

Asprey Healthcare Limited

Sherwood House

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?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Sherwood House is a residential care home providing personal care to 33 people at the time of the inspection. Some of the people are living with dementia. The service can support up to 35 people.

People's experience of using this service

People told us they were happy living at Sherwood. People experienced good care because the service was well-led and organised. People often referred to staff as being like family members and told us they felt safe because of the quality of care they experienced. The provider took great care when recruiting new staff to ensure they shared and practiced the values of the service. Staff understood their responsibilities to keep people safe from harm.

Potential risks to people had been assessed and measures were put in place to mitigate these. If accidents or incidents occurred, staff took action to reduce the risk of similar incidents happening again. Medicines were managed safely and staff maintained appropriate standards of hygiene and infection control. Staff supported people to maintain good health and worked effectively with any professionals involved in their care.

People were provided with a variety of opportunities to participate in activities and events hosted by the home. People also went for trips out into the community, this included trips to do shopping or to visit coffee shops and a local school.

People told us they enjoyed the food provided in the home. We observed people had choice of meals and staff took time to explain to them the different types of food available. People had access to fresh drinks and snacks when they wanted them.

People were supported by staff who had the right skills and knowledge to provide care that met their assessed needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People and relatives told us that staff were kind and caring and they were very satisfied with the quality of care and support. Staff respected people, treated them with dignity and involved them in decisions about their care. People experienced continuity of care because they were supported by caring staff who understood their needs. This also meant people experienced care and support responsive to their needs. People were supported by staff who promoted their independence as much as possible.

The service was well-led by a management team who worked closely together to ensure people were at the heart of everything they did. The registered manager actively ensured people were well looked after, motivated and provided with high levels of care and support.

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

Rating at last inspection and update

The last rating for this service was good (July 2017)

Why we inspected

This was a planned inspection based on our inspection process.

Follow up

We will continue to monitor intelligence 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 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 ●

Sherwood House

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

Two inspectors carried out the inspection.

Service and service type

Sherwood House is a 'care home'. People in care homes receive accommodation and nursing care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

During the inspection

We spoke with eight people who used the service and two relatives who acted as people's advocates. We spoke with four staff including the registered manager. We checked care records for four people, including their assessments, care plans and risk assessments. We looked at three staff files and records of team meetings. We also looked at medicines' management, accident and incident records and quality monitoring

checks and audits.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We received additional information from the registered manager about staff, residents and relatives' meetings. We spoke to three relatives over the telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at Sherwood House. One person said, "Oh yes, I feel safe living here, I am well looked after." Another person said, "It's a lovely home and I do feel safe here."
- People were protected from potential abuse and avoidable harm. Staff had regular safeguarding training and demonstrated a good understanding of how to protect people from abuse. Staff felt confident reported concerns would be listened and responded to.
- The provider had effective safeguarding systems in place. Where safeguarding concerns had been identified, staff worked in partnership with the local authority and other professionals to ensure individual plans were in place to protect people.

Assessing risk, safety monitoring and management

- People were kept safe and protected from risk. People's care plans included risk assessments associated with their care and support. Staff followed the risk assessments which supported the safe delivery of care. One person who was at risk of infections due to their continence needs had a risk assessment in place to guide staff on any potential signs of infection and how to support that person to remain healthy. Our observations evidenced staff had good knowledge around the risk assessment and delivered their support in line with the recommendations.
- Risk assessments provided enough detail, so staff could support people safely. Staff identified risks in relation to continence needs, pressure ulcer development and falling from bed. The risk assessments clearly defined each risk and the staff support to reduce these.
- Staff had received training in fire safety and checks on fire equipment were carried out. Personal emergency evacuation plans were kept for each person to support safe evacuation.

Staffing and recruitment

- There were enough suitably skilled and knowledgeable staff to meet people's needs. People and relatives confirmed this. One person said, "There are lots of staff, when you ask for something they always get what you need and (it is done) quickly." A relative said, "I have seen quite a few staff walking about the home and helping people, they don't ever seem to be short staffed."
- Staff were recruited safely. This meant people were supported by staff who were of good character and suitable to work with vulnerable people. Checks were done on applicants before they were offered employment. These checks included checks with the Disclosure and Barring Service (DBS). The DBS inform potential employers of any previous convictions or cautions a person has.
- We observed that people were supported by staff in a timely manner. We saw people did not have to wait

to be seen by staff when they needed it and staff had time to spend with people to support them or to have a chat.

Using medicines safely

- People received their medicines safely and on time and were happy with the support they received. One person said, "I get my medicine every day, they are very good making sure I take it."
- Staff were trained in medicines management and had regular competency checks to ensure safe practice. We observed medicines being administered and saw that staff took time with people and explained what the medicines were.
- Some people were prescribed medicines to take as required; for example, for pain management. There was guidance in place to support staff to know when this was needed.
- Medicine administration records (MARs) were used to record when staff administered medicines for people. Known allergies were also recorded on the MAR. The MARs we looked at had no unexplained gaps in staff signatures which meant medicines were administered for people as prescribed.

Preventing and controlling infection

- The home was clean and fresh. A relative told us, "Staff are very conscious about the cleanliness of this place, it's always nice and clean and they always wear gloves when I would expect them to."
- People were protected from the risk of cross infection. Staff had completed infection control training and used personal protective equipment (PPE) such as gloves and aprons when required. This helped prevent the spread of healthcare related infections. A staff member told us, "It's important to always have our PPE on us, we never run out of it here, the management and domestic staff stay on top of that. It's very important."

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. One person who had incidents of falls had their data analysed. The investigations were conducted as to why they had been falling and an infection was identified as a root cause. Staff were then able to put in place additional support for this person which cleared the infection and reduced the risk of falls.
- The registered manager told us they had learnt lessons around the management of medicines upon discharge from hospital. The registered manager had put in place additional training and support to manage staff awareness so when a person is discharged back to the home all their medicines are appropriately checked. Senior staff was also given the responsibility to monitor discharge paperwork.

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 had an assessment completed prior to moving into Sherwood House. The assessment detailed what people could do independently, and what they required support with. When risks were identified, control measures were documented. Every area of need was considered, ranging from personal care and medicines support to nutrition and end of life care. Equipment was identified where required and people had expressed what tasks they wanted support with and when they wanted it provided.
- The provider ensured staff had access to best practice guidance to support good outcomes for people. For example, the registered manager had updated their process in relation to oral hygiene to make it even more personalised to people and their needs by following NICE (National Institute for Health and Care Excellence) guidance for oral healthcare.

Staff support: induction, training, skills and experience

- Staff received training that supported them to carry out their roles safely and effectively. Relatives told us they felt staff were well trained. A relative told us, " Staff are knowledgeable and when you ask them a question they always know the answer which is very reassuring."
- There was a strong emphasis on the importance of training and induction. Staff new to care were required to complete the Care Certificate as part of the induction training. The Care Certificate is an identified set of standards that health and social care workers adhere to.
- Staff had completed training in areas relevant to people's individual needs such as dementia awareness, safeguarding adults, infection control and mental capacity to provide the care people required safely. The records confirmed all staff training was up to date. A staff member told us, "I have recently been to a dementia specific training. I found this interesting and developed my knowledge in how to support people."
- The registered manager had also booked additional external training. Senior carers had been put forward to complete diabetes training. They then supported other staff members by passing the learning from the training to them.

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

- People told us they were happy with the food. One person said, "I always like it [the food]. They are very generous with the food they give you. I never hear anyone complaining about their food." Another person said, "The food is very nice, plenty of choice and it always looks very presentable."
- Catering staff were aware of people's dietary needs and preferences. The chef was also aware of the different consistency of foods some people required to minimise the risk of choking. Catering staff told us care staff regularly updated them about people's changing needs and they also spoke with people about the quality of meals on offer.

- People's care plans contained information on their dietary needs and any likes and dislikes. The plans contained details on people's preferences and allergies and directly contributed to the meal choices.
- People were given choices for the food they wanted and were able to ask for another option if they wanted to. We observed people were given a visual choice with plates of food and staff took time to ensure they understood what the food choices were. One person said to staff they didn't want the food on offer and asked for something else. Staff ensured this person got a meal they wanted.

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

- Staff supported people with their health needs. People were supported to access health services when they needed to. We saw in people's care plans that people were referred to occupational therapists, GP's, physiotherapists and also had input from district nurses when required.
- People's care plans included information about their health needs, medicines and allergies which could then be passed to other healthcare professionals for example, when people went to hospital.
- People's health needs were managed well and staff were aware of signs of deteriorating health. A staff member told us, "We work well as a team, if there is a concern for someone then we share this amongst us so that everyone is aware and can make sure the person is supported the best they can be."

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

- People's rooms had been personalised. People had photos of family on their walls and pictures of things important to them such as animals, flowers and films. One relative told us, "It's a very nice room, it is always kept clean and is just what [my relative] needs."
- The home had incorporated a dementia friendly environment within the décor of the home. For example, dementia friendly signage, good lighting, dementia friendly communal corridors, dining room and bathrooms. This enabled people living with dementia to navigate around the home more independently.
- The home was well presented throughout, clean and spacious to suit people's needs. There were old style photographs and pictures of movies and movie stars throughout history. We observed that people were able to move about the home freely without obstruction. People who required the use of a wheelchair had the appropriate access to suit their requirements.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- People's capacity was assessed around specific decisions and people's best interests had been considered with regards to their needs and on-going care. We saw evidence in people's care plans that the service had conducted capacity assessments to determine if the person had capacity in areas such as consent to care, use of equipment, medicines and staying at the home. For example, one person had a capacity assessment in place for remaining at the home. There was also a best interest decision to state that it was in this person's best interest to remain at the home.

- People had a DoLS application submitted where required and the registered manager had a process for following up the referrals with the local authority.
- Staff completed training in the MCA. Staff we spoke with understood the principles of the act and how they used these to support people with making their own choices, and decisions. One staff member said, "I always ask them about their choices, it's important to ask what they would like. This might be around what personal care they would like help with or what clothes to wear for the day."
- Care plans confirmed people who had capacity had consented to their plan of care. Where people had a legal representative, we saw the service checked this person's authority to act on their behalf.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us they were treated well, and staff has a caring and kind attitude. One person told us, "The staff are great, they treat me well, look after me and always do what they can for me, I have no complaints at all." Another person told us, "The staff are kind and caring, they are always busy but still talk to everyone in a nice manner, nothing is ever too much trouble."
- Relatives told us they found staff to be caring and trustworthy. One relative told us, "The staff here are just brilliant. I couldn't rave about them more. They make such an effort and always really try to get [my relative] as involved as possible."
- Staff took time to get to know people and built relationships which created a happy atmosphere within the home. Staff told us they felt it was important to get to know people, the things they liked to do and their life history. A staff member told us, "I like talking to people and getting to hear all of the things they have done in their life, what they like to do now and their interests. I feel this builds a bond and helps people feel more at ease." Another staff member told us, "One resident just likes to be with us holding our hand. They just want to spend time and feel the bond. It makes her smile and I can see that this makes her happy."
- We observed caring and positive interactions between staff and people. One person had been confused and had been asking questions. Staff were seen to approach this person and explain to them in a kind and calm manner, giving them answers to their questions to reassure them. Staff also put an arm around this person and said, "Shall we go for a cup of tea." The person walked off with staff laughing with them.
- People were supported to access religious services of their choice, both in the home and to visit places of worship. For example, the local church service attends the home to do singing and talk to people. People also can take part in Holy Communion.

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

- People were involved in day to day decisions around their care. People could choose when they got up and what they wanted to do during the day. A staff member told us, "It's all about them. I listen to what they tell me and how they want to be treated. Some days I need to give a bit more encouragement than others, but I always try and understand what they would want."
- People and relatives were involved in reviewing ongoing care. We saw people had signed each time there was a review or change of their care plan. Where possible relatives also had an input into the ongoing reviews. A relative told us, "I have been involved with reviews and any changes made."

Respecting and promoting people's privacy, dignity and independence

- People told us they felt their privacy and dignity were always maintained. One person told us, "They take

care when helping me get washed and dressed, staff are gentle and talk to me." Another person told us, "They knock my door to make sure I am ready for them to come in. If I want some help, then I can ask them to come in. If not, then I can be left alone until I am ready."

- Relatives told us they felt staff put people at ease and made it comfortable when delivering personal care. A relative said, "They have been fantastic with [my relative], I know her health needs are increasing but they always make sure she is happy and treated with the upmost respect."

- Staff encouraged people to do as much as possible for themselves and to maintain their independence. We observed people being encouraged to mobilise and walk around using their walking aids. Staff also encouraged people to eat and drink themselves where possible.

- Staff were kind, friendly and respectful in their approach to people. As staff went about their daily tasks, there was a constant welcoming feeling between people and the staff, creating a sense of community. We observed staff assisting people who had asked to use the toilet. This was done in a discreet and sensitive manner by staff. A staff member said to a person, "Is it ok if I help you with your business", the person nodded, and the staff member held them by the arm gently and they walked off together. The person had a smile on their face.

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 experienced care that was personalised and care plans contained detailed information on daily routines specific to each person. People's plans had detail around how staff could support people to adopt coping mechanisms if they became distressed. It also specified what certain specific to them triggers people had and how staff could support them.
- People had personalised plans detailing their life history, likes and dislikes and interests. Staff had developed 'This is Your Life' booklets for every person living at the home. This booklet captured details around people's family, friends, previous occupation, hobbies, holidays and places in the world they enjoyed visiting. Families and friends had been able to input details or photographs to visualise the individual life story.
- People's daily records of care were up to date and showed care was being provided in accordance with people's needs. Staff were able to describe the care and support required by individual people. Through talking with staff and through observation, it was evident that staff were aware of people's care needs and they acted accordingly.

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

- Staff ensured that people were supported to take part in activities or to access the community when they wanted to. The activities coordinator planned and delivered a wide variety of activities for people such as 'keep fit' club, film club, outing to the concert, cake at the river arts centre, gardening, pilates, art and crafts. The activities were displayed around the home in word and picture format for people to know what was going on. A person told us, "There is lots to do. We are always kept busy and I enjoy the keep fit class."
- People had access to event days that focussed on different cultures. People had taken part in events such as black history month, Spanish lunch and Spanish language and culture, Honika day and Diwali celebrations. The activities coordinator told us, "We cover multi-cultural elements where possible to increase people's interests in different cultures, the events are always popular."
- People were supported to engage and maintain relationships with family and friends. Sherwood House had an open-door policy for family and friends. A relative told us, "I am always welcome, and I can visit anytime I like, I can stay for lunch and there is no pressure around visiting times."

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 had detailed communication care plans about their specific needs. For example, staff were advised 'to talk to [person's name] clearly and try to avoid background noise' as this person had a hearing impairment. Staff were also instructed to regularly check their hearing aids to maximise their hearing.
- Monthly activity newsletters included pictures to make it more accessible to people. At the time of the inspection no one required information to be made available in a specific format. However, the service said they could provide personalised information for people, if needed. For example, by producing information in a larger font or by reading it to the person.

Improving care quality in response to complaints or concerns

- When people had raised concerns the provider acted quickly to alleviate people's worries. A relative told us, "If ever I had any concerns, I would just speak to staff and I know it would get resolved immediately. They're so good here."
- People were provided with information about how they could raise concerns or make a complaint. Complaints received had been dealt with in a timely manner and reached a satisfactory conclusion.

End of life care and support

- At the time of this inspection no one was receiving end of life care. People's care plans did have information around their wishes, what would be important to them and family they would want to be contacted at that stage of their lives. The registered manager told us they had previously linked with the local hospice to ensure the person who had received end of life care at that time had the appropriate support.

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 good. At this inspection this key question has remained the same. 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 and relatives expressed confidence in the leadership at the home and said it was well run. One person told us, "[Registered manager] is good. It really is very lovely here. It is my home, and the staff and people are like my family." Another person told us, "I spoke to her [registered manager] a few times and she always had time to listen and talk to me. I have nothing but praise." A relative told us, "It's not just [my relative's] home, we are made to feel so welcome as well. The girls in the office [including the registered manager] are just brilliant and open to any new ideas. Any ways to improve; they're on it straight away."
- Staff displayed caring values and told us they were happy and well supported. There was a strong sense of respect towards everyone and staff told us teamwork was 'excellent'. A staff member told us, "She [the registered manager] is brilliant, she is so inclusive and always takes on board any suggestions. If you have a good idea, you can guarantee it will be introduced as soon as possible." Another staff member told us, "the management team always come out and help with talking with people and supporting [them]. They are all very approachable and it shows they value us."
- The registered manager and staff were open, approachable and displayed a caring attitude. The registered manager was open throughout the inspection and told us about their vision for developing the service and improving people's lives. The registered manager told us, "I want people to be happy and I want them to have their own choices. I want them to live here as happy and content as they can be."

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

- Management and staff understood their individual and collective legal responsibilities to act in an open, honest and transparent way when things went wrong.
- Where a significant event had occurred, appropriate records had been maintained and onward referrals and alerts had been raised with external agencies. Relatives were routinely informed and kept updated, if appropriate.

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

- Staff understood their roles and responsibilities and were accountable for their practice. They knew people well, care was person-centred and focused on people's health and well-being.
- The service had a range of effective quality monitoring arrangements in place. Regular health and safety and infection control checks were completed. Audits of care plan and medicines management had been

conducted and led to changes and improvements. For example, during a care plan audit it was found that one person did not have enough detail around their condition and this was actioned immediately by staff by being updated to include the required information.

- The registered manager had robust processes in place to review any concerns and trends which helped to maintain their oversight of quality and safety within the service. The registered manager identified that one person had been falling in the morning in the dining room. Changes were made to the staff deployment at these times to ensure the identified area was appropriately staffed and this led to falls for this person being stopped.
- The manager had notified Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities. They displayed the previous CQC inspection rating in the home.

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

- People had been involved in regular resident's meetings. During the most recent meetings people discussed the refurbishment work which was planned to go ahead and were asked for any ideas. People also spoke about their general happiness and had input into planning future activities or trips. A person told us, "I love living here, they talk to us and they are very good at keeping us informed of any changes and always ask us if it is ok with us, we are involved as well, which is nice."
- Relatives had been included with regular resident and relatives' meetings held at the home. During these meetings relatives were able to voice any opinions and received updates about service changes such as the upcoming redevelopment and any staffing changes.
- Regular team meetings were held for staff to share their views about the service. Staff were able to discuss peoples' ongoing care needs, service changes, policy updates and offer up any suggestions on improving peoples' care.
- The provider gave a high priority to good communication and keeping people informed. The provider distributed a quarterly newsletter to people and staff with news about developments within the organisation and focussed on promoting people and involving them in the articles. The newsletters also promoted staff's good work and their achievements.

Continuous learning and improving care; Working in partnership with others

- The registered manager had set up links between people and the local community. A link has been created with a local school and a nursery. Events were planned, and the children had come into the home to take part in arts and crafts with people and also to sing to the residents.
- The registered manager had developed links with healthcare professionals to establish successful partnership working. For example, a link had been set up with the community mental health team which had assisted in improving people's quality of life. A healthcare professional told us, "They are always willing to try any psychosocial suggestions in terms of managing those they may find challenging." They also told us, "I have found all the care team to be very approachable when enquiring about the residents they care for. If they do not know an answer they will always find me a person who does."
- A close working relationship had also been established with the local health centre. This enabled people and staff to obtain access to additional GP support. Additional training on medicines had been supplied to staff and people had been able to access the reablement service for support and guidance.
- The registered manager along with the management team actively sought personal and team development opportunities to ensure continuous learning. The registered manager attended forums at the local hospital and managers' meetings to share ideas and best practice.