

Oakland Primecare Limited

Lambwood Heights 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?

Outstanding ☆

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Lambwood Heights Care Home provides accommodation and nursing or personal care for up to 73 people. On the day of our inspection, 17 people were receiving services, some of whom were living with dementia.

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

Activities in the service were exceptionally meaningful and had a positive impact on people's lives. Activities and events were created for people that connected them to their past hobbies, interests and life. Care plans reflected people's likes and dislike and throughout our observations, there were numerous positive and friendly interactions between staff and people. The service had developed excellent links with the local community. The registered manager kept a detailed log of all comments and complaints no matter how small and actively encouraged people and relatives to speak about their views of the service. People's wishes were recorded regarding their care towards the end of their lives.

There were systems in place to keep people safe from the risk of abuse. People and relatives felt the service was safe. There were enough staff to support them and they were recruited in a safe way to ensure that they were safe to work with people. Risks to people and the environment had been assessed and mitigated. People received their prescribed medicines safely. People were protected from the risk of acquiring infections and the service was clean. Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences.

Staff assessed people prior to them coming to live at the service and people told us staff knew them well. People were supported to maintain a healthy balanced diet and to eat and drink well. 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.

We have made recommendations in relation to the meal experience and capacity assessments.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff were passionate about working at the service and were very keen to speak with us during the inspection.

An effective quality assurance process was in place to monitor care and plan on-going improvements which were overseen by the provider and senior team who were also based at the service.

This service was registered with us on 18 December 2019 and this is the first inspection.

Why we inspected

This service was registered with us on 18 December 2019 and this is the first inspection..

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Lambwood Heights Care 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 Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before inspection

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

During the inspection

We spoke with six people who used the service and four relatives about their experience of the care provided. We spoke with 12 members of staff including the provider, registered manager, assistant manager, senior care workers, care workers and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. Everyone we spoke with told us people were always safe when living at the service. One person told us, "I do feel very safe, nothing is too much trouble for staff." A relative said, "[Family member] is absolutely safe here."
- Staff had knowledge and confidence to identify safeguarding concerns and had attended training in safeguarding people from harm. Staff were aware of types and signs of possible abuse. A staff member told us, "I know people well so would notice if they were not themselves, I would talk to head of household, the deputy and the registered manager. It is always investigated but if I had gone through all channels and still was not happy, I would go to the local authority."

Assessing risk, safety monitoring and management

- Risks associated with people's care were assessed and managed. Staff understood the risks to people's safety and wellbeing and how to support people to minimise them.
- When risks were identified, clear guidance was in place for staff on how to reduce the harm to people and how to keep them safe. These included risks to people's skin integrity, mobility and diet. For example, care plans recorded detailed guidance in relation to moving people safely, what hoist and sling to use and how to position the sling safely.
- The environment and equipment were monitored closely to ensure it was safe to use. Required test and safety certificates were in place. We found the maintenance checks very organised and easy to access. The maintenance person spoke confidently about all aspects of their work and told us, "The registered manager is very proactive and [named director] is very involved as is everyone at head office. I can pick up the phone at any time if something is needed."

Staffing and recruitment

- The service had opened just prior to the pandemic and recruited and trained staff. Whilst the pandemic had reduced the number of admissions available, the service was committed to retaining the staff they had recruited. This meant there was a high ratio of staff to people using the service. One person told us, "When I press my buzzer they come straight away."
- The service used a colour coded rota that recorded the education and experience of staff. This enabled them to plan the right skill match for each household.
- The provider followed safe recruitment practices. Records showed appropriate pre-employment checks had been made to make sure staff were suitable to work with people with different needs.

Using medicines safely

- The service used an electronic medicine system which gave the senior team very good oversight and alerted them immediately to any omissions or concerns.

- Staff received training about managing medicines safely and had their competency assessed. Staff told us and evidence showed medicines were documented, administered and disposed of in accordance with current guidance and legislation.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Staff knew to record all accidents, incidents and near misses. The registered manager monitored and analysed the information and shared it with staff through regular meetings

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. This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's needs were assessed and care, treatment and support was delivered in line with current legislation and evidence-based guidance that achieved effective outcomes.
- Staff members could tell us about people's individual needs and wishes. People were supported by staff who knew them well and supported them in a way they wanted.
- People's protected characteristics under the Equality Act 2010 were identified as part of their need's assessment. Staff members could tell us about people's individual characteristics and knew how to best support them. This included people's religious beliefs, sexual orientation, cultures and personal preferences. For example, one care plan recorded person likes to be addressed as a lady.

Staff support: induction, training, skills and experience

- People were supported by competent and well-trained staff who felt supported by the provider and management team. Staff told us they had received an induction and the training was good. One staff member said, "I do all the training such as understanding capacity, Safeguarding. The training teaches me a lot and helps me to do the job." A relative told us, "I can really tell staff like working here as they are happy, I really feel they train and look after the staff."
- Staff were encouraged to embark on higher qualifications and the service supported them throughout. A staff member said, "They are going to help us with qualifications."
- Additional training to meet people's needs such as stoma care training, pressure care and skin integrity was available in addition to mandatory training. Learning was a mixture of e-learning and internal and external practical training.
- Staff received supervision of their practice and team meetings were held to provide staff the opportunity to highlight areas where support was needed, and they were encouraged to bring ideas about how the service could improve. Staff confirmed they had opportunities to discuss any issues during their supervision, appraisals and at staff meetings.

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

- People and relatives were very positive about the food. One person told us, "The food is really very good we get three courses. A relative said, "I had lunch here and food is first class. A really good variety of food."
- Menus were available to support people with menu choices.
- Where people were identified at risk, they received additional monitoring and support, for example, referrals to the dietician, speech and language therapists (SALT) and provision of food supplements. We saw where people had been identified at risk, they had received the appropriate support.
- The chef told us they had a person from another culture arriving soon and they had prepared for this by ensuring they were able to provide Halal food. Halal is food that is permissible to eat according to the

teachings of Islam.

- The mealtime observation was very positive, and staff were very attentive and supportive to people who required assistance. However, we noted people living with dementia who staff told us had made a choice earlier were not reminded during the meal what the food was. The meals had already been plated and staff added sauce to the salmon without checking with people first. We discussed this with the registered manager who before the inspection had ended, immediately spoke and consulted with staff about how they could improve.

We recommend the provider consider best practice guidance when supporting people with dementia at mealtimes.

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

- The service was purpose built and designed to meet people's needs. Facilities were numerous and included a hair and beauty salon, a cinema room and a bar and bistro area. People and relatives were very positive about the facilities. A compliment recorded, "Where do I start, this is by far the best care home in Essex. The standard of décor is superb, food is good and staff extremely caring."
- The service was safe and well maintained with appropriate signage to assist people with their orientation. The registered manager told us they had further plans to introduce memory boxes outside people's rooms to further aid with orientation.

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

- Staff had regular handovers to help them share information about people's needs and any events that had occurred. One relative told us "[Family members] needs are being met here. Since they have been here, they have recovered some speech and they are now starting to move their legs. We are very pleased."
- People had access to healthcare professionals including GP's, dentists, physiotherapists and chiropodists. When it was needed people were referred promptly for assessment.

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.

- The provider had assessed people to see if they were at risk of being deprived of their liberty and had made DoLS applications for a number of people. Throughout the inspection we observed staff offering people choices and people making decisions about their day to day care and support.
- Staff we spoke with were able to explain how they followed the principles of the MCA in practice, one told us, "We treat people like individuals and assume capacity, we use the least restrictive ways to support people."
- People had mental capacity assessments in place however, these were not always decision specific and were generic in their content.

We recommend that the service find out more about training for staff, based on current best practice, in relation to assessing people's capacity in keeping with the principles of the MCA.

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. This is the first inspection for this newly registered service. This key question has been rated good. 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

- People and relatives told us staff were very caring. One person told us, "All the staff are extremely kind, and all the staff do their utmost to please us. I talk to my children on facetime, my son was very impressed." A relative said, "Staff are beyond caring, this is in all full terms a care home. The most important word is home. They treat this as [family members] home." Another relative said, "Care is wonderful, and staff are really caring."
- We observed positive and unhurried care throughout our inspection with staff providing attentive care to people who used the service. Staff were chatting with one person and encouraged them to talk about how they liked dancing, the person laughed with staff and demonstrated their dancing.
- Staff complimented people on how they looked, their hair and spoke confidently with people about their family members visiting and things to look forward to. A staff member told us, "We have bonded with people and we have excellent relationships." Another staff member said, "We want people to feel this is their home and they can talk to us about anything."
- The service had recently been involved in a faith and belief forum which included people of all different faiths.

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

- People were given choices throughout the day. Staff had a good understanding of how to support people to make day to day decisions. For example, one staff member said, "We try our level best, every individual is unique, we give them choices about everything."
- Records showed people and relatives were encouraged to discuss their views and make decisions about the care provided. A relative said, "I am on the panel for the quarterly virtual meeting. I can also log in and read the daily logs."
- People were supported and encouraged to maintain relationships with their friends and family. People were provided with electronic tablets and staff supported people to use these to maintain contact with family and friends. The service was now following the latest guidance in relation to visiting.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. Staff knew the people they were looking after well, and we heard them addressing them in an appropriate manner. One staff member told us, "I make sure the door is closed and curtains are closed. If I talk to people about a personal matter, I will do it discretely. We do not talk about people in front of others". A relative told us, "They always think of [family members] dignity. I think staff are really helping them to improve. There is a mixture of ages here for staff which is really good."
- People's care records were kept secured. Staff were aware of their duty to keep information in a safe way and confidential.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People were receiving an exceptional personalised service that met their needs. A relative told us, "The little touches mean they are caring. Everyone knows my [family member] from the cleaners to the manager."
- The service had a relationship manager who went to great lengths to ensure people and their relatives were supported during the admission process and beyond. One relative told us, "The relationship manager was fantastic. We were not rushed, and they made us feel very welcome. I wanted my [family member] to have the best. Another relative said, "We came here and knew this is where my [family member] should be." This meant that people and their relatives were given the time and opportunity to make a positive choice about their future care and support.
- Care plans identified people's protected characteristics. For example, the service had couples living there and discreet adjustments had been made to offer continued shared living arrangements by adjusting accommodation to provide couples with private and protected time.
- People and relatives all confirmed they were involved in formulating their care plans. Care plans fully reflected people's physical, mental, emotional and social needs. Staff we spoke with were fully aware of people's care plans, life history and choices. A staff member told us, "We have everyone's care plan on our system. I check this before we start work as they update all the time and we can see these updates immediately."

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

- The service went the extra mile to ensure people lived as full a life as possible. Staff had excellent skills and a keen interest in finding out as much as they could about people's history, likes and dislikes so they could be incorporated meaningfully into an activity for each person. The lifestyle manager captured people's journeys and achievements in detailed and person-centred memory books full of photographs and information about an individual's life. They told us, "We also hold reminiscence sessions and once I know people's background, I can incorporate their previous hobbies and interests into our activity programme. A relative told us, "Right from the very beginning they wanted to know everything about [family member]."
- People's care and support was planned proactively in partnership with them. Staff used innovative and individual ways of involving people so that they felt consulted, empowered and listened to. This included recognising, respecting and valuing people's past lives, skills and experience and putting this into practice. A relative said, "The extra little things that made a huge difference to [family member] who had been a nurse and nurse manager throughout their career and having been diagnosed with dementia and still considered themselves as working within the home. The lifestyles teams involved [family member] in some simple office tasks to help them feel they were still contributing in some way. Another initiative was helping to prepare the

meals safely by peeling some of the vegetables as [family member] still needed to feel they had a purpose indeed if they weren't working in the kitchen, growing tomatoes and tending to the garden provided further distraction and reward."

- One person was previously a nurse and at the commencement of the pandemic supported staff by checking temperatures and was now assigned with their own personalised digital thermometer. This helped them to use skills they had learnt as a nurse, gave them a sense of purpose and helped keep themselves and others safe.
- One person was a keen golfer and was supported by staff to play pitch and putt in the garden. The maintenance person told us, "I often play pitch and putt with one person and we are thinking of putting in a proper pitch for them." Whilst the person was able to participate and enjoy putting sessions in the garden this was not the same as their real passion of playing on the open golf course. The service reviewed how they could support the person with a meaningful experience and outcome by reliving a lifelong hobby and were finally able to arrange a weekly session at the persons former golf club.
- Another person had previously been a dancer and staff discussed with the person and family about opportunities to enable them to attend dance classes at a local dance studio. The person and family were so delighted that they signed up for two sessions a week, which they attend with a staff member. This has strongly contributed to their sense of identity and reignited their passion for dance.
- One person was experiencing very low moods, was disengaged and very pessimistic about their quality of life due to the negative experience of advancing dementia. Following a review of the changes to their life and with her family support, the person agreed to volunteer in the home and attending a training session as a Wellbeing Champion. They began to immerse them self in the task of supporting other people in the service. This gave them so much confidence and fulfilment that their mood and daily interactions immediately changed. They have now become a very optimistic and happy person who will often be in their volunteer's uniform wearing their wellbeing badge. This meant people had an enhanced sense of wellbeing and exceptional quality of life.
- One person was admitted from another care home following a breakdown of the placement due to their needs not being met. The team spent time sensitively exploring reasons and triggers for their distress and how it affected them and others around them. The team carried out reminiscence therapy sessions and the person was able to discuss openly their anxieties and fears. The person told staff they had chronic back pain that interfered with their day-to-day experiences. The team purchased a personalised back cushion that greatly improved their pain issues and it became their absolute favourite item. It further enhanced their quality of life and enabled them to settle and feel relaxed in their new home.
- The service had a team who were committed to creating excellent relationships with the local community. The relationship manager was part of the local dementia action alliance and told us about a new initiative called 'The Archie Project'. The Archie Project is a unique intergenerational dementia awareness project created to reduce the stigma and fear associated with the word dementia. The children from local schools regularly visit the service to interact through various events such as choirs, singing and sharing moments with people who live there. The service made sure that this was completed safely and the people that lived at the service immensely enjoyed their visits.
- The service sent people a newsletter and several people that used the service had regular slots. One well-travelled person wrote travel tips, one person with a finance background provided money tips and another person had an animal feature. This was another opportunity to engage people in meaningful activities that supported their wellbeing and helped other people.

Meeting people's communication needs

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

- People's communication needs were assessed, and it was clear how information should be shared with them. Easy read guides with key information like DoLS, safeguarding and COVID-19 were available to people when needed.
- The provider understood and met the AIS. For example, the service used pictorial representation cards, hearing loops, audible books and voice-controlled virtual assistants were available in all areas.
- The service had partnered with Google who had provided Google Nest devices to use. With some training, instructions, prompts and reminders on how to use "Hey Google", people were calling their families all over the world, exploring the web and having a lot of fun. The registered manager told us that Australia was a favourite destination for most of our long distance calls people made.
- The accessibility of technology also created greater flexible partnership working. Virtual care plan reviews ensured relatives were kept informed and updated.

Improving care quality in response to complaints or concerns

- The registered manager and staff had a constructive and transparent approach to complaints.
- A record of any concerns raised however minor were recorded, the action taken and the resolution. All information was shared with staff for future learning.
- People and relatives said they felt able to speak to the management team at any time. A relative told us, "If I have anything such as a complaint I would talk to the seniors as they all engage with us even the chief executive has given me their email address."

End of life care and support

- The staff worked sensitively with people to offer support to plan for future events considering people's wishes. A relative told us, "They organised all the equipment necessary to ensure my family member was comfortable."
- Medicines were ordered and held to be used if needed at the end of a person's life. This helped ensure people were pain free and comfortable.
- People's needs had been considered as part of the end of life care plan and the service had end of life champions in place who were dedicated to supporting people and relatives in quarterly workshops.
- The service worked closely with local funeral directors and hosted workshops discussing everything from death and dying to planning and funeral care costs. Families and members of the local community attended, and this proved a great success. Other workshops were planned for the coming year.
- Comments from relatives recorded, "I am especially grateful for everyone's kindness and compassion when [family member] was dying and the tenderness and dignity with which you treated them", "Towards the end of the year [family member] was ill and it was clear they were dying. Staff treated [family member] with such care, dignity and compassion during this time and were wonderful with me too as I was the only one who could visit at this time for various reasons. The end of life care that they gave was magnificent", "I can only say thank you to the team for providing such a holistic caring environment for [family members] final months knowing this also helps me, in turn to come to terms with my loss."
- The service was working towards preparation requirements for registration for the Gold standards Framework. (Gold standards framework is a practical systematic, evidence-based approach to optimising care for all people nearing the end of life, given by generalist front-line care providers). Working in close partnership with the local palliative service monthly end of life reviews were completed with the team and to maintain a palliative register within the service.

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. This is the first inspection for this newly registered service. This key question has been rated [insert rating].

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and management team promoted an open culture and people and their relatives told us they felt confident in them and the service being provided. One relative said, "I would have no hesitation to talk to [relationship manager] or [registered manager]. Another relative said, "I can ask [registered manager] anything, when I brought the grandchildren in, they immediately brought some toys down for them. Little things like that really make a difference."
- Staff were complimentary about the registered manager and the rest of the management team. One staff member told us, "Team I work with is good we have very good teamwork. There is good communication with the management. [Registered managers] door is always open." Another staff member said, "The management team are supportive and challenge us at the same time. They are really supportive and open minded."
- The organisation and registered manager were committed to ensuring staff were supported which included training staff to become wellbeing co-ordinators. A wellbeing clinic was held weekly which was an opportunity for people and staff to discuss any issues or concerns.
- There were regular meetings with people who lived at the service and their relatives and opportunities to feedback through surveys.
- Staff felt supported through regular supervisions and appraisals. Team meetings were held, and staff felt confident their views and opinions mattered and were listened to.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their responsibilities under the duty of candour.
- The required statutory notifications were submitted to CQC following significant events at the service.

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

- The provider and registered manager had a robust system of audits in place to check the quality of the service people received. Checks were carried out on all areas of the service to identify any inconsistencies, then if any were found, these were analysed for any trends to prevent them happening again. A clinical monthly report was generated to keep the registered manager up to date.
- During our inspection each head of department requested to talk with us about their area of responsibility.

Each head of department was passionate about ensuring people received a quality service. One told us, "Staff here go the extra mile. People become family particularly as they were not able to see their own during the pandemic." Another said, "We are able to discuss any changes or updates at our 10/10 meeting (A meeting held daily at 10.00am for all heads of departments).

Continuous learning and improving care; Working in partnership with others

- The management team monitored key clinical information, such as pressure sores or weight loss. This meant immediate action could be taken to respond to changes.
- The provider had a learning development team who supported with training in the service. This enabled them to develop bespoke training to meet people's individual needs.
- Strong community links were in place. For example, the service had supported a local food bank during the pandemic. There were also good relationships with local health and social care professionals, schools, churches and community groups.