Whytecliffe Limited

Arundel Park Lodge

Inspection report

22-24 Arundel Drive East
Saltdean
Brighton
East Sussex
BN2 8SL

Tel: 01273303449
Website: www.whytecliffe.co.uk

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
Arundel Park Lodge is a nursing and residential care home providing personal and nursing care to people with health and age related needs. This included people who were living with dementia, Parkinson's disease, Huntington's disease and Multiple Sclerosis.

The service is located in Saltdean and accommodates 30 people in one adapted building with accommodation over two floors. At the time of our inspection 28 people were living at the service.

People's experience of using this service and what we found
People's care plans did not always reflect a person centred approach to meet their needs and preferences. We have made a recommendation for the provider about reviewing care plans. Staff provided personalised care and people were happy with the care they received and felt safe with the staff that were supporting them. Systems were in place to protect people from the risk of abuse and improper treatment and staff knew how to identify potential harm and report concerns. People received their medicines safely from trained nurses.

People were cared for by staff who were well supported and had the right skills and knowledge to meet their needs effectively. Checks were carried out prior to staff starting work to ensure their suitability to work with people. People received support from a consistent staff team who knew them well. There were sufficient numbers of staff to ensure people did not feel rushed and people received their support on time.

There were processes to monitor the quality of the service and to ensure management oversight of all accidents and incidents. Staff received supervision in line with the provider's supervision policy. The service was led by a registered manager who was described by people and staff as approachable and caring. The culture of the service was open and inclusive.

People were supported to have maximum control over 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.

Positive and caring relationships had been developed between staff and people. People were treated with kindness and compassion and staff were friendly and respectful. People benefited from having support from staff who had a good understanding of their individual needs.

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

Rating at last inspection
The last rating for this service was good (published 11 January 2017)

Why we inspected
This was a planned inspection based on the previous rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe.	**Good**
Is the service effective? The service was effective	**Good**
Is the service caring? The service was caring.	**Good**
Is the service responsive? The service was not always responsive	**Requires Improvement**
Is the service well-led? The service was well-led.	**Good**

Arundel Park Lodge

Detailed findings

Background to this inspection

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

Inspection team
The inspection was undertaken 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
Arundel Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

What we did before inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with 10 people who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, registered nurse, four care workers and the chef.

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

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes protected people from the risk of avoidable harm. Staff understood how to report any concerns they may have to relevant professionals and worked in line with the local authority safeguarding policy and procedures.
- Staff received training to support their understanding of correct procedures to follow to keep people safe. Safeguarding training was completed by new staff during induction and there was a system to ensure staff undertook refresher training.
- People and their relatives told us that they felt safe. One person said, "It's definitely safe here" and "There are always staff around to see that you are safe.". Another person said, "It's safe because I have my call bell by me all the time".

Assessing risk, safety monitoring and management

- Risks to people were assessed and managed safely. Individual risks to people were assessed and details on how to reduce these were included in people's risk assessments. For example, one person's risk assessment detailed that they needed two staff to support them when moving and what equipment should be used to support this. This person told us, "I need two staff to help me and there always are two, because we have discussed the risk of falling if I try to move on my own or with only one member of staff".
- Staff understood how to support people to take positive risks. One person's risk assessment outlined how they liked to go to Brighton on the bus independently and the measures staff were to take if the person was not back by a certain time.
- Environmental and health and safety risk assessments were completed including checks on water temperatures, fire safety and equipment. These assessments were up to date and reviewed regularly to ensure people were safe. The service was undergoing extensive building work and risks associated with this had been identified and mitigated. For example, construction tools were not left lying around and trip hazards were removed by ensuring floors were kept clear at all times.

Staffing and recruitment

- There were safe systems and processes for the recruitment of staff. The service followed safe recruitment processes to ensure people were suitable for their roles. This included undertaking appropriate checks with the Disclosure and Baring Service (DBS) and obtaining suitable references. Systems and processes enabled checks to ensure that nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice.
- Our observations were that there were enough staff on duty. People received care and support in a timely way and we saw staff taking the time to sit and talk with people. One person said, "I keep my door open and staff always pop in, I feel they know how I am all the time. There are enough staff".

● Call bells were answered promptly, and people said that this was usually the case. The rota reflected the staff that were on duty.
● The service was almost fully recruited to, which meant agency staff were kept to a minimum. One person told us, "Turnover of staff hasn't been an issue. Provision of staff seems seamless. There is a definite core of long-term staff."

Using medicines safely
● People received their medicines safely. Medicines were administered by nurses who received refresher training in the administration of medicines. People's medication administration records (MAR) were audited regularly, any omissions or errors identified, and appropriate action taken.
● People told us that their medicine needs were managed well. One person said, "It's helpful to have all my medicines brought to me when I need them, and they always wait to ensure I have taken them".
● People were asked if they needed 'as and when required' (PRN) medicines such as pain relief before it was dispensed. People received their medicines on time and in line with their prescribed requirements. This included medicines for people who were living with dementia and time specific medicines for people with Parkinson's disease.
● Anticipatory medicines were in place for people reaching end of life. These were reviewed by a GP on a regular basis. Medicines were kept in a locked cupboard room and temperatures were recorded daily to ensure the correct temperature for storage of medicines was maintained.

Preventing and controlling infection
● The service was clean and well maintained; staff followed the provider's infection control practices.
● Staff had access to personal protective equipment (PPE) and gloves and aprons were used appropriately. Staff had a good understanding of infection control and were observed taking measures that would reduce the spread of infection.

Learning lessons when things go wrong
● Action was taken following accidents or incidents to help keep people safe.
● The registered manager monitored all accidents and incidents; There was a centralised notification system that alerted the registered manager and provider to any accidents and incidents in real time. This ensured robust and prompt action was taken and lessons were learnt.

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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 were assessed before they started to receive support from the service, to ensure their needs could be met. The information gathered included people's preferences, backgrounds and personal histories. Protected characteristics under the Equality Act (2010), such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- People were involved in their care planning and their individual choices and needs were assessed and known by regular staff who knew them well. One person said, "The manager came to assess my needs when I was at a rehab centre. She discussed my needs and my preferences about how staff can help me".
- People had access to technology and equipment that met their assessed needs. People had access to call bells and sensor mats to alert staff of their movements and equipment such as hoists were used.

Staff support: induction, training, skills and experience

- New staff received an organisational induction in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which provides new staff with the expected level of knowledge to be able to do their job well. One staff said, "My induction was very good, I was given all the information and training I needed to start my role".
- Staff had opportunities to learn skills to enable them to support people's assessed needs. For example, staff had recently had the opportunity to learn about Huntington's disease from a speciality nurse. One staff said, "This was a real eye opener, I learned so much and I have changed the way that I support the person as a result".
- Staff received supervision with their line manager and their practice was observed by senior staff. Records showed that staff were competent to provide care safely and effectively to people.
- People felt staff were competent to give them the care they needed. One person said, "I've got dementia, this problem with remembering. They've been very good explaining it to me, and they don't mind how many times they have to remind me of things. I don't think I could manage anywhere else."

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

- Nutrition and hydration needs were met, and people had enough to eat and drink. People had access to drinks and snacks throughout the day.
- Specialist diets were catered for. One person said, "I need a soft diet and they cater for that" and "When I was unwell they did poached eggs, and now I only have to say I'd prefer an omelette to the menu dish and it is done. They have got to know me, and I have put on weight since coming here."
- Staff were knowledgeable about increasing people's calorific intake by adding cream and butter to foods

and making milkshakes and smoothies. This had a positive impact on people who required support to maintain their weight,

● People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what support they might need to eat and drink. We observed people receiving food consistent with their support needs. This included a person with a pureed diet and another person who required their drinks to be thickened. Staff were knowledgeable about the support people required.

● People had mixed feelings about their meal time experiences. In two of the dining rooms the television volume was loud throughout the meal making communication difficult. We told the registered manager about this and they said that they would address our observations. A person told us "The food is really good, it's just too much. Before I came here my favourite food was meat suet pudding, I'd love it if they did that sometimes." A relative told us that they had received a questionnaire and their comments had been used to make changes to the menu and portion sizes. Another person said," I usually enjoy the meals, we have a good chef. He knows what I don't like and works out the best meal for me. I usually go the dining room for meals but when I can't get there, it's no problem having my meals brought to me in my room. They are still hot, and they make sure I'm in a comfortable position".

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

● Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that people had regular access to health care professionals, GPs and specialist nurses.

● Care records showed that people had access to routine and specialist health care appointments. Records were kept about health appointments people had attended and staff ensured that guidance provided by health care professionals was implemented.

● People told us that they had good access to health services. One person said, "If I need to see a GP they are called very quickly". For a person who had been refusing medicines a review was held with the pharmacy, GP, the person and their family. As a result of this the persons medicines were changed, and the person no longer refused them.

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

● The service was suitable to meet people's needs; adaptations had been made to meet the needs of people using wheelchairs and walking aids. The service was undergoing extensive building works to update the environment and facilities. This included installing en-suite wet rooms to some of the bedrooms. People told us they had not been impacted by the building work and disruption and noise had been kept to a minimum.

● For people living with dementia, the decoration in the corridors did not did not enhance orientation or communication. We fed this back to the registered manager who said they would share our observations with the provider.

● People's preferences were used to enhance their bedrooms which were personalised and contained personal effects such as pictures, photos, equipment and items to support their hobbies and interests.

● People told us they enjoyed spending time in their rooms and the communal areas were also pleasant places to be. Some bedrooms had a view of the sea and some over looked the garden. One person said, "I'm so lucky. Where else could you get a view like this? There is always something to see from my window". Another person said, "There was a fabulous storm this morning, I watched it right across the sea whilst I had breakfast".

● People told us that they enjoyed the outside space and it was accessible to people who used wheelchairs. One person said, "I really like the garden; I can only go there in a wheelchair, but they take me whenever I

ask".

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff had received training on the MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way.
- Staff described when and how decisions would be made in people's best interests.
- People told us that staff checked with them before providing care. One person told us, "Staff ask me if it's okay before doing anything." Another person said, "They always ask if I want a shower or if I need my tablets"
- MCA assessments and best interests decisions had been completed. DoLS authorisations had been applied for and approved for the appropriate people; the registered manager checked DoLS authorisations to ensure they remained valid.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 felt staff treated them with kindness and were caring. Comments included, "All the staff are lovely" and "The care staff are brilliant, they are always popping in and will stop and have a chat. "Another person said, "Nobody's ever lonely. If they saw you were on your own for half an hour, they would come over and see if you're all right."
- People were treated equally, regardless of age gender or disability. For a person with a cognitive impairment staff told us that it was important the person's independence and ability to make choices was maintained and respected. We observed staff showing patience and understanding when establishing what the person wanted to drink. The person was not rushed staff supporting them fully understood when it was appropriate to help and when the person preferred to manage independently.
- Staff demonstrated a compassionate approach towards people and worked well together as a team. One person said, "I hear how the staff are with each other. They are a real team, supporting one another". Another person said, "They always say 'hello' as they pass my room, or when I go downstairs. A relative told us, "The home and staff were welcoming from the start, with an emphasis on helping (name) to settle in".
- The service had a record of compliments which included, " I am lucky to be here; you are all amazing people that make my everyday life easier, safer and happier." And, "Thank you all from the bottom of my heart. I really do appreciate everything you do for me and all the residents".

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

- People told us that they were involved in decisions about their care and support. They felt listened to and were given choice and control in the way that their care was delivered. One person said, "The staff are bright, bubbly and helpful, which has made it easy to live in my difficult situation. The manager has helped in my dealings with other organisations".
- Staff had a very good understanding of people's communication needs; this knowledge was used to support people to make choices and decisions. There were positive relationships between people and staff; interactions were warm, friendly and pleasant. One person said, "I'm here due to a complicated situation. Given I'm here, it is suiting my needs. They are very kind, and they respect my choices".
- People were encouraged to make decisions and people told us that they were free to do what they wanted throughout the day. Comments included, "They give choice all the time and respect choices not to join in. I did enjoy joining a tea party in the garden, so I like it that they always make the offer" and "the care provided is as I agreed".

Respecting and promoting people's privacy, dignity and independence

● People's privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively.
● People told us that staff respected their privacy and were polite. We were told that staff knocked on people's doors before entering and we observed this practice. One person said, "I need a lot of help, but they respect my room absolutely, they'd never come in without asking and explaining why they are here."
● Staff treated people as individuals and knew them well. Staff responded appropriately and sensitively when people needed support. A person said "I've been able to cry with staff and share all the changes I have found so hard. They have time to sit and listen, but they will leave me alone if that is what I want."

Requires Improvement

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

● People's needs were not always recorded in a way that supported a person centred approach. Care plans were clinical, and task focussed rather than reflecting people's individual preferences for how they wished their care and support to be delivered. In some care plans, people were referred to as "the resident".

● Care plans did not clearly identify which aspects of their care people could manage themselves or the type or level of support people required. For example, care records for a person with a specific health need gave conflicting information. One record stated the person managed this health need independently and another said that the person required full assistance. The person told us that they were fully dependant on staff for this particular need and this was confirmed by care staff.

● Whilst it is acknowledged that staff knew this person well, in the case of new or agency staff this person could be placed at risk of neglect for this particular health care need if staff relied upon the information which stated they were fully independent. We spoke to the registered manager about this who said they would immediately review and amend the person' care records. This lack of clarity in care plans meant that people could not be assured of receiving care and support in line with their personal requirements or preferences.

We recommend that all care plans are reviewed to ensure they are accurate.

● Despite the lack of personalisation in care plans, people generally felt staff knew them well and staff provided support in a personalised way. One person said, "They've made it clear this is my home for as long as I am here. First thing every morning, they check on my own plans for the day and fit my support around that, for example what time I'm going out".

● A staff said about a person receiving support, "They are truly amazing especially how they want to keep their independence and I support them in every way I can to do this" and "People are still living their lives and we need to make sure they are happy and comfortable and supported how they want to be in this phase of their lives"

● Staff told us that they knew people well and had a good understanding of their personal histories, interests and preferences. One staff said, "I really enjoy reading and talking to people about their past histories, I find it really interesting". This enabled them to engage effectively and provide meaningful personalised care and activities.

End of life care and support

● People and their families were able to make decisions about their end of life arrangements, however, not everyone had an end of life plan in place and it was unclear why this was. The registered manager said that

for some people this was a difficult subject to talk about. In these instances, records were not kept and there was no guidance for staff as to when or how the subject should be approached again.

● Staff were trained to support people with end of life care. One person said "I've had a full and fortunate life, and this is a nice place for it to end. They make it as easy as they can and every day they help me present myself to the world; I feel this is now my home."

●The service held medicines for people reaching end of life. These were reviewed by a GP on a regular basis. Some people had clear plans in place to support their end of life in a comfortable and dignified way which was in line with their personal preferences.

● 'Do not attempt Cardio-pulmonary Resuscitation' (DNACPR) forms had been completed for some people. These showed that people and a relevant healthcare professionals had been involved in decisions not to resuscitate them if they experienced a cardiac arrest.

● Care staff knew which people had DNACPR's so that people's wishes were known and respected. This meant people were able to die with dignity.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carer's.

● People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. People told us that they had access to telephones to keep in touch with friends and relatives.

● Some people using the service could communicate their needs to staff without support. Where people had difficulties with communication, information was available in different formats. Flash cards, which are cards containing a small amount of information, were shown to people to prompt their memory. Whiteboards and pictorial information was also used to communicate and share information.

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

● There were good opportunities for people to participate in activities; people choose whether to participate and staff respected their decision. One person said, "I absolutely love it here. Everyone gets on, but you have your own life as well. I like trying anything in the activities, but they don't mind if I say that's not for me, some things aren't my thing at all, but other people love them. I've got all my music and films in my room and all the staff will have a chat any time."

● People and relatives gave positive feedback about activities. They commented, "There is always something going on and the activities co-ordinator does a fantastic job". People told us that they had been enjoying some assistive technology that the service had on loan. They told us that this did all sorts of things, like films, quizzes, music and karaoke. One person said, "It's like magic, we all love it". And "There is something for everyone, I particularly like the singing". We observed people taking part in a music quiz. People were interacting well and there was lots of laughter.

● A person said, "If you like it, they have parties, and there are lots of group activities. I don't do that, which is fine by them, but I have made a good friend here and like to meet them for lunch every day. I use my DVD player all the time and staff come and change the discs whenever I ask". The care records for one person showed that they regularly went out and had recently attended Brighton Pride. Other people told us that they went out for walks and might buy an ice cream on the seafront.

Improving care quality in response to complaints or concerns

● People felt able to raise concerns if they wished to and no-one said that they had felt the need to raise a

formal complaint. The service had a complaints procedure, and people said that they knew how to complain and who to complain to.

● Records showed that complaints were responded to appropriately and in a timely way. The registered manager told us that complaints were shared across their services and outcomes used to make improvements to the service.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was led by an open and transparent registered manager who actively supported the nursing and care staff in their roles. Staff felt that the registered manager listened to them and said that they felt well supported. One staff said, "The manager is very approachable; all of the senior team are good". Another said, "I feel really valued and I have been given the opportunity to develop a career in caring"
- The registered manager demonstrated a commitment to providing people with good care and improving the quality of their lives. Staff treated people as individuals and encouraged people and their relatives to be involved in decisions about their care and the service.
- People were happy with the way the service was being managed. Their comments included, " We've had no complaints about the care at any time" and "I found the manager very helpful and supportive"
- The service had a positive and welcoming atmosphere; staff morale and teamwork were good. One staff commented, "It's really nice here, it's a happy place to work".

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

- The registered manager understood their responsibility to be open in the event of anything going wrong. They reviewed any feedback and incidents, so any learning would be taken from them and the service would continue to develop.
- There were systems and processes for quality monitoring and auditing, ensuring governance of the service and to drive improvement. There were systems and processes to monitor and analyse accidents and incidents and analysis was used to identify key issues and mitigate risks. This ensured there was clear management oversight of any relevant trends and any actions taken to avoid or reduce risk and further occurrence.
- People had opportunities to be involved in and influence the running of the service. Staff told us that they sought feedback and ideas from people.
- There was a clear staffing structure with identified roles. Staff demonstrated an understanding of their roles and responsibilities and told us that they had confidence in the registered manager.
- The registered manager understood their responsibility to notify CQC of significant events, as they are required to by law. Notifications had been sent to us in a timely manner and were completed in line with requirements. The registered manager understood their responsibility to notify the local safeguarding authority of concerns. Records showed that this had happened appropriately and in line with safeguarding

guidance.

● Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care ● The registered manager had sought people's views on the care provided through surveys. People, relatives and staff were encouraged to make suggestions for improving the care offered and told us they were listened to. For example, in relation to interesting things to do and meal choices. One relative told they had been asked their opinion on an information leaflet the registered manager was developing.
● There was a positive workplace culture at the service. Regular staff meetings took place. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.
● Staff had received training about equity and diversity and understood their responsibilities to uphold people's human rights. Staff gave us examples of how people had been supported with their equality and diversity needs.

Working in partnership with others
● The service worked in partnership with other agencies. These included healthcare services as well as local community resources. The service had recently taken safety advice from the local community transport team and purchased a crash tested accessible wheelchair for people to use when travelling on community transport.
● Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs.