

Potensial Limited

Avondale Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 20 March 2018 at 06:15 which was unannounced. This meant the provider did not know we would be visiting. We attended the service early because we wanted to speak with night staff as well as day staff.

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

Avondale Lodge provides care and accommodation for up to 12 people who live with a learning disability. At the time of our inspection there were 10 people using the service. The service consists of two Victorian houses which have been adapted to become one service and is situated in a residential area of Redcar, close to the sea front and local amenities. People have their own bedrooms and access to several communal areas. There are gardens to the front of the service and two small courtyards to the rear.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

A peripatetic manager was in post at the time of inspection. Interviews were taking place for a permanent manager with a view to them becoming the registered manager. A registered manager had not been employed at the service for approximately two months. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

When we completed our previous inspection on 15 and 18 August 2017 we found concerns relating to all areas of the service and multiple breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service was rated 'Inadequate.'

Following the inspection we used our urgent enforcement powers to impose conditions that required the provider to ensure the registered manager was competent to work at the service; staff had the necessary skills to effectively use positive behavioural support interventions and there were sufficient staff on duty. The provider complied with these conditions.

After that inspection we received further concerns in relation to the safety of people using the service and the overall quality of the service. As a result we undertook a focused inspection in December 2017 to look into those concerns, and although we found improvements were being made, the service continued to breach the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service continued to

be rated 'Inadequate.'

We carried out this comprehensive inspection to look at the progress the service had made following our last two inspections in August 2017 and December 2017.

At this inspection, we found that improvements had been made to all aspects of the service.

Staff followed correct procedures and carried out safe practices with people to keep them safe at all times. The number of incidents taking place at the service had significantly reduced, however improvements were needed to record keeping in relation to incidents. The peripatetic manager continually reviewed incidents and evidence of lessons learned with staff was taking place.

Accurate and up to date risk assessments were in place. Up to date health and safety certificates were in place. Bathing temperatures for people still did not always meet safe bathing temperature limits, as some were too low and some doors required to be locked had not been. The peripatetic manager took immediate action to address these concerns. There were some gaps in the frequency in which fire safety checks had been carried out.

There were enough staff on duty at all times. Staff rotas were up to date. People had flexibility in how they wanted to use their one-to-one hours. Agency staff were suitably qualified and were orientated to the service when they first started working at the service.

Infection prevention and control practices were in place, however some staff were not bare below the elbow. We found improvements had been made to the management of medicines, however further improvements were needed in relation to record keeping.

Staff were supported to carry out their roles and participated in regular supervision, appraisal and training. Some of these records needed to be improved. Staff worked alongside health professionals and care records reflected their recommendations.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked in line with the Mental Capacity Act 2005.

Improvements had been made to the environment since the last inspection. However further improvements were needed, particularly to the courtyard areas. Personal and decorative items were on display at the service. Easy read information was displayed throughout the service.

We observed positive interactions between people and staff. Staff knew people, their life histories and healthcare needs well. Staff encouraged people to maintain their independence and ensured their privacy and dignity was protected and maintained at all times.

People were encouraged to participate in planning and reviewing their own care. Care records accurately detailed the person-centred care and support which people needed. Activities were regularly taking place and the flexibility of planned one-to-hour hours helped people to participate in activities at a time of their choosing. No complaints had been raised since the last inspection. Information about how to do this was available in an easy read format.

Changes to the senior management team had taken place since the last inspection. We observed staff

working together as a team, led by a peripatetic manager who had empowered staff to create change at the service. Staff told us they were supported to carry out their role and were now happy working at the service.

Quality assurance procedures had improved. Audits showed that improvements had been made in all areas of the service. Although action plans were not always in place and improvements were still needed with record keeping, some areas of the internal environment and outside areas. Consistency was needed with safe bathing temperatures, access to rooms which required to be locked for safety and medicine records. Not all of these areas had been identified during quality assurance checks; however staff were responsive and took feedback on board. However, we found the provider and staff had worked to robustly address and resolve the serious failings at the service. After inspection the peripatetic manager told us that immediate action was taken with bathing temperatures and locked doors.

Feedback had been sought from people, their relatives, staff and health professionals. This feedback had been used as part of the quality improvement process at the service. Staff had put together a series of planned events where the local community would be invited into the service. Staff told us that it was important to maintain contact with local neighbours and they would be invited to further coffee mornings with people.

The staff team had embedded the vision and values of the service, had taken on board feedback and had worked together as a team to create a process of change at the service. A positive culture was now in place, the environment was calmer and everyone spoken with during the inspection spoke positively about the changes which had been made. Feedback obtained by CQC from attendance at meetings outside of the inspection process about the service had been positive too.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

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 not always safe.

People were not always bathed within safe bathing temperature limits. Doors required to be locked for safety were open.

Medicines were on the whole managed appropriately but 'as required' protocols needed to clearly detail when these should be used.

People's risks had been accurately reviewed and care records clearly outlined these risks. Staff carried out safe practices to keep people safe.

There was enough staff on duty to deliver safe care and support to people. The service had a flexible approach to deliver one-to-one hours to people.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had received regular supervision, appraisal and training. However, improvements to these records were needed.

The peripatetic manager had developed more informative assessments and fully introduced these at the service. People were involved in menu planning and had the choice of preparing drinks and meals for themselves.

Staff understanding of the Mental Capacity Act 2005 had improved. Staff were routinely organising best interest decision meetings.

Improvements had been made to the environment and further improvements were planned.

Requires Improvement ●

Is the service caring?

The service was caring.

Skilled staff were in place who knew people well. Staff supported

Good ●

people to receive kind and compassionate care.

Information in easy read formats were on display throughout the service.

People, their relatives and advocates had been involved in planning and reviewing people's care.

People were supported to remain independent, however staff responded when people needed additional support.

Is the service responsive?

The service was responsive.

Personalised care records were in place which aimed to promote people's independence, choice and control.

Staff demonstrated good knowledge of people's communication needs. These had been accurately recorded in people's care plans.

Activity schedules were in place for people. People now had access to regular meaningful activities at the service and in the local community.

An easy read complaints procedure was in place for people. No complaints had been made since the last comprehensive inspection.

Good ●

Is the service well-led?

The service was not always well-led.

Continued improvements were needed in areas such as records, medicines and the environment. Staff needed to sustain the improvements already carried out.

The service was open and transparent. Robust leadership was in place and staff worked together as a team.

Quality assurance measures were in place. Regular feedback had been obtained and used to improve the quality of care at the service.

The service had good links with the local community and with health and social care professionals.

Requires Improvement ●

Avondale Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Two adult social care inspectors carried out this unannounced inspection at 06:15 on 20 March 2018. At the time of the inspection, ten people were using the service, all of whom lived with a learning disability.

Before our inspection we reviewed all the information we held about the service. We examined the notifications received by the CQC. Notifications are changes, events or incidents that the provider is legally obliged to send us within the required timescales. Since the last inspection we had attended serious concerns protocol meetings with Redcar and Cleveland local authority which included health and social care professionals involved with the service. We used the information from these meetings as part of our inspection planning.

As part of the inspection we undertook a number of different methods to understand the experiences of people who used the service. Some of the people who used the service had complex needs which limited their communication. This meant they could not always tell us their views of the service so we sought the views of five relatives.

During the inspection we spoke with seven people and one relative. We also spoke with the regional manager, peripatetic manager, deputy manager, four care staff and an agency member of staff.

We reviewed six care records in detail and the medicines administration records of six people. We reviewed one recruitment and induction record and four supervision and appraisal records. We reviewed the training summary records for all staff. We also reviewed records relating to the day to day running of the service.

We looked around the service and went into some people's bedrooms (with their permission) and visited the communal areas. We carried out observations of practice.

Is the service safe?

Our findings

At our inspection in August 2017, we identified that people were not receiving safe care. Risks to people had not been appropriately managed. Staff had not followed behaviour intervention strategies which meant that people and staff suffered physical and verbal abuse from other people using the service. Some people were isolating themselves as a result of other people who displayed behaviours which challenge. There was a lack of staff on duty and people did not always receive their planned one-to-one care. No checks of agency staff had been carried out. Fire procedures and the management of medicines needed to be improved.

Following the inspection in August 2017 we used our urgent enforcement powers to put measures in place to reduce these risks. When we inspected in December 2017 we found that the provider was complying with the conditions we imposed and improvements were being made but these were not embedded.

At this inspection, we found the service had taken on board this feedback and had made changes to improve the safety of people and staff.

Staff understood their responsibilities for protecting people from harm, abuse and discrimination. They had raised concerns when needed and safeguarding alerts had been raised with the local authority. Information was shared with the local authority safeguarding team and with the Commission. Investigations had been carried out and findings shared. Accidents and incidents had been recorded and information discussed with staff to minimise the risk of reoccurrence. Action had been taken with staff where incidents had not been reported. We found that incidents needed to be more consistently recorded. The information in some records was not clear and did not provide all of the information expected. The peripatetic manager was aware of this and was working to improve the gaps in staff knowledge about incident recording. Lessons had been learned since the last two inspections and staff were more proactive in their approach to protecting people and themselves from harm.

Risk assessments contained accurate and relevant information and had been reviewed regularly. Information about behaviours which challenge was clearly recorded and observations of staff practice had been carried out to make sure staff were competent to manage people who displayed behaviours which challenge. Staff demonstrated good, safe practices with people and responded to situations effectively. This reflected the number of incidents, safeguarding alerts and assaults on people and staff which had significantly reduced since the last inspection.

Hourly checks were carried out by night staff to make sure people were safe. On the day of inspection, we identified at 06:30 that 06:00 checks of people had not been carried out. At previous inspections we found gaps in the records for checks due at these times.

The regional manager and peripatetic manager had completed out of hours visits, which checked staff were carrying out appropriate practices and people remained safe. Staff were participating in regular planned fire drills, with staff facilitating the role of people who use the service. Checks of fire safety had been carried out, but not as regular as required. For example, weekly checks of the fire alarm, fire doors and fire escape routes

had not been carried out routinely each week Up to date health and safety certificates were in place.

Doors required to be locked for safety were found open during inspection. This meant people and staff had access to areas such as the loft and cupboards where electrical wiring was on display. A gas boiler and electrical wiring was accessible within the staff toilet. We asked the peripatetic manager to take immediate action to address this. After inspection, the peripatetic manager contacted us to inform us that action had been taken to lock these doors.

Bathing temperature records reviewed between 2 February 2018 and 19 March 2018 showed that people were routinely bathed in temperatures below 38 degrees Celsius. Safe bathing temperature limits suggest that people should be bathed in water temperatures between 40 and 44 degrees Celsius. The peripatetic manager told us immediate action would be taken to address this.

Up to date health and safety certificates were in place.. Staff had carried out planned fire drills, which involved simulated evacuations, which staff playing the role of people.

Recruitment had been on-going since the last inspection. The peripatetic manager told us that they were confident that the use of agency staff would be minimal once all new staff were on board. Recruitment records in place showed that the service had followed robust procedures. Staff recruited had checked references and a disclosure and barring service check in place before they started working at the service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups, such as people living with a learning disability.

Since the last inspection, the peripatetic manager had implemented new shift patterns. Staff told us they were happy with this arrangement and the patterns assisted in the flexibility of using one-to-one hours. We visited the service at 6.15am to observe staff on night duty and day duty and found the service to be running smoothly. Agency staff on duty had the right training and experience to work with people using the service. They had been orientated to the service on their arrival and demonstrated good knowledge of people and the behaviours which they could display. The use of agency staff had started to reduce following the successful recruitment of staff.

The service had worked closely with the local authority to review people's one-to-one hours. The service was given permission by the local authority to use one-to-one hours more flexibly. This meant people could choose when to have their one-to-one hours. Staff told us the changes in the flexibility of using these hours meant they had been a reduction in the types of behaviours which people displayed. Staff told us that this was a positive move.

We reviewed people's prescribed medicines and found good practices were in place. Medicine records contained the information needed, were accurate and had been kept up to date. There were sufficient stocks of medicines in place. Staff understood and recognised when people needed 'as and when' required medicines, however the protocols for this type of medication did not clearly show when they would be needed. We discussed this with the peripatetic manager who immediately took action to rectify this issue.

Information was available in the care records about the signs and symptoms to observe and the distraction techniques staff could use. This is particularly important because some people who used the service could not always verbally tell staff when medicines were needed.

Practices were in place for managing infection, prevention and control procedures. All areas of the service were clean and tidy and infection prevention and control audits had been completed. Staff had access to

gloves and aprons when needed. However not all staff were bare below the elbow; this practice is required to facilitate good hand hygiene when delivering direct care to people. This included acrylic nails, painted nails, watches and long sleeved clothing.

Is the service effective?

Our findings

At our inspections in August 2017 and December 2017, we identified that staff had not been supported to carry out their roles. Supervision, appraisal and training was not up to date. Staff were not working within the principles of the Mental Capacity Act 2005. People did not receive appropriate support with their nutritional intake. Care records had not been regularly updated following visits from health professionals. There was a lack of decorative and personal items on display and improvements were needed to the environment.

At this inspection, we found improvements in all areas had been carried out.

Staff undertaking their induction had enrolled onto the care certificate. This is a set of agreed standards which sets out the knowledge, skills and behaviours for care staff. Staff had received an annual appraisal and supervision since the last inspection. These records had been fully completed; however some of the dates on appraisals did not match. For example, records had been signed and dated before the actual appraisal date by the appraisee and appraiser. The date of the next planned appraisal was the date of the actual appraisal. We determined this was a recording issue.

All staff had participated in regular training and some areas of training had been revisited since the last two inspections to improve the knowledge and practices of staff. Regular observations of practice had been carried out by the management team and feedback given to staff. We found staff had embraced this training and feedback and the quality of care people received had improved.

People were involved in planning the menus each week at their residents' meeting. There was evidence of more variety of foods available for people. We saw that menus were adapted which allowed people to enjoy the same meals as each other. Alternatives were provided for people who did not want the menus on offer each day. Food had been incorporated into activities for people, for example, some people made their own pizza. Staff were supporting people to choose and cook suitable foods which met their health and well-being needs. Feedback had been sought from people about the new menus. We found that some food choices continued and others were changed. Some menus were available in pictorial format.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found that staff knowledge of the MCA 2005 had improved. Staff understood when assessments of people's capacity needed to be carried out. There was evidence that best interest decision making had been carried out for people. We saw that feedback had been obtained from people's relatives, health

professionals and social workers involved in people's care as part of this decision making.

We found that since the last inspection the peripatetic manager had reviewed the existing care records and introduced new assessments which were easier to navigate. These contained all the relevant information and were regularly updated. We found that staff adhered to these plans and regularly reviewed the effectiveness of the approaches they had adopted.

People continued to access healthcare appointments. Care records had been updated to reflect new recommendations and guidance from health professionals. People had attended screening appointments.

Since the last inspection, improvements to the decoration of the service had been carried out. This included updates to paintwork and carpets. People used all communal areas of the service, this encouraged people to spend time on their own or with other people. We observed people listening to music in communal areas and others reading. There were sufficient seating areas in the lounges and in the dining rooms for people to eat. Decorative items were on display throughout the service. Further improvements were needed in some areas. For example, the courtyards at the back of the service were not accessible for people and did not provide a meaningful and stimulating place for people to enjoy. The peripatetic manager told us plans were in place to revive this area later in the year.

The service was accessible for people living with a learning disability. Easy read documentation was on display at the service. Staff told us plans were in place to look at how the service could be further improved in this area.

Is the service caring?

Our findings

At our inspection in August 2017, we identified that people's privacy and dignity had not been maintained or respected. People had isolated themselves because of behaviours displayed by other people. We found that people's personal possessions had not been protected and confidential information had been left on display in communal areas. We observed that dignified practices had not been carried out at mealtimes and care and support delivered to people had been task led. People had not been involved in planning and reviewing their own care.

At this inspection we observed significant changes in the care and support provided to people and staff practices had improved. One staff member told us the changes at the service had been positive for people. They told us, "It's brilliant now."

During inspection, we noted that the environment at the service was much calmer and people and staff appeared to be relaxed. Staff told us they enjoyed working at the service and now looked forward to coming to work. We heard people and staff engaging in conversation and heard laughter. Staff talked to people about their past histories, likes and dislikes. Staff asked people about how they wanted to spend their day.

A relative told us, "The staff genuinely care about the people who live here and always seem to be very kind and caring."

Staff told us they had more freedom about the activities they could carry out with people. We saw that staff recognised when people wanted to spend time on their own. People told us they were happy living at the service. On the day of inspection, staff had put up banners and balloons for one person's birthday. The person received a card from everyone at the service and a gift. Staff made a breakfast of pancakes for everyone for the person's birthday breakfast. We saw that the person smiled and appeared to enjoy this.

People, their relatives and advocates were now routinely involved in planning and reviewing their care. Care records reflected people's personal preferences and individual routines. When one person's planned one-to-one hours were under review, staff sought assistance from a local advocacy service for this person. The advocate was an independent person who assisted the person to make decisions on their behalf.

Information in easy read format was available in communal areas of the service. This included emergency fire evacuation information and complaints. Activities information was available in picture format. Care plans had not been created in easy read format yet, however the peripatetic manager told us they would look at this in the future.

Staff had started to use technology to interact with people and to facilitate activities. One person used a painting application to create pictures; another person used the internet to look at pictures of caravans. We could see that staff were becoming more confident with using these types of technology and people's access to technology would improve in the future.

People were supported to maintain relationships with people important to them. During inspection, we observed one person's relative arrive. We observed the person smiling throughout their relative's visits. People visited relatives and received visits from relatives. Some people had developed friendships with other people at day centres and clubs which they attended in the evening.

People's privacy and dignity was continually respected and maintained. Personal care took place appropriately. People were given the time and support needed. Staff had the time to spend with people and were not rushed.

Is the service responsive?

Our findings

At the last two inspections we found there was a lack of meaningful activity for people. Care records were not person-centred and did not reflect people's actual needs, wishes and preferences. Pen profiles for each person did not contain information about why people were using the service, the support needed or any details about their capacity. This meant that new and agency staff did not have the information they needed at a glance. There was limited information about why people presented with specific behaviours, what staff needed to do and what action they needed to take to minimise the risk of reoccurrence.

At this inspection, we found that significant improvements had been made to the quality of care records in place for people. Care records had been streamlined but contained the detailed information needed to provide person-centred care to people. All staff were familiar with the information contained within these records.

Daily records did not reflect people's care plans or the activities people had been involved in throughout the day. We determined this to be a recording issue. The peripatetic manager was aware of this and action was being taken to address this. They also told us that the keyworker monthly reviews were not effective and these were under review.

Some people attended day centres and clubs in the evening. Outside of this, people had regular access to meaningful activities which were in line with their personal preferences. People regularly went out into the community to local shops and the leisure centre. People also participated in activities at the service. We saw people listening to music, watching the television, listening to staff read to them, playing board games and participating in activities of daily living. One person had asked to go to a drama group and staff had helped to organise this. We could see that the person was looking forward to this.

Staff had become more proactive in taking people out into the community to engage in meaningful activities. The changes to people's planned one-to-one hours had helped to facilitate this; staff told us that people could choose how and when they wanted to use their hours. Following this change, the peripatetic manager told us, "Everyone is going to see *Sleeping Beauty* at the local theatre, We couldn't have done this before, but the flexibility in people's one-to-one hours allows us to support people with activities such as these."

No complaints had been received since the last inspection. However a complaints procedure in easy read format was on display at the service and people were asked if they had any concerns which they wanted to discuss at their weekly meetings.

Is the service well-led?

Our findings

At our inspection in August 2017 we identified that there was a lack of oversight at the service. The provider had not ensured that people were receiving safe care and support. Quality assurance measures had failed to identify the concerns identified during that inspection. There was a lack of leadership and staff were not working together as a team. People and staff had been put at risk of potential harm because procedures had not been followed. There was a lack of transparency because important information had not been shared.

At inspection in December 2017 we found that small changes had started to take place, however the risks to people and staff remained. Recruitment was taking place for the senior management team and the peripatetic manager had only been in post for one week. Records still needed to be improved. Staff were not working together and were not managing situations safely. The practices in place at the service were not always safe.

At this inspection, improvements had been made which addressed the concerns which we identified at the previous two inspections. However continued improvements were needed to sustain the changes which had been made.

A new regional management team were in place and were providing on-going support to the peripatetic manager in place at the service. At the time of inspection, interviews for a permanent manager had taken place and the provider was in the process of making a decision about which candidate they wanted to offer the position of manager to. Following inspection, we were informed that the peripatetic manager had been offered and had accepted the position of permanent manager and had started their application process to become registered manager.

The culture of the staff team had significantly improved and staff were working together as a team under the guidance of the peripatetic manager. Staff had embedded a personalised approach to care and adopted the values of the service. Staff were supported to make decisions and implement the changes needed. We saw that staff had become empowered and this had improved their practices and the quality of care and support provided to people. Staff spoken with during inspection told us they were now happy in their roles and felt valued. The peripatetic manager told us, "It's a different home now. It's much calmer. Things are much more organised." One staff member told us, "I really enjoy my job and love coming to work now." The atmosphere in the staff team has really changed."

All managers and staff spoken with throughout the inspection told us that lots of changes had been made at the service and they saw these positive improvements. The peripatetic manager had carried out observations of practice and had provided feedback to staff. All staff were open and transparent throughout the inspection. They understood that continual improvements were needed to ensure that the service remained safe and that people received good care. The peripatetic manager had relocated their office to the ground floor and now had more oversight of the day to day running of the service. Staff told us they welcomed this move and felt that direct support was always available for them.

Regular audits were taking place which highlighted where improvements needed to be made and had been made. Some action plans were in place and showed when they had been addressed or when additional time was needed to complete the actions. The peripatetic manager was aware that further improvements were needed and time frames were in place to address these. We found improvements were still needed to the quality of record keeping, medicines, the environment and the overall safety of the service. Although some of these concerns had not been identified through formal quality assurance processes, the peripatetic manager was fully aware of these key areas.

Feedback had been sought from people, their relatives, staff and health and social care professionals and these had been used to drive improvement. Activities, menus and raising complaints were key areas discussed at meetings for people and their relatives. Reviews from health and social care professionals obtained by the service included, "Interacting well. Significant improvements noted." And, "Friendly, settled atmosphere. Good interactions between people and staff."

The service had been working to maintain its links with the local community. Planned events were in place to raise funds for people using the service.

Relationships with the local authority and health and social care professionals had improved. Staff had organised a series of local events where the local community would be invited into the service. The peripatetic manager told us, "[There have been] massive changes to partnership working. We now have a good relationship [with all] professionals. The safeguarding team pop in for a chat. The clinical commissioning group and social workers have popped in for coffee."

Services that provide health and social care to people are required to inform the CQC of deaths and other important events that happen in the service in the form of a 'notification.' The peripatetic manager had completed these notifications when needed.