

Broadacres Care Home Trading Limited

# Broadacres Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Broadacres is a care home that offers care and support for up to 28 older people. There were 25 people using the service at the time of our visit.

### People's experience of using this service

- Care and support was exceptionally personalised and people were involved in the care planning process. The service was responsive and flexible so people's support could be accommodated to meet their preferences and needs. People were occupied and able to follow their interests and hobbies and do the things they liked to do. Staff supported people to maintain relationships with their friends and family. Staff understood people's individual communication needs. Technology was used to support communication and to help people stay safe.
- The service actively sought and accommodated new ideas to enhance people's experience and quality of life. The service had established a relationship with a local primary school and supported people to build relationships with reception age children. Evidence showed that people who used the service and the attending children had benefited from this arrangement.
- People were happy living at Broadacres. Everybody said they felt safe. Staff understood their responsibilities to protect people from abuse and avoidable harm. They knew how and when to report concerns. Risk was assessed and managed while also supporting people's freedom and autonomy. When things went wrong action was taken to reduce further risk and the incident was used as an opportunity to learn and improve.
- There were enough staff to meet people's needs and staff were recruited in a safe way so that so far as possible only staff with the right skills and characteristics were employed. People received their medicines at the right time and in the right way.
- The environment was very clean and tidy. Staff knew about infection prevention and control and had all the personal protective equipment they required.
- Staff had the training and support they required to meet people's needs. They were supported to keep up to date so that care and support was delivered in line with evidence based practice and current legislation.
- People were supported to have enough to eat and drink and to have a balanced diet. People were very complimentary about the meals provided. Staff knew how to recognise people's changing needs and supported people to access the healthcare services they required as soon as this was required. The premises were adapted to meet people's needs and promote their independence. Consent to care and treatment was always sought in line with legislation.

- People praised the staff and told us the care they received was always kind and compassionate. Staff knew and understood people's needs and always involved people in decision making about their care and support. People had their privacy and dignity respected and their independence promoted.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. This meant that the person's liberty was only deprived following authorisation and a best interest decision.
- People were supported to raise concerns and complaints should they need to and staff used this as an opportunity to learn and improve.
- People and their relatives were supported when people were at the end of their lives. Staff were proud and passionate when speaking about how they had supported people. People and staff were encouraged to remember people who had died at the service and this supported people, relatives and staff through the bereavement process.
- There was a clear vision shared by staff and managers which was based on a positive, open and inclusive person-centred culture. There was strong leadership, a clear management structure and staff were clear about their roles and responsibilities. People and staff praised their managers and felt supported by them. Equality and inclusion was promoted and people and staff were engaged and involved in developing the service. The quality of the service was monitored and continually developed towards improvement.

The home continued to meet the characteristics of a rating of good overall, but we found the responsiveness of the service to be outstanding. 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 home was rated Good at the last inspection (report published August 2016).

Why we inspected: This was a planned inspection based on the previous rating to check that this service remained good.

Follow up: We will continue to monitor the service through the information we receive.

## 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 exceptionally responsive

Details are in our Responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

# Broadacres 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 planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an expert by experience. An expert by experience is a person who has had personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Broadacres 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 we looked at both 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

We carried out the inspection visit on 15 February 2019. The inspection was unannounced.

#### What we did

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR as part of the planning process for this inspection, as well as other information we held about the service, including previous reports and statutory notifications sent to the Care Quality Commission (CQC) by the provider. Notifications are information on important events that happen in the home that the provider must let us know about.

During our inspection visit we saw how the staff interacted with people who lived at Broadacres. We spoke

with five people who lived there. We spoke with two care workers; the deputy manager, the office manager, a cleaner and the activities organiser.

We looked at three people's care records as well as other records relating to the management of the home.

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they felt safe and said they would speak to staff if they had any concerns. One person said, "I love it here and I feel so safe." Staff understood their responsibilities to protect people from abuse and avoidable harm. They knew how to recognise the signs of abuse and how to report it. They felt confident their managers would take swift action if abuse was suspected.
- People were supported to raise concerns and were given opportunities to do so daily. They had access to information about contacting other organisations for assistance should they need to.

Assessing risk, safety monitoring and management

- Risk was assessed and managed so that people's freedom and human rights were respected.
- Action was taken where risk was identified. For example, one person at risk of falling was supplied with a door alarm and pressure mats. These alerted staff when the person was mobile so they could go and offer assistance and reduce the risk of falls.
- There had not been any serious injuries at the service in the previous 12 months.
- Fire risk assessments were in place and staff knew what to do in the event of a fire. Routine maintenance and safety checks were carried out on the premises and equipment. Managers carried out weekly health and safety 'walk arounds' to check on the safety of the premises.

Staffing and recruitment

- People were supported by sufficient number of staff with the right skills and experience. They told us staff had time to spend with them and responded quickly when assistance was required. One person said, "They always come straight away; night or day it does not make a difference." Staff also said they had enough time to do their jobs and meet people's needs.
- Staffing numbers were calculated according to people's dependency needs. There was a clear organisational structure with staff in different departments understanding their roles and responsibilities.
- Staff were recruited in a safe, way. Checks were carried out to make sure as far as possible that only staff with the right skills and characteristics were employed.

Using medicines safely

- Staff managed medicines well. They had undertaken training and competency checks so that they could give people their prescribed medicines safely. The provider had ensured a secure area for the safe storage of medicines and staff kept stock to a minimum.
- People told us they received their medicines at the right time and in the right way. One person said, "The delivery of my medication is first rate. It is absolutely on the money."
- One person was supported to manage their own medicines independently.

- Staff used an electronic system for managing medicines. They were knowledgeable about people's medicines and about safe policies and procedures. They told us they preferred the electronic system of medicine administration and said it made errors less likely.
- The provider told us that an increase in staff training had resulted in a decrease in medicine errors. Checks were carried out to make sure people received their medicines at the right time and in the right way. The electronic system enabled staff to access detailed information so they could carry out audits and identify any shortfalls.
- Staff made sure people's medicines were reviewed by the prescribing doctor. Staff had identified that a person's pain medicine was making them drowsy and asked the doctor to make changes and this was done.

#### Preventing and controlling infection

- The service was extremely clean and tidy.
- Staff knew how to prevent the spread of infection. They had access to the protective equipment they required such as gloves and aprons. Staff knew what to do in the event of infectious illness and how to reduce the risk to others.
- There was a separate team of cleaning staff. They carried out daily cleaning tasks and regular deep cleans. Cleaning staff were proud and motivated about the work they did.
- All kitchen staff had completed a food hygiene certificate and the chefs had achieved level 3 in advanced food hygiene.

#### Learning lessons when things go wrong

- The registered manager had a system in place to check incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- Risk assessments and care plans were reviewed following incidents to prevent recurrence. The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice.

# 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

Good: 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 had their needs assessed before they began using the service to check that their needs were suited to the service and could be met. People's physical, mental health and social needs were assessed. People's protected characteristics under the Equality Act 2010 were taken into account to ensure there was no discrimination when making care and support decisions.
- Staff and managers kept up to date with best practice and evidence based guidance through training and links with other organisations and healthcare professionals. For example, they had links with the Dementia Alliance so best practice about dementia care could be shared amongst the staff group.

Staff skills, knowledge and experience

- Staff received training, support and guidance so that they had the knowledge and skills to do their job well.
- People told us staff were competent and knew how to meet their needs. One person told us, "I think the staff are very well trained. They are excellent at supporting my needs." Another person said, "I have never had a problem with the care I get. The staff know exactly what they are doing and are very good."
- All staff had regular supervision so they could discuss their training and development needs.
- New staff underwent induction training when they first began working at the service. A member of staff who had recently commenced working at the service told us they were completing the 'Care Certificate' training. The Care Certificate is an agreed set of standards that sets out the skills, knowledge and behaviours expected of specific job roles in health and social care. There was an ongoing training programme so that staff had their training refreshed and updated.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to eat and drink enough and maintain a balanced diet. People told us they enjoyed their meals. One person said, "The food is excellent here and there is always a good choice each day. They also serve wine with lunch which makes for a very pleasant experience." Another person said, "The food is excellent and the chef creates some really excellent meals."
- Nutritional risk was assessed and where this was identified then action was taken. For example, snack boxes were provided to increase calorie intake with foods that people enjoyed and was suitable for their needs.
- Staff were knowledgeable about people's nutritional and hydration needs and could describe how they met them.
- Each year 'Nutrition and Hydration week' was celebrated. People and staff were given information about the importance of good hydration and nutrition. Staff had been updated about diabetes and swallowing difficulties at the last event.

- People had access to hot and cold drinks and told us they could have a drink whenever they wanted one. One person said, "They will make a drink for you whenever you want one. There is drinks machine in the main lounge if you want to make one for yourself."

- The lunchtime meal was a social occasion for people who chose to eat in the dining room. The meals served were well presented, appetising and nutritious. Some people preferred to eat in their own room. There were enough staff in attendance to support people with their meals.

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

- Staff worked closely with other agencies such as the local hospitals to make sure that they met people's needs, for example if a person had to go to hospital.

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

- People had access to the healthcare they required. Staff knew people well and recognised when someone's health was changing. Staff told us they were told to report any changes quickly so appropriate healthcare support could be sought.

- The staff referred people to other professionals such as the doctors or a community nurse. They followed professional guidance and took action when people's needs changed. One person told us, "I can see the doctor whenever I want to. They are very accessible and the chiropodist comes on a regular basis." Another person said, "I can see the doctor when I need to. I saw them recently when I had a chest infection and they were very good at helping me."

- The provider employed a physiotherapist to support people to keep as active and mobile as possible.

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

- The service was furnished and decorated to an extremely high standard.

- People had their own private en-suite rooms and there was a choice of communal lounges and a dining room. One person said, "It' so peaceful here that it's a joy to wake up each day in such a lovely setting."

- Peoples rooms were personalised to suit their tastes and needs.

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 with appropriate legal authority. 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 found that they were.

- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they carried out any personal care and they offered people choices. One person said, "They do make sure that I am happy with what they are doing for me and always ask before they start anything. Nothing is taken away from me." Another person said, "They always ask before they do any personal care for me, like washing and dressing."

# 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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and compassion. People made very positive comments about the staff. Comments made about the staff included, "The staff always speak to you in such a pleasant manner which makes one very comfortable." "They are all very polite and courteous and nothing is too much trouble." and, "The girls are all very friendly and find time to have a chat which is very nice."
- Staff knew about the people and things that were important to them. They knew about people's individual needs and preferences and how to get the best out of people. Staff showed concern about people's wellbeing and responded to their needs.

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

- People were involved in making decisions about their care through the care planning process and 'residents meetings'. One person said, "I am able to do what I want when I want to." People decided what activities they would prefer and about the menu and meals provided. People were asked for their opinion of new staff at the end of their probationary period. New staff were only offered permanent employment if people who used the service approved of them and found them to be caring.
- People's families were made welcome and encouraged to be involved in making decisions about care and support where this was appropriate. People had access to advocacy services if they required support making decisions.
- One person told us, "They always smile and always have time for you and never rush you."
- Staff said they had time to spend with people so that care and support could be provided in a meaningful way by listening to people and involving them.
- There was a 'key worker' system in place so that people had a staff member allocated to them to provide any additional support they may need. Monthly 'keyworker' meetings were held with the person so that people could express their views.

Respecting and promoting people's privacy, dignity and independence

- People praised the staff and felt their privacy and dignity was respected. One person said, "The staff are all very pleasant and always have time to talk to you. They always make sure that they use my first name which I like.". Another person told us, "The staff are very polite. That is how they are with everyone."
- Staff had received training about promoting privacy and dignity. They knew how to protect people's privacy when providing personal care. We saw that staff knocked on people's doors before entering and addressed people in a kind and caring way. We saw staff throughout our inspection were sensitive and discreet when supporting people, they respected people's choices and acted on their requests and decisions.

- Dignity day was celebrated with people and their families. People and staff explored what 'dignity' meant to them and this was recorded.
- Staff did not talk about people in front of others and they made sure that they stored any confidential information about people securely.
- Staff encouraged people to be as independent as they wanted to be. Care plans included what the person could do for themselves and guided staff to help the person keep their skills.
- The staff team always made visitors and relatives very welcome. They supported people to maintain relationships with their friends and family.

## Is the service responsive?

### Our findings

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

Outstanding: People's needs were met through exceptionally good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received exceptionally personalised care that was responsive to their needs. They were involved in developing and reviewing their care plans to make sure care and support continued to meet their needs and preferences. One person said, "When I came here they asked about the things I like and make sure that is what I get." Another person said, "My nephew helped me to plan the care I wanted." Care plans reflected people's physical, emotional and social needs. They included a record of people's hopes and fears for the future and how these would be addressed. People told us they had choice and control over their lives. Staff worked in a flexible way so they could accommodate people's needs and spend time with them. Staff told us they had lots of time to spend with people.

- Staff knew and understood people's needs and preferences. They described the very specific ways people preferred to receive care and support and knew about people's past histories and the things that were important to them. One person said, "The staff here know exactly what I like and how like things done. Everything is just right for me and I feel like I am at home now." Another person said, "The care I get is first rate and can't be faulted. They (staff) know exactly what I want and what I need."

- Additional information about people's ongoing medical conditions was provided to staff so they could increase their understanding of the person and how the condition affected them. One person had become expert about their medical condition and was involved in providing the information used to train staff about their condition. A talk from an expert in dementia had been arranged for people who used the service and for staff. This had been arranged in response to a person who used the service requesting more information about dementia and how it impacted on those living with dementia.

- People's protected characteristics under the Equality Act 2010 were considered and respected. People were supported to follow their chosen religion and their social and cultural needs were met. People took part in activities in the wider community. Staff had created a 'community café' in the village hall which was run by children from the local primary school. People from the service attended the café as did other people from the local community. This initiative benefited people because it provided opportunity for people to attend social activities in the local community and develop positive relationships with people outside of the service. This reduced the risk of social isolation. It benefited the children because they learned from handling money when serving people in the café and interacting with people from an older generation.

- As well as this, children from the reception class at the local primary school visited the service once a week to take part in activities with people. They baked cakes and did crafts together. We saw photographs of

people enjoying these activities. This innovation was created so that each new reception year of children were given this opportunity and the children moving on to year one would then become a pen pal with a person who used the service. This meant ongoing relationships could be forged for the benefit of all. On 'national world friendship day' the parents of the children were invited to the service for tea and cake so they could also be involved in the project and staff were able to explain the purpose and benefits of it. People spoke positively about their contact with the children.

- People told us they were encouraged and supported to develop and maintain relationships with people that mattered to them, both within the service and the wider community. People had developed friendships with other people who used the service and enjoyed spending time together doing recreational activities such as painting and walking in the grounds. People's families were made welcome and there were no restrictions on visiting. Peoples' friends and family could have a meal with their relative and there was a separate flat which could be used for overnight stays should this be required. One person told us, "Every week I go to see my husband and spend the day with him." Another person told us they regularly went out with their friends and family.

- People could pursue their hobbies and interests. There was a variety of activities on offer. One person said, "I get involved with the activities and the trips too which are great fun, particularly the ice cream by the seaside." Another person told us, "When I feel better, then I can go out on one of the many minibus trips that they do. I am able to do what I want when I want to. We have a range of activities and visitors which break up the day." Other activities people told us about included; carpet bowls, Scrabble, Pets as therapy and visits from a donkey sanctuary. Another person said, "The staff organise a number of activities and trips out which are most enjoyable."

- People were empowered to feel valued members of their community. Some people knitted blankets for premature babies and one person was teaching a member of staff how to knit. Some people had an interest in flower arranging and facilitated flower arranging activities for others. There was a mobile shop stocked with useful items and confectionary. People had been consulted about the stock items they wanted in the shop. People had asked for traditional sweets and these were provided. Camera's had been put into bird nest boxes so that people could watch the nesting birds and hatching eggs during the spring time. There was a sensory spa bath with lights and music. People had put together their own playlists so they could listen to the music they liked while enjoying a bath.

- There were devices available for people to use to access the internet. Staff were teaching some people to use their on-line banking accounts to make it easier for them to manage their finances. This technology was also used for reminiscence sessions where people were asked about important historical events such as the Queen's coronation and the device was used for people to revisit this occasion. Google maps was used so that people could look at the places they used to live. Some people used the face-time facility to keep in touch with their friends and family.

Improving care quality in response to complaints or concerns

- People told us they would feel comfortable making a complaint and felt sure that they would be listened to and action would be taken. One person said, "The manager is very good. You just need to say the word and the manager will sort it."

- The provider had a complaints procedure which was provided to people when they first moved into the service. As well as formal complaints, there was a 'grumbles board' so that anything said to staff was recorded and acted upon and used to improve the service. Compliments were also recorded so staff could see what they were doing effectively.

- There had not been any formal complaints since our last inspection but we were confident that complaints

would be thoroughly investigated and resolved promptly. Action had been taken to address the things staff had recorded as 'grumbles'. Changes had been made to the meals provided and the issues were discussed with the person until they were satisfied.

#### End of life care and support

- People were supported at the end of their lives to have a comfortable, dignified and pain free death. Staff had received training about this. The service was accredited with the 'six steps' programme for end of life care. This programme supports staff to develop their roles around end of life care. Staff said this training had helped them to develop good working relationships with the community nurse and palliative care nurses. Staff were proud of the end of life care they had provided and about how they had supported people's families and each other.
- There was a flat for people's relatives to use so they could spend more time with their family member at this time. People's advanced wishes were recorded so that staff knew how people wanted to be cared for and supported at the end of their life. When people died, memory books were created and were available for people's friends and families and to staff. These contained information about the person and staff reflections of the times they had spent together. This supported people and staff through the grieving process.

# 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.

Good:  The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People made very positive comments about the service and the staff, people said they would happily recommend the home. One person said, "I am very happy here. I think the home is well managed and highly organised. The office is efficient and so helpful if you need anything sorted." Another person told us, "It is easy to feel happy here and I could not find a better place. Nothing is too much trouble for the staff in the office. The manager is very good and always has time to speak with you."
- The registered manager and staff promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.
- Managers understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.

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

- The registered manager, deputy manager and office manager provided strong leadership and everyone we spoke with told us how approachable and accessible they were. There was a clear organisational structure and staff understood their responsibilities. Communication between departments was good and ensured that all staff shared the same vision and values. Staff worked together as a team to provide person centred care.
- There was a quality assurance system in place to ensure that staff continued to give high quality care. This included quality surveys sent to people to ask for their feedback. The providers made regular visits to the home and staff said they were supportive. The management team and staff carried out audits of various aspects of the service such as medicines, health and safety and care records. Action plans were developed with timescales. A summary of findings was provided to staff so that any changes or shortfalls identified were known and acted upon.

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

- Managers and staff encouraged and supported people and their relatives to express their views about the service.
- Managers made sure they spoke to each person who used the service at least once a week.

- Meetings were held for people, relatives and staff. Meeting minutes showed that people were able to give their feedback and were listened to. People asked for the things they wanted such as activities or more information and this was provided. One person had asked for a draft excluder to be provided and this was acted on immediately. Information about upcoming events or any changes were communicated.
- Staff were also encouraged to express their views and opinions. They had asked for changes to be made to the systems in the laundry and this was acted on. Staff told us their managers listened to them and respected their opinions.

#### Continuous learning and improving care

- Quality monitoring systems identified areas for improvements through audit and through people's feedback. Health and safety checks had identified an external fire escape required maintenance and this was replaced.
- Development plans were in place for care management, staff and for the environment. Managers and staff kept up to date with best practice and current legislation and ensured this was reflected in care and support provided.
- The registered manager had completed additional training in leadership and organisational change. The office manager had completed additional training in business administration and senior care workers had undertaken or were due to undertake further leadership training.
- Staff were proud of their service and had been nominated or had won a variety of awards. These included the 'Norfolk care awards' for delivering excellence in dignity. The activities organiser had been nominated as a 'rising star' within the sector.
- Internal mock care awards were held to motivate staff to provide an excellent service. People who used the service were asked to nominate staff for different award categories. Relatives were asked to vote for the most outstanding member of staff. Staff voted for the most awesome member of the team. Awards were presented by people who used the service.

#### Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and community nurses to ensure that people received joined-up care.