

Candlewood House Limited

Candlewood House Care Home

Inspection report

Bentley Drive
London
NW2 2TD

Tel: 02038932929

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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

Candlewood House Care Home is a residential home providing personal care, nursing care and treatment of disease, disorder or injury to adults. The service can support up to 86 people. At the time of the inspection 13 people were using the service.

Candlewood House Care Home accommodates people across three floors, out of which only the ground floor was occupied at the time of the inspection. The home had adapted facilities including lifts, specialist baths and appropriate grab rails and handles. The building had ample communal areas including a garden and outdoor visiting facilities.

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

People were supported by suitably skilled staff. However, some people experienced delays when receiving care. We have made a recommendation around staffing levels.

People told us they felt safe using the service. Medicines were managed safely. Risks associated with people's health and care were identified and assessed as and when needed, and staff were provided with clear guidance. Staff followed appropriate infection control practices. Accident and incidents were recorded and any lessons learnt were used as opportunities to improve the quality of service.

Assessments were carried out prior to people joining the service to ensure their needs could be met. Staff had the training, knowledge and experience to support people's needs. People were supported to maintain good health and had access to a range of healthcare services when needed. People were encouraged to eat a healthy well balanced diet for their wellbeing.

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 involved in making decisions about their own care. We observed staff treating people kindly and catered to their needs in a person-centred way. We saw positive interactions between people and staff. Staff encouraged people to be more independent by doing various tasks for themselves. Systems were in place to manage complaints efficiently.

There were effective systems in place to assess and monitor the quality of the service provided. There was an open and inclusive culture within the home where people, relatives and staff felt comfortable to share their views. Staff worked in partnership with healthcare services and professionals to improve and maintain people's quality of life.

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 was registered with us on 20 May 2020 and this is the first inspection.

Why we inspected

This was a planned inspection in line with our regulatory approach.

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.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our regulatory approach. 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.

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 ●

Candlewood House Care Home

Detailed findings

Background to this inspection

The inspection

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

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, a specialist advisor nurse 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

Candlewood House Care Home 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.

At the time of the inspection the service had a manager who was in the process of being registered with the Care Quality Commission. This means that, once registered, they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of publication of this report, the manager had successfully completed their registration.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 08 December 2021 and ended on 19 January 2022. We visited the office location on 15 December 2021.

What we did before the inspection

We reviewed information we held on the service and 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 six people who used the service about their experience of the care provided. We spoke with seven members of staff including the manager, nominated individual, registered nurses, team leader, training personnel and the chef. We reviewed a range of records. This included eight people's care records and multiple medication records. We looked at four staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

The nominated individual is responsible for supervising the management of the service on behalf of the provider.

After the inspection

We spoke with eight relatives/next of kin about their experience of the care provided to their loved ones. We also spoke with a further three care staff. We continued to seek clarification from the manager to validate evidence found. We looked at further information including training data, meeting minutes, policies and quality assurance records.

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 good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- While people's needs were being met safely and sufficient numbers of staff were deployed on the day of inspection, some people told us they experienced rushed care at times. One person told us, "Sometimes staff take a long time to come and hurry at times." A relative said, "They are having trouble getting staff and is now an issue with more residents here." Some of the care staff we spoke with also explained how sometimes they felt rushed and pressured when attending to people's varied needs. A member of staff told us, "I feel stressed, the call bells keep ringing and it's more difficult on the weekend."

We recommend the provider revise their staff deployment approach while considering the diverse needs of people and the growing number of admissions.

- We discussed staffing arrangements with the manager and they explained the challenges they were facing regarding recruitment. They assured us they were in the process of recruiting more permanent staff including care assistants, nurses and team leaders. They explained how they were constantly reviewing staffing levels to ensure people's needs were being met safely.
- The service made use of staff, including nurses and support workers, from other care homes under the same provider to support the core staff team at Candlewood House. These staff were knowledgeable around people's needs. One staff told us, "We are given a good induction and handover, so we have support."
- The service carried out required checks to ensure only the staff who had been assessed as safe to work with vulnerable adults were recruited. These included staff interviews, identity checks, conduct in previous employments and criminal record checks.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from abuse. The manager understood their responsibilities to promote a safe environment and report concerns to relevant authorities.
- Policies and procedures were in place and accessible to staff. Staff had a comprehensive awareness and understanding of what they needed to do to make sure people were safe from harm and potential abuse. A member of staff told us, "I received all the mandatory training and I know about reporting abuse. I also know about whistleblowing and I will do this if I need to." Whistleblowing is when an employee raises a concern about wrongdoing in the public interest.
- People felt safe in the home. One person told us, "I feel safe and secure here. They look after me well." A relative told us, "[Person] is happy here and I know that they are safe here."

Assessing risk, safety monitoring and management

- The service anticipated, identified and managed risks associated with people's health and care needs. Staff had a good understanding of people's risks and knew how to keep them safe in a way that did not restrict their freedom.
- Risk assessments were comprehensive, reviewed regularly and provided clear guidance on how to mitigate risks. We saw a variety of risk assessments for people which included, mobility and falls, skin integrity, nutrition and COVID-19. A few people who used the service had been identified as being at risk of choking and guidance was available for staff to follow about how to keep them safe.
- The manager sought external support when required. For example, the home worked with speech and language therapists, physiotherapists and dieticians to support people safely with their eating and drinking, mobility and nutritional needs.
- Premises of the home were well maintained and free from clutter. People's rooms were also clean and tidy. The service carried out safety checks on the environment including checks on electric, gas, water and fire safety. People had personal emergency evacuation plans in place which outlined the support they required from staff to be able to reach a place of safety in the event of an emergency.

Using medicines safely

- The service ensured people received their medicines safely and as prescribed. Policies and procedures supported this.
- People's care plans contained detailed information on their medicines including their uses, possible side effects, allergies and preferred ways of taking them.
- The service stored medicines securely and Medicines Administration Records were clear and easy to follow. Where people received medicines as and when required, protocols were in place to guide staff on how and when to administer these medicines. This included medicines such as painkillers and medicines for insomnia.
- Staff received appropriate training and had their competency assessed by the manager before they were able to administer medicines. One staff told us, "We take medication very seriously, it is a big responsibility and I am very careful. We have support if we need and good training."
- People told us they had confidence in the staff who supported them with their medicines. One person said, "The staff come in here and take their time when they give me my medication. They do not rush me".

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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- The service had a system in place to record and respond to accidents and incidents.

- The staff team analysed accidents and incidents for specific trends. Any lessons learnt were used to embed good practice and improve quality of service. These were relayed to staff through meetings, handovers and communicated via emails.
- The manager ensured people's care plans and risk assessments were updated promptly to reflect any changes.

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

- The service completed an initial assessment of people's needs before they moved into the home. This enabled the team to determine the best possible ways to support people in areas such as personal care, mobility, nutrition and physical and emotional health.
- The service worked with relatives and the individuals themselves to produce person-centred care plans in which people's needs and expected outcomes were clearly explained.
- Staff demonstrated knowledge of people's needs and delivered care in line with current standards. People's clinical needs were assessed and reviewed regularly. We saw turning charts for people who required repositioning being completed appropriately.
- Relatives were confident that the home was able to meet the specific needs of their loved ones. One relative told us, "The staff are excellent, they have quickly learnt to identify [person's] needs and can recognise when they are a bit off weather and respond accordingly." Another relative told us, "Their strength is identifying my [person's] needs."

Staff support: induction, training, skills and experience

- The service enrolled newly recruited staff on an induction programme comprising of a corporate induction, mandatory training and working under the supervision of experienced staff. One staff told us, "The induction was very good. I was not allowed to do anything the first two days, just watched." This meant the service ensured staff were appropriately trained and competent before they were able to work unsupervised.
- Staff confirmed their training was comprehensive and up to date. This included moving and handling, fire safety, mental capacity, food safety and infection control. The service also offered additional training to staff through webinars in specialist areas such as dementia, Parkinson's awareness and person-centred planning. Staff demonstrated skilled moving and handling techniques when transferring people. Hoists were used and staff communicated with people clearly. One staff told us, "I always transfer with two people and I have been trained."
- The service supported staff through regular supervision and appraisal which enabled them to discuss their personal development, objectives and goals.
- The service partnered with other organisations and supported staff to further their development through different apprenticeship programmes in areas such as nursing, human resources and leadership. One staff told us, "I like my job, they invest in staff."

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

- The service ensured people received the support they needed to eat and drink and maintain a balanced

diet. Care plans contained information on people's dietary needs and individual preferences which meant people received appropriate support with their nutritional and hydration needs.

- Staff engaged with people and involved them in making decisions about their food and drink. One person told us, "Food is very good, I can make choices." A relative said, "The chef makes massive efforts to ask [person] what they want to eat and they go over and above to provide this. The first day my relative came here I was able to eat lunch with them and I thought the food was marvellous, I was very impressed."
- We observed people's lunchtime experience and saw pleasant interactions between people and staff. The food reflected people's culture and dietary requirements. It was also well presented, and food moulds were used to improve the presentation of pureed food. Where people did not seem to be eating, staff offered encouragement and suggested alternatives. People who ate in their rooms were able to do so with appropriate support from staff.
- The service had a practice which they called 'stop the clock', where staff from different roles, including office staff, stopped their work to support care staff during people's mealtimes. We observed this practice on the day of inspection.

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

- The service supported people to have access to healthcare services when required. Care plans contained detailed information about people's health and medical needs and the support they required with these. Care plans also contained information on people's oral health and clear instructions for staff to know the level of support each person required.
- The service worked in partnership with other services and health and social care professionals such as physiotherapists, specialist nurses, GPs and dieticians to ensure people's health were maintained. Records confirmed this.
- The service explored new ways of supporting people to live healthier lives such as in-house hearing assessment which was in the process of being implemented at the time of the inspection.

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

- The purpose-built home was spacious, decorated to a high standard and wheelchair friendly. We found premises were clean and tidy. People's bedrooms were decorated and furnished to their choice. For example, people had religious ornaments and memorabilia. One person told us, "They encouraged us to bring our personal items."
- Sitting and dining areas were open plan which meant people were not secluded. During the inspection, we observed people being together in communal areas, which they enjoyed as they were able to socially interact with each other. One person told us, "They make it as much as home as possible."
- People were not restricted from accessing other parts of the premises. They had easy access to a courtyard garden and other facilities such as hair salon, cinema room and their own en-suite bathrooms.
- While only the ground floor was occupied at the time of the inspection, the manager spoke to us about the top floors which have been designed to accommodate people with dementia and would be used as more people moved into the home.

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.

- The service was compliant with the MCA. The manager carried out mental capacity assessments for people where capacity was lacking which were reviewed regularly and documented in their care plans. Consent to care and details of lasting power of attorney were also clearly documented.
- Staff worked in a way that did not restrict people's freedom. The manager told us, where deemed safe, some people had their own key fobs and were able to access different parts of the home freely. Where people were being deprived of their liberty, referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- Care staff received regular training in MCA and DoLS, and demonstrated knowledge around people's mental capacity and how to support them to make decisions about their care.

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 spoke positively about the care they received and indicated positive caring relationships they had developed with staff. A person told us, "Care staff are very good. They are understanding and attentive." Another person said, "They are very caring people and staff are friendly."
- We witnessed warm and patient interactions between people and staff. A member of staff told us, "Everybody is well taken care of. We take good care of our residents, we love them." A relative told us, "I do not worry about my relative for a second. The staff have all got the measure of [person's] needs and how they are feeling. They all show empathy for [person's] needs and my needs too." Another relative said, "The staff are all lovely, the care [person] receives is brilliant."
- People's equality and diversity needs were detailed in their care plans and accommodated for. For example, one person chose to be supported by female staff only when being assisted with their personal care, and this was clearly documented in their care plan. Their care plan also contained details of specific types of garments they chose to wear on different religious occasions.
- Staff acknowledged people's differences and values. The team learned about and promoted people's religious beliefs and cultural needs. We saw evidence where the home celebrated religious occasions with people, such as Purim and Diwali. A relative said, "We have our own priest who does daily communion which is very important to [person]."

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

- Records showed people, with input from their relatives and healthcare professionals, were involved in making informed decisions about their care to ensure they received the right support and had their needs met.
- The service had systems and processes in place to gather people's views. The home held regular meetings with people to gather their views and provide updates on the home. We saw records of discussions around food, activities and staffing.
- Staff respected people's wishes and spoke to us about how they supported people to make day to day decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- The service ensured people's privacy and dignity were respected. When we asked a person if staff respected their privacy and treated them in a dignified way, their response was, "No question about that." A relative told us, "Everyone is lovely here, they respect our relative and treat them with incredible dignity."
- We saw staff treated people with respect, compassion and dignity. We observed staff knocked and waited before entering rooms. A member of staff told us, "I never talk about private things in front of people. I take

good care of the ladies, help them with their hair and support them to look presentable."

- Staff encouraged people to do things for themselves as much as they can. A person told us, "I have trouble with walking, staff help me to walk a bit every day." We observed staff offering encouragement and minimal support to someone for them to hold their own glass when having their drink.
- Staff knew the importance of promoting people's independence. A member of staff described how they encouraged certain individuals with limited mobility, to hold their own toothbrush and lead as much as they can when brushing their teeth. They referred to a particular person and said, "We help [person] maintain a level of independency so that when they go home, they can do things for themselves."

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

- The service ensured to involve people and their closest ones when planning their care and delivered care that was tailored to their needs. As part of a person's pre-assessment, the home learned about their personal lives including relationships, interests, professional achievements and things important to them. This information which was discussed and shared among the team enabled staff to have an in-depth understanding of people's lives and feelings, and to care for them in a way that that made them feel empowered and valued.
- We found evidence of 'case-studies' where the team followed the journeys of some people from the time they were born to the different milestones of their lives. For example, in one case-study, we discovered how a person travelled from country to country and the challenges they faced. It also portrayed how the home assisted them in practicing their faith which was evidently very important to them.
- The service regularly reviewed people's needs and worked in close partnership with people, their relatives and professionals to make positive changes. For example, the service made appropriate referrals and acquired specialist moving equipment when they assessed someone to have reduced mobility. This has reduced the risk of isolation by enabling the person to access different parts of the home and socialise with other people.
- People's care plans were highly personalised and updated whenever their needs changed. We found care plans to contain specific information such as people's favourite colours, likes and dislikes, places of interest and routines. Staff knew what was important to each individual and a member of staff told us, "We use different approaches when supporting people and provide care according to their needs, preferences, past experiences and routines."

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 carers.

- Care plans contained specific information on people's communication needs. This meant staff were able to communicate with people effectively and in their preferred ways.
- We saw evidence of staff singing birthday songs in a person's native language. Staff also supported this person to read religious scriptures in their preferred language which they understood.
- The manager told us they were prepared to implement information in accessible formats and offer specialist training to staff when needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported and encouraged people to take part in various activities. On the day of inspection, we observed pleasant interactions between two people and an activity coordinator as the people were supported to paint and decorate small artefacts as part of the festive season. A relative told us, "There are lots of activities here and they keep trying to get [person] to take part, they are doing a pretty good job."
- Staff interacted with people frequently and supported them to keep in touch with their friends and families through visits and by telephone. A relative told us, "[Person's] door is always open and people are always popping in to have a chat and see how [person] is."
- Where people could not access the community, the home organised a series of events to bring members of the community into the home. For example, the home invited emergency services staff for snacks to show appreciation for their great work. The service also engaged with faith leaders in the community which ensured people could keep up with their personal practices.

Improving care quality in response to complaints or concerns

- People and their relatives knew how and were supported by staff to make complaints but were generally satisfied with the service they received. A relative told us, "We have had a few issues but we raised them and they have been actioned." Another relative said, "They definitely do not ignore what we flag up and keep us informed."
- The registered manager talked us through the process of how complaints were received, investigated and outcomes communicated to complainants in a timely manner. Policies and procedures in place supported this.

End of life care and support

- The service communicated with families and involved the palliative care team to ensure people remained comfortable and received appropriate care at the end of their lives. A relative told us, "I want [person's] last years to be comfortable and lovely and this home is providing that."
- People's last wishes and religious preferences were clearly recorded in their care plans.
- Staff received appropriate training and were supported via regular engagement sessions to ensure they were adequately prepared to support people at the end of their lives.

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 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 staff team created an open and fair culture where people were comfortable to initiate conversations and express their feelings. People knew who the manager was. One person told us, "The manager is very sincere, hardworking and has time for listening." Another person said, "Staff are very cheerful, lots of laughter."
- Staff felt able to raise concerns as and when required. A member of staff told us, "I like my job. Management are ready to listen and act all the time."
- The service shared newsletters and short stories with pictures across the wider organisation and with relatives to showcase their work and achievements. A relative told us, "The manager is trying to implement new initiatives and recruit new staff. He is doing a fantastic job and very approachable."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 service had an effective system in place to assess and monitor the quality of the service. The manager and management team completed various audits and spot checks covering areas such as health and safety, medicines and infection prevention and control. Where issues were identified actions were taken to improve the quality of the service.
- The manager understood the risks associated with the expansion of the home and staffing. They spoke to us about their recruitment plan which included having a pool of permanent staff whom would be trained and ready to welcome new residents and accommodate their needs. As part of contingency planning, the service also had the option of deploying staff from other homes under the same provider to ensure people received the right level of care.
- There was a clear staffing and management structure in place. The management team produced regular documents which highlighted best practices, engagement with people, their relatives and staff, training information and provider updates as part of their quality assurance process.
- The provider played an active role in the running of the service. Senior management staff visited the home routinely and carried out compliance audits. The manager told us they were in regular contact with the provider and felt supported in their role.
- The manager understood their responsibilities of being transparent with people when things go wrong and notifying the CQC of any significant events at the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service engaged and obtained feedback from people and their relatives through meetings and surveys to improve the quality of care and support delivered. A relative told us, "I feel that there is good communication with the home, I feel that I can always mention things even small things to them which is reassuring." Another relative said, "The management team are approachable, they do not ignore our concerns when we have them."
- The manager shared with us numerous compliments from families and professionals which mirrored the overall positive feedback we received from those we spoke with.
- The service had a number of initiatives in place to value and recognise staff's achievements. Staff were presented with awards in recognition of their performance and hard work. The home also trained specific staff to act as engagement and mental health champions whose purpose were to offer extra support to staff in a safe environment and promote effective communication.
- The service held regular team meetings in which any learning points were discussed and staff confirmed this. Minutes of these meetings showed aspects of people's care were discussed and staff had the opportunity to share good practice and any concerns they had. The management team also facilitated learning through workshops and sent regular updates to the team by email.

Working in partnership with others

- The service worked in partnership with a number of organisations including medical professionals, members of the community, education and training providers and multidisciplinary teams to provide effective collaborative care.
- The service also had a community development lead whose role was to act as an ambassador for the home and ensure people had access to the wider community. They formed links with other organisations and supported various campaigns to promote the wellbeing of people, their relatives and staff. For example, the service collaborated with a charity organisation which offered friendship and support to older people.