

Althea HealthCare Limited

Thorp House

Inspection report

Church Road
Griston
Thetford
Norfolk
IP25 6QA

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Tel: 01953881786

Website: www.kingsleyhealthcare.co.uk/care-homes/norfolk/griston/thorhouse/

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Thorp House is a nursing home, providing accommodation, personal and nursing care to up to 41 people. The service provides support to people with nursing and residential care needs, as well as people living with dementia. At the time of our inspection there were 39 people using the service.

The service consists of a large extended building set over 2 floors. There were a number of communal areas on each floor and a corridor from the ground floor led to 6 self-contained apartments.

At the time of our inspection, the service was experiencing a COVID-19 outbreak, with all people with a positive test result being supported to remain in their bedrooms and receiving individualised care and support to reduce the risk of the spread of infection. Some staff were also on sick leave. These circumstances were taken into consideration in the approach taken to completing this inspection.

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

People lived in a visibly clean and comfortable care environment, with sufficient numbers of trained staff to meet their individual needs, wishes and preferences in a person-centred way. People received their medicines as prescribed, and staff supported a number of people living with complex medical care needs, to maintain good standards of health and overall quality of life.

Since our last inspection, improvements had been made to the detail and quality of people's care records, with evidence of involvement from people and their relatives in the development. People were encouraged to lead active and purposeful lives, with access to activities on a 1:1 and group basis. People were able to make their bedrooms personalised, with their own furniture and possessions of personal importance.

Staff were observed to be kind, caring and respectful towards people, and welcoming when visitors and professionals arrived at the service. Additional safety measures were in place to facilitate visiting during the current COVID-19 outbreak, to prevent the risk of people feeling socially isolated. People were also supported to be part of the local community, enabling people to improve their spiritual and social well-being.

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.

Changes to the registered manager and deputy manager had happened since the last inspection, this had resulted in positive improvements in the level of governance and oversight of the service, to ensure people consistently received good quality, safe care.

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 with breaches of the regulations. (Published 15 April 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of the regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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. As a result, we initially undertook a focused inspection to review the key questions of safe, responsive and well-led only. However, after our inspection visit, it was agreed we would also inspect the key question of effective to ensure we could proportionally reflect all areas of improvement found at the service. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from require improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Thorp House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Thorp 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

Consisted of 1 inspector and 1 specialist medicine inspector. Another inspector completed telephone calls to staff.

Service and service type

Thorp House is a 'nursing home'. People in nursing homes receive accommodation and nursing and or personal care as a single package under one contractual agreement dependent on their registration with us. Thorp House 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in 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.

During the inspection

We spoke with the registered manager and deputy manager, 1 nurse and the head of housekeeping. We reviewed 3 people's care records in detail and reviewed specific areas of 4 other people's care records, and 14 people's medicine administration records. We looked at staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including policies and procedures. We spoke with 3 people who used the service and 4 relatives by telephone.

After our inspection visit, we continued to seek clarification from the provider to validate evidence found. A representative from the provider team attended the inspection and was present when we gave feedback on behalf of the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a nurse, senior carer, a carer and an activity coordinator by telephone. We received email feedback from 1 health care professional.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, we found some improvements had been made, but further work was required to ensure people were supported following changes to their needs and increased risks to their health and wellbeing. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made and the service was no longer in breach of regulation 12.

- People's care records contained detailed, descriptive information and guidance for staff, and were reviewed each month, or sooner following an incident or change in condition. Records included guidance for staff on how to ensure equipment to assist with people to move or change their position was correctly and safely used.
- Where people had identified health care risks, such as the management of their skin, respiratory health, or conditions such as diabetes, there were detailed care records and risk assessments in place demonstrating involvement with health and social care professionals where appropriate.
- Records confirmed safety checks of the environment, specialist equipment, legionella water safety and fire safety, including practice drills were completed regularly.
- Use of equipment including assistive technology was in place to support those people who experienced falls, were assessed to be at risk of rolling from their bed or who required immediate nursing care if their health conditions deteriorated. A relative told us, "Staff have moved [Name] to be closer to the nurses station so staff are able to monitor much more closely and reduce their risk of falls."
- Onward referrals were made where people were experiencing falls, changes in their dietary or swallowing needs. Staff were proactive in their approach to managing risks while awaiting specialist assessments.

Staffing and recruitment

At our last inspection, we found there were not enough staff of different roles and skills to meet the needs of people at the service. This was a breach of Regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made, and the service was no longer in breach of regulation 18.

- We observed staff to be responsive to people's needs and making regular checks of those people in their bedrooms as well as in communal areas of the service. Staff told us there were consistently enough staff on shift to provide good care and support to people. A relative told us, "Staff love my [Name] like a member of their own family."
- Required pre-employment checks were in place to ensure staff were suitable to work within a care environment. This included the completion of Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Nurses received specialist training and support to ensure they maintained the standards required to remain registered with the Nursing and Midwifery Council.
- Whilst the service did have some staff on sick leave due to the COVID-19 outbreak, remaining staff were covering shifts and staffing shortfalls to ensure required numbers did not change each day, and people received consistent standards of care and support.
- As an outcome of the last inspection, staffing numbers had been increased at night time, to maintain people's safety.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well cared for living at Thorp House. A person described the staff as, "Amazing" and another told us, "They [staff] regularly check on me throughout the day and overnight."
- Staff had completed safeguarding training and were able to tell us what action they would take to report any concerns or signs of potential abuse to the local authority safeguarding team.
- People's care records identified individual vulnerability and risk and had guidance for staff in place to mitigate this.
- Staff had completed safeguarding training, and refresher courses.

Using medicines safely

- Staff received training on medicine management and had their competencies regularly reviewed to ensure they gave people their medicines safely.
- People received regular medicines reviews by their GP. Nurses completed regular checks of medicines. Records showed that people received their oral medicines as prescribed and these were being stored securely and at appropriate temperatures.
- Staff had access to person-centred information and risk assessments to enable them to give people their medicines consistently and appropriately.
- There was written guidance available to help staff give people their medicines prescribed on a when required basis (PRN). Staff also had access to pain assessment tools to support people for example living with dementia who may struggle to communicate their needs in relation to pain relief.
- We identified some people's topical medicines such as creams and emollients were not being safely stored placing people at risk of accidental harm. Following our inspection, the registered manager confirmed lockable cabinets had been installed in response to our feedback.

Preventing and controlling infection

- The service was experiencing a COVID-19 outbreak at the time of our inspection. From speaking with staff and people, they consistently told us they felt safe, and had good levels of personal protective equipment (PPE), and safe systems in place for the management of risks. PPE stations had been put in place to support staff donning and doffing when providing care. The service had a five-star food hygiene rating in place.
- 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

- Arrangements remained in place to support people to have regular visitors and maintain important relationships with family and friends, whilst implementing safety measures to manage the risks of the COVID-19 outbreak. Value was placed on the role of the 'essential care giver'
- There was clear signage on the front door to alert visitors to the current COVID-19 outbreak, and we observed staff to double check visitors were comfortable to enter the service and gave them PPE as required.

Learning lessons when things go wrong

- Since our last inspection, the service had implemented a 'breaches folder' which contained evidence of action taken, as well as external feedback and information to demonstrate how those breaches were being met. Improvements to the service had oversight from members of the provider's team who visited weekly.
- The registered manager shared examples of case studies they had put together to show how staff had supported people to make improvements to their health and wellbeing, for example through use of diabetes monitoring equipment rather than needing to complete regular blood glucose testing.
- Where incidents had happened, or feedback for example from inspections had been given at other services under this provider, learning was being disseminated by the registered manager to reduce the risk of occurrence at Thorp House.

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 requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

At our last inspection, we found the provider had not gained formal consent for the delivery of care and support to people in the service. The principles of the MCA were not being followed. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made, and the service was no longer in breach of regulation 18.

- The service had reminders on their care record system to ensure timely requests were submitted where people's authorised DoLS needed renewing, to prevent the risk of people being held unlawfully at the service.
- We saw examples of mental capacity assessments completed in consultation with family, health and social care professionals. Care records confirmed if family held the required legal powers to influence the

decision-making process.

- If people's DoLS contained conditions, these were detailed in their care plans to ensure staff had access to the required guidance they needed to follow.
- Care records contained guidance for staff on the need to make best interest decisions to maintain people's health and welfare. They also demonstrated all attempts made to ensure people were involved in the decision-making process, particularly when unable to express their views verbally.
- One relative told us they felt the staff consistently worked with their loved ones, "Best interests at heart." Another relative told us, "The staff offered choice to participate in activities."

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

- Whilst some people's choices and movement within the service was limited at the time of our inspection, staff were still offering people choices in relation to their daily routines, dietary wishes and preferences, and providing 1:1 activities and social contact with relatives to reduce the risk of isolation.
- People and their relatives were consulted in relation to the care and support provided. Each person's care records were reviewed each month and updated by nursing staff with information sourced from the care staff. Relatives we spoke with confirmed involvement in care planning.
- Nationally recognised clinical assessment tools and approaches were used by the nursing staff, in line with recognised best practice. Additional training was available to ensure nurses felt confident in their roles.
- We observed staff to offer a supportive, calm and not rushed approach to providing care. They were regularly offering people choices, but equally happy to encourage people to make their own decisions.

Staff support: induction, training, skills and experience

- Staff told us they received a full induction when new to the service, including spending time working jointly with more experienced members of staff.
- Staff, including the nurses demonstrated a wealth of knowledge and experience of the people they cared for. Many of the staff had worked at the service a long time and had got to know the needs of the long-standing people living at the service in detail.
- The registered manager confirmed staff had access to specialist training, to meet people's assessed needs and risks, to ensure they could provide a placement safely.
- Training compliance levels at the service were good, and staff demonstrated implementation of their training into their practice and care approach.
- The management team provided formal and informal supervision to staff as required, drawing on their own clinical expertise where required.

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

- Where people's food and fluid levels were being monitored, for example due to experiencing weight loss, or monitoring output where a person had a catheter in place, staff completed detailed food and fluid records. Two people told us the food was lovely, 1 person told us the food was sometimes cold by the time it reached them. This person's feedback was acted on by the registered manager as soon as we brought this to their attention.
- Monitoring and oversight of people's weights was in place, with onward referrals made to dietician services or the GP where concerns were identified. Staff were clear what support people required, and if on specialist diets for example to manage choking risks.
- Staff worked with the kitchen staff to ensure they were aware of people's specialist dietary requirements and individual preferences.
- Where people received food, fluids and or medicines via a Percutaneous Endoscopic Gastrostomy (PEG – a flexible feeding tube is placed through the abdominal wall and into the stomach) nurses completed detailed records of all associated care tasks to ensure people's health was maintained.

- Where people were assessed to be at risk of choking, or aspiration linked to having a PEG in place, care records contained clear guidance for staff in relation to positioning and oversight required to manage those risks.
- We received positive feedback from relatives about the quality of food provided. One relative also told us their loved one was gaining weight as a result of eating socially with others.

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

- People and staff gave examples of support provided where a person wished to lose weight and build confidence. Staff supported them with healthy eating choices and ways to increase their levels of activity and exercise.
- The management team told us they had worked hard to form good working relationships with the GP practice and community health and social care teams, to ensure they could access specialist support to meet people's assessed needs and risks.
- The registered manager completed regular nutritional audits, to monitor changes in people's weight, frequency of being weighed, any changes to their dietary needs, or where medical input was required.

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

- Most people's bedrooms had a photograph and an overview of their interests and preferences in place by their bedroom door. However, we did identify where a person was staying at the service for respite care, this arrangement was not in place to aid them with orientation within the care environment.
- We observed staff to regularly be in communal areas of the service, including corridors, therefore ensuring if people experienced any uncertainty for example on how to find their bedroom, there were staff available to support, however, improved signage and other sensory indicators may further increase people's levels of independence.

We recommend the service reviews arrangements in place to aid people's independence and orientation within the care environment.

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 requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection we identified people's needs were not assessed regularly or found to be contradictory, resulting in changes in support required being missed or risking people's choices and preferences not being upheld. This was breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014,

At this inspection, sufficient improvement had been made, and the service was no longer in breach of regulation 9.

- The registered manager told us they had implemented a 'person of the day' system to ensure each person's care records were reviewed on a monthly basis and updated following incidents or changes in their support needs. Their feedback was in line with our inspection findings.
- Care records reflected people's individual wishes and preferences, including areas of personal importance to ensure cultural and spiritual needs were fully assessed and incorporated into their daily care routines.
- Staff supported people to try new experiences, and to achieve personal goals. They also wanted to ensure people were part of the local community and maintained important relationships. One person told us they enjoyed attending local church services and had made new friends as a result.
- One person told us about the charity fund raising they have been doing, to raise money for overseas aid, and the sense of worth and purpose this had given them. They told us the service and staff had, "Literally saved my life. There is nowhere I would rather live. The staff are all so caring and support me when I need help."
- People's care records contained detailed guidance for staff in relation to people's individual likes and dislikes. 24-hour records, as well as our observations, showed staff were attentive to people in response to call bells, or checks made of their comfort and position.
- Care records detailed individual, protected characteristics, including sexuality, and relationships of importance. For example a person living with dementia had support to maintain weekly contact with their relative living abroad who were unable to visit, to ensure this relationship was maintained.

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;

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.

- Information was available in different formats to aid understanding. Care records demonstrated how staff used different approaches to share and explain information to people to aid their understanding.
- Care records contained clear guidance for staff in relation to people's communication and sensory support needs.
- Where people had limited or no verbal communication, clear guidance was in place to ensure staff continued to source consent, and feedback on the care provided, and the use of assessment tools, for example to monitor and anticipate where people may be experiencing pain or distress.
- From speaking with staff, and people's relatives we identified examples of the positive impact activities within the service have on people's wellbeing. One relative told us, "[Name] is very sociable, now able to use a wheelchair to attend activities in communal areas and no longer staying in their bedroom. They are living a good life, and we are really pleased with that."

Improving care quality in response to complaints or concerns

- The service had received many compliments about the care provided and these were logged and shared with the care staff.
- Information on how to raise complaints or for staff to whistle blow was displayed in public areas of the service, to support and encourage feedback on the service.
- The service had not received any recent complaints, but the registered manager was clear of the provider's complaints process they would need to follow.
- We saw meetings were being held with people to source their feedback on the care provided. These were formally minuted, and any concerns identified acted on by the registered manager.

End of life care and support

- Care plans were detailed, setting out people's individual wishes and preferences for the provision of care at this stage of their life.
- Staff worked closely with the GP to ensure anticipatory medicines for pain management were in place ahead of being required.
- The service had received many compliments and positive feedback about the care and support provided to people and their relatives, particularly in relation to the provision of end of life care.

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 requires improvement. At this inspection the rating has changed to 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; Continuous learning and improving care

At our last inspection we identified a lack of effective audits and a quantified monitoring systems to provide the registered manager with the information required to continually drive improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, sufficient improvement had been made, and the service was no longer in breach of regulation 17.

- Quality audits of care and the environment were completed regularly by the registered manager, deputy manager and members of the provider's team. This ensured the provider had oversight of the findings from the audits and any actions required.
- Staff received regular support and supervision, and the registered manager was confident to challenge any concerns including clinical practice where required, as a registered nurse.
- The registered manager and deputy led by example in their ways of working. We observed them to be quick to respond to people's needs during our inspection. They told us, "The care is all about the people living here, we need to make sure we get this right, they are our priority."
- We saw examples of lessons being shared by the management team, for all staff to learn and benefit from, with the intention of reducing the risk of reoccurrence.
- Since our last inspection, the registered manager and deputy had changed. This had positively influenced change, driven up standards and altered ways of working to ensure people received consistent standards of good care; resulting in a positive change to rating as an outcome of this inspection.
- With support from the provider's team, the service had completed action plans, and gathered evidence to demonstrate how they had worked towards meeting the breaches of regulation found at the last inspection. This commitment to return to compliance was reflected in the service returning to compliance as an outcome of this inspection.
- We identified one incident which had happened recently, where a person had inappropriately consumed a personal care product. This situation had been dealt with appropriately and referred to the local authority safeguarding team. However, had not been referred to CQC. Guidance around notifiable incidents was provided to the registered manager, and agreement for a notification to be made retrospectively, which was received soon after our feedback was provided.

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

- We identified improvements in the level of detail contained within people's records, to ensure care was personalised, and tailored to meet individual wishes and preferences, with involvement of relatives where appropriate.
- The service had a wishing tree in place, to support people to set personal goals and achieve ambitions. The nominated individual's representative spoke emphatically about the work staff put in to supporting people to be integrated within the local community and the positive impact this had on people's well-being.
- There was a positive and upbeat living and working atmosphere observed within the service. Staff worked collaboratively and were overheard reminding each other if certain tasks needed to be remembered or prioritised. Out findings were supported by the positive feedback received from staff, people and their relatives.
- We saw examples of where incidents or accidents had occurred, or care had not gone as planned, and this was formally acknowledged by staff and the management team, with clear communication in place to ensure apologies were given.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives were encouraged to share views and give feedback in meetings, and in relation to their own care plans. Relatives also told us they were kept well updated of any incidents or changes in care needs, by staff. A health care professional told us, "The management and staff at Thorp house have a proactive attitude with the service they provide to their residents. They deal with any medical issues in a timely fashion and liaise well with the clinicians and admin staff at our practice."
- Staff worked collaboratively with people, their relatives and external health and social care professionals to achieve good care outcomes for each individual. One relative told us, "[Name] doing remarkably well due to the standards of care they receive."
- Staff were encouraged to take on champion roles. This offered them an opportunity to proactively support improvements to practice at the service.
- The registered manager, deputy manager, staff and the nominated individual's representative were found to be extremely responsive to our feedback, and quick to action any changes or improvements we identified.
- We observed staff to demonstrate a full team approach to ensure care standards were maintained during the COVID-19 outbreak.