Aymaan Limited

Parr Care Home

Inspection report

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28 November 2018

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Ratings

Overall rating for this service	Outstanding ☆

Is the service safe?	**Good** ●
Is the service effective?	**Good** ●
Is the service caring?	**Outstanding** ☆
Is the service responsive?	**Good** ●
Is the service well-led?	**Outstanding** ☆

Summary of findings

Overall summary

This inspection took place on 20 and 28 November 2018. Both visits were unannounced.

This was the first inspection of the service under its current registered provider Aymaan Ltd.

Parr Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection.

Parr Care Home accommodates up to 60 people in one two storey accessible building. The service provides personal and nursing care for older people and people in need of end of life care and support.

A registered manager was in post. 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.

The registered manager demonstrated outstanding leadership within the service with the support of the staff team. We found excellent aspects as to how the service was led and the development of relationships with other areas of the local community.

Staff were highly motivated to provide care which was personal, kind and compassionate. Staff were seen to be extremely kind and compassionate in their approach. They had formed positive relationships between people and their family members.

Staff were allocated the roles of champions to maintain up to date information in many aspects of their role to ensure that people received the care and support they needed in maintaining their health, dignity and privacy.

Systems and procedures were in place in relation to the Mental Capacity Act 2005. Records demonstrated that where required, applications had been made on behalf of people in relation to Deprivation of Liberty Safeguards.

People were supported at the end of their life to have a comfortable, dignified and pain free death. People were actively encouraged to discuss and plan for their advanced decisions about their care and support.

People had freedom of movement around the service and told us that they had a choice where they spent their time, and what time they went to bed and got up. Choices of meals and dining opportunities helped people maintain their decision making and people were registered to vote.

Policies and procedures were in place and available to all staff to promote best practice.

People had access to activities and were provided with the opportunity to maintain their faith and spiritual needs.

People's views on the service were sought on a regular basis, any improvements identified were addressed quickly. People had the opportunity to participate in the recruitment of new staff.

People using the service felt safe and told us that they knew who to speak with if they had any concerns.

A complaints procedure was in place and people knew who they would speak to if they wanted to raise a complaint. People and their family members were confident that any concerns would be listened to.

Systems were in place to ensure that people's medicines were safely stored and procedures were in place to help ensure that people received their medicines when they needed them.

Safe recruitment procedures were in place to help ensure that only suitable staff were employed to support people.

People told us that staff delivering their care and support were caring.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe living at the service.

Risks to people were considered and formed part of people's care plans.

Systems were in place for the management of medicines.

Safe recruitment procedures were maintained.

Is the service effective?

Good

The service was effective.

People's rights were maintained under the Mental Capacity Act.

People had access to health care professionals.

People's dietary requirements were met.

People's living environment was well presented and specific rooms were available to support people with their end of life needs.

Is the service caring?

Outstanding

The service was exceptionally caring.

Staff were highly motivated to provide care which was personal, kind and compassionate.

People had freedom of movement around the service.

People felt that staff were caring towards them

Staff understood the needs of the people they supported

exceptionally well.

People's personal information was kept safe.

Is the service responsive?

Good

The service was responsive.

People's care and support was planned and reviewed on a regular basis.

People had a choice of whether they participated in activities.

People were aware of whom to speak to if they had any concerns.

Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

A registered manager was in post and a clear management structure was in place within the service.

The registered manager provided strong clear leadership to the staff team which promoted and encouraged staff to develop and deliver a high quality service.

Excellent links had been made with others organisations within the local community.

People were asked their opinions about the service and were included in the staff recruitment procedures.

Parr Care Home

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 was planned to check 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.

This inspection visit took place over two days. Both days was unannounced. The inspection team consisted of one adult social care inspector and an Expert by Experience. An Expert by Experience has personal experience of using or caring for someone who uses a health or social care service.

Records looked at during the inspection included assessments of risk and care planning documents, medicines, policies and procedures. We looked at the recruitment records of five staff and staffing rotas. In addition, we spent time looking around people's living environment and spent lunchtimes with people using the service.

We spoke with and spent time with 30 people using the service, four visiting relatives, 11 staff members and the registered manager.

We used information from the registered provider's sent Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. should be conducted.

Prior to the inspection we assessed information we held about the service. This information included concerns and complaints received from people, their relatives and information sent to us by the provider. We spoke with the local authority to gather any information they had about the service. The local authority had no immediate concerns about the service. In addition, we contacted Health Watch St. Helens. Health Watch is the consumer champion for health and social care throughout England. Health Watch had completed an 'enter and view' visit to the service in September 2018. The report from this visit was extremely positive and commended the service on their care provision. We used all this information to plan how the inspection should be conducted.

Good

Is the service safe?

Our findings

Safeguarding procedures were in place and accessible to staff. These procedures included the local authority procedures that clearly described what action needed to be taken in the event of a safeguarding concern being raised. Staff demonstrated a good awareness of how to report any concerns they had about a person. People and their family members told us that they felt the service was safe. One person told us that they felt safer and more confident knowing that staff were always around to assist them. Another person told us that following safety advice from a member of staff who had advised that they should use their wheelchair whist attending an event outside of the service. They told us "I was adamant at first as I wanted to walk, but oh my, how glad I was as I wouldn't of made it at all. I may have stumbled again so I was really pleased [Staff] made the suggestion and I did feel very safe."

The registered provider had a recruitment procedure in place that aimed to ensure the safe recruitment of staff. Staff files demonstrated that appropriate checks had been carried out prior to staff starting their employment. For example, we saw evidence of written references, evidence that formal identification had been sought and a check with the Disclosure and Barring Service had been carried out. These checks were carried out to help ensure that only staff of a suitable character were employed.

Staff rotas demonstrated that sufficient staff were on duty to meet people's needs. A team of trained nurses, care staff, domestic and catering staff were available to provide safe care and support to people. Staff explained that the service rarely accessed 'agency staff' as staff covered for each other whenever possible.

People told us, and we saw that that staff were prompt when answering the call bells. One person told us that that "I somehow managed to slip out of bed and bumped to the floor. I couldn't reach my call bell, but it was fine as [Staff] came really quickly as they had heard me; that makes me feel safe."

Identified risks to people were assessed and whenever possible care and support was planned to minimise people coming to harm. Documents were completed to identify, assess, record and reduce the level of risk wherever possible. People's care planning documents included information relating to identified areas of risk for people, for example, risk to people's hydration, nutrition skin integrity, moving and handling and falls. Two staff members had the role of falls champion. This role involved the staff sharing best practice with other staff to promote best practice.

A system was in place for the recording and monitoring of accidents and incidents. Records were maintained of the type of accident or incident, the date and time and actions taken at the time. All accidents and incidents were monitored by the registered manager and where possible and any lessons learned from the situation were identified and changes made to prevent the situation reoccurring.

A maintenance person was employed for the purpose of carrying out minor repairs and maintenance around the service. In addition, their role was to ensure that regular checks were carried out to ensure that people's living environment was safe. For example, regular monitoring took place of the fire detection system, hot water temperatures and call bells. All repairs were logged in a record book that was checked

daily by the maintenance person. This helped ensure that all repairs were carried out in a timely manner. A designated member of staff had the role of mattress and bed champion. This role involved the champion making regular checks to ensure that people beds and mattresses were fully operational and effective. In addition, the champions role was also share good practice with other staff.

Each person had a personal emergency evacuation plan (PEEP) which detailed what support a person would need in the event of having to leave the building in the event of an emergency. These plans were in place to help ensure that people could safely be supported away from the building with the least disruption as possible.

Systems were in place to manage infection control around the service. People's living environment was clean and equipment was available to prevent the spread of infection. For example, disposable gloves and aprons and hand sanitizers were available throughout the service. Following a suggestion from Healthwatch during their recent visit, further hand sanitizers had been placed around the service. A member of staff had role of infection control champion. Their role was to attend external meetings and ensure that up to date practice was shared and implemented around the service. The most recent external infection control audit completed by the local authority demonstrated that the service was 94% compliant.

Dedicated secure rooms were available for the safe storage of people's medicines. Lockable trolleys and fridges were available. Appropriate facilities were available for the safe storage of controlled drugs (CD's). Controlled drugs are medicines that require stricter control to prevent them for being misused or causing harm. Specific medicines for use by people on end of life care were stored securely and conveniently so they could be accessed immediately when needed.

Procedures were in place to promote the safe management of the ordering, storage, administration and disposal of people's medicines. Medication administration records (MARs) were in use to record what and when medicines had been administered. We checked a selection of MARs and found then to be completed appropriately. It was the role of the trained nursing team to ensure that people's medicines were ordered; and administered to people. Regular audits took place to help ensure that people's medicines were managed appropriately. People told us that they received their medicines when they needed them.

Good

Is the service effective?

Our findings

Prior to a person using the service their needs were assessed. The purpose of this assessment was to identify people's specific needs and wishes and to ensure that the service had the facilities to meet these needs. Information from the needs assessment contributed to the person's planning of their care and support.

The local Clinical Commissioning Group (CCG) worked with the service to have access to a number of bedrooms specifically designed for people in need of end of life care. On referral for this area of the service a clear process was in place for the referring healthcare professional to follow. This process helped ensure that people moving into the service for end of life had all of their needs met.

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met and we found that they were.

Where possible people had signed their consent to their care planning documents. Where people were unable to give their consent, other people had signed on people's behalf. Not all of the people signing on people's behalf were identified as having the legal responsibility to do so. We discussed this with the registered and deputy manager who began an audit of people's decision making records to ensure they contained the appropriate information.

People's specific dietary needs were assessed and reviewed on a regular basis. Catering staff had access to specific information as to people's dietary needs and how individual's choice of food and drinks needed preparing. For example, one person required supplementary drinks to add calories to their dietary intake however, the person did not like the drinks they were prescribed. To ensure that the person's nutritional needs were met, each morning the catering staff prepared a high calorie shake for them to have for breakfast that was more palatable.

A choice of foods were available at each mealtime and people spoke positively about the meals they received. Their comments included "When I first came in they asked me what I liked and disliked food-wise and they now know not to bother asking me about pasta or fish." A family member commented "The smell when I get out of the lift to come to see my husband is so nice it really does make you hungry."

A smaller, additional dining room was available on the ground floor. This room was used for people who

wanted to spend personal time with their visitors and the tables were laid with vintage style tea services. In addition, people were periodically invited to have their lunch in this dining area for a more intimate dining experience with other people living at the service. Afternoon tea was also served on occasions.

Equipment was available to support people with eating and drinking. People used wide handled cutlery, plate guards and cups that enabled them to maintain their independence when having a meal.

People had access to support from external health care professionals. People told us and records demonstrated that people had access to dietician services, speech and language therapists, optician, chiropodist and dental support when required. In addition, people had access to a GP who visited the service on a regular basis. When required the services of a McMillan nurse was requested to ensure that people's specific needs could be met.

Systems were in place to ensure that people's general health was monitored on a regular basis. This included blood pressure monitoring and weight management. Two people told us that they had gained weight since moving into the service. One person told us "I really needed to add a few pounds." A number of nursing staff had specialist training in specific areas. For example, one nurse had a degree in tissue viability and was the champion in this area. Other staff were champions in areas that included continence care and oral health. Staff with specific roles as champions attended local external meetings with healthcare professionals to learn and share best practice.

People in receipt of end of life care had their medical needs assessed and reviewed on a weekly basis. This was to ensure that they were in receipt of the care and support they needed. Any identified changes were discussed and when agreed by the person, implemented.

Staff were enthusiastic about the training their received for their role. Refresher training took place on regular basis to ensure that staff could deliver safe, effective care and support to people. Staff received regular opportunities to sit with their manager and discuss their role. They told us that they could ask for support at all times from the registered and deputy managers.

People's living environment was light and airy. Photographs and pictures were in place to offer stimulation and people's bedroom doors were named to make them identifiable. Equipment was available within the service to assist people with maintaining their independence. This equipment included specific seating. For example, a stool had been made available for one person to enable them to continue to wash independently in their bedroom.

Outstanding ☆

Is the service caring?

Our findings

The service involved people and treated them with compassion, kindness, dignity and respect. Staff were highly motivated to provide care which was personal, kind and compassionate. Staff were seen to be extremely kind and compassionate in their approach. They had formed positive relationships between people and their family members. People described the staff as "Caring, supportive, good fun and lovely." Family members and visitors spoke positively about the caring nature of the staff team. Their comments included "Very caring, you just need to ask and it's there" and, "They always ensure [name] personal care is attended to and that they are dressed nicely."

Wherever possible, staff ensured that people were as comfortable as possible. For example, staff were seen to get people's preferred cushions from their bedrooms to ensure that people were sat comfortably. In addition, blankets and throws were available in the lounge areas to keep people cosy and warm.

Staff were highly motivated in ensuring people received the highest standard of care at the end of their life and they showed outstanding compassion towards people and their families during this time. Family members were encouraged and supported to spend as much time as they wished with their relative when they approached the end of their life and staff ensured families were provided with both practical and emotional support. Small bags that contained toiletries, tissues, toothpaste and toothbrushes were made available to family members and they had access to bathroom facilities so they could 'freshen up' whilst spending precious time with their relatives. Family members were also provided with facilities to make refreshments as and when they wished. The relative of a person who was receiving end of life care told us that they had received excellent support from the staff team.

People had the opportunity to continue to practice their faith whilst living at the service. Two multi faith services were held each week by representatives from local churches that offered people the opportunity to take communion. In addition, rosary meetings took place weekly. People told us that enjoyed the services available to them and told us that they were pleased to have an opportunity to receive support in following their faith. Representatives from religious denominations were always available to offer support and comfort at the request of people receiving end of life care.

People's information in relation to decisions relating to DNACPR (Do Not Attempt Cardiopulmonary Resuscitation) were contained in care planning documents and the information was available in people's bedrooms. Having this information readily available helped ensure that people's wishes were known and respected at their time of death.

People were able to make choices as to where and what they wanted to eat. The majority of people chose to have their breakfast in their bedroom which was delivered to them by staff. Other meals were served in one of two dining rooms. Tables were set with table cloths, cutlery, glass and tableware which promoted a pleasant relaxed environment for people to enjoy their meals. Throughout the inspection the atmosphere was calm, relaxed and inviting.

People had freedom of movement around the service and could access both floors of the accommodation by use of a passenger lift. People were also encouraged to access a balcony garden and outside garden areas with a variety of furniture to sit and enjoy the surrounding. Staff maintained bee hives within the garden. Honey produced from the bees was served to people at breakfast. Home grown vegetables were used in soups prepared for meals. People also had access to the fruits that were grown on the balcony garden. One person told us that he liked nothing better than picking and eating a strawberry "Before anyone else gets there".

People had the opportunity to exercise their right to vote in elections by the use of a postal vote. One person told us in relation to voting "Oh yes definitely, I think we all do but I know I've always done it whilst being here." People also confirmed that they were able to get up and go to bed whenever they wished.

People's bedroom doors had a coding system to ensure that staff were aware of a person's needs, choices and wishes. A coloured dot on a person's bedroom door demonstrated that a do not resuscitate directive (DNACPR) was in place for that person. People in receipt of end of life care had a symbol of a swan, depicting the meaning of 'good life' in some cultures.

An annual 'Forget me Not' service was held for family members and friends to remember their loved ones. In addition, staff maintained a remembrance book to maintain a memory of people who had lived at the service and died.

Staff respected people's confidentiality. Personal care records were kept securely in locked cabinets to ensure that people's information was kept safe. Computerised documents were only accessible by staff who needed to refer to the information as part of their role. Information was available around the service by way of leaflets and picture boards to inform people and their family members about the service and the staff.

Good

Is the service responsive?

Our findings

Each person had their own care file that contained their care plan and other documents that were important to their care and support. This information included documents for DNACPR directives and risk assessments related to identified risk to the individual. People's care plans were clear, simple to understand and with the majority of information written in a person centred way. Person centred care refers to a model of care which is delivered in accordance with the needs of the person first, and not the organisation. The documents contained information about people's likes and dislikes, physical, social and personal care needs. They recorded information about how to communicate with people, any communication aids, for example, hearing aids that were used, preferences for bathing and any equipment needed to ensure people's comfort. People's care plans were reviewed on regular basis to ensure that the information was up to date and current. People, and where appropriate their family members were invited to participate in these reviews.

As part of people's care planning documents, supplementary records were maintained. These records included the monitoring of people being repositioned for pressure relieving support, fluid monitoring charts and wound management plans. We found that for one person their fluid monitoring required improvement. We discussed this with staff who, by the second day of the inspection had reviewed and made changes to how the person's fluid monitoring took place. This showed that the service was responsive to making changes to meet the needs of people.

A 'This is Me' booklet formed part of people's care planning documents. This had been completed by individuals and gave the opportunity to record their life journey, important relationships, previous working life and family members. This information gave staff insight into a person's life prior to them moving into the service.

People were supported at the end of their life to have a comfortable, dignified and pain free death. People were actively encouraged to discuss and plan for their advanced decisions about their care and support. A number of bedrooms were designated specifically for people at the end of their life, should they choose to use them. These bedrooms were spacious, light and airy. Dimmer switches had been added to enable people to have the lighting in the rooms at a level that was comfortable for them. The lighting also gave staff the opportunity to provide uninterrupted care whilst people were resting. Television and music playing facilities were also available. The rooms contained additional chairs and pull out beds with bed linen for family members to stay in comfort with their relative as and when they wished.

Anticipatory medication (medication that people may need as they approached their end of life) was available at the service. The registered manager told us that this was essential so that people could receive all the support they required to remain pain free. In addition to prescribed pain management a number of staff had received training in alternative therapies to relieve people's stress and promote their comfort. These therapies included massage, relaxation and reiki.

The service had been awarded the Gold Standards Framework (GSF) Beacon status for the third time. This award relates to a programme of training and procedures to identify, assess and deliver an outstanding level

of care.

A small traditional sweet shop and a mobile trolley shop was available with confectionary, snacks, crisps and toiletries. In addition, a hairdressing / beauty therapy room for people to access for hairdressing, hand massage and nail treatments. These facilities enabled people to purchase their own snacks and visit the hairdressers.

The two large communal lounges had a number of televisions to ensure that people could fully view the programme which was on. To ensure that people could watch comfortably, a hearing loop system was in place and all of the televisions were synchronised to avoid people having any distortion of sound.

Activities were available each afternoon for people to participate in. People told us that they had a choice of whether they got involved. One person told us that they really enjoyed the knitting circle and another person told us that they preferred to sit and chat in the lounge. Hand held computer tablets were available for people to use. Two people were keen to tell us how much they enjoyed Chumba (chair based Zumba). They told us "It's really quite fun and have a laugh." People could freely access a library of books and rummage boxes. Friends of one person had engaged a therapist to encourage the person to communicate.

During the inspection children from local day nursery visited the service. People told us that they enjoyed seeing and spending time with the children. Intergenerational care can have positive benefits for older people in reducing depression and the feeling of isolation, increasing mobility and general interaction.

The registered provider had a system in place to manage, respond and review complaints made about the service. People and their family members told us that they would feel confident in raising a concern about the service. Their comments included, "Oh yes, I've not needed to make a complaint at all but I know to, quite happily sit down with [the manager], she's great and does the job very well so I have faith it would get done promptly." A family member told us "You can just walk in their office if you have any concerns at all".

Outstanding ☆

Is the service well-led?

Our findings

The registered manager had been in post for over 12 years, as they had worked for the previous registered provider of the service. They demonstrated an in-depth knowledge of the needs of people who used the service as they were involved in the initial assessment of individuals' needs through to the planning and reviewing of people's care. In addition, they had an excellent knowledge of the abilities and skills of the staff team. The outstanding approach of the service was underpinned by the strong leadership of the registered manager.

People and their family members knew who the registered manager was and told us that they could approach them at any time. There was a strong ethos of caring throughout the service which was demonstrated by all staff. This ethos was driven by the registered manager and staff team who continually explored ways in which the service could improve people's day to day life.

The service benefited from having a registered manager with extensive knowledge and experience. They shared their detailed knowledge both within the service and to other local services. For example, she had delivered training to the local hospice staff in relation to end of life care. In addition, other services within the area had visited to observe the level of service delivered to people at Parr Care Home.

The registered manager had a clear ethos in giving the staff team an opportunity to develop in their roles, by delegating responsibility and accountability to all staff at all levels. Staff felt this was important as this gave them important things to do to improve, develop and take ownership within the service. This was clearly demonstrated in the devolved management structure in specific areas, for example, medicines, falls, the management of pressure area care and infection prevention. .

The registered manager sent letters of thanks to staff for their achievements and a number of staff initiatives were in place for service recognition.

The registered manager provided excellent direction and support to the staff team. Staff told us they were always supported to develop their skills to champion areas of care throughout the service. This enabled staff to improve their skills, education and development in specific roles. They praised the registered manager for their commitment and drive in supporting the staff team to provide an excellent service. For example, the motivation of the team enabled the service to embrace change and make progress in continually improving the service that people received.

The quality monitoring systems were underpinned by current best practice. It was evident that these regular checks and audits were effective in maintaining a safe, comfortable place for people to live and that people's care and support was planned and delivered effectively. Regular audits were carried out within the service to ensure that people received safe and effective care. These audits included people's care plans, infection control, safety of the environment and medication. All audits were checked by the registered manager and where required changes were made to improve the service.

The registered manager had a commitment to sharing current best practice within Parr Care Home and to other local services and health care professionals, for example, by promoting best in ensuring that any anticipatory medicines were available within the service to ensure that people had immediate access to them if needed as they approached their end of life.

Regular meetings helped ensure that any changes to people needs and wishes were planned for to ensure that individuals received the care and support they needed at all times. These meetings took place with the registered manager and nursing staff to ensure that important information relating to people's care needs was communicated. Monthly meetings to place for staff to discuss current issues and updates to best practice. Staff having access to up to date information and changes to best practice helped ensure that people received safe, effective care to meet their needs.

The registered manager and staff team understood the importance of having up to date procedures to ensure that people received their care and support in the safest and most effective way possible. Comprehensive policies and procedures were in place which offered direction and best practice guidelines within the service. These procedures were reviewed on as regular basis, or whenever there was a change in best practice guidance or legislation. Staff were able to access these documents around the service.

Staff were well supported in the event of the death of a person who used the service. All of the staff were extremely proud of the service they provided at Parr Care Home. We found a culture of mutual respect, openness, transparency and commitment within the staff team that was outstanding. The quality of the service was important to all staff who took ownership and pride in their role.

The registered manager had autonomy in the overall management of the service which enabled them to identify and implement any changes needed to improve the service people received. They felt very well supported by the registered provider who visited the service often. The registered manager met with the provider to discuss and plan the budget for what was required for the forthcoming year. The budget included redecoration and refurbishment of identified areas. Plans were also in place for the further development of the gardens where a sensory area was to be made available.

To promote the inclusion of people in decision making within the service people routinely participated in interviews for the recruitment of new staff. Interviewing staff for roles within the service also benefits people by giving them an insight in the processes in place for identifying potential staff. In addition, having an opportunity to voice their opinion and knowledge and represent other people using the service.

The service had strong links with the local community. This included working closely with local GP services and religious institutions. These links helped ensure that people received the care and support they required. In addition, strong links were maintained with the local hospice and specialist nurses to continually enhance the end of life care provided at the service. The registered manager was an active member of the area end of life forum where best practices was shared amongst others.

The results of the most recent satisfaction survey demonstrated that people were happy with the service they received and all agreed that they would recommend the service. To gather people's views and suggestions about the service individuals were sent a survey annually. People were invited to comment on the standard of care, the environment, service delivery, staff and the service overall.

The service had received compliments from relatives about staff approach and the quality of the service their relatives had received. In addition, compliments had also been received from health care professionals that had actively supported people to use the service.

By law services are required to notify CQC of significant events. Our records showed that the registered manager always informed the CQC of all notifiable events in a timely manner. This information was always detailed and demonstrated what actions the registered provider had taken to keep people safe.