

Continuum Healthcare Limited

Ashcroft Nursing Home

Inspection report

Church Street
Cleckheaton
West Yorkshire
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Ashcroft Nursing Home is a residential care home providing personal care for up to 40 people. At the time of our inspection there were 31 people using the service. The service provides support to people with a range of needs, including those living with dementia. The service no longer provided nursing care at the time of our inspection.

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

People received safe care because staff knew their individual risks and how to support them. Staffing levels had improved since the last inspection; there were enough staff available, so people did not have to wait for support. Staff training had been completed to enable staff to provide safe, person-centred care. People received safe support for medicines. The home had undergone refurbishment and there were improvements to décor, fixtures and fittings.

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. People were consulted and informed about their care.

Care staff were very kind and caring and they worked in person-centred ways so that each person was supported in ways they preferred. Care records were being developed to include more person-centred detail. We made a recommendation for the provider to consider how they can make care records more accessible to people, their families and all staff involved in people's care and support. Activities and interaction with people had significantly improved and there were high levels of meaningful engagement. People's relatives said they thought care was safe and there were good levels of trust for the staff and management team.

There had been significant improvement in the way staff, people and their relatives were involved and informed. Communication had improved throughout the service. Without exception, relatives' feedback was highly positive and recognised the achievements and improvements since the last inspection. The service worked well with partners. Everyone felt they were able to feedback their views to the management team.

There were marked improvements in the leadership and management of the service. There was clearer oversight of the service delivery and the quality of care being provided. Systems and processes had been established to ensure more robust auditing and the registered manager was continuously considering ways to improve their processes to ensure quality checks were rigorous. We made a recommendation for the registered manager to consider ensuring further detail and clarity of recording where quality checks were made.

Rating at last inspection and update

The last rating for this service was inadequate (report published 23 September 2022) and breaches of

regulation were identified.

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.

This service has been in Special Measures since 22 September 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection. The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Ashcroft Nursing Home

Detailed findings

Background to this inspection

The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The service was inspected by two inspectors.

Service and service type

Ashcroft Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Ashcroft Nursing Home is a care home with nursing care, although they had ceased to provide nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke in person with 10 people who used the service and 2 relatives about their experience of the care provided. We spoke with 4 further relatives by telephone. We spoke with 7 members of staff, including the registered manager, care staff and ancillary staff. We carried out observations of care.

We reviewed a range of records. This included 2 care records in detail and a sample of several other care records to see how risks were recorded. We looked at multiple medication records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

At the last inspection, systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1)(2)(a)(b) 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 12.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks and safety monitoring systems were securely in place.
- Staff worked closely with people and knew their individual risks and how to ensure safe care was provided.
- People's nutritional needs and weight loss was closely monitored, and systems were in place to alert any areas of concern to other professionals. Where people needed regular repositioning, staff knew their individual regimes to prevent the risk of pressure ulcers.
- The home had undergone significant improvements to the premises and equipment to ensure people lived in a safe environment. Wardrobes and loose fixtures and fittings had been replaced and refurbishment had been given high priority.
- Lessons learned from the last inspection had resulted in vast improvements to ensure people received safe care. The registered manager used everyday opportunities to learn and improve practice.

Using medicines safely

At the last inspection, systems had not been established to ensure the safe management of medicines. This placed people at risk of harm. This was a breach of regulation 12(1)(2)(g) 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 12.

- People received safe support with their medicines.
- The system for supporting people with medicines ensured these were ordered, stored and administered correctly, whilst enabling individualised support. People had individual secure medicine storage, and staff supported them in person centred ways.
- Topical creams were applied as prescribed and robust recording, including body mapping was in place.
- For medicine needed 'as directed' or 'when required', such as for pain relief, there was clear guidance for staff to know how to support people's individual needs. Handover records informed staff about time specific

medicines.

- People and relatives told us medicines were managed safely and according to their needs. One person said staff had carefully and consistently applied cream and their skin condition was now improving. Another person said, "If I need anything, like for a headache, they always help me."

Preventing and controlling infection

At the last inspection, systems had not been established to ensure the prevention and control of infection. This placed people at risk of harm. This was a breach of regulation 12(1)(2)(h) 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 12.

- Infection prevention and control measures were robustly in place.
- The home was clean and well maintained. Regular cleaning was taking place and the cleaning staff were knowledgeable about how to prevent the spread of infection. The registered manager told us he was going to liaise with the local authority health protection team to ensure they were working in line with current guidance with their colour coded cleaning equipment.
- Care staff practised good hygiene and there were regular checks of cleanliness. Relatives and visitors told us they thought the home always smelled clean and fresh when they visited. One relative said, "[My relative] always has a lovely clean bed."

Staffing and recruitment

At the last inspection, there were insufficient numbers of staff deployed to meet people's care needs. This placed people at risk of harm. This was a breach of regulation 18(1) 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 18.

- Staffing levels met the needs of people living in the home and staff were deployed well.
- The provider had increased staffing levels immediately following the last inspection. This had a very positive impact as people did not have to wait for their care, and staff were able to spend time in meaningful ways to ensure person centred care delivery.
- People and relatives said there were enough staff to meet their needs, although one person told us staff were always busy. One relative said, "Staffing had massively improved. They have time to spend with [my relative] and they [staff] are not just running round."
- There was strong evidence of good teamwork, and staff communicated well with each other to meet people's needs. Staff in all roles worked together with the same purpose of ensuring people had person-centred care.
- Recruitment procedures were appropriately followed and staff checks were made before new staff started work. The registered manager recorded when new staff ID checks were completed, although records lacked detail of the ID that was seen. The registered manager made immediate improvements to the detail recorded in staff files.

Systems and processes to safeguard people from the risk of abuse

At the last inspection, systems for safeguarding people were not robust enough to ensure people were protected. This placed people at risk of harm. This was a breach of regulation 13(1)(2) 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 13.

- Staff understood the safeguarding procedures and understood how to protect people from the risk of abuse. One member of staff said, "I would raise any concerns at once, I wouldn't hesitate." Another member of staff said, "I would challenge any poor practice if I saw a resident was at risk of harm."
- The registered manager had oversight of accidents and incidents, and made appropriate safeguarding referrals to ensure people were protected.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection, premises and equipment were not adapted to meet people's care needs. This was a breach of regulation 15 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 15.

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

- The home had undergone significant refurbishment to ensure the environment was adapted to meet people's needs.
- The home was welcoming and newly decorated with small seating areas arranged within the communal lounges. One relative told us, we love to come and visit [my relative]. There's a massive improvement; new wardrobes, wallpaper and a new bathroom. I'm more than happy."
- People's individual rooms were personalised and homely with personal items of their choice. Individual wall-mounted toothbrushes and pots had replaced previous poor storage. One person was in a room which was yet to be refurbished and was less welcoming. We discussed this with the registered manager and they supported the person to move to a more pleasant room of their choice.

Staff support: induction, training, skills and experience

At the last inspection, staff were not suitably trained or supported to fulfil the requirements of their role. This placed people at risk of harm. This was a breach of regulation 18(2)(a) 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 18.

- Systems and processes had been established to ensure staff were suitably trained and competent.
- Staff had completed training to ensure people received safe care and support. Staff training was recorded individually, but there was no documented overview of the whole skillset in the team. Checks of staff competency were carried out although these were not always clearly recorded. We discussed this with the registered manager who made immediate improvements to recording of training and competency.
- Staff fully understood their roles and responsibilities, and they spoke enthusiastically about the training they had completed. There was additional training completed where staff had taken on champion roles in

specialist areas, such as end of life care. Staff said they had very good support from the management team in all aspects of their work.

- People and their relatives were confident in staff's abilities. One person said, "They all know what they're doing." One relative told us, "I have every trust in them" and another relative said, "They are on the ball, they know their stuff."

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The provider had acted on our recommendations to involve and include people more in individual decision making, in line with the principles of the MCA.
- People were much more consulted and involved in making choices for themselves. Staff supported people to make their own choices in their daily lives and recognised people's right to do so. Consent was consistently sought when providing care.
- DoLS authorisations were in place and information within these was regularly reviewed
- People were assumed to have capacity, but where there was doubt, this was assessed and recorded for each decision, with evidence of best interest decision making where necessary.

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

- People's needs and choices were assessed and discussed with them and their families, and care delivery was person centred.
- Care records were in the process of being updated with greater detail to reflect the person centred approach which was being embedded in the service.
- Staff knew each person's individual preferences, needs and their choices in how they wished their care to be provided, and they made every effort to ensure care was personalised.

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

- People's nutritional and hydration needs were met.
- People had enough to eat and drink throughout the day, and they gave positive feedback about the quality and quantity of the meals, snacks and drinks. One person said, "The food is excellent" and another person said, "I do enjoy the food, I'm never hungry because there's always something I like."
- Where people were frail and at risk of losing weight, information about their dietary intake was more closely monitored and referrals to other professionals made where necessary.
- There was improved knowledge amongst the staff team about people's dietary needs or where they needed additional support. Where one person needed thickener in their drink, staff ensured they had their own portable, distinguishable cup which contained their own drink.

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

- There were good working relationships with other professionals in support of people's health and care needs. Staff liaised well with professional partners and consulted them with any queries or to obtain advice.
- Visiting professionals told us the staff consulted with them regularly, and acted promptly on advice given, to ensure people's care needs were met. One visiting professional told us, "There are always staff available to discuss and share information about a [person]. We work together."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection, people did not receive person-centred care that met their needs and reflected their preferences. This was a breach of regulation 9 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 9.

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

- People were supported well with a personalised approach to ensure their individual needs were met.
- Staff in all roles within the home interacted with people in very kind, attentive and caring ways. Staff took time to listen to people, spoke with people at their face level and were patient in their communication. All staff were mindful this was people's home and as such, they were respectful and professional in their approach.
- People were happy and relaxed. They told us staff were very caring and supportive. One person said, "They are very welcoming. The staff are always here for you." Another person said, "They are so kind, I feel like they're family." A relative told us, "Every time I go [my relative] is happy, even when they haven't seen me arrive." Another relative said, "As far as care homes go, this is about the best."

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

- People were continuously consulted about their daily care and staff were skilful in how they communicated. Staff actively listened to what people told them and conversations were not hurried.
- Staff supported people with their care decisions, whilst being mindful about their safety. For example, when people wanted to sit in the warm sunshine, staff suggested they wear sun protection. One member of staff told us, "This is people's home and it's up to them what they want to do. We find out through talking to them and sometimes their families."
- Staff took food to the dinner tables to show people the choices available and this helped them decide what they wanted to eat. People were asked where they would like to sit and how they wanted to spend their day.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and staff promoted their independence.
- Relatives told us people were encouraged to be as independent as possible. One relative said "[My relative] likes to look smart and I know [they] have decided for themselves what to wear."

- Staff were observant of people's appearance and supported them to be well presented. One person needed a clean top after lunch, and staff discreetly suggested they get changed. People's clothing was carefully laundered, stored and coordinated.
- People's bedrooms had been refurbished and there were new window coverings. Care was taken by staff to support people to have personalised rooms and well made beds.
- The provider had improved the accessibility and storage of people's tooth brushes and there was improved care of people's teeth and mouths. One relative said there was still some room for improvement with toothbrushing, as they felt this was not always done. Other relatives told us they were happy with the improvements made to support people's oral health.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery

At the last inspection, people did not receive person-centred care that met their needs and reflected their preferences. This was a breach of regulation 9 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 9.

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

- Significant improvements had been made since the last inspection, to ensure people were at the centre of care planning, based on their individual needs, wishes and preferences.
- Staff engagement with people had been given high priority through increased staffing levels and training. There was a lively, jolly vibe in the home, with a good range of activities available. People were interested and involved and they joined in enthusiastically. Relatives told us there had been an uplift in the home's atmosphere. One relative said, "Whenever I visit, [my relative] is always busy, either dancing or laughing with staff." Another relative said their [relative] had become less reserved and joined in with activities."
- The registered manager led by example in their engagement with people, and they sat with them to read the daily newspapers and chat with people about topical news stories. People enjoyed and looked forward to this daily chat. Staff told us the registered manager encouraged staff to sit with people and be amongst them, sharing their daily lives informally, such as over a cup of tea, as often as they were able. This level of interaction helped to establish a homely feel and foster strong relationships.
- Activities captured people's attention, and staff engaged people spontaneously as well as organised group activities, such as chair exercises, singing and games. One person told us they loved the budgies in the home. They said, "I talk to these birds, I love them." One member of staff brought their pet dog to see people, which was thoroughly enjoyed. A local children's group had visited the home to do a show for people and the registered manager told us they were looking at further ways to develop the community spirit being fostered in the home.
- Staff took time to understand who and what was important to each person. Care plans and records were being updated to show people's needs and preferences. These were mostly electronic. The registered manager told us these were still being developed and they were considering ways in which they could be made more accessible to people and relatives.

We recommend the provider considers how they can make care records more accessible to people, their families and all staff involved in people's care and support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider was aware of their responsibilities to meet people's communication needs.
- Care records contained details of how people preferred to communicate and whether any sensory impairments affected people's abilities.
- Staff had an improved understanding of people's needs and communication styles, as well as additional time to spend supporting individual people.

Improving care quality in response to complaints or concerns

- The registered manager told us they made sure any opportunities to learn from complaints and concerns, were discussed with staff and used to improve the service.
- Relatives told us there was an improvement in the way concerns were responded to. One relative who had cause for complaint at the last inspection told us there had been a marked improvement in the quality of care. They said, "The difference is like night and day." Another relative said, "Since we complained at the time of the last inspection, we have seen a massive improvement. We feel like they're listening now."

End of life care and support

- Care records contained information about people's end of life care wishes.
- There was a designated member of staff who was the end of life care champion. They spoke passionately with us about supporting people in the last stages of their life and ensuring their wishes for care and support were recorded and known.
- The end of life care champion told us they had additional training in people's end of life care and support, and they were actively trying to encourage and support other care staff's knowledge in this area.

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 our last inspection we rated this key question inadequate. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last inspection, systems were not robust enough to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 17(1) 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.

- Systems had improved to robustly to assess, monitor and mitigate risks to the health, safety and welfare of people using the service.
- There was improved involvement and oversight from the provider to support the registered manager and empower them to run the service safely.
- Since the last inspection, the manager had completed their registration with CQC and undergone training to improve their performance in identifying and responding to risks. They were dedicated to their role and had worked hard to upskill, with full support from the provider and quality manager.
- There was a marked contrast between the last inspection and this one, with evidence of positive impact on people's care and support, and quality oversight.
- There were regular quality audits and safety checks, which were consistently completed to ensure the service delivery was safe for people.
- The registered manager gave detailed explanations about the quality checks, and although records of these were kept, they did not always contain specific information about what had been checked. We discussed this with the registered manager and they made improvements to the detail of their documentation before the inspection was concluded.
- There were significant improvements in internal communication, such as handovers and meetings, to ensure people's needs were met and inform staff of any new risks or changes.

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

At the last inspection there were no systems to encourage, seek out and act on feedback with which to improve the quality of the service. This was a breach of regulation 17(1) 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.

- There was improved engagement and involvement throughout the service, and close partnership working.
- People and their relatives were consulted on an individual basis and encouraged to be as involved as possible in matters affecting them and the running of the home. Feedback was invited and the registered manager maintained a visible presence in the home.
- Relatives told us they felt more included and they felt able to approach the staff or the registered manager at any time. One relative said, "I know who the manager is, he's always around if I need to speak to him." Another relative said, "[Registered manager] gets really involved with people and knows what's going on."
- Staff said they felt informed and empowered to work as a team, and it was evident staff in all roles shared the same sense of purpose, working together for the people they cared for.
- Where other professionals had made recommendations about people's care and support, staff worked closely with them to improve outcomes for individuals. One relative told us their [relative] had been discharged from hospital with specific advice and exercises to improve their mobility. They said the staff had worked in a person-centred way to ensure the recommended care was delivered. This had resulted in their relative progressing in mobility and the desirable outcomes for the person were reached.
- The registered manager shared ideas for future partnership working, such as with local community groups, schools and nurseries.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The provider understood their duty of candour. The registered manager told us they had prioritised the development of an inclusive, open and transparent culture and we found evidence of strong progress in this regard.
- There had been a significantly positive shift in the culture in the service. Staff felt supported and confident to share their views and raise concerns and they had trust in the management team.
- Relatives said there was improved transparency and open-ness in the way the service was delivered. They told us the registered manager and staff team would always communicate important information and they were friendly and available. Relatives felt they could approach the registered manager with any concerns at any time, although one relative said they would prefer the registered manager to more pro-actively approach them and ask.
- The registered manager used opportunities from the inspection process to learn and improve the service. They confidently demonstrated the improvements since the last inspection, and were very receptive to any feedback from others to help drive improvement.
- There was an underpinning ethos shared by the management team and staff, to ensure person-centred care delivery was the focus for all of their work.