

Handsale Limited

# Handsale Limited - Bierley Court

## Inspection report

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Tel: 01274680300

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29 May 2018

13 June 2018

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## Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 9 and 29 May and 13 June 2018 and all the visits were unannounced.

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

The home accommodates 40 people on two floors. There are three units and one unit specialises in providing care to people living with dementia. At the time of our inspection there were 27 people living in the home.

Following our last inspection, the service was rated 'inadequate' and placed 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.

At the last inspection we found the provider was in breach of four regulations; one of these was in relation to staff (Regulation 18) and was a continued breach from the previous inspection in May 2016. The other breaches were in relation to safe care and treatment (Regulation 12), meeting people's nutritional needs (Regulation 14) and governance (Regulation 17). We imposed conditions on the providers registration which required them to send us specific information every month about the actions being taken to improve the service. The provider complied with these conditions.

During this inspection we found the provider had made improvements and there were no breaches of regulations. We gave the service an overall rating of 'requires improvement' because there were areas which required further improvement. In addition, the provider needed to demonstrate they could sustain the improvements over time so that we could be assured people would consistently experience good care and treatment in line with the fundamental standards.

The service has a registered manager. 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.'

There were enough staff deployed to meet people's care needs. Staff were trained and supported to work safely and deliver care which met people's needs.

Improvements had been made to the way risks to people's safety and welfare were managed. We saw lessons had been learned when things had gone wrong. Further improvements were needed to ensure the

actions taken to reduce risks were clearly recorded as soon as possible after incidents.

People told us they felt safe. Staff knew how to recognise and report any concerns about people's safety and welfare. Robust recruitment procedures were followed and this helped to protect people from the risk of being cared for by staff unsuitable to work in a care setting.

The home was safely maintained. The provider was making improvements to the environment to make sure it was suitably adapted to the needs of the people who lived there.

People received their medicines as prescribed.

Improvements had been made to the way people were supported to meet their nutritional needs. People told us they were always offered a choice of food and drink. However, they also told us the quality of the food was inconsistent. The provider was addressing this and a new chef had been appointed.

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

We found the service worked in partnership with other agencies to ensure people's health care needs were met.

People told us and we observed staff were kind. People were treated with dignity and respect and supported to maintain their independence.

People's needs were assessed and their care plans included information about their likes and dislikes. We saw people and their relatives were involved in decisions about their care and treatment. People were supported to plan for their end of life care.

People were offered the opportunity to take part in a range of activities in the home and in the community.

The provider dealt with complaints and concerns appropriately. People were asked for their views and their feedback was used to make improvements to the service.

There were systems and processes in place to monitor and assess the safety and quality of the services provided. These systems needed to be embedded and sustained before we could be assured the service was consistently well led.

## 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 consistently safe.

People told us they felt safe.

Improvements had been made since the last inspection and there were enough staff deployed to meet people's needs in a timely way.

The provider had made improvements to the way accidents and incidents were monitored. However, more needed to be done to make sure the information was used in a timely way to reduce the risk of recurrence.

People's medicines were managed safely.

The home was safe and generally clean.

**Requires Improvement** ●

### Is the service effective?

The service was not consistently effective.

Improvements had been made to ensure people's nutritional needs were met. People were offered a choice of food, but they said the quality of food was not consistent. However, a new chef is now in post.

Staff were trained and supported to carry out their roles.

People were asked for their consent before care was delivered. The service was working in line with the Mental Capacity Act 2005 which helped to make sure people's rights were protected.

People's needs were assessed and people were supported to meet their health care needs.

The provider was continuing to make improvements to the environment to ensure it took account of the needs of people who lived at the home.

**Requires Improvement** ●

### Is the service caring?

**Good** ●

The service was caring.

Staff treated people with kindness and compassion.

People's privacy and dignity was respected.

People were involved in decisions about their care and treatment.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People told us the service was responsive and this was supported by our findings.

People's needs were assessed and their care plan included information about their needs and preferences.

Improvements had been made to the way in which people were supported to meet their social needs.

Complaints and concerns were listened to and acted upon.

### **Is the service well-led?**

**Requires Improvement** ●

The service was well led overall but systems to ensure this were still not fully embedded.

The provider had systems and processes in place to monitor and assess the safety and quality of the services provided. These systems needed to be embedded and sustained before we could be assured the service was consistently well led.

People were asked for their views and their feedback was used to make improvements to the service.

# Handsale Limited - Bierley Court

## **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 took place on 9 and 29 May and 13 June 2018 and all the visits were unannounced. On 9 May 2018 two adult social care inspectors and an expert by experience visited the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this case the experts experience was in the care of older people. On 29 May and 13 June 2018 one adult social care inspector visited the service.

On 9 May 2018 we spoke with five people who used the service, two relatives and a visiting professional. We spoke with three care staff, the activities coordinator, the maintenance man, the deputy manager, the registered manager and the care director. We observed the meal service at breakfast and lunchtime and observed people being supported in the communal rooms. We looked at six people's care records and a selection of medication records. We looked at three staff files and other records relating to the day to day running of the home such as training records, meeting notes, audits and maintenance records. We looked around the home including the communal areas and a selection of people's bedrooms.

Between the 9 and 29 May 2018 we had a telephone conversation with a visiting health care professional.

On 29 May 2018 we spoke with the registered manager, the deputy manager and looked around the home.

On 13 June 2018 we looked at the recruitment records for a newly appointed member of staff and spoke with the deputy manager.

Before the inspection we reviewed information available to us about this service. The provider submitted a Provider Information Return (PIR) in May 2017. We did not ask them to complete another PIR before this inspection. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed safeguarding alerts; share your experience forms and notifications that had been sent to us. A notification is information about important events which the provider is required to send us by law. We also spoke with the local authority commissioning and safeguarding teams to gain their feedback about the service.

# Is the service safe?

## Our findings

At our last inspection in August and September 2017, we found the service was not safe. During this inspection, we found the provider had made improvements. Further work was needed to ensure these changes and improvements were embedded and sustained over time so that we could be assured people would consistently experience safe care and treatment.

At the last inspection we found the provider was in breach of Regulation 18 because there were not enough staff deployed to meet people's needs. During this inspection, we found there were suitable numbers of staff deployed to ensure safe and prompt care. Since our last inspection, the provider had increased the staffing levels. Overall, people who used the service felt the staffing situation had improved. One person said, "They are getting better with the staff, the regular staff are good." Another person said, "There always seems enough staff except when you want one, but it's not bad."

Staff told us there were now enough staff to meet people's care needs. This was confirmed by our observations. We found people were provided with supervision and their requests for assistance were dealt with in a timely way. The deputy manager told us that the service was currently overstaffed. The service would need to continue to review its staffing levels as the occupancy of the home increased.

At our last inspection, we found the provider was in breach of Regulation 12 because risks to people's safety and welfare were not always managed appropriately. During this inspection, we found the provider had made improvements. Incidents and accidents were logged by the service. In most cases, we saw evidence of appropriate action taken following incidents. However, the preventative actions section of incident forms was not always completed in a timely way following incidents, which meant it was unclear what action had been taken to address some incidents in April 2018. Each month analysis was carried out to determine any themes or trends and whilst this included clear information on preventative measures, this was done up to two weeks after the end of the month. The service needed to be more responsive to ensuring preventative actions were documented immediately after incidents. We saw evidence lessons had been learned following adverse events for example following medicines errors.

People who used the service told us they felt safe. One person said, "I do feel safe, it's the carers, I feel as if I belong. I have no worries or day-to-day problems. I get my medication on time the carers get it right; some of them have a lot of time for you. They are busy it is lovely when they have time." Another person said, "I feel safe because I am not alone and there are people around all the time."

People were protected from the risk of abuse. Staff understood how to identify and report safeguarding concerns. They told us that they had no concerns about working in the service and that people were protected from abuse. Safeguarding incidents were recognised appropriately by the service, reported to the local authority and Care Quality Commission and investigated. We saw evidence of actions being put in place to keep people safe. This included following disciplinary processes where it had been found staff had not been following safe systems of work. Each safeguarding incident showed a clear outcome, actions taken and lessons learned.



The premises were safely managed. We looked around the building and found it to be safely maintained. Key safety checks were undertaken for example to the gas, electrical, water and fire systems. A fire risk assessment was in place that had been completed by a specialist company with any areas of concern addressed. Personal Evacuation plans were in place for each person who used the service.

People did not have any concerns about the cleanliness of the home. One person who lived at the home said, "They come every day to clean. I'm waiting for a new carpet." A relative said, "It is clean enough." We found the home was clean and with the exception of one area on the ground floor corridor was free of unpleasant odours. We discussed this with the manager who assured us they would deal with it.

Safe recruitment procedures were in place and we saw evidence they were followed. New staff were required to complete an application form, attend a competency based interview and have checks on their backgrounds and character completed to provide assurance they were suitable to work with vulnerable people.

Overall, we found people's medicines were managed safely. One person who lived at the home said, "I get my medicines every day." Another person said, "I get my medication on time, the carers get it right." A third person said, "I have [name of tablet] at 3.30pm and they sometimes forget I have to buzz for it because it's a funny time." The records showed the person had received their medicine at the right time.

Medicines were stored securely and the temperatures of the storage areas were checked to make sure they were within the recommended safe limits. The provider had introduced a new electronic system for the management of medicines and this had features, which helped to ensure medicines were administered safely. For example, in the case of Paracetamol, which must have, four-hour intervals between administration the system raised an alert if staff tried to administer it before it was safe to do so. Staff involved in the administration of medicines had received training and competency checks were carried out to make sure they were following the correct procedures. We observed staff supporting people with the medicines and saw they were kind and patient, encouraging people to take their medicines.

## Is the service effective?

### Our findings

At the last inspection we found the provider was in breach of Regulation 14 because we could not be assured people were receiving the right support to meet their nutritional needs. Since then the provider has been carrying out monthly weight audits and sending CQC a report with details of their findings and the actions they were taking to address any concerns. The reports showed people's weights were being checked weekly or monthly depending on the level of risk. They also showed the service was involving other health care professionals such as GPs and dieticians when there were concerns about people's nutritional status. The records we looked at during this inspection confirmed the information the provider had sent us. For example, we saw people who were at risk due to low weights were prescribed dietary supplements to boost their calorie intake.

While improvements had been made to the way people were supported to meet their nutritional needs we found there was still work to be done. We found one person was having some of their food blended. A staff member told us the person found it difficult to chew meat. However, there was no evidence of any discussion with health professionals about these concerns. We spoke with the manager about the need for the person to receive a Speech and Language Therapy (SaLT) assessment to ensure the necessary expertise was available to develop a safe and appropriate plan of care. Following our visit, the manager confirmed a referral had been made to the SaLT team.

We observed mealtimes and saw a good atmosphere with staff and people chatting to each other. People were asked what they wanted to eat and drink and there was sufficient choice. However, we found there was not always a consistent chef in the kitchen which meant the quality of the food was variable. This was reflected in the comments we received from people who used the service.

One person said, "The food is good, there is always a choice." A relative said, "They always give [relative] a choice of food. The food is good; I would come here for my meals." However, another person said, "The food is a bit mixed, they have changed the times and we have sandwiches now at lunchtime. They do foreign stuff and that is no good for me, they use a lot of salt. They ask us what we want from time to time. There was sausage, toast and poached eggs this morning but they were cold. We do all right. They have had bother with deliveries and things run out, they have had trouble with the chef." A third person said, "I like finny haddock, but we haven't had it for a while. The food is not as good as it used to be since [name] left. I do not like pasta and foreign food and curry. They are doing salmon for tea without herbs for me, you can't ask for more than that." On the second day of our inspection the manager confirmed a new chef had been appointed and said the initial feedback from people was positive.

Staff received a range of training and support to help ensure they had the skills and knowledge to meet people's needs. One person who used the service told us, "The regular staff are well trained and good." New staff received a full induction to the service and its ways of working. They were required to complete a range of training. If staff did not have previous experience they completed the Care Certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. Existing staff received regular training updates. Training was a mixture of face-to-face and e learning in subjects which included dementia, first aid, manual handling and equality and diversity. We saw most

training was kept up-to-date, although compliance with manual handling training was lower at 65.5%. This was being addressed and in the interim, staff had their competency to undertake moving and handling tasks assessed to ensure their practice remained safe.

Staff received regular supervision and appraisal which provided key support mechanisms for staff as well as monitoring staff performance. Staff also took part in group supervisions to discuss learning following adverse events. This helped ensure continuous improvement of the service.

The service kept up-to-date with latest best practice and legislation through its training provider as well as attending training undertaken by external agencies such as the local authority. For example, training in the new General Data Protection Regulations had been provided to staff.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

There was a record of DoLS applications showing when applications had been made and whether they had been granted or were pending an outcome. During the inspection we had the opportunity to speak with a DoLS assessor who was carrying out an assessment of one person who used the service. They told us they had found the person's care plans were detailed and reflected the information staff had given them about the person's needs. They said it was evident staff were working to the principles of the MCA for example, by using the least restrictive options when restrictions were necessary. At the last inspection we found there was a lack of information in people's care records to show the best interest decision making processes had been followed when people were unable to give consent. During this inspection we found this had improved. For example, in one person's records we saw a best interest decision meeting had been held regarding the use of bed rails. Throughout the inspection we saw staff asking for people's consent and offering them choices.

We saw evidence the service worked with a range of professionals including GPs and district nurses to ensure people received the support they needed to meet their health care needs. A relative told us, "We discussed [relatives] care when [relative] first came here. They called the doctor because [relatives] hand was swollen and [relative] had antibiotics."

We spoke with a visiting health care professional. They told us they had no concerns about the care people received. However, they said the service was not always as well organised as it could be. They said they had started to have monthly meetings with a designated member of staff to address these issues and explore ways of improving partnership working. This would help to ensure people consistently experienced effective care and treatment.

The provider had implemented a new care electronic care planning system. This included a comprehensive assessment of people's needs including physical, emotional and social. The information gathered during the

assessment was used to develop people's plans of care.

The provider was continuing to make improvements to the environment to ensure it was suitably adapted to meet the needs of the people who lived there.

# Is the service caring?

## Our findings

At our last inspection we found improvements were needed to make sure people were supported in a consistently caring way. During this inspection we found the provider had made improvements.

We found staff were kind and caring and treated people well. For example, we saw staff warmly smile and greet people in the morning as they arrived in the dining room, complimenting them on their looks. We observed staff interacted with people in an easy and pleasant way. There were appropriate physical hugs and affection prompted by the people who lived in the home.

One person who used the service told us, "There are those that are caring, not all of them. They do little things like taking your arm when you are walking, they don't just look after you." Another person said, "They are always kind, I enjoy my 'leg being pulled' and enjoy a joke and the staff know this."

A relative said, "All the staff from the cleaning, care and management are nice and friendly and do their best for my [relative] and everyone. I know care homes and as soon as I came here I could feel the homeliness and the welcome."

We saw people were treated with dignity and respect. For example, we overheard staff asking people before opening a window in the lounge. In other examples, we saw people were offered clothing protectors at mealtimes to protect their clothing from spillages. We observed staff knocking on people's doors before entering and a relative confirmed this happened all the time. They said, "They always knock." We saw staff asking people's consent before assisting with care and support tasks.

Staff were usually assigned to work in the same unit within the home. This helped develop relationships between people and staff. Staff knew people well, for example their preferred mealtime options and how to effectively communicate with each person.

Staff listened to people's requests for example around what they wanted to do and complied with their requests. Staff were patient with people and adapted their communication approaches depending on people's individual needs. This promoted understanding.

People were supported to maintain their independence. For example, one person with limited mobility liked to go outside but was finding it harder to walk the full length of the corridor. They had been offered and accepted a room nearer the door which made it easier for them to continue to go outside whenever they wanted.

People were supported to maintain contact with their family and friends. There were no restrictions on visiting and family members who wanted to continue to be involved with providing people's care were supported to do so. For example, at lunch time we saw one person in the dining room being supported to eat by a relative.

People and their relatives were involved in decisions about their care and treatment. In addition, there were meetings for people who lived at the home and their relatives to give them the opportunity to have a say in how the service was run.

The protected characteristics set out in the Equalities Act 2010 include religion or belief, age, disability, gender, and race. The key purpose of the Act is to protect people from discrimination based on any of these characteristics included in this legislation. From the feedback we received from people who used the service and our observations we were assured discrimination was not a feature of the service.

## Is the service responsive?

### Our findings

At the last inspection we found the provider was in breach of Regulation 12 because risks to people's health were not always managed properly. In addition, we found they were in breach of Regulation 17 because of shortfalls in the way complaints were recorded. During this inspection we found the provider had made improvements.

People told us staff were responsive to their needs. One person said, "Yes, they know me. The new manager bought me a fridge. I love cheese and pickles, I buy other bits and bobs like pate."

A relative told us, "They moved [relative] to a bigger room because they thought [relative] would be more comfortable." We saw the person and their relative had been consulted about the décor of the room before they moved.

People's communication needs were assessed. However, at lunchtime we noticed the information on the menu board in the ground floor dining was not clearly written. We heard one person say they were struggling to read it.

The provider had implemented a new system for recording people's care needs, this was now done electronically. We saw people's needs were assessed, the assessment covered all aspects of daily living such as mobility, eating and drinking, continence, communication, safety, emotional, mental health and medical needs. The information from the assessment was used to develop plans of care. The care plans contained information about people's abilities and preferences. For example, one person's records stated they tended to be restless at meal times and therefore staff should serve their food as soon as they sat at the table. At lunchtime we saw staff did this. This showed care was being delivered in line with people's care plans.

Within the care records we saw people and their relatives were supported to plan for their end of life care. One person who lived at the home told us, "I have done my end of life plan with [name]."

We saw people's care records included information about their past lives, family, friends and interests. This helped staff to get to know people as individuals and develop a better understanding of their care and support needs.

We found a range of activities was available to people. Two activities co-ordinators were employed who worked in the home across five days. We spoke with one coordinator who explained the activities on offer to people. For example, a May Day celebration had been held with children visiting from a local school and people had been on a trip to the cinema to watch a film. The activities co-ordinator ran a range of activities within the home including games, reminiscence and film days. A staff member said, "Activities are good, we do what the residents want to do, now we have time to sit and chat with people." Throughout the inspection we saw staff sitting and talking to people, helping to meet their social needs.

We received mixed feedback from people about the activities. One person said, "We were making flags for

the [royal]] wedding we are always doing something, snakes and ladders and stuff." Another person said, "We have two activity girls on Monday, Tuesday and Wednesday, one is off sick today and they take people out. We have been painting flags for the royal wedding on Thursday and Friday they do extra hours on care." A third person said, "We have nothing to do. I just sit here with my book 'til dinner. I would like to make models or something. The entertainers are professionals the singing is very good, it's a change. I would love to go out it would break up the morning, I am 'on the list' for going out, I have only been out once." A fourth person said, "I just read and watch TV the activities are a bit babyish. I love a quiz we had one last week. They wanted to take me out to a quiz night and to a Bob Marley tribute act but I was not well. Trivial pursuit or something would be nice."

A system was in place to log, investigate and respond to complaints. Where complaints had been received, we saw these had been investigated within a timely manner and actions put in place to learn from any shortfalls. A 'niggle record' was also maintained where people's minor concerns/complaints were logged. For example, some of these were about food and we saw evidence these were followed up with the staff concerned. This demonstrated to us that people's view and complaints were treated seriously and acted upon.



# Is the service well-led?

## Our findings

At the last inspection we found the service was not well led. The provider was in breach of four regulations in relation to staffing (Regulation 18), safe care and treatment (Regulation 12), meeting people's nutritional needs (Regulation 14) and good governance (Regulation 17). We imposed conditions on the providers registration and they complied with the conditions. During this inspection we found improvements had been made and the provider was no longer in breach of regulations.

We have rated this domain as 'requires improvement' because it was too soon for us to assess if these improvements could be sustained and built upon to ensure people consistently experienced safe and effective care and treatment.

When we started the inspection, the manager was not registered, however, by the time we completed the inspection the manager had been registered with CQC.

Staff we spoke with all told us they thought the service had improved. They said the new manager had implemented many positive changes and morale in the home was now good. One staff member said, "[It is] like a total new home, new staff and management, 100% better." Staff were clear in their roles and responsibilities and the tasks they needed to complete to ensure the home ran to a high standard.

People who lived in the home also spoke positively about the new manager although some said they would like to see more of her. One person said, "I don't see her every day, I'd have to ask staff if she was in, she's very nice. I did some filing for her in the office." Another person said, "I see very little of [manager] but I would go to her if I had a problem. She has started a committee with two people from each floor, we haven't discussed anything serious yet." A relative told us, "[Manager] I got on with her from day one, I would go to her if I had a problem. I mentioned to her that [relatives] chair had been left in the wrong position and it hasn't happened since. There have been no problems I would 100% recommend it from my heart, if my [relative] was not safe and well looked after I would take [relative] away."

We found the service had improved significantly since the last inspection driven by more comprehensive systems of audit and governance. An audit schedule was in place which provided clear information to management staff completing audits of when to complete these. Audits took place in areas such as medicines, infection control, care plans and training. We saw these were effective tools to help ensure continuous improvement of the service.

The service received support from an external consultancy who visited the home regularly and undertook audits. These were comprehensive and produced action plans for the home manager to work through to help improve the service. We reviewed these visits which showed a marked improvement in the quality of the service in recent months. The provider also visited monthly to complete audits and checks of the service.

The service had implemented a new electronic care management system. This provided real time

information on people's individual needs and the care they had received. Whilst this was in its early stages, we saw this had been implemented positively and was helping the service to become more responsive and able to check and audit care practices in a more timely way. For example, it would immediately flag up if staff had failed to record the bath temperature when bathing person, failed to administer medicines or failed to ensure people's risk assessments were updated.

Staff meetings were held and these were used as a mechanism to ensure effective communication of key messages and help drive improvement to care practices. Each day an '11 o'clock meeting' was held where heads of department met to discuss how the home was operating on that day and any concerns or emerging risks. Staff meetings were held every two months. We looked at the minutes from the last meetings which showed a range of quality issues were discussed with staff to help improve their practice.

People's views were sought and people were involved in the running of the home. For example, a resident committee had recently been set up. A number of people who lived in the home attended to discuss issues and improvements they would like to see to the home. For example, the menu's and staffing levels were discussed. Resident and relative meetings were also held monthly. People's views were also sought through an annual satisfaction survey. Feedback was provided to people by way of 'You said, we did' posters displayed in the home.

The service continued to work in partnership with other agencies to help improve the quality of care provided. For example, they were taking part in the pilot of the 'Red Bag' pathway. This initiative was designed to improve peoples' experience on admission to and discharge from hospital. It also helped the service to understand and apply relevant best practice in this area.

The rating was displayed in the home as required by law.