Bupa Care Homes (BNH) Limited

Oakcroft House Care Home

Inspection report

Oakcroft Road
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Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Oakcroft House Care Home provides nursing care and accommodation for up to 40 people some who have physical needs and are living with dementia. The service was an adapted house. On the day of our inspection 36 people were receiving care and support at Oakcroft House Care Home.

People's experience of using this service and what we found
The deployment of staff was not always effective in ensuring people received person centred care. People told us and we confirmed through care records, they were not always offered a bath or a shower. We have made a recommendation around this.

Staff were aware of the risks associated with people's care and ensured that people were provided the most appropriate care. People received their medicines when needed. There were people that wanted to be independent with their medicines and staff supported them with this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff received appropriate training in relation to their role and were encouraged to progress. Nurses received clinical supervisions and were provided with updated clinical training. All staff were supervised in their role and staff told us that they felt supported. People told us that they were supported with all healthcare needs, and we confirmed this from records and speaking with health care professionals.

People and relatives told us that staff were kind, caring and respectful towards them. We saw examples of this during the inspection. People were supported and encouraged to remain as independent as possible and were involved in decisions around their care.

There were sufficient activities and outings for people. People who were cared for in their rooms had one to one activities provided and were protected from the risk of social isolation. Care plans were planned around people's health care needs and staff were provided with sufficient guidance in relation to the health care needs.

There was a system in place to assess the quality of care provided. People and relatives knew how to complain and were confident that complaints would be listened to and addressed. The leadership team responded quickly to any concerns we identified including some records not always being accurate.

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 the service was good published on 7 February 2018.

Why we inspected
The inspection was prompted in part due to concerns received about the deployment of staff. A decision was made for us to inspect and examine those risks. The overall rating for the service has remained good.

Follow up
We will continue to monitor all intelligence received about the service to ensure the next planned inspection is scheduled accordingly.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oakcroft House Care Home on our 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 not always safe. Details are in our safe findings below.	**Requires Improvement**
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**

Care Quality Commission

Oakcroft House 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 Health and Social Care Act 2008.

Inspection team
The inspection was carried out by 2 inspectors.

Service and service type
Oakcroft House Care Home 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. Oakcroft House Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post however they were not present at the inspection. Instead, we were supported by members of the providers senior management team including the regional manager and regional director.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is

information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and requested information from the provider in relation to accidents and incidents.

We used all this information to plan our inspection.

During the inspection
We spoke with 13 people who used the service, 2 relatives about their experience of the care provided. We also observed interactions between staff and a number of other people who used the service. We spoke with 12 members of staff including the regional manager, regional director, senior carers, care workers, chef, and housekeeping staff. We spoke with 1 visiting professional.

We reviewed a range of records. This included 7 people's care records and multiple medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Requires Improvement

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Staffing and recruitment

● People told us they did not feel there were sufficient staff to support them. Comments included, "Sometimes you have to wait ten minutes [when the call bell is activated]", "Not enough staff, they are not very good at getting you up. We are left on our own an awful lot. Never had a bath or a shower" and "The staff here are lovely but I don't think there are enough."

● The deployment of staff was not effective in ensuring people received person centred care. Although we saw call bells were responded to quickly, we found people were still receiving their morning care until just before lunch was served. We reviewed care records and found people were not being routinely offered baths or showers.

● Staff told us they did not always have time to offer people baths and showers. On the day of the inspection only 1 person out of 13 on 1 floor that were able to have a shower had not been offered this. One member of staff told us, "Sometimes the carers are not finishing [morning] care to the afternoon."

● The regional manager told us they regularly reviewed the staff levels through using a dependency tool and observations. They said, "I think there are enough of them [staff] but we need to work on the culture." They told us they had also identified the lack of showers being offered to people and was taking steps to review the deployment of staff.

● After the inspection the regional manager confirmed steps were already being made to ensure people were offered baths or showers care every day. They told us, "This has been reiterated at daily huddles [meetings] and we have started carrying out supervisions dedicated to this area. This includes ensuring that if a bath or shower is offered, but declined by a resident, that this is also recorded."

We recommend the provider continuously reviews the deployment of staff to ensure people receive person centred care.

●The provider operated effective and safe recruitment practices when employing new staff. This included requesting and receiving references and checks with the disclosure and barring service (DBS). DBS checks are carried out to confirm whether prospective new staff had a criminal record or were barred from working with people.

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

● Assessments were undertaken to identify risks to people and protect them from harm. These included the risks related to associated with people's mobility, safe evacuation in the event of an emergency, risks of dehydration and malnutrition and risk of choking. One person told us, "They do their best for you here. They manage falls very well. No grumbles, whatsoever."

● Staff were knowledgeable on the risks associated with people's care. One member of staff told us, "Some of the residents who are at risk of choking have supervised lunches with a carer. Some are on thickened fluids." Another said, "We try our best to make sure they are in a safe place at all times."
● Where clinical risks were identified appropriate management, plans were developed to reduce the likelihood of them occurring including around wound care, diabetes care and other health care concerns. Where wounds had been identified regular photos were taken of the wound to track the progress. We identified that pressure sores were healing as a result of the intervention from the staff. One person told us, "They (the staff) come regularly to turn [reposition] me. I am comfortable here."
● Where accidents and incidents occurred, staff responded appropriately to reduce further risks. This included where people had developed pressure wounds or where people had fallen. The nurses had regular reflective practice discussions to review any clinical care and see where improvements could be made.
● All accidents and incidents were reviewed by the providers senior management team to look for trends. Actions were then taken to reduce the risk of incidents occurring. For example, where 1 person had a choking incident, they were referred to the Speech and Language Therapist. Their care plan was also updated with guidance on how to reduce the risk of further incident such as better positioning whilst being supported with their meal.

Using medicines safely
● The administration of medicines was managed in a safe way and people told us they received their medicines when needed. One person told us, "There have been no problems with my tablets since I've moved here. They're always on time and they're very efficient."
● People's medicines were recorded in the Medicine Administration Records (MARS) and were reflected people's current medical treatment. There was evidence that 'the use when required' (PRN) medications were being given appropriately for example when people were in pain.
● The medicine room was securely locked, and the fridge temperature was checked daily to ensure it was at a safe temperature.

Systems and processes to safeguard people from the risk of abuse
● People looked relaxed and comfortable in the presence of staff. People told us they felt safe at the service. Comments included, "I feel as safe as I could be. It's safer than being at home" and "The staff are really quite pleasant. I'm one that if there is any bad feeling I would say. They are very nice."
● Staff understood what they needed to do to protect people from the risk of abuse. One told us, "If I see one of my peers doing anything wrong, then I have a right to whistle blow on them." Another told us, "I would stop that person and then I would report the person to my line manager. I would escalate it to safeguarding."
● We observed that staff were vigilant when people showed anxiety and stepped in to ensure people's anxiety was not directed towards other people that were around them. One health care professional told us, "When I go around and see patients, they look well cared for."
● Staff received safeguarding training and there was a whistleblowing policy and posters around the service with guidance for staff on how they could report concerns.
● We saw that where there were any concerns raised the regional manager would refer this to the Local Authority and undertake a full investigation.

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 supporting people living at the service to minimise the spread of infection.
● 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 responding effectively to risks and signs of infection.
- 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
The provider was facilitating visits for people living in the service in accordance with the current guidance.

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.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People told us an assessment of their needs was undertaken before they moved into the service. One told us, "They (the staff) did all the paperwork with my son before I moved in. To make sure they could look after me."
●The assessments included information about communication, allergies, medical background, weight, dietary needs, mobility, memory and cognition. Information from the pre-assessment was then used to develop care plans for people.
● Staff used recognised good practice and national tools to ensure that people's care was provided appropriately. For example, staff used a 'Waterlow pressure ulcer risk-assessment tool' to review the risk of developing pressure ulcers. There was evidence in care plans that used NICE guidance to assist them with care for example in relation to moving and handling.

Staff support: induction, training, skills and experience
● Staff completed a full induction when they started at the service to ensure they understood the care that needed to be delivered. A member of staff told us, "They introduced the staff, they showed me around, the fire assembly point, where the nurse office is, [where] the staff room is."
● Staff received updated training to ensure that they were kept up to date with appropriate care practices. One member of staff said, "I did four days of face-to-face training in another home. I did everything, safeguarding, whistleblowing, MCA and DoLS, First aid, manual handling, fire training." Another told us, "I did all manual handling when I first started. We had the dementia bus come in and it was very interesting. If we feel we need anything, it's available."
● Nurses were also kept up to date with clinical practices with the support of the clinical lead at the service.
● Staff had one to one meetings with their manager to assess their competencies in their role and to provide support to progress within their role. A member of staff told us, "One of the seniors will do my supervision. It's just about progression and what I'm doing right and how I'm finding things." We did raise with the regional manager that regular agency staff would benefit from having supervisions. They told us they would ensure this was implemented.

Supporting people to eat and drink enough to maintain a balanced diet
● There were mixed responses from people about the quality of the food. The negative comments included, "It's alright, food is reasonable. I eat what I am given" and "It's terrible. They don't display it very well." Whilst other people commented positively with comments including, "The food is good, and they serve it nicely" and "The food is excellent."
● We spoke to the regional manager about this who told us they had already identified areas for

improvement with catering. They told us, "Following further discussion with our managing director we have also now advertised for a specific mealtime hostess role to assist with mealtimes and enhance the offering made." The chef was also working with the providers lead hotel services manager to review the specific provision of specialised diets for people.

● The chef was aware of people's dietary needs and likes and dislikes. Where people had a restricted diet for example pureed, the chef ensured that they still had a choice offered to them.

● We saw during lunchtime that people were provided with their choice of meal and if they changed their minds, an alternative was offered. People in their rooms were provided meals quickly. Those people that required support to eat their meal received this from staff.

● Staff were aware of people that were nutritionally at risk and took steps to address this. For example, people whose food and fluid intake was being monitored were offered higher calorie snacks and guidance was sought from health care professionals.

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

● People told us they were able to access health care at the service. Comments included, "I have a dentist come in and I am getting to see the GP today" and "The doctor comes in once a week. The speech and language people were in last week. I had the optician coming in from outside clinic."

● Staff reviewed people's health continuously and if they had a concern, they would either speak the with nurses or contact health care professionals to gain advice.

● We saw evidence of visits from various health care professional including opticians, community nurses, hospice nurse, physiotherapists and occupational therapists. We saw that staff were following the guidance provided. One health care professional told us, "It is followed through when I advise [health treatment]."

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

● People fed back to us that they were happy with the environment and that it suited their needs. The service was also in the process of redecoration and maintenance updates. One person told us, "I have my own furniture here. They recently changed it (pointed to the wardrobe and chest of drawers which had been supplied by the care home)." Another told us, "The recliner is from our house. They asked me which (picture) frames I want on the wall."

● We saw that the corridors were wide, enabling people with walking aids to walk through them independently. There was a large outdoor space with tables and chairs where people could sit with their visitors.

● Each person had their own bedroom, and they were able to furnish them with their own furniture, belongings and family photographs. Bedrooms were spacious and had en-suite facilities.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People told us they were always asked consent and we saw this in practice. One person told us, "They don't do anything without your permission."
● People's rights were protected because staff acted in accordance with MCA. We saw from the care plans that where people's capacity was in doubt assessments took place along with clearly recorded best interest decisions. Examples of these related to consent to living at the service and having sensor mats in people's rooms. We saw where people were being restricted, capacity assessments had been undertaken and had recorded best interest meetings. Where appropriate applications had been submitted to the local authority for authorisation.
● Staff had a good understand of MCA and its principles. One staff member told us, "There's a principle to assume that everybody has capacity. That is important for me that you should always assume that the person can do it. Even down to personal care, always asking the resident first if they want to get up. It's always good to ask."

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.

At our last inspection we rated this key question good. The rating for this key question has remained 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; equality and diversity:
- People and relatives fed back that staff were kind and caring towards them. Comments included, "They are very kind. Everybody here is excellent,", "The staff are lovely" and "They are all nice." A relative fed back, "The staff treat her [relative] with kindness and compassion. They have helped her to laugh again. We are so grateful for the care they give."
- We observed caring interactions between staff and people. For example, when people were anxious staff gently rubbed people's hands and stooped down to speak with them. When staff walked past people, they always greeted them in a cheery way.
- We saw the pre-admission assessments and care plans recorded people's religious and cultural beliefs, gender, sexual orientation and preferred pronouns. This also included an assessment for "Gender. Sexuality and Cultural Identity" for each person that included how people wished to identify. People's religions were respected. There were church services held at the home for people that practised a faith.

Supporting people to express their views and be involved in making decisions about their care
- People were involved in choices around their care delivery. Staff told us that they got to know people through reading the care plans, so we know exactly what they need. Staff were able to describe people's likes and dislikes.
- People were asked what time they wanted to get up and go to bed, whether they preferred a male or female carer and what their interests were. One person told us, "They don't come and shout the odds. They ask me what I would like."
- Family and friends were welcome at the service and staff supported people to maintain relationships with those close to them. One person told us, "Families are always welcome."

Respecting and promoting people's privacy, dignity and independence
- People were supported to remain independent. One person told us, "I can wash myself. I have a shower once a week. They help me with it. That is indeed how I want it."
- Staff understood the importance of supporting people to remain as independent as they could. Staff encouraged a person to set up a computer in their bedroom which helped them to maintain contact with their family. The person told us, "I use it to look things up."
- Care plans focused on people's strengths, such as one preferring to do their own personal care with supervision to ensure they were safe.
- People were treated with dignity and respect. One person told us, "They are very respectful. They always knock." Another said, "They are very respectful but they're not shy. They always ask what I'd like to do. The

cleaners are very helpful, and they respect your space."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. The rating for this key question has remained 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
- People told us they were involved in reviews of their care. One person said, "They always ask about the care. I tell them when I'm not happy."
- Care plans included the identified need from the person's perspective and the actions to be taken to achieve the outcome. For example, one person wished to spend as much time as they could with their loved one who also lived there but in a different room. Staff ensured this took place. It also stated they liked to have a glass of wine with their meal, and we saw staff offer them this.
- Care plans included information around the person's social history and passions and staff were aware of these. One member of staff told us, "It helps knowing, so you are able to help them and assist them to feel be comfortable."
- The daily notes clearly recorded how support should be provided to meet the person's personal care needs. This assisted care staff in ensuring what care had been delivered and whether there had been any concerns they needed to be aware of.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans had records in place, so staff knew how best to communicate with people. One person's care plan stated they needed to have their hearing aids in and to wear their glasses. We saw they were wearing both of these, and staff ensured the batteries for hearing aids were replaced when needed.

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 had access to activities that were meaningful to them. One person told us, "I go into the activities. I went cocktail tasting yesterday. They asked me 'What do you think of that?' It was quite funny." Another person told us, "I don't get bored. I go to the dining room every day and there are a group of people I get on very well with."
- There were people that chose not to participate in group activities. The regional manager told us they were looking to increase more individual room activities to reduce the risks of social isolation. Despite this the comments from people were positive with a person telling us, "I am not a lover of activities. I like to be

on my own. I like [watching] sports."
● We observed activities taking place in a dedicated room where people were painting and playing games. We did feedback that people wanted the room to be available to them at the weekends, currently it was locked. The regional manager told us staff were now told to ensure the room was left unlocked and accessible to people.

Improving care quality in response to complaints or concerns
● People and relatives told us that they would not hesitate if they needed to raise a concern or complaint. Comments included, "I usually tell them if I am not happy" and "I would complain to the senior carer. I would feel confident it would be addressed." We saw that people were provided with a copy of the complaint procedure.
● Complaints and concerns had been investigated and responded to. For example, people had raised concerns about the delay in lunch being provided and we were told this was being reviewed. One person told us, "Lunch is sometimes late. That's the only grumble I have. They know and are working on it. It's getting better."

End of life care and support
● People were consulted about their wishes at the end of their life. This included where they wanted to be and family, they wanted to be there with them. There were some improvements required around the recording of people's wishes, however there were plans in place to address this.
● Families of people that had passed away gave praise to staff on how their loved one was supported. One relative fed back, "The nursing and caring staff were so professional and kind in all their dealings with my mother's needs."

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.

At our last inspection we rated this key question good. At this inspection the rating has remained good. 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
● People were not always confident about the effective leadership at the service. Comments included, "I don't like him (registered manager). Doesn't speak to me. Makes me feel uncomfortable", "The manager is not approachable, doesn't come in to see me. Never just looks in to see if I am alright" and "Quite a nice [person] but he doesn't speak to me."
● The providers management team had recognised these concerns prior to the inspection and were taking steps to improve the effectiveness of leadership. The regional manager was now present in the service each day and there were positive comments from people about this. One told us, "The new manager [regional manager] is nice. I don't know if she is staying but she came and said hello." Another said, "[Regional manager] introduced herself. She's always walking up and down. She's good at what she does."
● The records at the service required some improvements to ensure that they were accurate and up to date. Although staff were aware of the risks for people the assessments at times contained contradictory information. For example, 1 care plan stated a person was at high risk of pressure injury, yet their nutritional tool stated they were at low risk. Another care plan stated the person was able to access the bathroom independently however their risk assessment stated they required the support from 2 staff.
● The regional manager told us they had recently transitioned from paper care plans to electronic and they were still some teething problems with submitting the correct information. They told us they were taking steps to review all care plans to ensure the information was accurate.
● The medicine records were not always as detailed as needed. Although staff were aware of where creams needed to be applied there were no body maps in place with this information. Staff were also not routinely writing the opening dates on creams and eye drops where there was a limited shelf life. This increased the risk of this medicine being administered when it was not safe to do so. The regional manager confirmed after the inspection this was now in place.
● The provider and the management team undertook audits to review the quality of care being provided. These included audits of people's skin integrity, falls, infection control audits, and health and safety audits. Actions plans were recorded and followed up on.

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

● Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The registered manager had informed the CQC of

significant events including significant incidents and safeguarding concerns.
● We saw from the records that relatives had been contacted where there had been an incident with their family member. Relatives confirm with us that they were contacted where incidents had arisen. The regional manager told us they had recently sent a letter to a family in relation to their loved one sustaining a pressure wound.

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
● People were invited to residents' meetings so they could be updated on any changes in the service. Discussion included staffing, the current redecoration of the home taking place and management arrangements. One person told us, "We have meetings with the manager on the last Friday of the month with residents and relatives and you can say what was bothering you."
● People and relatives were asked to complete surveys to give feedback. An action plan was developed as a result of the feedback. From feedback changes had been implemented including new flowers being order for the garden. People asked for a larger television for the communal lounge, and we saw this was in place. One person told us, "[The surveys] ask lots of questions and they decorated everything [as a result]."
● Staff attended meetings and were invited to contribute to the running of the service. One member of staff said when they attended, "I could bring things up at the staff meeting if I wanted to. They do listen." Another said, "We have daily huddles, we have staff meetings, they take everything on board."
● Staff told us that they felt supported and valued.

Continuous learning and improving care; Working in partnership with others
● The leadership team took on board our feedback at the inspection. We saw evidence of meetings with people and staff that had taken place since. These meetings discussed any improvements that were taking place as a result of our inspection.
● We saw that in addition to monthly resident's meetings, 'Weekly coffee morning' were also being introduced to capture any other feedback from people.
● The regional manager was working closely with the funding authorities and other external professionals. Where they had identified an increasing need for support for a person, they contacted the social care teams in a timely way.