

Marlacourt Limited

Oaklands Rest Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Oaklands Rest Home is a residential care home providing personal care to 25 people at the time of the inspection. The service can support up to 29 people. The service provides support to older people, including those who are living with dementia.

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

There was a friendly atmosphere in the home and staff supported people in a kind and caring way that took account of their individual needs and preferences. People and their families were supported to express their views and be involved in making decisions about their care and support.

There were systems and processes in place to protect people from harm. Medicines were managed safely. Staff were trained in how to recognise and respond to abuse and understood their responsibility to report any concerns. There were sufficient numbers of experienced staff to meet people's needs. Safe recruitment practices were followed to make sure only suitable staff were employed to care for people in the home.

Staff were supported to gain relevant knowledge and skills through an on-going programme of training, supervision and appraisal.

The service worked well with other agencies to promote people's wellbeing. People were supported to maintain their health and to attend health appointments if necessary. They were supported to eat and drink enough to meet their needs.

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.

The service was responsive to people's needs and staff listened to what they said. People could be confident that any concerns or complaints they raised would be dealt with.

The provider and registered manager were promoting an open, empowering and inclusive culture within the service. There were a range of systems in place to assess and monitor the quality and safety of the service and to ensure people were receiving appropriate support.

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

Rating at last inspection and update: The last rating for this service was requires improvement (published 7 November 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

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

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

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Oaklands Rest Home 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 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 ●

Oaklands Rest 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.

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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Oaklands Rest 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. Oaklands Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This 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 reviewed information we had received about the service since the last 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. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, head of care, lifestyle co-ordinator, 3 care workers, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spent time in communal areas observing people being supported. We reviewed a range of records, including medicines records, support plans and daily care records for 6 people. We looked at 2 staff files to check recruitment and supervision records. We also reviewed a variety of records relating to the management of the service, including risk assessments, quality assurance records, training data and policies and procedures. We received feedback from 6 relatives and 2 professionals.

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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse, neglect or harassment and the service had policies and procedures in place concerning safeguarding and whistleblowing.
- Staff received training in safeguarding and demonstrated their understanding of procedures for reporting and escalating any concerns. Staff were able to identify signs of potential abuse and were confident the senior management team would respond appropriately to concerns if they raised them.
- Relatives told us their family members received safe care. For example, a relative commented, "My mother...feels safe and valued."

Assessing risk, safety monitoring and management

At our last inspection risks to people had not always been mitigated in accordance with their care plan and risk assessment. This was a breach of regulation 12 (2) (a) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health and wellbeing were assessed, such as falling, choking, or developing pressure areas on their skin, and actions taken to minimise the risk were recorded. Staff showed awareness of assessed risk in people's care and day to day activities.
- The service worked with external professionals to identify and mitigate potential risks to people. A healthcare professional told us, "The (registered) manager or senior carer will contact the (health team) ...to discuss outbreak management and risk management or a poor discharge from hospital or to discuss a discharge that may be complex."
- A range of systems and processes were in place to identify and manage environmental risks. This included maintenance checks of the home and equipment and regular health and safety audits.

Staffing and recruitment

At our last inspection robust processes were not always followed when checking staff for suitability before being employed by the service. This was a breach of regulation 19 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of

regulation 19.

- Safe recruitment practices were followed before new staff were employed to work with people. We looked at the records of two recently employed staff and all the required checks had been carried out. This included 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.
- We observed, and the staff rota confirmed, sufficient deployment of staff to meet people's needs. The provider carried out dependency audits using an assessment tool to ensure there were enough staff with the right mix of skills to meet people's needs at all times.
- Relatives and staff told us they felt there were enough staff to meet people's needs. A relative commented, "There seems to be plenty." Relatives confirmed staff were quick to respond when people needed assistance. A relative said, "She had a fall and she rang for help and (staff) came within minutes, it's (call bell) always within reach."

Using medicines safely

- People received their medicines in a safe and effective way from staff who had received appropriate training.
- There was a system of audits in place for the safe administration of medicines.
- There was a clinical area and lockable trolleys in which medicines were safely stored. Fridge temperatures were monitored and recorded.
- Protocols were in place for the administration of 'as required' (PRN) medicines and staff were able to explain this guidance.
- Controlled drugs (CD) were appropriately stored and records kept.
- Medicines bottles were clearly labelled with opening and expiry dates.
- A healthcare professional told us, "Oaklands is very organised and we receive all prescriptions in a timely manner, the home is always easy to communicate with, they are very on top of medications and always very quick to action any queries. They are always aware of medications/changes and always know their residents' medication / needs inside out."

Preventing and controlling infection

At our last inspection people who use services and others were not protected against the risks associated with a lack of environmental hygiene due to ineffective infection prevention and control procedures. This was a breach of regulation 12 (2) (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- 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

At the time of this inspection, visits needed to be booked and the provider told us this arrangement was currently being reviewed in light of government guidance. The existing booking arrangements had remained in place due to the size and layout of the building and were flexible to meet the needs of people and their visitors. No booking was required to visit people who were on end of life care, for example.

Learning lessons when things go wrong

- Records were kept of accidents and incidents, as well as complaints, and the provider had a system to monitor these. This enabled the provider to identify the potential cause of any incidents and any patterns in these, with a view to reduction or prevention.

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.

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

- The management team completed detailed assessments before confirming that they could meet people's needs. These included information about the support people required, as well as their preferred routines and any likes or dislikes. Staff demonstrated knowledge of the people they supported, their needs and choices.
- An electronic care planning system was in use, which provided the staff team with accessible and up to date information about people's changing needs. For example, when a risk assessment was recorded, this automatically linked with the relevant care plans. This helped to ensure the plans were consistent.

Staff support: induction, training, skills and experience

- Staff received appropriate induction, training, supervision and support to enable them to carry out their duties. Staff told us they felt well supported in their roles and could always ask any questions. Relatives confirmed staff had the skills and experience to meet people's needs.
- The provider had an on-line training and development programme that enabled the registered manager to monitor any shortfalls in staff training requirements.
- Face to face training was also provided. For example, a 'dementia tour' was booked for March 2023. This gives staff a virtual experience of what living with dementia might be like and helps them to understand and relate their working practices to people's needs.
- Staff who were new to health and social care completed the Care Certificate as part of their induction. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

At our last inspection we recommended that the service seek advice and guidance from a reputable source about best practice mealtime provision for people who are living with dementia. The provider had made improvements.

- We observed lunch being served. Show plates were used to show people the choice of meals being offered, which gave people the opportunity to see and smell the food. There was a calm and relaxed atmosphere in each of the dining areas and staff were on hand to provide support.
- The provider carried out audits of the mealtime experience to monitor how this was continuing to meet

people's needs and preferences. The registered manager told us colour coded plates were being purchased, which were a discreet way of indicating the type and level of support individuals required.

- The service regularly monitored people's nutrition and hydration levels and took appropriate action if needed. Each person had a nutritional assessment and support plan that was kept under review.
- Relatives told us people were given a choice of food and alternatives were available. One relative said, "He asks for a sandwich, as if he was at home." Another relative said, "I am told he doesn't stop eating, which is a good thing."

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

- Relatives told us staff acted promptly if they were concerned about people's health. One relative said, "They are the first to make a call to the necessary service." Another relative commented, "They call me, so I know about everything as it happens." Another relative told us, "Following a stay in hospital Oaklands were wonderful at facilitating her return."
- A healthcare professional told us the provider had implemented a recognised assessment tool, "which supports identifying deterioration of residents thus ensuring that the resident is admitted to hospital for treatment at the earliest opportunity or have a discussion with the resident GP to keep the resident in the home."
- People's records showed they were supported to access healthcare services and, where necessary, a range of healthcare professionals were involved in assessing and monitoring their care and support to ensure this was delivered effectively. This included GP and community nursing services, chiropody, occupational therapists, opticians and dentistry.

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

At our last inspection we recommended that the service seek advice and guidance from a reputable source for best practice in relation to the design of dementia friendly environments. The provider had made improvements.

- The provider had invested in refurbishing the home. There was an ongoing programme of maintenance and renewal of the premises. A lot of improvements had been made since the last inspection. For example, all bedrooms had been redecorated. Wood effect floors and tiles in the home provided easy to clean surfaces. New alarm call and acoustic monitoring systems were in place and a new specialised bath had been fitted. The lounge areas had also been improved. Outside an accessible BBQ area had been created with astro-turf, shaded areas and a budgerigar aviary.
- A senior member of staff told us there was a budget for the purchase of a new specialised profiling bed every month, which meant there would be one in every bedroom in approximately 6 months. The member of staff commented they were now proud to show people around the home.
- The provider and registered manager were continuing to develop a more dementia friendly environment. For example, corridors and doors to people's bedrooms had been personalised to aid recognition. People were encouraged and supported to be involved in the improvements. The maintenance person had created a 'mood board' as a tool to support people to help choose the décor for the home.
- A relative told us, "I was initially unimpressed by the decoration but mum chose her room and improvements are being made generally now around the home."

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we recommended that the service seeks advice and guidance from a reputable source

on how to implement and review least restrictive practices for individuals. The provider had made improvements.

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 found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

- Care plans contained capacity assessments and consent agreements in relation to a range of aspects of care, which showed people and their legal representatives were involved in decisions made about the support they received.
- Staff received training in the MCA and demonstrated their knowledge of the main principles, as well as their understanding of least restrictive interventions and practice.

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. At this inspection 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; respecting equality and diversity

- Relatives confirmed staff were kind and caring. One relative told us, "In my experience the staff know the residents individually, they are caring and sensitive, they take the time to talk to my Mum. They know her well and this includes her likes and dislikes." Other relatives' comments included, "They've always been kind and respectful" and, "Birthdays are so good, and they make a fuss."
- We observed a relaxed atmosphere in the home. Staff communicated well with people and promoted an inclusive, supportive environment. Staff knew the people they supported well and had developed positive caring relationships with them. Staff took time to listen and acted on what people said.
- People's care plans focused on them as individuals, with sections on their likes, dislikes, interests, hobbies, aspirations, and cultural and religious requirements. This provided care staff with the information needed to provide personalised care.

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

- Relatives confirmed they were involved in the planning and review of their family member's care plans. People's care plans contained evidence of them being asked to consent to their care and support.
- Each person was assigned a keyworker, who helped them settle and adjust to their new environment when they first came to live at the home. Keyworkers took a special interest in the person's wellbeing, and brought any concerns identified to the attention of the management team.
- Each person was 'resident of the day' once a month, when staff from all departments of the service reviewed the person's overall care and support with them.

Respecting and promoting people's privacy, dignity and independence

- Relatives confirmed staff were respectful when providing personal care for people. A relative told us, "They are so good at trying to get him to take care of himself, so they empower him." Another relative said, "I cannot fault the care at all."
- Staff spoke about people in a respectful manner and demonstrated understanding of their individual needs. A member of staff told us, "I would expect what I'd expect for one of my loved ones". We observed staff knocking on bedroom doors before entering and maintaining people's privacy and dignity when providing personal care.
- People's care plans were written in a way that promoted their privacy, dignity and independence. For example, they took into account people's preferred daily routines, communication styles, and abilities as well as support needs.
- People's care records and other confidential information were held securely.

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

- The service had systems in place to support the delivery of personalised care, including regular care plan reviews, keyworkers, and monthly 'resident of the day' meetings.
- The provider had policies and procedures relating to equality and diversity which were reviewed annually, and staff received regular training in relation to this. The registered manager informed us awareness training sessions had been held for staff in relation to practices of the Jehovah's Witnesses tradition, in preparation for the admission of a member of the Jehovah's Witness church. This had enabled staff to support the individual in an appropriate manner during Christian celebrations, which they did not wish to mark, and to celebrate according to their own traditions.

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 care plans contained information about their individual needs in relation to communication and how best to support them.
- The registered manager informed us they would provide support including, for example, transcribing speech to text, producing materials in large print or obtaining it in braille when this was necessary. They were also using specialist equipment including mobile phones and remote controls with large buttons, adapters for mobile phones so they did not need to be held next to the ear, and smart speakers.

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

At our last inspection people's needs in relation to social and mental stimulation were not all or consistently being met. This was a breach of regulation 9 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- A relative told us, "There are a range of activities made available each day, which are inclusive and adapted to the residents need/abilities." They added, "The home's use of social media allows my family to keep up to date on the daily activities, which is really useful to talk to my mum about when I see her." Other relatives' comments included, "He is encouraged, they play great mind games and physical games. It's a daily thing. We are very happy with it" and, "The activities on offer are fantastic, so well done Oaklands."
- We spoke with the lifestyle co-ordinator, who told us, "It's about the social / lifestyle, not just the activity." They spoke passionately about their role and "Everybody getting involved, having a role." There was now a system and staff support for providing activities 7 days a week. The lifestyle co-ordinator said, "Life doesn't stop because you're in a care home; because you've got dementia."
- Activities had included a 'circus' and 'Oaklands Air', a simulated airport and holiday. Meals were made and music played to reflect the country being visited in this way, so that people were given the sensory experience of the sights, tastes and sounds of the chosen country.
- As an example of person-centred care, a relative told us the staff knew their husband had a keen interest in airplanes and so took him to an aerodrome.

Improving care quality in response to complaints or concerns

- Complaints and informal concerns, together with actions taken in response, were recorded and feedback was given to the complainant.
- The registered manager informed us friends and family meetings were held online in order to communicate to all families and pass on information. Senior staff contacted people's families to inform them of any changes, accidents or incidents.
- A relative told us, "Mum...looks well looked after and tells me she has no complaints."

End of life care and support

- There was no-one receiving end of life care at the time of this inspection. The service worked with the community nursing team in relation to end of life care when needed.
- People's end of life wishes, and any advance decisions and arrangements were recorded in their care plans. Do not attempt cardio-pulmonary resuscitation (DNACPR) decisions were recorded where appropriate.
- The registered manager informed us the service had identified a funeral director with personal lived LGBTQ experience, so that a gay person felt comfortable that arrangements for their funeral could be planned and made as they wished.

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

At our last inspection systems to assess, monitor and improve the safety and quality of the service were not always effective. This was a breach of regulation 17 (2) (a) (b) (e) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Records showed a comprehensive range of checks and audits were carried out regularly to monitor and ensure the quality and safety of the service people received. The provider met with the registered manager and head of care on a weekly basis to discuss the service and agree actions. The registered manager and head of care also facilitated regular meetings with senior care staff and care staff.
- Staff were clear about their roles and responsibilities and were supported through regular supervision and team meetings. A senior member of staff told us the organisational structure had improved, which made accountability clearer. They said the provider was very supportive in relation to staff professional development, including gaining relevant qualifications.
- A relative told us, "All the staff and leaders at Oaklands are friendly, professional and approachable. They keep me updated and provide feedback, as required."

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

- Relatives all felt the care home was very well run. They confirmed the service communicated well with them and kept them informed of any changes. Relatives knew who the registered manager was and felt they could approach them about anything. Relatives comments included, "She is lovely and really great at sorting things out" and, "Very nice, very helpful. We have a good rapport." Relatives confirmed they received a questionnaire asking for their opinion about the service. One relative said, "They literally ask if you need anything all the time."
- Staff spoke positively about the supportive leadership and culture within the service. A member of staff told us, "I've never been so happy in a job." Another member of staff said the provider was, "Happy to listen and have a chat" and, "They like to treat us on the same level, like a family".

- Staff were clear about the aims of the service and the standards and values the provider expected them to uphold, which they said had been developed in consultation with staff. The nominated individual told us, "It's about empowering people."
- A senior member of staff told us the provider "Wants to see things through the eyes of staff working in the home." They said the provider's approach was respectful to everyone and this was reflected in the low staff turnover, "We develop and grow together." They also told us about how staff were rewarded for initiative and going the 'extra mile' for people receiving care.

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 provider and registered manager were aware of the duty of candour and when to notify CQC of specific incidents affecting the health, safety and welfare of people using the service.

Continuous learning and improving care; Working in partnership with others

- Relatives told us they felt the service was constantly striving for improvement and they would recommend the home to others. Their comments included, "Home from home, I couldn't recommend it higher" and, "Such a good place for her to live."
- A senior member of staff told us they felt there was a reflective and learning culture within the service and gave an example of how the registered manager had supported them to learn and develop using their first experience of managing staff interviews.
- The provider was continuing to invest in making improvements to the service, including new technology to support the delivery of high-quality care.
- The service worked in partnership with other professionals to help ensure people received the care they needed, including the local GP surgery and community nursing teams. A healthcare professional told us, "The manager regularly joined the (commissioning authority) weekly care home meeting during COVID -19, where best practice was discussed, and guest speakers attended to provide updates to managers. The staff / managers have taken the opportunity to join the virtual champions group, which include end of life, falls and staff have joined activity co-ordinator virtual meetings."