

Seabrooke Manor Ltd

Seabrooke Manor Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Seabrooke Manor Care Home is a residential home providing accommodation for persons who require nursing or personal care, to up to 120 people. The service provides support to people with dementia and/or mental health needs, older people and younger adults. At the time of our inspection there were 115 people using the service.

The accommodation was arranged across four separate units. One of the units specialises in providing care to people living with dementia. Most bedrooms have en-suite facilities. There is a lounge and dining room within each unit, and a garden for all people using the service.

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

The provider's arrangements to manage medicines were not always effective as we found shortfalls around the management of covert medicines, PRN protocols and time sensitive medicines.

We also noted that while care plans were generally written in a person centred way, a few people's medicines care plans lacked details about how to support them with their medicines so staff had all the necessary information to care for them, particularly if it was a new member of staff.

While we found that the provider worked closely with people using the service to understand their views and how they wanted to be cared for, feedback from 13 out of 14 relatives showed that they were not always engaged and kept informed about their family members.

There were systems to monitor and improve the quality of the service, but these had not identified the concerns we found as detailed above.

These included working closely with people using the service to understand their views and how they wanted to be cared for.

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 were happy at the service and they felt safe and well looked after.

Systems were in place to keep people safe. People received support with their mental and physical health. Staff understood people's needs and worked closely with other professionals to assess, plan for and review people's needs and care. The staff made timely referrals and interventions when people needed support.

Risks were well managed and staff supporting people were trained to safely meet the needs of the people using the service.

There were enough suitable staff deployed to meet people's needs. Staff received training considered mandatory by the provider such as safeguarding, manual and handling, and infection control. Staff were well supported by the registered manager who worked directly with staff.

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

Rating at last inspection

This service changed provider and re-registered with us on 10 August 2022 and this is the first inspection. The last rating for the service under the previous provider, HC-One Limited was good (published on 3 December 2020).

Why we inspected

The inspection was prompted in part due to concerns received about medicines, and the safety of people. A decision was made for us to inspect and examine those risks.

Please see the safe section of this full report.

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.

Recommendations

We have made recommendations for the provider to improve the management of medicines, to improve people's care plans to make these more detailed and to also improve the way they engage and involve relatives in the service.

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 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 not always well-led
Details are in our well-led findings below.

Requires Improvement ●

Seabrooke Manor Care Home

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was conducted by 3 inspectors, a medicines inspector, a nurse specialist advisor, and 2 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Seabrooke Manor 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. 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 and took place on 13 and 14 June 2023.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our 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.

During the inspection

We spoke with 8 people who lived at the service and 2 visiting relatives. We spoke with the registered manager, the operational manager, staff on duty who included 7 care workers, 1 senior care worker, 6 nurses, the clinical lead, 1 activity co ordinator, 1 maintenance coordinator, a consultant, catering staff and the head chef.

We also looked at 25 care plans and risk assessments, 20 medicine administration records and how medicines were being managed. We looked at other records used by the provider to manage the service. We observed how people were being cared for and supported. Our observations included the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. We looked at training data and quality assurance records. We spoke with 14 relatives by telephone about their experience of the care provided.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- The provider had medicines management systems and processes but a few of these were not always effective to ensure people always received their medicines safely.
- Medicines were administered at set times of the day using a paper-based system which supported staff to follow the prescriber's instructions. However, there was not a robust system in place to ensure people receiving time sensitive medicines had them at the time they were prescribed.
 - There were 'when required' (PRN) medicines protocols in place however, these were a standard template and had not been tailored to the individual in some cases. This meant there was a risk people might not always receive their PRN medicines when they needed them.
- Covert medicines records did not always have enough information about how staff should give the medicines. There was therefore a risk that people might not receive covert medicines in a consistent way.

We recommend the provider seek and implement national guidance around the management of medicines in registered care homes.

- Staff received regular training and competency assessments and were knowledgeable about medicines management. One unit at the service had a dedicated medicines champion who supported staff with medicines management plans. This information was clear, up to date and accessible to staff.
- There were medicines care plans and risk assessments in place. Most of these were detailed and contained information to support staff to care for people in a way that met their needs. We observed staff give medicines to people. The staff were polite, gained permission and then gave people their medicines. Systems and processes to safeguard people from the risk of abuse
 - The provider had systems in place to protect people from the risk of abuse. The provider had procedures for safeguarding and whistleblowing. Staff received training in these. When we asked staff, they were able to describe the signs of abuse they looked out for whilst working with people and demonstrated a good understanding of what to do if they thought someone was being abused.
 - The provider had systems in place to identify and report safeguarding concerns to the appropriate bodies to help keep people safe. The registered manager had a record for the oversight of safeguarding referrals, unwitnessed falls, and accidents and incidents trends in the service and investigated these concerns and recorded the outcome.
 - People told us they felt safe at the service. Some comments from people's relatives included, "The place is perfect. The staff are amazing, dedicated to the people here. They look after my [family member] so well." Another comment from a relative, "I'm happy, honestly with my [family member] care. They are safe because they deal with her and other residents effectively."

Assessing risk, safety monitoring and management

- Individual risk assessments were in place to ensure people received safe care and to help mitigate risks.
- The environment was safely maintained. The provider ensured there were regular checks on health and safety, including equipment checks. Fire safety procedures were in place including weekly fire alarm checks and staff received training in evacuation procedures.
- Each person had a personal emergency evacuation plan (PEEP) to ensure they contained clear guidelines on how people would need to be supported to evacuate safely in the event of an emergency
- Staff understood how to safely support people, including supporting people with moving around the building and supporting them to eat. They received training and their skills were assessed in these areas. We observed staff supporting people in a safe and considerate way.

Staffing and recruitment

- There were enough staff to keep people safe and meet their needs. People told us call bells were answered promptly and they received help when needed. We saw staff were attentive and did not rush people. Staff told us they felt there were enough staff during the day to undertake 'tasks' and sit and chat with people during quieter moments.
- Many people commented that they felt safe because there were staff available when they needed them. One person told us, "I can tell you why I feel safe, it's because the staff care. I trust them and I can find one to come to me if I need one, my room is lovely and clean".
- Recruitment practices were robust. The provider completed checks on prospective employees to ensure they were safe to work with people. These checks included seeking employment references, checking staff criminal records and checking their identity. All staff completed a comprehensive induction and had their skills and knowledge assessed on a regular basis.

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.

- There were suitable systems for preventing and controlling infection. Staff received relevant training; and the provider's policies and procedures reflected legislation and good practice guidance.
- There were regular checks on cleanliness and infection control to make sure standards were maintained. There was enough personal protective equipment (PPE) for staff to use when needed to help minimise the risk of infection spreading.

Learning lessons when things go wrong

- The management team ensured there was a culture of learning within the service.
- The registered manager and the operations manager described sharing learning with staff from incidents and accidents. They gave an example of recently sharing learning from a coroner's inquest with staff. They undertook steps following the inquest to review all DNACPR (Do not attempt cardiopulmonary

resuscitation), refresh CPR training and purchase a CPR 'resus doll' which had an electronic panel which showed the effectiveness of staff CPR techniques they also purchased a defibrillator placed centrally for emergency use.

- Staff said that learning from concerns were shared with them. One staff spoke about lessons learnt from a choking incident which had occurred in another unit in the home which was shared to all staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed and planned for. The provider used recognised good practice tools for assessing the risks and people's needs relating to different aspects of their care.
- People using the service, their families and professionals involved in their care, were able to contribute to these assessments.
- Care plans were consistently reviewed and updated when people's needs changed.

Staff support: induction, training, skills and experience

- People were cared for by staff who were well trained and supported.
- Staff told us they completed training which they all agreed they found helpful. Staff confirmed they completed both face to face and online training. Staff also confirmed they had received relevant training such as fire awareness, moving and handling, dementia awareness and to manage behaviours when people were distressed and aggressive towards staff.
- The management team had developed a comprehensive induction based on best practice and legislation.
- A registered nurse told us that they had training to support good quality care this included regular online and face to face training including training on medicines, an induction process with 3 days shadowing each unit with the unit manager.
- Staff received regular supervision sessions, both individual and group supervision. Training and support needs were discussed during these sessions to support staff personal development.

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

- People had enough to eat and drink. At lunch time we observed that dining tables had a jug of juice and water to give people a choice drink. Whilst people were eating staff topped up people's glasses to ensure they had enough fluids.
- There was a 4-week rolling menu and there was a choice of three meals at each mealtime. This catered for people varied needs including cultural, ethical or other dietary needs.
- The chef and catering team knew people's needs and sought feedback from them to make sure they prepared food people wanted and liked. The chef had people's food profiles, these recorded allergies, preferences, textured diet and other dietary requirements and were updated when it was required.
- People were supported to eat when required. People were offered and encouraged to have regular drinks.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live

healthier lives, access healthcare services and support

- The provider worked closely with other professionals to support people with their healthcare needs. At the time of the inspection a health care professional was providing oral health care training to staff. The health care professionals described the home's staff as 'enthusiastic' and that they understood the importance of good oral hygiene.
- Staff had a good understanding of people's wellbeing. We observed people being supported to sit and join a sing along session in the fresh air as a benefit to people's emotional wellbeing.
- People were supported to access other healthcare appointments, such as dentists and opticians.

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

- The environment was suitable to meet people's needs.
- There was good access throughout the grounds. Corridors inside the units were wide for wheelchair and people using equipment to walk and there were handrails placed for people's safety. There were lifts to all levels. Bedrooms were ensuite with a toilet and basin.
- All units had some dementia friendly signage, displays, murals, pictures and reminiscence photos to help people orientate themselves.
- The communal rooms were light, comfortable, and spacious. There was suitable furniture with dining areas with individual kitchenettes. A comfortable and welcoming quiet lounge on each floor and in some unit's extra rooms, a hairdressing room and a prayer room.

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.

- The provider met the requirements of the MCA. The provider ensured people were given information about their care so they could make informed choices. Where people lacked the mental capacity to make decisions, the provider had liaised with people's representatives to make decisions in their best interests.
- Some people were given medicines covertly (without their knowledge). Staff worked with other professionals and the people's representatives to make sure the decisions to do this were made in people's best interests.
- The provider assessed any restrictive practices and made sure these were planned for to show why the restrictions were in place, risks relating to these and who had been involved in making decisions about these. These assessments and plans were regularly reviewed. Where restrictions could have amounted to a deprivation of liberty, the provider has appropriately applied for DoLS authorisations.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were well treated and supported. They had good relationships with the staff.
- People living at the service and their relatives spoke positively about the staff. Some of their comments were, "The carers are friendly, decent and nice. If I have anything to check with them, they listen. Yes, they respect me." Another comment, "They [staff] are kind to me. They talk to me and cheer me up. They listen to me. They are respectful." A relative said, "How do they do it? They are dedicated. If they love everyone like my relative, that is amazing. They recognise us and other visitors too and acknowledge us. They are very respectful of the people in here."
- We observed staff interacting with people in a kind way. They approached people gently and with patience, used kind and caring words. They allowed people to make choices and take their time to respond.
- Staff spoke positively about the service users and used non-discriminatory language when describing people's behavioural support needs and their work with people.

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

- People were able to express their views and were involved in decisions about their care. These included information about what was important to the person and how they wanted to be cared for.
- People confirmed they were able to make decisions about their own care and staff offered them choices.
- There were systems in place to understand people's experience of care in the home. There was a key worker system so people were able to speak with their identified key worker if they had a concern.
- Staff gave people choice routinely and respected their decision. This included choice around personal care, when and how this would be provided and offering a choice of clothing or asking what colour clothes they would like to wear, where they want to sit and what they wanted to eat and drink.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent where they were able and to do things for themselves. Their skills were recorded in care plans.
- Staff routinely knocked before entering people's bedrooms. We observed that when staff supported with personal care they made sure the bedroom door was closed prior to supporting the person.
- People were supported to eat and drink independently if they could do so. One person we observed used a spoon to 'drink' thickened drinks and ate slowly with a fork. The unit manager explained this person liked to be independent and eat without support. We saw staff respected this and monitored the person without intruding.

- Staff ensured people's confidentiality was maintained. Personal information was stored securely and only accessed by authorised staff. Information was protected in line with General Data Protection Regulations (GDPR).

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. Care plans were overall written in a person centred manner and staff we spoke with were able to tell us of about people's preferences for example their food preferences and the arrangements in place to meet their spiritual needs. However, a few people's care plans were not detailed enough about people's needs and preferences in relation to medicines."

We recommend that the provider review people's care plans to ensure these were detailed enough to address all of people's needs and preferences.

- The professionals we spoke with all commented that the registered manager and staff had a good understanding of people's needs and the risks they experienced.
- Relatives told us the provider was responsive when people's needs changed and when they identified something needed attention. One relative said, "They [registered manager] are regularly asking me if everything is all right with mum's care. As she is [cared for in bed], I know carers will come and talk to her. She loves music, so they often put that on for her. They give her regular bed baths."
- Staff kept records to show the care they had provided to people. These indicated care plans had been followed.

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.

- People's communication needs were met. Staff worked well to communicate well with people to understand what they wanted.
- Staff spoke in several languages and where necessary were able to communicate with people in their preferred languages. Where this had not always been possible a staff member said that they had used google translate to speak with one person.
- Information about people's communication needs were included in their care plans. The staff had created communication sheets and used objects of reference to help overcome any communication barriers.

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 were supported to take part in a range of different social and leisure activities. There were 3 activities co-ordinators who worked with people across the home 7 days a week.
- They organised a number of group and individual events to help meet people's different interests and hobbies. Sessions covered a variety of physical and wellbeing sessions held by both internal and external entertainers.
- People told us they had enough to do. One person said, "I like the bingo and making decorations and cards. We also had a picnic in the garden. There's no time to get bored." A relative told us, "They [staff] take my family member into the lounge in their wheelchair and sometimes they'll take them in the garden. They love the singing and because they can't see, they'll sit next to them and talk to them."
- There had been a number of social celebrations which took place at the home. These included personal celebrations such as birthdays, cultural and religious celebrations such as Eid, Diwali, Christmas, Easter, St Valentines day and the Kings Coronation.
- Staff supported people to attend religious and spiritual observances. One staff member took a service user to their spiritual place of worship each week. Staff told us the person was "so emotional" when they attended for the first time after not being able to attend for a while.

Improving care quality in response to complaints or concerns

- There were systems for responding to complaints. These included thorough investigations and learning from these. People told us they knew how to make a complaint and felt they would be listened to.
- One person told us, "I've never made a complaint, if I ask something to be changed it gets done." Another person told us, "Anything that is a problem it gets sorted out."
- The registered manager kept a complaints log which recorded each complaint and the progress in meeting the complaints procedure. Records showed that these had been appropriately dealt with and improvements had been made to the service as a result of these.

End of life care and support

- People being cared for at the end of their lives were given the support and care they needed. Staff worked closely with palliative care teams and other professionals to plan people's care.
- Care plans recorded how people wanted to be cared for and any specific wishes they had at the end of their lives.
- Staff received training to understand about dignity, respect and care for people at the end of their lives. They were able to give us examples of how they had/or would provide 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider had a quality assurance system which included a range of audits and checks. The medicines audits were however not always effective as they had not identified the shortfalls we found around the management of covert medicines, PRN protocols and time sensitive medicines.
- The provider's audits of care records were also lacking as they had not identified that not all medicines care plans were detailed enough to comprehensively address people's needs and preferences, so they could make the necessary improvements.
- As part of improving the quality of the service all incidents were investigated, and learning shared with staff in staff meetings. Staff told us if an incident took place in another unit this was shared with staff across all units for learning.
- At the time of the inspection there was a consultant who had been working alongside the management team for three months, to observe and provide feedback on how they could improve care. The consultant followed the CQC guidance and identified any concerns. They told us that they observe care, reviews risk assessments, care plans and audits and provides weekly feedback and so far the provider has acknowledged their work and worked on the feedback.

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

- The provider had arrangements to engage with people using the service and to seek feedback from them. They held a monthly meeting with people, to give them the opportunity to raise concerns and provide feedback. For example one person told us "We've had residents' meetings about the food. We asked for more choice and more sauces and condiments to accompany the food and we've got that now."
- People and their relatives said they felt comfortable to approach the registered manager and to raise concerns or provide feedback to them. However, relatives also told us that since the provider had changed, there was a lack of engagement and communication with them. They told us there were no relatives' meetings and they did not receive updates regarding the home or their family members.

We recommend the provider review how they engage and involve relatives and friends in the way the service is provided to people using the service.

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

- There was a positive person-centred culture at the service. People living there and their relatives felt well cared for. Some of their comments included, "I am so comfortable that I feel I could approach anyone if I wasn't happy, I'd recommend the home to anyone there are nice features in every sense." Another comment, "They care about me and listen to me. They always show respect."
- Staff felt well supported and happy working at the service. They spoke with fondness about the people who they cared for. They enjoyed their jobs and told us they felt listened to and valued.
- Staff received regular supervision and there were staff meetings which covered priorities such as training, activities, annual leave and safeguarding. A care worker commented, "The home not only thinks about its people needs and wants but they also think about its employees too."

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 registered manager understood their responsibilities under the duty of candour. They investigated when things went wrong and were open and transparent with people and their relatives about these and learning from incidents.
- The registered manager had notified CQC regarding significant events and incidents.
 - The ratings from the previous inspection were displayed at the service and on the provider's website as required by law.

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

- The registered manager was clear about their role and responsibilities. They understood the regulatory requirements of their role and had notified the CQC when required of events and incidents that had occurred at the service.
- The service had appropriate quality assurance and auditing systems in place designed to drive improvements in performance and to maintain effective oversight.
- The registered manager was supported by the deputy manager. The deputy manager was suitably qualified and experienced, their duties included supporting staff with the clinical aspects, medicines audit, setting up clinical meetings, care plan & risk assessment reviews and supervising the nurses.
- Staff felt supported by the registered manager and said they were approachable. Staff were also pleased with the new provider and the changes they were making. A member of staff said, "I think they are doing very well. It's a new company but they are doing well. We were worried but it's done well."

Working in partnership with others

- The provider and their staff worked in partnership with health and social care professionals for the wellbeing of people living in the home. This included receiving training from health care professionals such as the dental nurse on oral care training.
- The provider also worked with local agencies to help improve the service. For example the registered manager and operations manager had met with London Borough of Redbridge social services to discuss both deprivation of life and safeguarding concerns and liaised with Redbridge on how to achieve good outcomes for people.
- The provider had made good links with local facilities such as a temple, a church and a school so people could feel part of and engage with the local community.