

# Care UK Community Partnerships Ltd

# Norfolk House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Norfolk House is a care home providing personal and nursing care to people aged 65 and over. The home accommodates up to 76 people in one purpose-built building. Care is provided across three floors which each have their own communal facilities and dining areas. One floor provided residential support to people living with dementia. Two floors provided nursing care to people with a variety of long-term conditions and disabilities. At the time of our inspection there were 61 people living at the service.

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

People told us they were happy living at Norfolk House and described feeling safe and well cared for. One person said, "I can't tell you how good the staff are." A relative told us, "I have total reassurance that my relation is safe and well cared for."

There were enough staff to care for people safely. Risks to people were identified, assessed and managed and staff understood how to support people's specific needs. There were safe systems in place to ensure that people received their medicines as prescribed. Staff understood how to safeguard people from harm and how to protect them with the prevention and control of infection.

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. Staff had received the training and support they needed to care for people's needs. One relative told us, "I cannot fault anything, the staff have been fantastic." Staff training reflected people's diverse and complex needs, staff told us they felt confident in their roles. One staff member told us, "Working here has made me a better nurse."

People were receiving enough to eat and drink and they told us they enjoyed the food. Risks associated with eating and drinking were assessed and managed effectively. Staff were proactive in supporting people to access health and social care services. Communication systems supported staff to deliver effective care. One staff member said, "I love the way we can share ideas here and with other services."

Staff knew people well and supported them and, when appropriate, their relatives to be involved in making decisions about their care. People told us staff were caring, kind and treated people with respect. Staff supported people to remain independent and protected their dignity.

People were receiving personalised care. Staff were familiar with people's needs, their routines and preferences. Relatives described the positive impact of having consistent staff who knew people well. Records included details of people's personal history, their likes and dislikes and the things and people that were important to them. Staff recognised when people's needs changed, care was flexible and responsive. People were occupied with activities that were appropriate for their needs and interests and people were supported to maintain relationships and connections that were important to them. Staff supported people to plan for end of life care. One relative told us, "The staff support me too, they understand and help me as

well. Nothing is too much trouble."

Systems and processes supported the registered manager to retain oversight of quality at the home. Staff spoke highly of the management of the service and described a positive atmosphere where they felt able to raise concerns and to make suggestions. People and their relatives said they felt comfortable to raise any complaints and were confident that appropriate actions would be taken. People described the registered manager as approachable and one person said, "He has a real interest in the people here". A visitor told us, "The manager is first class and the atmosphere amongst the staff is excellent."

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. The last rating for this service was requires improvement (published 15 August 2018) and there were three breaches of regulation. 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.

### 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 ●

# Norfolk House

## 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 team consisted of three inspectors and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The 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 the 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 16 people who used the service and eight relatives about their experience of the care

provided. We spoke with 10 members of staff including the registered manager, nurses, senior carers, and care assistants.

We reviewed a range of records. This included 11 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

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.

### Staffing and recruitment

At our last inspection the provider had failed to ensure there were enough staff to safely meet people's needs. This was a breach of regulation 18 (Staffing) 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.

- Staff told us that staff levels had improved since the last inspection. One staff member told us, "It feels right for the current level of needs and we can have a staff member based in the lounge now to support people there." People and their relatives told us that they didn't have to wait for their care needs to be met. We observed that staff were supporting people in a timely way, including responding to call bells. One relative said, "Whenever I visit I notice that there are enough staff around, I don't feel that I have to go in search of some one and they are always popping their head around the door." Records including staff rotas showed that staffing levels were consistently maintained.
- The provider had safe systems in place for staff recruitment to ensure that staff were safe to work with people.

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

- Staff demonstrated a clear understanding of their responsibilities about safeguarding people from abuse. One staff member described how they had a duty to report any concerns. Another staff member told us about training they had received and described signs that might indicate abuse. Records confirmed that concerns had been reported and investigated in line with local arrangements and the provider's safeguarding policy.
- People told us they felt safe living at the home. One person said, "I feel safe and protected." A relative told us, "I have total reassurance that my relation is safe and well cared for."

### Assessing risk, safety monitoring and management

- Risks to people were assessed and there was clear guidance for staff in how to care for people safely. For example, some people needed support to move around. Risk assessments and care plans identified equipment that was suitable to support people's needs and provided guidance in how to support them. Staff were observed supporting a person to move from a wheelchair to an arm chair with the use of a stand-aid hoist. They used appropriate techniques, supported the person confidently and provided reassurance and clear verbal instructions. This was reflected within the care plan for the person.
- Risks were monitored, care plans were reviewed regularly and when people's needs changed. For example, some people were at risk of developing pressure wounds. One risk assessment identified that a person was at very high risk of pressure damage and identified pressure relieving equipment to support them to maintain their skin integrity. When there was a change to the person's skin this was noted, and a

wound care plan was put in place to guide staff in managing the wound. Regular monitoring showed how the wound had improved and the care plan reflected the changing needs of the person.

#### Using medicines safely

- People were receiving their medicines safely and at the appropriate time. There were safe systems in place for ordering, storing and disposing of medicines. There was clear guidance in place for each person about how and when their medicines should be given.
- We observed staff administering people's medicines. Staff were following safe practice and were knowledgeable about people's needs and the medicines they were prescribed. Staff took time to explain to people what the medicine was for and people were not rushed. Staff knew what to do if people refused to take their medicine.
- Records were accurate and there were systems and processes in place to check that people continued to receive their medicines safely.

#### Preventing and controlling infection

- All areas of the home were observed to be clean and tidy. One relative told us, "The place is always clean, whatever time of day I come." There were systems in place to ensure a regular cleaning regime and infection control procedures were followed.
- We observed that staff were following safe infection control practices including regular hand washing. Staff used personal protective equipment (PPE) and told us that this was always readily available to them.

#### Learning lessons when things go wrong

- Incidents and accidents were recorded and monitored. The registered manager had oversight of incidents and accidents and told us that incidents were discussed during staff handover meetings so that all staff were aware of what had happened.
- Risk assessments and care plans were reviewed following incidents to identify additional measures to support people's needs. For example, one person who was living with dementia had an incident when they became very distressed. Staff had reflected on the incident, and with involvement from a health care professional, had identified changes in how they communicated with the person to better support their needs and reduce the risk of further incidents occurring.

# 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 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

- Assessments of people's needs and choices continued to be holistic and thorough. People were assessed before coming to live at the home so that the registered manager could be assured that people's needs could be met.
- Staff used evidence-based assessment tools to identify risks and assess needs. People's care plans were based upon assessments and guided staff in how to provide effective care to achieve good outcomes for people. For example, one person had been assessed as having risks associated with eating and drinking. Their care plan included guidance for staff in how to support the person with nutrition and hydration. There were clear goals identified for fluid intake and this was monitored daily and the person's weight was regularly monitored. Records showed that the person's weight had increased since coming to live at the home. Their relative told us they had noticed the improvement and showed us a photo taken when they first came to the home saying, "Look how much better they look now, and so much happier."

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the skills and knowledge of the staff. One person told us, "I can't tell you how good the staff are." A relative said, "They are all really good, especially the nurses."
- Staff described being well supported and had received the training they needed to be effective in their roles. One staff member spoke about their induction to the home, saying, "It was very good, much better than other service inductions." They explained that they had received training and spent time shadowing experienced staff. They told us, "The other staff and the managers were very supportive."
- The training provided was relevant to the needs of the people at the home. One staff member told us about dementia training, saying, "It made me realise how many different types of dementia there are and how it affects people differently." Another staff member described the impact that training had on them saying, "It makes you more confident and competent in your role." They told us, "Working here has made me a better nurse."
- Records showed that staff had regular updates in training that the provider considered to be essential. Staff received regular supervision and appraisals when their training and development needs were identified.

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

- People were supported to have enough to eat and drink. Some people had risks associated with eating and drinking and assessments and care plans identified the support they needed. For example, one person was at risk of choking. Their risk assessment and care plan had been reviewed and included guidance from a Speech and Language therapist (SALT). We observed that staff were aware of the person's needs and

supported them with a pureed meal.

- We observed the lunch time meal. Some people needed support with eating and drinking. Staff were attentive and patient when helping people at meal time. We observed how people were supported to eat at their own pace and staff chatted to people and engaged with them throughout meal time. People told us they had enjoyed the food.
- There was a hydration station on each floor of the home with drinks and snacks available for people. We noted that people who were able to, were helping themselves independently. Staff were heard reminding people to have regular drinks and offered drinks and snacks to people who were not able to help themselves independently.
- People told us that they had a choice of food and their preferences were respected. One person told us, "The chef tried hard to give us what we want." Staff were knowledgeable about people's individual needs and their likes and dislikes. For example, one staff member told us how a person preferred finger food, we noted this was reflected within their care plan.

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

- Staff described positive working relationships with other agencies including health and social care professionals. One staff member told us how they worked well with the pharmacist and GP when managing people's medicines.
- A visiting health care professional spoke highly of the staff saying, "Staff communication with us is good."
- Systems supported effective communication between staff. Staff were kept informed of changes daily with handover meetings between staff. One staff member described how there was a whole team approach, saying, "We pass on information and the manager or nurses check and let us know what we need to do." We observed a handover meeting and noted how people's needs were discussed. For example, fluid intake levels were monitored and where a person had not reached their fluid target this was discussed. Staff were made aware of the need to encourage the person to drink more.
- People told us they were supported to access health care services when they needed to. One relative told us, "I have complete confidence in the staff to call the GP when needed. They are good at recognising when people are not well." One person said, "I can ask if I want to see the doctor, I have had a chiropractor and I've seen an optician since I have been here." Records showed that health care professionals visited people regularly according to their needs.

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

- The design of the building was suitable for people's needs. There was enough space for people who were using wheelchairs to move around. Some people were living with dementia and hallways had been decorated to support people to orientate themselves, some people had objects or photographs of things or people who were meaningful to them outside their bedrooms to help them to recognise their room. Equipment and adaptations were in place to support people with disabilities according to their needs.

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 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 demonstrated a clear understanding of their responsibilities about MCA and DoLS. One staff member spoke of the importance of ensuring that communication is not a barrier when checking consent to care or treatment. For example, they described using a photograph of bed rails when supporting people to understand what they are being asked to consent to.
- We observed how staff consistently sought consent and checked with people before providing care and treatment. For example, a staff member asked consent before applying a cream to one person and they were given time to confirm their agreement or to refuse.
- Records confirmed that where people lacked capacity to make decisions, appropriate people had been consulted to make decisions that were in their best interests. The registered manager had made appropriate applications for people where they felt DoLS applied. They were aware of conditions that had been attached to some DoLS authorisations and records confirmed that appropriate actions had been taken to meet the conditions.

# 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 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

- People spoke highly of the staff and we observed how people were relaxed and comfortable in the company of staff. One person said, "I can't thank the staff enough." Another person said, "They make me feel nice, I can't fault them." A relative told us, "I am very, very happy with the care. The staff are quality and the nurses are amazing."
- Staff knew people well and respected their diverse needs. One relative described the importance of having consistent staff, saying, "It is really important for people that live with dementia to have that familiar face." Another relative described how staff were interested in the "whole person" saying, "They asked lots of questions and really listened to their response." They told us, "The staff are so kind, they speak appropriately and with absolute respect." Another relative said, "I am so impressed with the staff, they are always happy, always friendly and always respectful."
- We observed how staff interacted with people in a positive way. For example, one person who was living with dementia, showed signs of confusion and became distressed. A staff member recognised this quickly and offered support in a compassionate way, reassuring the person, explaining what was happening and supporting them to regain their composure. Staff spoke about people with understanding and respect. They were knowledgeable about the people they were caring for, including their religious and cultural needs.

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

- Staff supported people to communicate their views about their care and respected the decisions that people made. For example, one person who was living with dementia was at risk of self-neglect. Staff had developed strategies to encourage the person to maintain their independence and to reduce incidents that were distressing for them. This had enabled the person to have more control and to make decisions about their care.
- Records showed that people and where appropriate, their relatives were involved in developing and reviewing care plans and making decisions about their care. People told us they felt their views were considered. One person said, "The staff come and talk with me, we have a laugh and yes, I feel I matter."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining confidentiality and people's personal information was stored safely. We observed how staff protected people's privacy by consistently knocking on doors and waiting for a response before entering rooms. When people needed support with personal care staff were discreet and protected their privacy and dignity.

- People told us that staff were respectful and supported their dignity. One person told us, "Staff always make sure I'm dressed nicely, and I appreciate that." We observed how staff spoke to people in a courteous and friendly way. One person told us, "The staff couldn't be nicer." Another person said, "I know all the staff and they wave at me or stop and talk to me. I love everything here." A relative told us how staff supported people to maintain their sense of self. They explained how their relation had struggled to look after money due to their memory problems. They said, "They always like to have their wallet and some cash when we go out, it's important to them. The staff make sure they have it with them every time."

## 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 requires improvement. At this inspection this key question has now improved to good. 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

At our last inspection the provider had failed to plan care in a person-centred way. This was a breach of regulation 9 (Person-centred care) 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.

- People were receiving care in a person-centred way. Support was responsive to people's individual needs and preferences. Care plans had been improved to include information about people's life history, their individual preferences and people who were important to them. Staff described how this information was important for providing personalised care. We observed how staff were proactive in engaging with people for example, encouraging a person to join them in dancing and singing along to music that the person particularly enjoyed. We noted that this preference was reflected within the person's care plan.
- Improvements in staffing levels and the deployment of staff meant that people were receiving a more personalised service. Staff knew people well and recognised when people's needs changed. One relative told us, "They don't use many agency staff, it's the consistency of staff that's amazing and really important." Another relative described the positive impact of having consistent staff caring for their relation who had sensory loss. They explained, "Having regular staff was so valuable, because they relied on recognition of voices." Communication systems were effective in ensuring that staff were aware of changes so that care was adapted and provided in a flexible way. For example, one person with complex needs required support with pressure care. Their needs fluctuated daily, requiring close monitoring and adjustments to their care plan. Staff were given clear instructions by the nurse on duty to ensure that they understood the support that was needed each day.

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 and their relatives told us that they had enough to occupy them and that they enjoyed the activities that were available. One person described how they had enjoyed being entertained by a singer saying, "It's great fun." A relative described events and activities that they had attended and said, "There is always plenty to do, people can choose to join in and get involved with what interests them." Another relative said their relation particularly enjoyed watching an exercise class saying, "They enjoy it even though they can't join in much because it's bright and lively." Records showed that people were actively involved in a range of activities.

- Some people did not want to engage in organised events and staff told us they respected people's right to choose how they spent their time. Staff were aware that some people were at risk of becoming socially isolated and we noted how they popped in to see people in their rooms, to offer drinks, snacks and to chat with them. One person told us, "I like my own company, I'm not one for joining in but I don't feel lonely. The staff are always nipping in for a chat and I go down to the garden when the weather's nice." This was reflected within their care records and we saw a staff member accompanying the person down to the garden during the inspection.
- Staff were aware of the importance of people having structure and meaningful occupation in their day. One person, who had been in the fire service, was involved with fire safety checks including testing the fire alarms. Staff described how another person enjoyed being involved in household chores.

#### 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 had been assessed and care plans included guidance for staff in how to support people. For example, one person was not able to communicate verbally due to their disability. Their care plan included details of body language and facial expressions that they used to communicate as well as clear guidance for staff about the use of cue cards and written questions that could be used as communication aids.

#### Improving care quality in response to complaints or concerns

- There was a system in place for recording complaints. People told us that they knew how to raise concerns and felt confident that appropriate actions would be taken. One person said, "The manager is always ready to listen and to find an answer for any problems." A relative told us, "I don't have any complaints, but if I did I would tell one of the staff or go to the manager." Records showed that people had received a written response to their complaints.

#### End of life care and support

- People were supported to plan for care at the end of life. End of life care plans included details about people's diverse needs and wishes. For example, religious needs were documented and where people had expressed preferences for specific care arrangements these were included.
- A relative told us about their recent experience and described the peace of mind they had because their relative had died peacefully. A staff member told us that they were able to offer support to relatives.
- A staff member described positive working relationships with health care professionals from the local hospice. A visiting health care professional told us, "The nurses here are very proactive and they work closely with the hospice."

# 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 now improved to good. 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; Continuous learning and improving care

At our last inspection there was a lack of robust auditing, including checks on staff practice and shortfalls in involving people in the running of the service. 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.

- Systems to monitor quality had been improved and were more robust in identifying shortfalls to drive improvements. Quality assurance checks were embedded within the service including for staff practice in the administration of medicines. The registered manager had oversight and compiled regular management reports on quality for the provider.
- People's needs were regularly reviewed and care plans were updated to reflect any changes. Systems were in place to provide the registered manager with an overview of people's needs. For example, a report identified people with pressure wounds and people who had unplanned weight loss. The registered manager was knowledgeable about people's individual needs and used these systems to assure themselves that appropriate care was being provided to achieve good outcomes for people.
- Staff described an open culture where they felt safe to report incidents and accidents. Records showed that incidents and accidents were monitored and analysed to identify any patterns or learning from errors. For example, in one month a higher than expected number of infections was identified. Additional training in infection control procedures was arranged to ensure that staff had updated their skills in this area and staff competency was assessed. All staff were included in the handover communication at the beginning of the shift to ensure that staff received consistent messages about management of infection and control procedures. The registered manager said that this had improved practice.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a clear management structure and staff demonstrated that they understood their roles and responsibilities. Staff spoke positively about the management of the home. One staff member said of the manager, "Their door is always open." Another staff member said, "We can raise suggestions and our feedback is positively received." They gave examples including a suggestion to borrow a vehicle so that staff could support people to get out in the community.
- People and relatives spoke highly of the staff and the management of the home. One person told us, "The

manager is brilliant, he is a very nice person." A relative said, "I cannot praise the staff here enough." Another relative said, "I cannot think of a single thing that they could do better. It is extremely well run."

- People and relatives told us that they were consulted and involved with the service. A relative told us, "There are lots of opportunities for engagement, they are interested in our views and opinions." A staff member told us that resident's meetings were regular and that attendance was good. Records showed that issues were discussed including updates on staff levels and planned activities. For example, a suggestion had been made to have a cheese and wine tasting event and this had been arranged.

#### Working in partnership with others

- Staff described positive working relationships within the home. One staff member said, "The home runs smoothly. There have been improvements and staff are happier in their work." A staff member described how recent training in equality and diversity had been beneficial. They said, "We are a very diverse work force, but I think this is valued and respected." Another staff member also described the benefits of having a multi-cultural staff team saying, "The culture here is very good. We are a good team."
- Staff had developed positive working relationships with health and social care professionals. One staff member said, "The GP is very responsive to any concerns we have." People's records showed that staff were proactive in seeking advice and support from health care professionals and care plans included the advice provided.
- Staff described making links within the local community and working in partnership to support people to remain connected. For example, a local church provided a regular service aimed at supporting people who were living with dementia. Staff supported people to attend. A staff member described positive engagement with a local primary school to promote intergenerational activities.