

Ashridge Home Care Limited

# Ashridge Home Care

## 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Ashridge Home Care is a domiciliary care agency which provides predominately live-in care workers to people in their own homes. Seventeen people used the service at the time of our visit. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People spoke highly of their care workers. Comments included "The carers are absolutely marvellous" and "I have an excellent carer, she is exceptional, gold standard." People told us their care workers treated them with dignity and respect. They were able to select their care workers to ensure compatibility. Staff had been recruited using robust procedures to ensure they were safe to work with people at risk.

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.

Care workers had training in key skills. Bespoke training was provided to meet the individual needs of people. Staff spoke highly of the ethos of the service and the support they received. This included regular supervision, staff meetings and out of hours back-up. Staff felt respected and valued and were clear about their roles and accountabilities.

Staff assessed risks to people and kept records up to date. Where people were supported with their medicines, this was managed safely. We saw improvements had been made to medicines practice since the last inspection.

Staff provided a high standard of care and supported people to eat and drink. Healthcare needs were met effectively. People were supported to be as independent as they could be. People's equality and diversity needs were well met at the service.

The registered manager and other leaders ran the service well and supported staff to develop their skills. Managers monitored the service to make sure it met people's needs in a safe and person-centred way. The provider kept us informed of any significant events. Action was taken when things went wrong or people made complaints. There was a commitment to continuous learning and developing the service to improve people's lives.

The service worked well with external agencies to improve people's care and raised awareness in the community about dementia and live-in care. Community professionals spoke well of the service. One described it as "Professional and caring," another commented they had "Always been very impressed with

their dedication to improving the lives of people with dementia."

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (report published 31 August 2018). 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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ashridge Home Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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.

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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### 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 ●

# Ashridge Home Care

## 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

This inspection was carried out by one inspector. An Expert by Experience made telephone calls to a sample of people, their relatives or representatives. 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

This service is a domiciliary care agency. It provides personal care to people living in their own homes. 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 announced. We gave the provider short notice so they could make arrangements to be at the office when we visited and to facilitate the inspection process. Inspection activity started on 19 June 2019 and ended on 26 June 2019. We visited the office location on 19 and 20 June 2019.

#### What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We contacted staff by email and invited them to provide feedback to us. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the operations manager and the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We had conversations with two care workers who visited the office. We spoke with nine people on the telephone, seven of whom were happy to provide feedback.

We looked at a range of records. These included three people's care plans, three staff recruitment files, three staff development files, the staff training matrix and a sample of staff and office meeting minutes. Medicines administration records were looked at for five people. We checked a sample of audit reports, records of complaints, accident and incident forms. Other records included a sample of policies and procedures. With our permission, the provider contacted relatives and people's representatives, to pass on email details for anyone who wished to send feedback direct to the inspector.

#### After the inspection

We spoke with the registered manager by telephone as they could not be present when we visited the office.

# 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 Requires Improvement. At this inspection this key question has now improved to Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The systems and processes at the service protected people from the risk of harm.
- People told us they felt safe with the service they received from Ashridge Home Care.
- There were procedures and training for staff on safeguarding.
- The service knew how to make appropriate referral to the local authority safeguarding team, when required. This was followed up by notification to us. We were able to see appropriate action was taken to safeguard people from harm.
- Appropriate action was taken where staff had not carried out care to the expected standards.

Assessing risk, safety monitoring and management

- People were kept safe and the likelihood of injury or harm was reduced
- Written risk assessments were in place and had been kept up to date. Appropriate measures were put in place where these identified potential hazards. For example, if people were at risk from falls.
- Staff undertook training in safety systems, processes and practices in order to support people appropriately. For example, moving and handling training and first aid.

Staffing and recruitment

- People were supported by staff who had been recruited using robust processes.
- People were involved in the selection of who provided their support.
- Staff recruitment files contained full and robust checks as required, including a Disclosure and Barring Service check. This checks for criminal convictions and inclusion on lists of people who would be unsuitable to work with people at risk.
- Staffing schedules were in place to ensure people had the support they needed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of people's medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvement had been made and the provider was no longer in breach of regulation 12.

- People told us their medicines were given to them at the right times. One person said "My (family member) takes a lot of medication and it is administered at the correct times."
- There were procedures and training on medicines practice to ensure care workers followed safe practice.
- The service assessed care workers' competency to administer medicines to ensure this was done safely.
- Records of medicines administration were in good order. The service had introduced a computerised system which gave a live account of when medicines had been given to people. Managers received alerts if any time-critical medicines were not given on time and followed this up by calling the care worker.
- Care plans contained information about any medicines people were prescribed. There were details of who was responsible for ordering and collecting prescriptions.

#### Preventing and controlling infection

- People were protected from the risk of infection.
- Care workers had undertaken training in infection control practice.
- There were infection control procedures in place at the service.
- Care workers were provided with any personal protective items they required, such as disposable gloves and aprons.

#### Learning lessons when things go wrong

- The provider and registered manager took appropriate action when things went wrong, to improve standards at the service.
- Records were kept of any accidents, incidents or near misses. These showed the service provided appropriate support to people and updated their care plans and risk assessments, where necessary.
- Other agencies were contacted for advice. For example, occupational therapists, to see if there was equipment to prevent further accidents or injuries.



# 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 has 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 thoroughly assessed by the service. Assessments took into account physical and mental health needs and any needs related to disabilities, communication and culture.
- Feedback from people was positive and described an exceptional service. Comments included "They (Ashridge Home Care) were excellent, (name of nominated individual) did a home assessment and identified my (family member's) needs for care... (family member) found the experience fulfilling and reassuring. We were extremely pleased by the very high standard of care provided and the support my (family member) received." Another person told us "(Our family member) now has a wonderful live-in carer who is intent on helping (our family member) to follow a healthier, more structured existence. The house is spotless and (name of care worker)'s lifestyle is exemplary. Excellent matching." A relative said "I think they are very conscious of the impact on the wider family. They always make sure we are aware in advance of what is happening. It gives us the confidence they are on the ball at all times."
- A specialist community professional told us "Their assessment process for people with dementia is extremely thorough and the regular visits they make to clients means they respond to changes very quickly."
- Care plans were in place for each person. They were discussed with people and clearly reflected their identified needs, the risks associated with these and how to reduce them.
- People's choices and preferences were respected and incorporated into their care plans.

Staff support: induction, training, skills and experience

- People were cared for by staff who received a high level of support.
- Comments from care workers included "When I started I received excellent training and have always been invited along to extra training on many different specialised areas of the job." "The support is excellent, the staff are always available to give advice and address any concerns. The on-going training is both useful and necessary." "Staff have been available to discuss after hours emergency situations when assistance has been requested. Follow up has also been appropriate." "One of the strengths I have experienced with Ashridge is the readiness to listen and assist without judgement."
- Staff received supervision from their line managers. Spot checks were also carried out to assess their performance whilst they supported people.
- New workers completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers need to demonstrate in their work. They include privacy and dignity, equality and diversity, duty of care and working in a person-centred way.
- There was a training programme in place to make sure staff had the skills and knowledge they needed.

Courses were refreshed annually.

- Bespoke training was provided to meet individual needs. A community professional who provided specialist support to the service for one person's needs told us "I found the carers to be well skilled and knowledgeable. They spoke highly of their care managers and appeared to be well equipped even before my sessions ran. I feel like I was adding to a pool of knowledge and 'toolkit' already well acquired and embedded into their practice." A care worker said "If you are going to work with a client with a specific illness and you have little experience, they will...provide training in that area."

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

- People's nutritional needs were effectively met.
- People told us their care workers provided them with the meals they liked and enjoyed.
- Comments included "She is given breakfast, lunch, snacks. The quality of the food is really, really good... they are very respectful of (dietary needs) and cook everything with fresh food and ingredients. I look sometimes and think if (family member) does not eat it I will!" "The food I have seen prepared for him is delicious and I would happily eat it myself. He also snacks outside his meals every two hours or so, biscuits, fruit etcetera." "The food is pretty good."
- People's care plans contained information about their diet and appetite. This included the foods they liked and disliked and advice from professionals, such as speech and language therapists and dietitians. Any advice was followed by care workers.
- The office received computer alerts if people had not had enough to drink. This prompted managers to contact care workers and external agencies, if need be, to keep people well.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked well together and with external agencies such as the local authority and GPs.
- Care workers maintained daily notes to record people's welfare and any concerns. These were computerised records and could be read in real time by managers. We noted this enabled managers to be aware of any potential issues. For example, when staff downloaded an accident form template, an alert was sent to the office staff. Managers could then call the care worker to check how things were and offer any support or advice if needed.

Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs.
- We asked people what care workers did if they felt unwell and whether they contacted their GPs or emergency services, if need be. Comments included "She contacts our private GP who came out in this instance and administered care. (Name of care worker) kept me updated from the outset until the conclusion, so much so that I did not need to return from my time away." "Yes, they have a procedure to contact the GP or ambulance. They always let me know after the event rather than phone us having us to arrange, which is good." "Yes, in fact it happened today. I told (name of care worker) I wasn't feeling well and she got in contact with the doctor and the doctor came out to see me."
- Care plans identified any support people required to meet their healthcare needs. We saw the service had referred and liaised with healthcare agencies about people's care. For example, GPs, speech and language therapists, emergency services and dentists.
- Care plans instructed care workers to 'react to red' where people were at risk of pressure wounds. This meant they needed to report any redness which appeared on people's skin to the office and district nurses, as it may be an indication of a pressure wound developing.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. 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.

- People who had capacity were able to consent to their care. Where they lacked capacity, the service provided care in line with legislation and best practice.
- Where people could not make their own decisions, their mental capacity was assessed and the best interest decision making process was used. This involved consulting relevant others such as relatives. Applications to restrict people's liberty were completed and sent to the local authority.
- Care plan documents contained information on whether people who lacked capacity had a legally-appointed representative to make decisions on their behalf, such as a Lasting Power of Attorney. The service had obtained details about who had authority and for which decisions. These people were then consulted about any important decisions.

# 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 improved to Outstanding.

This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People were happy with the care and support they received and felt they were well treated by an exceptional service.
- Comments included "I have an excellent carer, she is exceptional, gold standard. She also trains and supports additional carers, who also assist from time to time." "We have one main carer. She is permanently jolly and infinitely patient, which is key." "They are courteous, polite and generally helpful." "Excellent, quality different sometimes, but always excellent." "They treat me exactly with care, dignity and respect." "The carers are absolutely marvellous."
- Care workers and managers understood people's care needs and how they liked to be supported.
- Managers matched people with care workers who had similar interests and hobbies so they had things in common. For example, horses, walking and stately homes. Managers also described how they had matched someone with a care worker who had a love of art. The person had been an artist and the care worker was engaging with them to re-introduce artwork.
- The service provided care to people with a range of needs and abilities and promoted equality and diversity. The nominated individual and registered manager had attended a conference run by The Terence Higgins Trust, to help meet the needs of people from LGBT+ (lesbian, gay, bisexual and transgender) backgrounds. They had also met last year with a high profile parliamentary campaigner for LGBT+ health issues. This included discussion on the needs of LGBT+ people with dementia and how things like usual reminiscence work does not take into account the experiences of LGBT+ people. The nominated individual said although they did not currently support anyone who identified as LGBT+ they were mindful of asking people what was important to them as part of assessment processes. They would then make sure that matching of care worker and training was right for the individual needs of the person.
- The nominated individual described how they had provided care to a same gender couple in the past. This included recruiting a care worker in accordance with the person's gender preference. A member of staff had recently put the service in touch with a local LGBT+ group. The provider was arranging to meet with them as part of Pride month, to look at how the service could promote inclusiveness. The provider had also used social media to highlight inequality affecting the LGBT+ community when it came to social care, to promote awareness and understanding and to tell people they would be welcome at the service.

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

- People were involved in decision-making about their care and had opportunities to express their views.

- We asked people if they felt listened to and had opportunities to express their views. Comments included "(Name of registered manager) is the manager and is excellent. She has been out to the house a number of times." Another person said "Yes we have, at least a couple of times a year the manager comes for a visit." A further person told us "They come every two or three weeks to see all is well."
- The provider sent surveys to people to ask for their views about the care they received. The service had listened to people's feedback last year about meal provision and made improvements. Care worker recipes had been shared within the team and there was a monthly recipe competition in the staff newsletter. The photographs of staff recipes showed some very appealing meals were provided and to a high standard.
- People had access to advocacy services if they needed them. Information was readily available, should people need it.

#### Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected and they were encouraged to be independent.
- Care plans were written in a professional manner and tone which showed respect for people. For example, part of one person's care plan advised care workers to "Ask (name of person) if he is ready to stand up... keep the service user informed at all times when personal care is being carried out." This was typical of guidance in the sample of care plans we read.
- Care plans contained information about what each person could manage themselves to make sure they were supported to retain independent living skills.

# 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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which was tailored to meet their needs and preferences.
- People told us "(The care worker) spends a lot of time with my (family member) and she gets to know and really connects with him." "If there is a problem they get on and deal with it whether it is doctors, medications etcetera. They are a very professional team and very good at matching carers to my (family member)." "One of the carers had her own (computer equipment), so when they were preparing lunch for (family member) they would put on...Frank Sinatra for her. It is these type of things that are sweet and thoughtful." "I think for anyone in the family we don't have to worry about (family member). Everything is personalised and this gives us peace of mind, which we particularly like." "(Name of nominated individual) has facilitated a solution which provides some...support which was resisted in the first instance. (Name of care worker) who supports my (family member), is now considered indispensable, which is a scarcely believable scenario...The family is very grateful and reassured by the support in place. (Name of care worker) is superb with my (family member)."
- Care plans were in place for each person. These identified people's needs in relation to a range of areas including protected characteristics under the Equality Act (2010), such as age, disability, ethnicity and gender.
- People's preferences, likes and dislikes were assessed and recorded in the care plans. This included important information about their past histories, such as occupation and family composition. Care plans were reviewed regularly to ensure they reflected people's current circumstances.
- The service was actively involved in the local community and raised awareness about live-in care through charity fund-raising events.

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.

- People's communication needs were assessed as part of their initial and on-going care needs assessments. For example, any support they needed with vision and hearing and any equipment they needed.
- Care needs assessments recorded information about any speech impairments, language barriers, memory loss or confusion, which may affect how people communicated with others.
- One person who required information in an accessible format was provided with care records in pictorial

and easy read format.

Improving care quality in response to complaints or concerns

- People's complaints and concerns were listened to and used to improve the service.
- People told us they would be confident making a complaint. Feedback included "They have responded well to my concerns. (Name of manager) has made a great effort to get things right and build a great team around (family member). In this respect I couldn't ask for more." "(Name of registered manager) always comes over if there is any concern, if ever. We have in fact very little concern whatsoever."
- A record was kept of complaints and how they had been responded to. Two complaints had been received since the last inspection. These showed appropriate actions had been taken.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- The registered manager was training to become an end of life champion for the service. They had established links with a hospice and attended workshops on good practices.
- An end of life care plan template was in place, should it become necessary. This included space to record the person's resuscitation wishes, involvement of palliative care specialists and pain management.

## 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

- People were cared for in a service which had a positive culture and provided a high standard of person-centred care.
- People spoke highly of the service they received from Ashridge Home Care. We asked what people's overall impressions of the service were. Comments included "Marvellous" and "Excellent. They are not just confident but competent. I can't speak more highly of (name of registered manager) and her team." "The service is very good, in fact pretty excellent. They are very patient, kind and helpful. I believe my (family member) feels similar."
- A specialist community professional told us "I have always been very impressed with their dedication to improving the lives of people with dementia."
- The service had made improvements since the last inspection. Staff and managers were keen to speak with us and describe how things had changed.
- A care worker said "The care Ashridge provide is excellent. I have experience with another two agencies... but I can't compare it."
- Care workers described an open and inclusive workplace where they could express themselves. Comments included "I feel very confident to talk about everything with the office." "What I found with Ashridge and it's management team is an infinitely more empathetic, superior and supportive environment." "I feel comfortable with all three staff (managers) to bring up any sensitive subject."
- The nominated individual had recently won an 'Inspirational Leader Award'. They and a care worker had also received awards at the Buckinghamshire 'dignity in care' awards. These awards recognised exceptional standards of care provision.

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

- Providers are required to comply with the duty of candour statutory requirement. The intention of this regulation is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in relation to care and treatment. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The regulation applies to registered persons when they are carrying



on a regulated activity. The nominated individual was familiar with this requirement and was able to explain their legal obligations in the duty of candour process.

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

- People were cared for in a service where staff were clear about their roles and what was expected of them.
- There was a registered manager in post. They understood their responsibilities towards meeting the regulations. They and the provider had notified us about incidents which had occurred during, or as a result of, the provision of care and support to people. We could see from these notifications appropriate actions had been taken.
- Staff and people at the service spoke highly of the registered manager and provider. All the staff we had contact with said they would report any concerns to them and would feel confident action would be taken.
- There was effective monitoring at the service. A range of audits and checks were carried out routinely. Regular meetings were held to review progress and discuss any emerging issues. Any areas for attention were added to the service's overall improvement plan. This was regularly reviewed to ensure actions were completed.
- Responses from a user satisfaction survey were positive and showed people were treated with respect, felt safe and would recommend the service to others.
- Records were in good order. Sensitive information was stored appropriately. Computers were password protected to prevent unauthorised access.

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

- The service engaged and involved people who used the service, staff and the public.
- People told us "The communication is good. The manager always calls or sends emails." "We appreciate the Ashridge open door policy which ensures we can send an email, or in worrying situations make a phone call, and be assured of help and advice without delay."
- A relative said the nominated individual had been "Immensely supportive in managing sensitive situations" between them and their family member.
- A member of staff told us "The commitment to their clients, staff members and even members of the public and community is immeasurable and truly a breath of fresh air."
- The service had worked with the Alzheimer's Society and all office staff had become 'dementia friends'. Dementia awareness sessions had been hosted by the service in various locations in the local community, to inform people about dementia and the effect it has on people and their families.
- We saw a coffee morning had been held in the community to which staff, relatives and people who used the service were invited. This provided opportunity to meet each other in an informal way.

Continuous learning and improving care; working in partnership with others

- The registered manager kept their learning up to date. They were part of local and national forums to share good practice.
- Improvements were made as a result of quality assurance processes and feedback.
- The service worked with other organisations to ensure people received effective and continuous care. For example, healthcare professionals and the local authority.