

Greensleeves Homes Trust

Lavender Fields

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Lavender Fields is a care home providing personal care for up to 75 older people and people living with dementia in one purpose-built building. There were 54 people living in the service at the time of inspection. The accommodation is arranged over three floors with 25 rooms on each floor. People had their own rooms with ensuite bathrooms.

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

People told us, and their relatives agreed, that they felt safe living in the service. One relative said, "Yes, she is very safe, I am very grateful". Risk assessments and care plans were thorough and up to date and provided staff with enough detail to support people safely. People were safeguarded from the risk of abuse and received safe care and treatment. There were enough staff to meet peoples' needs. The home was clean and uncluttered. Medicines were managed in line with national guidance. Lessons were learned when things went wrong.

Peoples' care and support was personalised to meet their individual needs and people told us they had been involved in planning their care. Staff were knowledgeable about the people they were supporting. Staff had received training to equip them for the role. One staff member told us, "I feel I have had enough training, if I needed more, I know I could have more".

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People told us they were treated with dignity and respect and we saw that peoples' privacy was maintained.

People told us that the quality and variety of food was inconsistent. This has been fed back to the registered manager in residents and relative's meetings at the start of the year, but there had been no sustainable improvement. The provider had plans in place to improve this.

The range of activities had been limited during COVID-19 and relatives told us this has impacted on peoples' wellbeing. The registered manager was aware of this and had an action plan in place to address these concerns.

Quality assurance processes were in place to monitor the service. Staff and relatives told us that the manager was approachable, and staff were confident that action would be taken if they raised concerns.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 4 September 2019) and there were

multiple 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 enough improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Lavender Fields

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

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 all this information to plan our inspection.

During the inspection-

We spoke with three people who use the service and five relatives about their experience of the care and service provided. We spoke with eleven staff members including the registered manager, care and compliance manager, divisional support manager, quality auditor, maintenance person and care staff. We observed activities being undertaken and lunch being served.

We reviewed a range of records including safeguarding, accidents and incidents and health and safety checks. We looked at five people's risk assessments, care plans and daily notes and multiple medication records. We reviewed four staff files in relation to recruitment, training and supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, meeting notes, cleaning schedules, quality improvement plans and a range of audit records.

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. This meant some aspects of the service were not always safe and there were limited assurances about safety. There was an increased risk that people could be harmed. At this inspection this key question has now improved to good. This meant that people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At the last inspection there was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure that risks to peoples' health and welfare had been consistently assessed. The quality and detail in risk assessments was inconsistent and there was a lack of detail which meant that staff did not always know how to reduce the risks and keep people safe. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment for people.

At this inspection we found enough improvement had been made and the registered provider was no longer in breach of Regulation 12. The provider had introduced a robust system for updating and monitoring care plans and risk assessments. There were specific care plan audits in place to support this.

- Care plans and risk assessments were comprehensive and up to date. Care planning software was used which alerted staff when care plan reviews were due. Care plans contained enough information for care staff to provide safe care to people. Staff we spoke to were knowledgeable about peoples' care and support needs. For example, repositioning or where people preferred to eat their meals.
- Risk assessments and care plans were reviewed monthly. However, relatives were not regularly involved with these reviews. One relative told us, "I haven't heard of one of them for ages, we were told the senior would be in touch, but it's been a long time." We raised this with the manager who assured us this would be addressed.
- Environmental health and safety checks were in place. Hot water was temperature controlled. Windows were fitted with safety latches to prevent them opening too wide so they could be used safely. The home was equipped with fire safety system which was regularly checked. There were agreements in place with contractors to ensure that any issues were addressed in a timely manner.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe in the service. Relatives we spoke to agreed that their loved ones were safe. One relative told us, "Yes, she is very safe there."
- Staff were knowledgeable about safeguarding. Staff told us and records confirmed that training in safeguarding was up to date. Staff were confident that actions would be taken if they reported something.
- Records showed that staff recorded and reported allegations of abuse to the appropriate safeguarding authorities. Safeguarding records were completed and showed that staff cooperated with investigations.

Staffing and recruitment

- Staff had been recruited safely. Records were maintained to show that checks had been made on qualifications, employment history, references and Disclosure and Barring (DBS) records. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable people working with people who use care and support services.
- The manager used a tool to determine how many staff were required based on individuals' needs. We saw enough staff working in the home during the inspection and call bells were answered promptly. The call bell system had an audit function so that the manager could review response times. Staff told us there were usually enough people on duty. People living in the service and most relatives thought there were enough staff most of the time.

Using medicines safely

- People were helped to safely use medicines in line with national guidance. Medicines were ordered promptly so that there were enough in stock and were stored in clean, temperature-controlled conditions.
- Medicines were administered by senior care workers who had received additional training and been assessed as competent. Staff were confident about administering medicines.
- Medicine administration records were complete and accurate. There were clear guidelines in place for staff to administer 'as required' medicines, for example pain relief. When these medicines were used staff recorded whether the medicine had the desired effect. There was regular communication with the doctor about peoples' medicines.
- Medicines were audited each month by the care and compliance manager and audit records were up to date.

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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded appropriately, and staff supported people after incidents to ensure their wellbeing. Where necessary additional support from other professionals was sought, for example a doctor or ambulance service.
- Investigation records were thorough and included any action plans and the sharing of lessons learned. The manager undertook trends analyses, for example, on falls to establish and act on any patterns.
- Actions had been taken as a result of incidents, for example, additional training for staff, or a review of peoples' care plans. A monthly audit of accidents, incidents and key clinical indicators was undertaken by a quality auditor, for example weight loss or infections. This was carried out to ensure that actions had been taken to reduce risk of recurrence. For example, providing low rise beds and alert mats, or referrals to a dietician.

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 requires improvement. At this inspection this key question has now improved to good. This meant the effectiveness of people's care, treatment and support achieved good outcomes.

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.

At our last inspection, the registered manager failed to consistently work within the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 11. Mental capacity assessments had been completed where there was a concern around decision making.

- The assessments were highlighted in peoples' care plans so that they were easily identified. The decisions people were being assessed as being able to make were clear and there were instructions for staff to support people with these decisions.
- We observed care staff obtaining consent from people before offering them support.
- People deemed unable to make complex decisions had clear reasons documented about what had been decided in their best interest and who was involved. The registered manager had made appropriate DoLS applications to the local authority and there were systems in place to keep these under review.

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

At our last inspection, the provider failed to consistently provide people with person-centred care due to a lack of relevant information. Care plans had not always been completed. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 9. Care plans were person centred and thorough; end of life care plans contained a high level of detail, including peoples' wishes about visitors, their faith and what music would comfort them.

- Peoples' care plans were detailed and reviewed regularly. We saw evidence that people involved in planning how they wished to be supported. Most relatives told us that they had been involved with their loved ones' care planning when they first moved in.
- New people moving to the service had an initial assessment undertaken in partnership with them, their relatives and other health professionals. This was to ensure that the service was able to meet the person's individual needs.
- Changes to people's needs or further information received, for example, from health professionals, were added to the records to ensure they were up to date and relevant.

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

- People told us breakfast had improved since the last inspection, there was a wide choice and it was cooked to order. Options included a full cooked breakfast and scrambled eggs.
- Feedback regarding quality of main meals was mixed. Some people said the food was good, but one person told us, "The meals can be hit or miss and sometimes it can be a little grim." We saw notes from residents' meetings where meals were discussed, however there had been little improvement. Whilst some relatives thought the food was OK, one relative told us that the food was inconsistent in quality, choice and quantity. However, we saw people enjoying their meals during our inspection. The service did not have a head chef at the time of our inspection and people we spoke to and relatives were aware of this and attributed this to the inconsistencies in the food. We spoke to the registered manager who told us they were in the process of recruiting a new head chef and that there were plans in place to improve this service, and re-consult with people to monitor improvement.
- Lunch time was observed, and staff were giving people choices and asking what they would like. We saw one person who didn't want what they were given, be offered something different. There were enough staff to support people who needed assistance to eat and drink. We saw people had drinks in their rooms and a range of hot drinks were offered throughout the day.
- People were protected from risks of choking with modified food and fluids following assessments by Speech and Language Therapy teams. Nutritional plans were reviewed regularly.

Staff support: induction, training, skills and experience

- Staff training matrix demonstrated that training was up to date. All staff we spoke to told us they had received appropriate training to support the people who were living in the service. This showed that staff were up to date with relevant training and staff told us they had appropriate training for people they support. One person told us, "I have had more than enough training to complete my role."
- Staff completed an induction programme when starting at Lavender Fields which included, mandatory training, shadowing experienced staff and completing competencies to ensure they felt comfortable supporting people. Care workers told us they felt supported by the managers and senior care workers.
- A senior care worker was allocated to each floor. This person was responsible for the running of the floor. Staff told us, "If I have any concerns or I'm worried about anything I go straight to the senior. They are always available, and they listen."

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

- Staff had a good understanding of people's healthcare needs and knew how to support them to achieve good outcomes. One person told us, "I feel a little unwell today but [carer] has already arranged for me to

Speak with the GP."

- Where people required support from healthcare professionals, this was organised by staff.
- Care plans contained details of visits from health professionals and information was shared with others, such as hospitals, if people needed to access their services.

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

- People were able to move freely around communal areas of the floor. These were large and spacious. Main doors to each floor were secured with keypads. The codes to each door was located nearby so that people who were able to could access different areas and were not restricted.
- People had personalised their rooms. Each room had memory boxes outside their door with names and items that were individual. A relative told us that they had sent in a lot of pictures and these were on display in their loved one's room.
- Doors to bedrooms were coloured to assist people identify the correct room. Communal bathrooms, lounges and kitchens had clear signage assisting people to recognise these.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Supporting people to express their views and be involved in making decisions about their care
At our last inspection, there was a lack of involvement of people and their relatives in making decisions about their care. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 9. Care plans were developed in partnership with the person and their relatives.

- Care plans included details about their preferences, what was important to them and how they wanted their care to be delivered.
- People were encouraged to express their views. People we spoke to knew who to speak to if they wanted to discuss anything or if they had any concerns. This was usually the senior care worker or the registered manager. One relative had raised concerns with the person's key worker and action was taken. For example, repositioning of the bed and television.
- Staff supported people to make choices about their daily life. For example, people were asked what food they would like, if they would like to go to the lounge area or remain in their room. We saw people making choices throughout the inspection.

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

- People thought staff were caring and respectful. One person told us, "They never talk down to me. I am able to make my own choices and decisions and they never treat me like I can't." People kept personal keepsakes in their room which provided them with comfort.
- Staff were patient and treated people as individuals. Staff and people knew each other well. People were observed calling staff by their names.
- A person said, "It's like a family here, [carers] cannot do enough for you." A relative said, "Staff speak to my loved one in a very nice manner." Another one said, "They are very caring, they are lovely to her."

Respecting and promoting people's privacy, dignity and independence

- Staff called people by their preferred names and explained what they were going to do before assisting them.
- People were supported to maintain independence by doing as much as they could themselves. Staff were observed walking by the side of people when moving from one part of the service to another to give encouragement and support. One relative said, "Carers are really good. They go the extra mile."

- Staff were observed supporting a person cared for in bed. Staff knocked on the door before entering, announced who they were and why they were there. The door was closed after them to ensure privacy.
- People's confidential information was kept securely on electronic password protected systems and accessed only when required and by those authorised to do so.

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 improved to good. This meant people's needs were met.

End of life care and support

At our last inspection, it was found the provider was not consistently providing people with person centred care. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection enough improvement had been made and the provider was no longer in breach of Regulation 9. Care plans were very detailed about how a person wanted to be supported at the end of their life.

- The service was able to provide end of life care which enabled people to remain in the service if needs increased and not have to move to a new service.
- Care plans had clear instructions which included the environment, music preferences, visiting, cultural and religious needs. These plans had been made in partnership with peoples' relatives or representatives.
- Staff worked with district nurses, hospice nurses and GPs to provide end of life care when required. Medicines were available to them to keep them as comfortable as possible.

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.

At our last inspection, it was found that the service was not meeting the AIS standards. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of Regulation 9. Peoples' communication needs were identified and recorded in their care plan so staff had the right information to communicate with people effectively. For example, time to process information slowly before responding or requiring full explanation of what staff were trying to achieve.

- Staff were observed communicating with people in different ways depending on what the person required. One staff member spoke clearly and close to the person when offering them a drink.
- There were large brightly coloured boards on each floor which detailed the activities for the week. Doors had clear signs indicating their function and
- Some people were living with hearing loss or sight impairment. Staff made sure spectacles and hearing

aids were used properly to support better communication.

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

- Care plans included a 'This is me' section which was written in consultation with the person and their relatives if appropriate. It included their preferences, for example food likes and dislikes, their hobbies and interests and how they wanted to be supported. This section highlighted any cultural or spiritual needs so that activities could be inclusive to all. An extensive life history was included, for example what job a person had done, their travels and their families.
- People told us staff supported them in ways they wanted. One person told us, "I can't go to bed unless I am tired. Last night a few of us stayed up in the lounge until late listening to music. We were never told that we had to stop and go to bed. Staff got involved with us. We're going to do it again tonight."
- The service has two areas for screen visits, to keep people in contact with their family and friends. We spoke with a relative visiting who told us, "This year has been very difficult, and I understand why the registered manager has taken steps to keep everyone safe and limit visits. I'm glad it appears to be relaxing and I can visit more often."

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 had operated a reduced activity timetable due to vacancies within the activity team. Care staff told us that they tried to engage people in activities such as bingo, yoga and other activities. During our inspection people were participating in a yoga session in the lounge. People told us they were looking forward to getting out in the community when restrictions were lifted, and staffing had increased.
- The service had a cinema room on the second floor where social activities took place. Seats were set up like a cinema and there was a large selection of films people could choose from. The room was decorated with posters of vintage movies and actors. However, this room had not been used due to COVID-19 restrictions.
- Relatives told us that activities could be improved. One relative told us, "They need to be encouraged more to get involved." Another relative told us the service, "Have struggled to retain staff, there isn't as much to do as we'd like." Another relative said, "There is a lack of creativity."

The registered manager and the provider had already identified the shortfalls in providing meaningful activities for people and had plans in place to make sustainable improvements in this area. The recruitment of an activities team was already in progress.

Improving care quality in response to complaints or concerns

- We reviewed records of complaint and these had been recorded appropriately. There was a positive approach from the registered manager when receiving complaints or concerns about the service. Where there had been mistakes, the registered manager had apologised and learnt from the incident. In some cases, actions plans had been developed to monitor improvements.
- People who were able to speak with us said they knew how to make a complaint if they needed to. One person said, "Oh yes I know how to complain, and I sometimes have to. I complained about the food and they listened straight away and got me something else".

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 remained the same. This meant the service was not consistently managed and well-led.

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

At the last inspection there was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to assess, monitor and improve the quality of the service provided. The provider had failed to maintain accurate, complete and contemporaneous records in respect of each service user. After the inspection the provider sent us an action plan to tell us what they would do and by when to improve.

At this inspection enough improvement had been made and the provider was no longer in breach of regulation 17. There were checks and audits in place which had been effective in identifying any shortfalls and ensuring action was taken when required. Care plans and risk assessments were detailed and up to date. The registered manager had analysed incidents and accidents to identify trends and prevent recurrence.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager demonstrated a clear commitment to quality improvement. Staff told us that the manager had an open-door policy, but most would go to the senior care worker initially if they had anything to discuss. All staff we spoke to enjoyed working at Lavender Fields. A member of staff said, "I love working here, it's nice".
- Staff told us, and records confirmed that supervisions took place regularly. Staff told us they felt supported and that they were treated fairly.
- Services providing health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. This is so we can check that appropriate action has been taken. The registered manager had correctly submitted notifications to CQC.

Continuous learning and improving care

- There had been a reduced activity programme partly due to COVID-19 and partly due to a lack of activity coordinators. Feedback from people living in the service and their relatives had identified this during meetings earlier in the year. Although the provider had plans in place to recruit a new activity team it was too early to assess the impact on people.
- People living in the service and their relatives had fed back to the registered manager and provider about the quality of the main meals at meetings earlier in the year. The service did not have a head chef and

although the registered manager was recruiting to this position it was too early to assess the impact this would have on the quality of the main meals.

- There were systems in place to support the registered manager to work towards continuous improvement. There was an active home improvement plan in place which was monitored. A quality auditor from the head office team undertook regular audits and any resultant actions were highlighted. A Divisional Director and a Divisional Support Manager provided support for the registered manager and oversight of the service.

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 CQC sets out specific requirements that providers must follow when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing support, truthful information and an apology when things go wrong. The registered manager understood their responsibilities.
- Relatives told us, and records confirmed that staff had informed them of accidents or incidents involving their family members.

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

- We saw minutes of meetings with relatives and residents. The meetings were well attended and the notes comprehensive. However, we were not provided with any evidence to show the provider had responded to address peoples' concerns or suggestions; or had used comments to drive improvement. We fed this back to the registered manager and divisional support manager.
- Staff were invited to meetings regularly and these were documented. Staff told us that they were confident in raising any issues with senior care staff or managers.
- A survey for relatives and residents was being prepared for distribution during our inspection.

Working in partnership with others

- The registered manager worked in partnership with local health teams during the COVID-19 pandemic to ensure people were receiving appropriate care and support.
- Senior care staff and the manager liaised regularly with health professionals, including GPs, district nurses and Speech and Language Therapy (SALT) teams.
- People told us, and relatives confirmed that they were able to ask to see a doctor at any time if they were feeling unwell.