Greensleeves Homes Trust

Henley House

Inspection report

333 Henley Road
Ipswich
IP1 6TB

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23 March 2022

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Henley House is a purpose -built care home, providing accommodation and personal care to up to 66 older people, some living with dementia. Although the service is arranged over three floors at the time of the inspection the ground floor was unoccupied and there were 42 people using the service.

People's experience of using this service and what we found
There was mixed feedback about the staffing levels in the home including the organisation and deployment of staff during the shift and meeting people's needs.
We have made a recommendation about staffing arrangements in the service.

Risks to individuals were appropriately assessed and managed and safe management of medicines were in place.

Staff had received safeguarding training and knew how to protect people from potential harm. Safeguarding policies and processes were in place.

People were supported by staff who had been recruited safely and were supported in their role with relevant training and opportunities for professional development.

We were assured by the Infection prevention and control systems in the home. These were in line with recommended best practice and current legislation to minimise the risk of spread of infection within the home.

People's care plans were detailed, person-centred and accurate. They promoted choice and guided staff on how to support people safely and encourage their independence.

Staff understood the importance of gaining consent from people. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The provider worked in partnership with people, relatives and other professionals to achieve good outcomes for people.

A range of audits and monitoring tools were in place to assess the quality and safety of the environment and care provided. People's views were sought through regular meetings and surveys

Rating at last inspection
The service was registered with us on 11 December 2020 and this is their first inspection.

Why we inspected
This was a planned comprehensive 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.

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

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.	Good
Is the service effective? The service was effective.	Good
Is the service caring? The service was caring.	Good
Is the service responsive? The service was responsive.	Good
Is the service well-led? The service was well-led.	Good

Henley 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 Health and Social Care Act 2008.

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

Inspection team
This inspection team consisted of an inspector, a specialist professional advisor in nursing and an 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. The Expert by Experience made telephone calls on the 28 March 2022, off site, to obtain feedback from people who used the service and their relatives.

Service and service type
Henley House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Henley House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.
The provider had recently recruited a manager who at the time of the inspection had been in post a month and was applying to be registered with the Care Quality Commission.

Notice of inspection

This inspection was unannounced.

What we did before the inspection
We reviewed our systems and information we held about the service. This included the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with nine people who used the service and two relatives about their experience of the care provided. We spoke with the manager, head of care and compliance, business support manager, two senior care staff, four care workers, an activities' lead, two housekeeping staff, an administrator and the head of maintenance.

We reviewed a range of records which included risk assessments and care records for six people, medication records for 10 people and two staff files. We also viewed complaints, accident and incident records and management monitoring and oversight records.

On the 28 March 2022 the Expert by Experience spoke with five people who lived at the home and four relatives.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three members of staff and received electronic feedback via email from six members of staff. We also received email feedback from the local authority commissioning team

Good

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.

Staffing and recruitment

● We had mixed feedback about the staffing arrangements in the home. However, overall, people felt there was enough staff and their needs were met in a timely manner. One person said, "There is always a member of staff here, they are always around you, no question at all about that." Another person shared, "I have a call button in my room, I rang it once and they [staff] came very quickly." Comments also indicated that staff were 'very busy', 'always 'on the go' and 'sometimes they seem quite pushed'. Some people told us they had to wait for assistance and of communication issues with agency staff.

● The provider had experienced challenges recruiting permanent care staff. As a result, preferred agency staff were used when needed to help cover some shifts. However, staff shared inconsistencies with the staffing arrangements. One member of staff said, "We have a good team that tries our best to support and care for the residents, but it would be nice to have more permanent staff to join the team." Another staff member told us, "It all depends on who is leading the shift how things go. If there are two seniors, one on each floor it works well. But, often we are short and it's left to one senior to cover both floors and they can't be in two places at once so it can become stressful, trying to get everything done and not everyone is a team player."

● At the time of our inspection the manager had been in post for four weeks and was prioritising staffing levels including the deployment and organisation of staff during shifts. Recent changes had been implemented to define roles and responsibilities for the staff on shift, to share the workload and to improve communication systems. Additional staff to assist during busy times was being considered. A member of staff told us," The new manager seems to be listening to us and making changes to improve things."

● The manager and provider were aware of work force pressures in the care sector and were being proactive in their efforts to recruit permanent new staff and reduce and phase out the use of agency staff at the home. Terms and conditions for staff had been reviewed and a targeted approach to recruitment was ongoing.

● The provider used robust recruitment checks and processes to ensure only staff suitable for the role were employed. Pre-employment checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in care services.

We recommend the provider continues to monitor and review staffing levels in the home, which includes the organisation and deployment of care staff, to ensure people's needs are met in a timely manner.

Systems and processes to safeguard people from the risk of abuse

● People and relatives told us they felt safe and comfortable with staff. One person commented, "I definitely feel safe, protected and well looked after." Another person said, "I feel very safe, there is nothing really to worry you here." A relative told us, "I feel absolutely confident that [family member] is safe and respected."

● Staff had received safeguarding training and knew how to keep people safe from the risk of harm or potential abuse. One member of staff said, "I have done both the online safeguarding training as well as the face to face workshop training. I learnt about how to protect our residents from harm and if I see anything how to report and record it." Staff were confident in the management team taking the appropriate action to protect people if concerns were raised and were aware how to report externally if needed.

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

● Risks to individuals were appropriately assessed and managed. Risk assessments were carried out to identify any risks to people and where risks were identified, such as risk of falls, measures were put in place to guide staff on how to reduce these risks. This included a referral to the falls service and specialist equipment such as a crash mat in place. However, we fed back that the integrity of the crash mats being monitored was not robust. One crash mat had significant wear and tear. Following our visit, the management confirmed this had been addressed and changes made to the checks for monitoring equipment. Crash mats are designed to run alongside the length of the bed to lower the risk of serious injury if a person should fall out of bed.

● Staff were aware of the risks to people regarding their care needs and how to mitigate these without restricting people's independence. Where appropriate people and or their relatives were involved in the decisions. One relative shared, "Staff check [family member's] vital signs regularly, check oxygen levels, in conversation with me. [Family member] often wants to go to hospital, has [medical condition] and often doesn't feel well. This way staff can decide whether to take it further."

● Accidents and incidents were reported and recorded. Analysis of these records enabled management to identify trends and patterns and to take action to reduce the likelihood of them happening again. Whilst actions had been taken these weren't always fully reflected in all the records seen. The management team gave assurances on addressing the inconsistencies in the reporting.

Using medicines safely

● People were safely supported with their medicines where required. One person told us, "I get my medication on time just as it is meant to be. Never a problem. The staff that do my medicines are discreet and give me a drink to help me swallow my pills." A relative told us their family member, "Takes four kinds of medication, there are never any problems." Another relative commented, "They [staff] have been great regarding medication, [family member] is reluctant to take them, but they have a system and now a routine for taking them."

● Medicines systems were well organised. People received their medicines as prescribed including those on time sensitive drugs. Regular audits took place with any discrepancies swiftly acted on.

● Medicines were administered by staff who had received training and had their competency regularly checked to ensure their practice remained safe.

● Information was shared across the service in daily management and regular staff meetings to support learning and promote good practice.

Preventing and controlling 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.

Visiting in care homes
People were supported to receive visitors. The provider followed current visiting guidance and a booking system was in place to manage numbers safely. A relative told us, "Staff are all lovely, all friendly. We were in lockdown for ages so they [staff] arranged for me to become a key carer [Essential Caregiver] so I can visit. I can ring and ask to pop in with half an hours' notice and they are fine with that." The Essential Caregiver role was introduced in the Government guidance on visiting in care homes. It recognises that people living in care homes can have support and companionship from a designated relative/friend even when a care home is in lockdown or during periods of isolation.

Good

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.

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

● People and relatives told us they enjoyed the food and had plenty of choice. One person said, "Food is nice, I like it." Another person told us, "Food is lovely; we have something different every day for lunch and you choose what you want. I feel thoroughly spoilt. We get tea, coffee and snacks constantly." A third person commented, "The food has improved recently; they have a new chef. I haven't got much appetite, so they do me something different if I don't fancy what is available." A relative shared, "Food is lovely, [family member] looks much healthier; better nutrition."

● Referrals were made to relevant healthcare professionals where there were concerns about people's nutritional intake. Where people had been identified as being at risk of malnutrition and dehydration, their care plans showed they were monitored through the use of food and fluid charts and being weighed regularly.

● Staff had a good knowledge of people's cultural needs and dietary choices. For example, one person's plate when served up had all the items separated and not touching as this was their preference. On both floors we observed that people were offered different sized portions according to how much they liked to eat. For those living with dementia people were supported to choose their meal by having the menu options plated up.

● We observed inconsistencies in people's meal time experience during their lunch time meal. On the second floor, people enjoyed their meal and were supported according to their needs and preferences in a timely manner by attentive staff. However, on the first floor, people were not consistently supported by staff to eat and drink well. People who required prompting or assistance to cut their food or reach items often had to wait some time for help as staff were moving around the dining room or busy with other tasks. During feedback the manager shared with us the actions they were implementing to address the inconsistencies as they had identified this in their observations. This included further training and managerial support for staff around meal times.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

● People's needs including their preferences were assessed by the management team before admission to the home with family members and significant others involved in the process. Staff worked with relevant professionals where specific needs had been identified, managing risks in line with recognised best practice.

● Staff provided care to people in line with standards, recommended best practice and law. This included current government guidance for managing the risks associated with COVID-19 and Health Safety Executive

guidance on moving and handling.
• People were supported to maintain their health and had access to other health care professionals such as GPs, community nurses, falls service, dietetics and speech and language therapists when required. One person said, "I see the district nurse from time to time. I have trouble with my legs so they come and check me over." A relative told us, "The doctor is always available."
• People's care records documented the engagement people had with health care professionals. Guidance from health care professionals was incorporated into care plans.

Staff support: induction, training, skills and experience
● People told us how they felt the staff had the skills and knowledge to meet their needs. One person said, "Staff know what they are doing."
● New staff received an induction which included training, assessed shadowing with more experienced colleagues and working on the Care Certificate. This is a set of induction standards that care staff should be working to.
● Staff were encouraged and supported to professionally develop through ongoing training, supervisions and appraisals with opportunities to achieve qualifications in care. One member of staff told us, "I love my job and am learning so much. The training is relevant to the role and there is a career pathway if you're interested."

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.

● People told us the staff sought consent before providing them with any care or support. One person told us, "They [staff] always check before they help me. Always ask my permission."
● People's mental capacity was assessed where appropriate. Where people did not have the capacity to make decisions about their care and treatment, best interest decisions were documented and were decision specific. Records showed people's relatives, professionals, family and relevant parties had been consulted when making best interest decisions.
● The appropriate authorisations had been made to the Local Authority where it was necessary to deprive people of their liberty. These detailed what restrictions were being placed on people and why these restrictions were needed to keep people safe.
● Staff received regular MCA training and throughout the inspection sought consent from people prior to providing support.

Adapting service, design, decoration to meet people's needs
● There were appropriate facilities to meet people's needs such as ensuite bedrooms, accessible bathing and communal areas, including lounges, dining rooms and other spaces throughout the home and outside spaces. There was a pub and cinema room as well as themed quiet areas at the end of the corridors where

people could sit.

● Consideration had been given to ensuring there were sensory and reminiscing items throughout the communal areas on the first floor suitable for people living with dementia.

● There was signage in the home to assist people to navigate around independently. Corridors were wide enough for wheelchair users to freely move around. The carpets were a different colour from the walls and were a plain colour. This helps people living with dementia to move around the home.

● The building was fully accessible with lifts to all floors. The home had its own mini bus which was wheelchair friendly, so people using wheelchairs were not restricted and could take part in outings.

Good

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

- People we spoke with were complimentary about the care provided and approach of staff. One person said, "I like living here they [staff] look after you so well. The staff can't do enough for you, they are excellent, you can't fault them, there is nothing to complain about. The staff are like a family, happy and cheerful," Another person commented that the staff were, "Very good, very versatile crowd here, treat me well."
- People's relatives were also positive about the care provided, one relative told us the permanent staff were, "Very approachable and friendly; they know all the residents." Another relative commented, that the staff were, "Just lovely [relative] has her favourites, they [staff] pop in all the time to make sure [relative] is okay, [relative] calls them her girls. I know the regular staff; they are all kind. They were so lovely when [family member] died, supporting me as well. I just can't fault it."
- People were respected and included as much as they wanted to be in shaping their care and outcomes. One person told us, "I have a care plan, the staff know all about me, they listen to me." A relative commented, "Right from the beginning I was involved in the care plan. Since then I have had an online meeting [with staff] and family updating us during lockdown."
- People confirmed they were enabled to make their own decisions and their views were acted on by staff and recorded in their care records. One person said, "I please myself, [if needed] there is always someone [staff] available to help." Another person commented that, "You do what you want to do, staff always listen to me and act on what I say."
- People's care records were person-centred and reflected their individual needs and their history, background and preferences. They were written in the first person and using people's own words in the care records to reflect their choices, preferences and what mattered to them.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff treated them with dignity and compassion; they listened and responded appropriately to any requests. One person said the staff, "Look after everyone individually and with respect." We saw that staff spoke to people politely and referred to them by their chosen name.
- People's care records included guidance for staff on respecting people's dignity and privacy. Their care records included the areas of their care people could attend to independently and where they required support and how staff could best encourage this. One person said, "I'm independent, and they [staff] encourage me to be, they tell me I am amazing." A relative shared, "[Family member] can get dressed but needs prompting and help choosing clothes but is fairly independent which the staff support."

Good

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; 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's care plans were developed with the person and/or their relatives. They gave a detailed record of what the person's interests were, what made a difference to their lives and what individualised care meant to them. This helped staff to deliver care and support in line with the person's wishes.
- People told us that staff were considerate of meeting their preferences. One person commented, "I don't want my family bothered with every little detail about my care, I am quite capable of deciding what I need and the staff know and respect that."
- There was a varied activities programme which promoted the social, physical and cognitive wellbeing of people. On the day of the inspection we saw people engaged in a music session, a French language session via a video conferencing platform, an exercise group and lawn bowls. One person said," They [activities team] put on entertainment every day. At the moment they are discussing holidays in the 1950's." Another person told us," There is no time to get miserable, they [staff] keep you occupied. In the morning I do the exercises, there is a plan on the wall and we stick to it. I'm never bored and those who want to be quiet can be."
- People were supported to maintain their social relationships. One person said, "My [Family member] visited me yesterday with their children and took me out for lunch." Another person described how the staff made it 'extra special' when their family visited saying, "It's lovely when I have my family down. They let us use a special room that has lots of space for us all."

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.

- The provider was meeting the AIS. People's communication needs had been assessed. One person with severe dementia had a care plan which contained detailed guidance for staff, on how to interpret the person's facial expressions and how best to interact with them.
- We observed that staff adapted their communication to meet the needs of the people that lived in the home. Where people had sensory impairments, staff used a range of communication strategies and assistive technology to support effective communication. One relative shared that, [Family member] has a mobile phone with an app which writes what you say, which staff use as well as paper to make sure things are understood."

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to raise a concern or make a formal complaint and were confident it would be addressed. One person said, "If I wanted to complain, I'd just tell the staff. So far there has been nothing to complain about." Another person shared, "I have never made a complaint, never had any reason to. Any recommendations they [staff] seem to respond to." A relative shared, "There is nothing to complain about, the staff ring us if we have any problems, email us with information, and if we ring them it is never a problem." Another relative added, "I don't need to complain, it's about having conversations and understanding."

● The provider's complaints policy was on display in the home and included information about how to make a complaint and what people could expect if they raised a concern. Records showed complaints received had been responded to in line with the provider's procedure, with outcomes used to improve the quality of the home.

End of life care and support

● People and where appropriate their relatives, were involved in making advanced decisions and developing their end of life plans if they wanted to. If people did not wish to discuss this their wishes were respected and documented.

● At the time of the inspection no one was receiving end of life care. We saw a range of thank you cards and letters from relatives expressing their appreciation and thanks for everything the staff and management team had done to support and help them through sensitive times. A relative shared how the actions of the staff and people who lived in the home in paying their respects had deeply touched them. They said the staff were, "Amazing when [family member] died. The hearse went from the home and the staff lined up in the car park, and the residents stood at the windows, it was really lovely."

Good

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.

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

- At the time of the inspection the manager had been in post four weeks and was in the process of applying to register with the Care Quality Commission. They had prioritised getting to know people, relatives and the staff. The quality monitoring systems had identified inconsistencies with communication, staffing arrangements, meal time experience and continuity of care which they were taking action to address. This included active recruitment, staff training, reviewing staffing arrangements and meeting with staff, people and relatives both in groups and individually to discuss any concerns and to obtain their feedback. It was clear this was a work in progress as we had found similar issues during the inspection. We were encouraged with the actions taken and which were ongoing to develop the home and mitigate risk.
- The manager and the heads of each department met daily to discuss matters which required attention during the day. This included any new admissions, health and safety matters, specific events, staffing arrangements and provided oversight of the home.
- Staff had team meetings and discussed various topics such as any changes in people's needs or care, best practice and other important information related to the home. Staff performance was monitored through one to one supervision and competency checks.
- In the main staff told us they felt valued and supported at work. One member of staff said, "There has been a lot of change, new home, change of personnel and at times it has been unsettling in the home. The new manager seems to be listening to the staff and making positive changes which will help us in our role so am feeling hopeful." Another member of staff shared, "The management team are supportive and approachable, morale is improving."
- The manager and provider understood their responsibility to notify the Care Quality Commission and other agencies of any significant events.
- Duty of candour requirements were met. This regulation requires safety incidents to be managed transparently, apologies provided and that 'relevant persons' are informed of all the facts in the matter. Records seen confirmed this.

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

- Feedback from people and relatives about Henley House was complimentary and they were satisfied. One person said, "I am really happy here, it's a lovely place." Another person said, "I have been lucky. I'm

comfortable here, it's warm and I have a lovely view." A third person commented, "It's a very good home and very good care." A relative commented about the home being welcoming and transparent, "It is very homely, it's all one big family, very inclusive; lovely."

● People told us the staff knew them well, which enabled rapport, trust and positive relationships to develop, which contributed towards good outcomes for people. One person said, "I would definitely recommend it. Us residents are so happy, there is nothing I can find fault with. It's a wonderful place. The staff make it really good."

● Systems were in place to engage with people and others acting on their behalf and staff in an inclusive way. The manager used face to face meetings to gain feedback about the service.

● People were supported and encouraged to be involved in the running of the home if they wished to be. One person told us, "I am on the 'residents committee'. We make suggestions and complaints. I meet the manager as a representative and I can sit in on the interviews for new staff." Another person commented, "There are resident meetings about every three months. We can all say what we want and they [management] listen and things do change. It's very friendly." A third person shared how their feedback had been acted on, "I've been involved in a resident meeting. We discuss any problems. I said that the long corridors were a bit of a struggle, it's a long way to walk back to my room. I asked for chairs to be placed along, and they [staff] did it the next day, and several of us use them. Management do respond to anything you sensibly ask for."

Continuous learning and improving care; Working in partnership with others

● The manager was passionate about the care and support people received and promoted open communication. They acted when errors or improvements were identified and learnt from these events.

● Feedback from professionals cited collaborative working arrangements.