager told us they felt well supported by the provider and were in the middle of a comprehensive induction. They had arranged a supervision session with each member of staff in order to get to know them and provide them with the opportunity to discuss any concerns they may have or areas of learning they wished to discuss. They told us, "We want to work on the retention of good quality staff and support them, looking at developing them and giving them more senior roles."
  - Staff were respectful of each other and worked well as a team. One member of staff described how a particular colleague had stepped up when the former manager had left and had worked hard, alongside others, to ensure people continued to receive the care they needed and staff were supported. They told us, "I want to praise [staff name]. They picked up all the work [when manager left] and have done a brilliant job over the past few months."
  - Work had been ongoing to support staff and acknowledge the team work which was taking place. The team had recently been nominated by their own senior leadership team at the regional care awards and had been finalists at this event.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- We saw people were routinely asked for feedback on the service on a regular basis and their responses were recorded and reviewed. Plans were in place to distribute surveys to people's friends and loved ones of in the next month in order to obtain feedback on the service.
- Staff meetings had taken place and staff told us they were actively encouraged to provide feedback and share suggestions and their views of the service.
- Plans were in place to gather staff opinion of the service by providing them with the opportunity to give anonymous feedback on working for the service. It was planned for this information would be used to drive improvements in people's care.

#### Working in partnership with others

- Staff told us they worked alongside other professionals, such as GPs, dentists, opticians and mental health services, in order to ensure people's care needs were met.
- The new manager had plans to develop connections with the local community and was considering approaching local voluntary groups with a view to people at the home being involved in some voluntary work.