

Norse Care (Services) Limited

Rose Meadow

Inspection report

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North Walsham
Norwich
Norfolk
NR28 9AU

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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:

Rose Meadow is a residential care home that was providing care and support to 37 older people. At the time of this inspection, 34 people were living in the home.

People's experience of using this service:

The service was safe and people were protected from harm. Staff were knowledgeable about safeguarding adults from abuse and knew what to do if they had any concerns and how to report them. Risks to people were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. Risk assessments were thorough and personalised.

The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Records confirmed that robust recruitment procedures were followed.

Medicines were stored, managed and administered safely. Staff were trained, and their competency checked, in respect of administering and managing medicines.

People were supported to have sufficient amounts to eat and drink and maintain a balanced diet. People enjoyed their meals and were able to choose what they wanted from the menus and options available.

Staff demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. Staff understood the importance of helping people to make their own choices regarding their care and support. People who used the service were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff treated people with kindness, respect and compassion. People also received emotional support when needed. People were involved in planning the care and support they received and were supported to make choices and decisions and maintain their independence as much as possible. Information was provided to people in formats they could understand.

Care plans were personalised and described the holistic care and support each person required, together with details of their strengths and aspirations. Information also explained how people could be supported to maintain and enhance their independence and have a good quality of life. People's comments and concerns were listened to and taken seriously. The service also used any comments or complaints to help drive improvement.

People who used the service and staff spoke very highly of the management team and told us they felt supported. The Care Quality Commission's (CQC) registration requirements were met and complied with. Effective quality assurance procedures were in place.

Rating at last inspection:

At our last inspection (report published 18 August 2016) all the key questions were rated Good and the service was rated as Good overall. This rating has not changed and the service remains Good.

Why we inspected:

This was a planned inspection based on the date and the rating of the last inspection.

Follow up:

We will continue to monitor the service through the information that 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 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 ●

Rose Meadow

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. This inspection was planned 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 was carried out on 5 February 2019 by one inspector and an Expert by Experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Rose Meadow is a residential care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

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

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the last Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection visit, we spoke with seven people who used the service and met and observed a

further 13. We also met and spoke with five relatives and a visiting healthcare professional. We met and spoke with the management team and members of staff. These included the manager, the deputy manager, the area manager, the business support person, the provider's dementia lead and training coordinator, two kitchen staff, a domestic and four members of care staff, including a team leader. We reviewed four people's care records, three staff recruitment files and records relating to the management and operation of the service, such as quality assurance checks and audits.

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

- People told us they felt safe living in Rose Meadow. One person said, "Definitely, yes I'm safe." Another person told us, "Oh yes very [safe], I love it. [Manager] is very good here." The visitors we spoke with also told us that they felt their relatives were safe in the home.

- Systems were in place to ensure up to date safeguarding information was effectively communicated to staff. Staff were trained and understood the responsibilities of safeguarding and were familiar with the provider's and local safeguarding authority's policies.

Assessing risk, safety monitoring and management

- Risks to people who used the service were assessed and their safety was monitored and managed, with minimal restrictions on their freedom. This helped ensure people were supported to stay safe, whilst having their freedom respected.

- People who used the service were supported to be actively involved in discussions and make decisions regarding how any identified or potential risks to their safety were managed. This meant that people could continue to make choices and have control over their lives. For example, one person told us, "I did fall out of bed and couldn't reach my bell but the [person] next door to me heard and pressed their buzzer. They [care staff] have given me an alarm fob for around my neck now."

- Records we looked at with information relating to people's safety were up to date, accurate, securely stored and available to relevant staff. This meant that staff were able to follow guidance to help ensure people were supported safely.

- There were effective systems in place to promote and encourage concerns, to be shared appropriately. Thorough investigations were also carried out in respect of any issues or concerns such as whistleblowing, staff concerns, safeguarding, accidents and incidents. Regular and appropriate checks were also carried out to ensure the premises and equipment was properly maintained and remained safe and fit for purpose.

Staffing and recruitment

- The service ensured there were sufficient numbers of suitable staff to meet people's needs and support them to stay safe. Staff were also appropriately deployed so that people received consistent support from staff. One person we spoke with told us, "Oh yes. You only have to press your buzzer and they [staff] are very quick to come." Another person said, "Well at night you press your buzzer and they [staff] come, no problem." People also added that, although staff were often very busy, they still responded quickly. One person explained, "Would there ever be enough staff in a place like this? They [staff] are run off their feet

sometimes, though I have to say if you press your buzzer they do come pretty quick." People's visitors also said they believed there were enough staff. One person told us, "We have no complaints. There are good levels of staffing." Another person said, "Yes we think so. The staff check on [relative] two-hourly at night."

- We saw that robust recruitment procedures were followed. For example, references had been obtained for all staff and DBS checks had been carried out. DBS is the Disclosure and Barring Service and is a check to see if prospective staff have any criminal convictions or are on any list that bars them from working with vulnerable adults. This process helps to ensure that only staff who are suitable to work in a care environment are employed.

Using medicines safely

- People who used the service told us that they received their medicines when needed and as prescribed. One person said, "I have a tablet in the morning and one in the evening, yes." Another person told us, "Yes, the staff give them to me at mealtimes." All the visitors we spoke with told us they were happy with the management of their relatives' medicines. One person told us, "[Relative] is not swallowing so easily so [relative] now has mostly liquid medication with one tablet."

- The service ensured proper and safe use of medicines by following current professional guidance and engaging with professionals in people's medicine reviews.

- We saw that the service had appropriate facilities to ensure the safe storage of medicines. Staff also adhered to robust procedures for ordering, disposing, administering and recording medicines for people in the service. We saw that regular medication audits were also carried out.

- We saw that only trained staff who had been assessed as competent supported people with their medicines.

- People who used the service had care plans and medication records that explained how their medicines needed to be given. Guidance and protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example, for pain relief.

Preventing and controlling infection

- We found the home to be clean and hygienic throughout.

- People using the service were helped to stay safe and well because the service followed effective procedures for the prevention and control of infection.

- Staff had been trained to understand how to identify potential risks and prevent and avoid the spread of infection.

Learning lessons when things go wrong

- The service had effective systems in place to ensure lessons were learned and improvements were made in the event that things went wrong. For example, any safety incidents or 'near misses' were recorded and investigated thoroughly.

- Audits were undertaken and reviewed regularly to identify any negative trends and risks to people's safety.

- Staff demonstrated good knowledge and understanding of appropriately recording and reporting any incidents or concerns regarding people's safety.

Is the service effective?

Our findings

Effective – this means 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 who used the service had their needs assessed and regularly reviewed, which helped ensure the service could continually meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs effectively.
- Staff meetings took place regularly, to help ensure staff were kept up to date with information about the people who used the service and the service as a whole.
- Staff took part in a handover before and after each shift, so that relevant and up to date information could be shared with staff to provide good outcomes for people.

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and all staff received regular support, supervision and appraisals.
- Staff's competency in their work was checked and monitored by way of regular observations and mentoring by other appropriately experienced or qualified staff.
- Staff completed training that was relevant to their role. Staff told us that the training they received was effective and said they felt confident in supporting the people effectively who used the service. People who used the service told us that they felt staff were experienced and trained well. One person said, "I think they are. They know what they're doing, yes."

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

- People using the service were supported to have sufficient amounts to eat and drink and maintain a balanced diet. Everyone spoke highly of the quality of the food and said they enjoyed their meals. One person told us, "The food in here is super. I have put on weight since I've been here. We all get weighed every so often. I must ask the staff about cutting down on food a bit. The choice is very good." Another person explained, "The food's very good. Good choices. I have my lunch in the dining room usually. I'm quite independent."
- We saw that people were able to make decisions regarding the menus and options and could choose what they wanted. One person told us, "The cook here is very good. We get two choices for lunch. If you don't fancy a big meal the staff will rustle something up for you like ham and mashed potato. There's usually

ice cream or yoghurt, today there was mousse, if you didn't fancy the sticky toffee pudding. Mealtimes are very nice. The dining room is a light room. I always have my lunch in there." We were told that there was a three-week rolling menu. We saw a laminated notice board that showed the main food choices for the week of our inspection. Photographs of meals were displayed against each day.

- We observed that staff took plated meal examples to each person who used the service, to confirm their order for lunch. We saw that staff also offered vegetables and potatoes separately. We heard one member of staff say, "[Name] likes mustard on their sausages, so I'll get the jar." Another person was asked if they wanted brown sauce and eagerly accepted. This confirmed to us that staff genuinely knew people's preferences, likes and dislikes.

- Risks regarding people's intake of food and drink were identified, assessed, monitored and managed effectively. Appropriate input and guidance was consistently sought from dietary and nutritional specialists to help ensure people remained healthy and well.

- People were assisted to eat and drink when needed and individual diets were catered for, such as pureed meals and thickened fluids. One person's relative told us, "The staff support [relative] with meals and encourage [relative] to eat, as [relative]'s appetite isn't so good just now."

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

- We saw that the service worked well with other professionals and organisations who were also involved in providing people with care and support. Relevant information was shared appropriately, to help ensure people consistently received effective care, support and treatment. One healthcare professional told us, "I really look forward to coming here. The staff know everything about the clients. There's no difficulty in finding records or trying to recall information and staff always ask for feedback after I've seen someone."

- People were supported to maintain good health and had regular access to healthcare services as needed such as, district nurses, GPs, dieticians, speech and language therapists and physiotherapists. People also had access to additional services such as the chiropodist, optician and audiologist. One person told us, "I've seen a doctor here, but my own doctor is in [another town]. I've had my feet done since I've been here; lovely." Another person said, "The GP comes regularly and yes I get my feet done."

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

- The design and layout of Rose Meadow was suitable and appropriate to meet the needs of the people living there.

- The property was a spacious building, with people's bedrooms and lots of communal areas spread over two floors. Only three bedrooms had en-suite facilities but we saw that there were ample communal toilets and bathrooms on each of the two floors. The gardens and outdoor areas were safe, well maintained and easy for people to access.

- We saw that people's bedrooms were personalised and reflected their individual interests, likes and hobbies.

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make

their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are 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 were being met. We found that it was.

- The registered manager understood their responsibilities in relation to DoLS and knew when and how to submit the relevant applications to the local authority.
- Staff understood the importance of helping people to make their own choices regarding their care and support. Staff consistently obtained people's consent before providing support and, when people lacked capacity to make some decisions, staff understood how to act in people's best interests to protect their human rights. Throughout this inspection we observed staff obtaining people's consent before providing support to them. People we spoke with also confirmed that their consent was obtained and they were never made to do anything they didn't want to. One person told us, "Oh yes, you are not forced to do anything. The staff help you when you're ready."

Is the service caring?

Our findings

Caring – this means 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

- We saw that staff were caring and consistently treated people with kindness, compassion, empathy and respect.

- People who used the service told us that they were always treated with respect. One person said, "This goes without saying. The staff here are very respectful. I can please myself."

- The comfort and wellbeing of people who used the service was important to staff. Staff related positively with people, talked and listened to them. This helped ensure that people who used the service knew they mattered and were cared about. One person who used the service told us, "It's excellent, yes. The staff know me very well and are always kind and caring." Another person said, "Oh it's very good, yes. They [staff] got to know me surprisingly quickly. The staff are kind and friendly, I get on with them all."

- We saw that staff responded quickly to people's needs. We also noted that staff recognised when people were in pain, discomfort or emotional distress and responded quickly and appropriately. For example, we saw that when a person sitting in their wheelchair showed signs of being uncomfortable, this was quickly spotted by the Team Leader, who immediately fetched a cushion. The person responded very positively, with lots of smiles and a thank you.

- The service had policies and procedures in place that gave guidance to staff in line with the Equality Act 2010. Staff had completed equality and diversity training to ensure they understood inclusion, discrimination, diversity and prejudice. This helped to ensure that staff demonstrated interactions that respected people's beliefs, values, culture and preferences. All our observations during this inspection confirmed that people were treated equally and their human rights were respected.

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

- People who used the service were involved in planning their care and support. They could make choices and decisions and maintain their independence as much as possible. One person told us, "The staff often ask me if everything's okay, and I go to the meetings [for people who use the service]." People's relatives told us, "We feel completely involved in [relative's] care. The folder is there if we want to have a look and see what's been happening." And, "We filled in details when [relative] came in here. The manager often asks how things are and we chat about things."

Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated that they understood the importance of respecting people's privacy, dignity and

human rights. We saw that people who used the service had their privacy, dignity, independence and confidentiality consistently promoted and respected. For example, we saw that bedroom and bathroom doors were closed when people received personal care or support. We also saw that staff knocked on people's doors and waited for a response, where possible, before entering.

- People who used the service were supported to maintain relationships that were important to them. Relatives and friends were welcome to visit without restrictions. One person who used the service told us, "I can sit here quietly in my room and when my [relative] comes in we can sit in here. You can be as private as you like. The staff are so respectful." Another person said, "I like to sit here on the landing sitting room. It's mostly quiet and I can watch the comings and goings." A relative told us, "We get as much time as we want on our own in [relative]'s room. Respect is shown by everyone here." We also noted that people were supported to maintain contact with friends and relatives by using the computer for emails and 'real time' video-communications.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

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

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

- People were provided with individualised care. Care and support was provided promptly when people needed it. People who used the service told us that staff knew them well and that they could live their lives as they chose. One person told us, "I like to get up early because that's what I'm used to. I like to go to bed about 7pm and lay in bed and watch TV until 10:30pm. A member of staff usually comes in about then and turns the TV off. I please myself generally, sit in my room and go down for my meals. I don't remember when activities are on, so the staff come and ask me whether I want to do something." Another person said, "I wake up early. I hear the staff in the corridor and call out. They [staff] bring me a cup of tea and a banana. They [staff] get me washed and dressed and then I get my breakfast."

- People's health, care and support needs were regularly assessed and reviewed, with any updates and changes recorded clearly and accurately.

- Care plans were personalised and described the holistic care and support each person required. This included details of their strengths and aspirations. Information also explained how people could be supported to maintain their independence and what could help ensure they consistently had a good quality of life. Staff told us that they used the care plans to help them provide person-centred care to people.

- Care plans were detailed, easy to follow and contained clear guidance and information for staff about how people wanted to be supported.

- Staff completed daily records of how people were supported and what people had done so that they could monitor people's welfare.

- People's views were respected and people were encouraged and supported to follow their individual interests, hobbies and activities. In addition, the service organised a wide range of group activities that people could take part in if they wished. One person who used the service told us, "I like bingo, bowls and they have films on occasionally. I join in with most of what goes on. No, I never feel left out. The staff come to me and say, 'Are you coming down?' as I don't always remember." Another person said, "I really enjoy the sitting exercises we do. No, I don't get bored. I join in with the bingo on Fridays."

- Some activities also enabled people who used the service to maintain contact with the wider community. For example, one person told us, "I've enjoyed the outings. You can put your name down and they [staff] pick so many to go out each time. We go out for lunch occasionally, we've been on a Broads boat trip and also to the pantomime in Norwich." We also saw that the service had regular involvement with the local

school. On a number of occasions people welcomed and enjoyed visits from the school children and had been judges for the children's art competitions.

- People's individual communication needs were identified and met appropriately and staff supported people in line with the Accessible Information Standards (AIS). The AIS places a responsibility on the service to identify, record, share and meet the communication needs of people with a disability or a sensory loss.

Improving care quality in response to complaints or concerns

- People were supported to raise any concerns or complaints if they needed to. One person who used the service told us, "Both [manager and deputy] are very approachable. When I first came in I had reason to speak to one of them but the matter was sorted out quickly. Very good." Another person said, "I would talk to the team leader or [manager]." A person's relative told us, "We've got no complaints but I'd speak to [manager] if I had to."

- There was a complaints policy in place for people who used the service and we saw that the complaints procedure was designed to encourage improvements.

- The service had not received any formal complaints since the last inspection.

End of life care and support

- People could be assured that any pain or symptoms they experienced would be regularly assessed and managed as the end of their life approached.
- Advice and input from palliative care professionals was consistently sought and people were provided promptly with appropriate support, equipment and medicines. This helped ensure they were comfortable, dignified and pain free at the end of their lives.
- The service also offered care, support and reassurance to people's families and friends before and after their loved one died. We saw a heart-felt card sent to the manager from a person's family that thanked everybody for the kindness shown to their loved one and also for the support given to the family.
- When a person passed away, the service ensured their body was cared for in a culturally sensitive, dignified and respectful way.

Is the service well-led?

Our findings

Well-Led – this means 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 who used the service, relatives and friends, visiting health professionals and staff members all spoke very highly of the home and said they would recommend it. One person who used the service told us, "My [relative] helped me to find this home. Yes, I would recommend it. If people are looked after only half as well as I am, they will still be very lucky. I'm very happy here." Another person told us that their experience of the home many years ago, when they had visited as part of their work, had not been good and went on to say, "The home is wonderful now. Clean, good staff, great food. I am enjoying my time [living] here. So yes, I'd recommend it." A person's relative said "What we like is that it's home from home here. The staff are great, as [relative] needs more help now after being quite independent." A healthcare professional told us, "The staff will often come with me to see clients, which is often not the case in other homes I visit. It's light, clean and homely here; it's lovely. I'd happily come in here myself [to live] and I wouldn't say that about too many other places."

- The service ensured CQC's registration requirements were met and complied with. There was a registered manager in post who told us they were fully supported by the provider and completely understood their responsibilities. The registered manager ensured they kept themselves up to date with any necessary changes and communicated relevant information to the staff team effectively and efficiently.

- The service had a clear vision and credible strategy to help ensure they continually delivered high quality care and support and achieved positive outcomes for people. For example, we observed that a member of staff joined three people, for lunch in the dining room. The member of staff completed a meal audit during this time and explained how 'compliance with the manager's key performance indicators was intrinsic to the culture of the home'.

- We found that the service promoted a positive culture that was person-centred, open, inclusive and empowering. For example, we were told how the small room beside the dining room was being converted to a drinks preparation area for people who used the service. The aim of this was to encourage independence, by enabling people to get their own drinks and snacks where possible. The registered manager told us that there were cereal dispensers at breakfast time, which also encouraged and enabled people to do things for themselves.

- Staff were fully aware of their responsibility to provide a high-quality, person-centred service.

- The registered manager promoted transparency and honesty. The management team and staff all said that they openly discussed issues with relevant parties if anything went wrong.

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

- The registered manager and deputy manager both provided very strong leadership. Everyone we spoke with said they liked and respected them. One person who used the service told us, "[Manager] is very good and so is [Deputy Manager]. One or both are often around and will stop for a chat." Another person said, "Both the managers are very good. [Manager] is very approachable, very good." People's relatives also spoke highly of the manager and deputy manager. One relative told us, "[Manager] is a super guy. He often comes in for a chat and is often around the home."

- The management team and staff consistently supported people in ways that helped them achieve their goals of maintaining their independence. For example, one person explained how they were staying in the home for respite and rehabilitation, following a fall: "I must be honest and say that when I first came here I didn't think I'd ever be able to go home again. But, all the staff and the managers have been wonderful. They are all so positive and supportive. I think it's because of them that I've built up my strength and got my independence back. It would have been easier to give up and give in but they [staff] have all encouraged me and now I'm looking forward to going home again very soon. I'll miss everyone here though."

- All the staff we spoke with said they were happy and very proud to be working at Rose Meadow.

- The registered manager understood their legal duties and submitted notifications to CQC as required. The ratings of the service were displayed on their website and within the home.

- We saw that the service had effective systems and procedures in place to monitor and assess the quality of the service. Numerous comprehensive checks and audits were completed regularly in respect of areas such as meals, medication, care plans, people's rooms, cleanliness and infection control, the environment, staffing levels and staff training.

- Appropriate remedial action was taken when any shortfalls were identified, which helped ensure a good quality service was maintained.

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

- Staff told us they could contribute to the way the service operated through staff meetings, supervisions and daily handovers.

- We saw that regular meetings took place with people, friends and relatives, during which they were supported to make suggestions for improvements. One person who used the service told us, "Yes, I believe the meeting was last week. We hear what's gone on and get a chance to ask about things. Yes, if something is suggested [manager] tries to see what can be done." One person's relative said, "Yes, we go to the meetings. Yes, [manager] is very good at listening to residents and relatives."

- Quality assurance questionnaires had been sent out to people's relatives and all the responses we saw were very positive. We also read many compliments and positive comments that extended praise for the staff and management of the service.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. They told us that they discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- We saw that the service worked openly with other services, such as the local authority's safeguarding team and Clinical Commissioning Groups (CCG). Appropriate information and assessments were shared with other relevant healthcare professionals and agencies. This helped ensure people using the service benefitted from 'joined up' and consistent care.