

The Granville Care Home Limited

Woodlands Manor Care Home

Inspection report

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Date of inspection visit:
25 August 2021
26 August 2021

Date of publication:
27 October 2021

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

Woodlands Manor is a care home providing personal and nursing care to 55 people. There were 54 residents living at the home at the time of our inspection.

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

People received a service that was safe. The registered manager and staff understood their roles and responsibilities to keep people safe from harm. People were supported to take risks, promote their independence and follow their interests. Risks were assessed and plans put in place to keep people safe. There were enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed, and people received their medicines as prescribed.

The service was effective in meeting people's needs. Staff received regular supervision and training required to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice. 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 place supported this practice.

During a brief tour of the home we were introduced to people who welcomed us. People were relaxed, comfortable and confident in their home. The feedback we received from people, relatives and staff was positive. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner. They were knowledgeable about people's lives before they started using the service. Every effort was made to enhance this knowledge so that their life experiences remained meaningful. People were supported to maintain their personal interests and hobbies. It was evident there was a person-centred approach to care.

The service was responsive to people's needs. Staff monitored and responded to changes in people's needs. They were offered a range of activities. Everyone was encouraged to make their views known and the service responded by making changes.

People benefitted from a service that was well led. The provider and whole staff team maintained a focus on seeking to improve the service people received. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection.

This service was registered with us on 21 March 2019 and this is their first inspection.

Why we inspected

This was a planned inspection in order to give the home a rating.

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?

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 ●

Woodlands Manor 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

The inspection was carried out by one inspector.

Service and service type

Woodlands Manor 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 announced. We gave a short period notice of the inspection because we needed to be sure relevant people from the management team would be available.

Inspection activity started on 25th August and ended on 2nd September 2021.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

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

We used this information to plan our inspection.

During the inspection

The inspection was facilitated by the providers, operational director, registered manager and deputy. During our brief tour of the premises we observed interaction between care staff and people living in the home. We introduced ourselves and spoke with them briefly about their day and how they were feeling. We also spoke with the activity coordinators. We looked at records relating to care plans, recruitment and medicine management.

After the inspection

The second day of our inspection consisted of a video call meeting with providers, operational director and deputy. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

At the end of the first day of the inspection we sent emails to 25 people and their relatives and 35 staff. We received 22 responses, providing summaries of their experiences and views. These comments have been referred to throughout the report.

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 and their relatives told us they felt safe. Comments included, "My relative is very well looked after and in safe hands", "My relative feels safe at the home and I also feel that he is very safe living there", "I am confident that my relative is in safe hands, the staff are always professional, and "I have asked mum and she tells me she feels safe where she is".
- Staff felt safe working at Woodlands Manor and agreed the care and support they provided was safe. Comments included, "I feel safe and we follow the guidelines for Covid safety", "Risk assessments help ensure people's safety" and "During the pandemic the managers have put things in place to make us all feel safe".
- Staff understood what constituted abuse and the processes to follow to safeguard people in their care. They attended annual safeguarding training to refresh their knowledge and keep them up to date with any changes.
- The registered manager, deputy and staff recognised their responsibilities and duty of care to raise safeguarding concerns about an incident or event that may constitute abuse, had occurred. Agencies they notified included the local authority, CQC and the police.

Staffing and recruitment

- During our visit, the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were enough staff on duty. Comments included, "Staffing levels are very good", "Staffing is guided by the dependency levels of people and staffing is adjusted to meet changing needs", "I can always find a member of staff and see them walking around the home", "My relative told me the call bell is answered promptly and she always sees staff around the home" and "One would expect to wait a little while for help but the staff are very good".
- New management and leadership, effective recruitment and training had also contributed to improved delivery of care. Staff retention was good and there was little use of agency staff so there was consistency of care delivery.
- The registered manager ensured staff employed had suitable skills, experience and competence to fulfil their roles. In addition, they considered personal qualities to help provide assurances they would treat people well and be a valuable staff member to the existing team.
- Appropriate pre-employment checks had been completed and written references were validated. Disclosure and Barring Service (DBS) checks were carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Assessing risk, safety monitoring and management

- Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and difficulty with swallowing and potential choking. People's records provided staff with information about these risks and the action staff should take to reduce these.
- Some people required equipment to help keep them safe. The service ensured people were assessed so that appropriate aids were in place to support them. Equipment was risk assessed and staff received training on how to use the equipment to reduce the risks to people who used them. Specialist equipment included pressure relieving mattresses, profiling beds, specialist seating, mobile hoists and equipment to help people shower and bathe safely. Equipment was checked by the maintenance person and maintained by an outside contractor where necessary.

Learning lessons when things go wrong

- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed the lead up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent recurrence. The registered manager told us where audits had identified people were more at risk of falls after teatime in the lounge area. To help reduce the risk an extra staff member was allocated each day to observe and support people during this period.

Using medicines safely

- Medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Audits identified if any improvements were required and this was communicated to staff.

Preventing and controlling infection

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider 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.

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

- The registered manager completed assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered supported the service and prospective 'resident' to decide whether the service was suitable, and their needs could be met.
- The registered manager and provider demonstrated a sensible, measured approach before taking any new admissions, ensuring the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory.

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

- Staff ensured everyone had prompt access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services.
- Staff recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected.

Staff support: induction, training, skills and experience

- Staff received training and updates when required. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively.
- Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain professional qualifications. Two staff members told us, "I will continue to participate in training programmes to develop my knowledge and skills to be a good leader and role model to the staff and to be an advocate to the residents" and "Despite the pandemic, we were supported with training and my colleagues and I are always receiving guidance from the nurses and management team".
- Staff felt they were supported by the whole management team and their colleagues. Teamwork was promoted and encouraged and comments from staff supported that they were working cohesively.
- Any additional support or supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.
- New systems were in place where staff in senior roles provided supervision for a small group of staff. This had been well received and staff were enjoying expanding their skills.

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

- The chef took an active part in ensuring people enjoyed their food and spoke with them individually and in arranged meetings. People chose where they wished to receive their meals. The meals prepared and served to people were well received. Comments received included, "I visited over lunch time to see the food and it appears well cooked and my relative is able to have a small portion, as he requested. Also, he can have it in his room, again as he requested", "On special occasions the chef goes above and beyond to accommodate cakes and treats and knows my relatives favourite foods", "The food is excellent for choice and quality" and "The food is very good, we know the chef very well, he is always on hand to do more and always says hello".
- Menu planning was person centred and always considered a healthy, balanced, nutritional approach. People were supported with special dietary requirements. This included diets for people with diabetes, cultural preferences, compromised swallow and fortified foods for those at risk of weight loss.
- The chef was proactive in attending training that would further enhance people's nutritional intake whilst promoting dignity and respect. This included supporting individuals with dysphagia, who required textured, modified foods and thickened liquids. This training increased staff understanding that eating was a multisensory experience and that texture, aroma and flavour as well presentation would impact on how something tasted and therefore influenced how much someone ate.
- If people were at risk of weight loss staff had guidelines to assist with developing a care plan and identifying any action required.
- People were weighed monthly, but this would increase if people were considered at risk. Referrals had been made to specialist advisors when required, including speech and language therapists, GPs and dieticians.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff understood the principles of the MCA, how to implement this and to support best interest decision making.
- Staff offered choice to people and asked for their consent when offering support. Daily routines were flexible and centred around personal choices and preferences. People were moving freely around their home and socialising together.
- The service had submitted DoLS applications for people. Some were waiting to be processed by the local authority and others had been authorised. Systems were in place so that the registered manager would know when these expired and when to reapply.

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

- There had been an extensive redecoration and refurbishment programme over the last two years, and

there was an ongoing programme to maintain this.

- The home was well equipped, comfortable, homely and clean. Bedrooms remained personalised with ornaments, pictures, soft furnishings and photographs.

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

- The inspection and feedback from people, relatives and staff demonstrated this was a caring service. Staff were proud about how they supported people and felt they received support that was caring and respected individual wishes. They had built up good relationships with people and their families. One staff member told us, "We aim to provide our residents a secure, relaxed, and homely environment in which their care, well-being and comfort are of prime importance".
- People had good relationships with staff, and they appeared comfortable and relaxed when we visited. We observed friendly, caring interactions, and smiles. We received and read some lovely compliments from people and their relatives about the staff. Comments included, "All of the staff that I have met over the last couple of years have all appeared to be kind and caring both towards my relative and all of the residents", "I find the staff caring and cheerful. It is not an easy job and they work hard", "My relative's personal hygiene has improved since entering the home and his clothes are changed often. He looks very neat" and "All the staff are brilliant on a daily basis". One relative told us about how a staff member had supported their relative even though their shift had finished because 'they wanted to make sure they were ok before they went home'.

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

- People were supported to choose how they wanted to spend their day. Staff focused on care and support that was planned around personal choice and preference. They knew people well, their preferred routines and personalities. One staff member told us, "We ensure our residents feel part of the community and to have their voice heard and be involved in their decisions".
- Care plan review meetings supported people to ensure their care remained effective and meaningful.
- 'Residents' and relative meetings enabled people to express their views and influence things such as food and menu choices, activities, trips out and future events.

Respecting and promoting people's privacy, dignity and independence

- Feedback we received confirmed people were treated with dignity and respect. Staff told us, "We aim for our residents to be cared for with dignity, respect, compassion, and kindness. We strive to provide person centred care based on preferences and informed choice" and "The most important part is that every single one of the staff work hard to maintain a dignified space and make sure the residents are cared for, I believe that we are constantly pushed to improve and grow".
- Independence and autonomy was always promoted and was at the centre of the care and support people received. Re-enablement and support plans were developed with individuals and relevant professionals to support phased physical progression and health. The registered manager shared several examples where people had been discharged to their respective homes where independent living had been achieved.

- People had been assessed for walking aids due to restricted mobility. Staff were seen assisting discreetly, keeping an eye on them, but giving them the space and room to move around independently.

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 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

- Care and support was reviewed and evaluated so that people received a service that was responsive, and person centred. Comments from relatives were positive about how staff identified and responded to people as individuals. They told us, "I like that they know my relative personally and change isn't good for him, everyone knows him in the home", "The key workers fit well and know bespoke needs. The core staff are very engaging, and the main thing is they understand his disabilities" and "My relative does not wish to leave his room. This wish is respected by staff".
- People's changing needs were responded to quickly and appropriately. Staff recognised continuous daily evaluation helped identify deterioration in people's health, where needs had changed, and intervention was required. This included things such as treatment for infections, review of medicines, assessment for equipment and increased staffing levels.
- The registered manager, deputy and nurses reviewed the planning, delivery and management of people's care and support. As a result, people received a service that was responsive. Recently there had been an incident in the home where a resident had to wait six hours for an ambulance to attend. The home had identified a piece of lifting equipment used by paramedics that would make people more comfortable until emergency services arrived. We saw that the provider had purchased this equipment and training for staff on its use had been booked.
- People who were at risk of malnutrition or dehydration had food and fluid charts. Staff recorded what people ate or drank and these were considered and totalled at the end of each 24-hour period. Totalling the amount of food and drink helped the registered nurses to assess whether people were eating and drinking enough. We saw that care plans identified people who were at risk and what staff had to do to reduce the risk.

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 protected people from social isolation and recognised the importance of social contact.
- Considering the size of the service it still maintained an inclusive, homely feel and people had got to know each other and form friendships. There was a mutual respect and appreciation amongst people who lived there. A men's club had been introduced and well received by those living at the home.
- We spoke with two activities coordinators working in the home and how they facilitated a programme of organised daily activities over the week and at weekends. People were offered and provided with a range of activities, they handpicked what they liked to do or take part in. They took ownership about preferred interests and hobbies and were encouraged to express, discuss and share new ideas.
- The emotional wellbeing of people and their families had been supported throughout the pandemic. The

whole team ensured contact and support was maintained through various initiatives. Staff were sensitive to people's feelings including anxiety, sadness and loss.

- Every effort was made to enhance and maintain family support and existing relationships so that people's life experiences were meaningful, and relationships remained important. Effective communication and contact was an important part of ensuring relationships between family and friends were promoted and sustained.

End of life care and support

- People were cared for when they required end of life care, with the support from GP's, district nurses and palliative care nurses.
- Staff felt privileged to care for people when they were dying and took pride in making sure they respected choices and maintained people's dignity.
- Staff had received some lovely written feedback from relatives when they had lost a loved one and sent thank you cards.

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.

- Information was shared with people in formats which met their communication needs in line with the Accessible Information Standard.
- Care plans identified how people preferred to communicate and where extra support was required. The speech and language team worked alongside staff to help formulate care plans around effective communication.
- People with a hearing impairment found the homes IT tablet was useful as a visual aid and those people who had some anxiety and/or dementia also benefited from this.
- Staff understood non-verbal body language to help interpret how people might be feeling. A pain scale tool which was used as part of an overall pain management plan. The pain scale is an instrument designed to assist in the assessment of pain in people who are unable to clearly articulate their needs.

Improving care quality in response to complaints or concerns

- The management approach to concerns was open and transparent. The daily presence of the registered manager and deputy meant people were seen every day and asked how they were. This approach had helped form relationships with people where they felt confident to express their views.
- Improved communication with relatives had helped relieve anxiety and any concerns particularly during the pandemic and restricted visiting. Relatives told us, "I telephone every day and I am very happy how staff keep me informed", "I think they are doing a very good job in these difficult times and communication has improved" and "Things have improved and we are kept up to date on certain things".
- Small things that had worried people or made them unhappy were documented in the daily records and gave clear accounts of any concerns raised, how they were dealt with and communicated to staff. This information was also shared with staff in shift handovers.

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 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

- The registered manager told us about their journey since joining the home, including achievements, learning from failures and how best to improve. New ways of working and revised systems in place contributed to a smooth, effective operation of the home whilst still retaining its personalisation.
- The ethos of a person-centred approach to care and treating people as individuals was consistent. Staff told us, "My philosophy is to put people at the centre of their care and to live well with their illness", "I can say with pride that our team regularly assess people's wishes, listen to them and always try to provide person centred care" and "We are always reminded by the owner that the residents are not living in a care home, we are working for them in their own home".
- The management team had maintained a clear focus on continually seeking to improve the service people received. They led by example, they were caring, kind and respected. People and staff spoke positively about them and the home. Comments included, "We have a strong relationship with the senior management team, they are always very approachable and reactive should anything arise", "The manager is very helpful and anytime I have asked her for anything she has gone out of her way to accommodate me", "The home seems to be under good management and leadership" and "During the pandemic I was particularly impressed as the home locked down on two occasions before the government directive to do so".

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

- The registered manager, deputy and nurses and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- The service had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent re-occurrences and improve quality.
- Effective audits and quality monitoring played an integral part of improving the service quality provision. Action plans were developed with any improvements and changes that were required. The provider had considered ways to improve effective communication and to be able to provide a safe, responsive service. We saw a new reception area had been recently installed. The service was recruiting for a full-time receptionist to greet visitors on arrival and be the first point of contact. The provision of walkies talkies for staff had meant they could summon each other for assistance where needed, without walking around the

home trying to find someone.

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

- Open communication was promoted and encouraged amongst everyone who used the service. Staff told us, "The management have given every staff member the opportunity to be heard and to contribute to ideas, suggestions or matters that will help to continue to uphold the highest standard of care" and "I am confident to express any concerns. I am happy to talk, and I feel listened to".
- There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis. One relative told us, "All requests are handled efficiently, and everyone is helpful, enthusiastic and genuinely caring". People and relatives felt communication had improved and they were kept informed about their loved ones and things happening in the home.
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handovers, clinical review meetings, heads of department meetings and written daily records.
- Other methods of communication included planned 'resident', relative and staff meetings.

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 provider and registered manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The registered manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. Their office was based in the main part of the building with an open-door policy and ensured there was transparency and openness where residents, staff and families could discuss any concerns at any time.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.
- The service linked up with local provider and care home forums.