

The ExtraCare Charitable Trust

ExtraCare Charitable Trust

Reeve Court Village

Inspection report

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Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Outstanding 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About this service: Reeve Court Village is a care at home service provided by Extra Care Charitable Trust. The service is an Extra Care Housing scheme which provides care and support to people living in their own homes. There are 206 one and two bedroom apartments and bungalows within the village complex. Some people living in the village did not receive support and were living independently. At the time of our inspection 52 people were receiving support with personal care.

People's experience of using this service:

The management team had a strong community ethos and worked extremely hard to maintain a community feel within the Village. People, family members and members of the local community were regularly encouraged to be involved in the daily running of the service. Working in partnership with community groups and other health professionals was vital in ensuring people received good outcomes and a more enriched life.

A holistic approach had been adopted in the assessing, planning and delivery of people's care and support. Regular assessments and reviews undertaken by the services' wellbeing advisor and locksmith (dementia specialist) ensured people received timely and effective support that resulted in excellent positive outcomes. Healthcare professionals spoke extremely positively about the thorough assessments completed by the service and the impact this had on people. The collaborative working adopted by the service had resulted in people being able to live healthier lives.

Staff provided excellent care and support that was given in a way people preferred. This resulted in consistent and positive outcomes that exceeded expectations. Staff worked hard to provide a consistently better quality of life for people by supporting them to develop in areas such as social interaction and independence. People spoke highly of the support provided by staff.

People were supported to live enriched lives and do what they chose. Staff encouraged them to be as independent as possible whilst ensuring they remained safe. Risks that people faced were identified and assessed and measures were put in place to manage them and minimise the risk of harm occurring. Staff showed a good understanding of their roles and responsibilities for keeping people safe from harm. Medicines were managed safely and people received medication at the right time. People told us they felt safe living in the Village.

Staff showed a genuine motivation to deliver care in a person-centred way based on people's preferences. The management team and staff had developed strong, familiar and positive relationships with people and family members. Throughout the inspection the management team and staff were observed to be warm and affectionate towards people. Family members described staff as being extremely caring and that staff worked hard to ensure people lived a good quality life.

The leadership of the service promoted a positive culture that was person centred and inclusive. Family

members and staff all described the management team as supportive and approachable. The management team showed a continued desire to improve on the service and worked closely with other agencies and healthcare professionals in order to do this. Effective systems were in place to check on the quality and safety of the service and improvements were made when required.

Rating at last inspection: Good (report published 22 July 2016)

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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

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 ●

This service was safe.

Details are in our Safe findings below.

Is the service effective?

Outstanding ☆

This service was exceptionally effective

Details are on our Effective findings below

Is the service caring?

Good ●

This service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

This service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Outstanding ☆

This service was exceptionally well-led

Details are in our Well-led finding below.

ExtraCare Charitable Trust Reeve Court Village

Detailed findings

Background to this inspection

The 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.

Inspection Team:

This inspection was conducted by one adult social care inspector on all days of the inspection and one Expert by Experience on day one of the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type:

ExtraCare Charitable Trust Reeve Court Village provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is a mix of rented, shared ownership and outright sale, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit as we needed to make sure people would be available to speak with us.

The inspection site visit started on 21 February 2019 and ended on 28 February 2019. It included visits to people's homes and telephone calls to relatives. We visited the village on 21 and 28 February 2019 to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning took into account information the provider had sent us since the last inspection. We assessed information we require the provider to send us at least annually within their provider information return (PIR). This provides key information about the service, what the service does well and the improvements they plan to make. We considered information about incidents the provider must notify us about and looked at any issues raised in complaints and how the service responded to them. We also obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection we spoke with eight people using the service to ask about their experience of care and seven family members. We also spoke with the registered manager, care manager, dementia specialist, well-being manager, lead activities co-ordinator and six support staff.

We looked at seven people's care records and a selection of other records including those related to medicine administration, recruitment and the quality and safety of the service.

Details are in our Key Questions below. This report includes information provided by the Expert by Experience.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- The registered manager kept a record of all safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further concerns.
- Personal emergency evacuation plans (PEEPs) provided guidance for staff and emergency services to safely evacuate people in an emergency.
- Contingency plans were in place to manage situations such as spread of infection to ensure people continued to receive safe care.
- People had access to emergency contact details and were aware of who to contact in an emergency; where required people were provided with call systems, such as pendants, that were within easy reach to alert staff and other professionals in the event of an emergency.
- People told us they felt safe living at the Village. Comments included, "Absolutely, I feel safe. The staff here are great and if I ever need anything they are there to help," "I have no reason not to feel safe, I have an alarm I can press if I need anyone" and "Yes I do feel safe, I have no concerns at all."

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people had been assessed and care plans provided detailed guidance for staff to keep people safe from avoidable harm.
- 'Ability profiles' had been completed which provided a quick reference guide to risks that people faced and how staff should manage them to keep people safe.
- Risks were regularly reviewed and records updated to reflect any changes to ensure people received the right support in the least restrictive way possible.
- Regular safety checks were completed on the environment and equipment used to ensure it remained safe.
- Where people required support with their medicines these were managed safely by suitably qualified and trained staff. Staff completed medication administration records (MARs) where required.

Staffing and recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs and keep them safe.
- Staff were on site and available during the night to provide support to people when needed or in the event of an emergency.
- People were supported by consistent staff and received the correct number of hours each week. Where

staff identified a change in people's needs, the service ensured support was increased immediately to accommodate this and keep them safe.

- Safe recruitment processes were being followed.
- During the interview process, potential new recruits are observed by more senior staff in a role play exercise with people living in the village. Interviewees were tested to see if they identify specific hazards; results of the observations are used as part of the decision making process of their recruitment.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff had access to personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products.

Learning lessons when things go wrong

- A record of any incidents or accidents that occurred were kept and reviewed to identify any patterns or trends so that lessons could be learnt when things went wrong.
- Where required incidents reports were reviewed after seven days by senior staff and a root cause analysis completed to identify causes and measures put in place to prevent re-occurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently better than expected compared to similar services.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Outcomes for people were positive, consistent and often exceeded expectations. People had developed in confidence, independence and social interaction. For example staff worked closely with people who had been identified as socially isolated or withdrawn to encourage them to engage with people and socialise. One family member told us "[Relative] really struggled to socialise with other people in the village but staff worked really closely with them and over time they started to socialise more and they are like a different person. It's been really nice to see."
- The service adopted a holistic approach to assessing, planning and delivering care and treatment to people to ensure they received the best care possible.
- The service had implemented the role of 'well-being advisor' and 'locksmith' (dementia specialist) who worked closely together to ensure extremely detailed assessments of people's needs were completed.
- By working together effectively and using the wellbeing assessment, the wellbeing advisor and locksmith were able to quickly identify changes in people's needs and signpost them to appropriate support. For example one person's deterioration in health was attributed to low mood rather than physical health condition. Following assessment the right support was put in place and the person's mood had increased, socialised more and was empowered to lead a more independent life.
- The assessment process has helped to provide extremely positive outcomes for people. For example one person was not coping with daily life and was very reluctant to allow internal or external intervention. Through working collaboratively with other health professionals positive outcomes were achieved and this person's life improved.
- The assessment is designed to pick up early signs of certain medical conditions so that risks of poor health can be reduced. We saw that the assessment had helped to reduce hospital admissions on numerous occasions.
- The provider created a 'wellbeing' app used by the wellbeing advisor to help determine people's individual needs and abilities. This extremely detailed assessment helped to create an accurate rating of a person's health and condition.
- The wellbeing service offered at the Village had been described by other health professionals as 'invaluable'. Comments included, "The Wellbeing service at the Village is valuable. I personally recall a lady whose overall condition has improved greatly having attended weight loss sessions provided by the wellbeing advisor," "The wellbeing advisor provides a very valuable service to people which they appreciate and consequently supports our ongoing management of people's health needs" and "We rely on the continuing help from the wellbeing service, it helps to save appointments, saves precious time and encourages people to uptake regular influenza vaccinations."
- The service was committed to working collaboratively with other healthcare services and specialists and

were consistent in supporting people to live healthier lives. For example staff worked closely with health professionals and other community group to help reduce a person's distressed behaviours.

Staff support: induction, training, skills and experience

- People and family members told us they felt staff were extremely knowledgeable. Comments included "Staff were really quick to pick up on my [relative] becoming unwell and knew straight away what to do. It was because of their quick actions that my [relative] got the medical help they needed and is so much better now" and "Staff here are excellent, they definitely know what they are doing and how to look after me and what I need."
- The service recognised the importance of recruiting the right staff and encouraged people to be involved in the recruitment process. People were actively involved in the interview process and provided feedback on potential new recruits; the feedback provided was considered during the decision making process.
- As part of the interview process senior staff complete observations on how potential new recruits interact with people.
- The service implemented the role of 'resident ambassadors' who were responsible for showing potential new staff around the village; this helped to not only familiarise new staff but also provided people with the opportunity to get to know them and feel part of the recruitment process. One person told us "It really helps being part of the recruitment process as it means we get to have a say about who works here. All the staff here are great."
- The service recognised the importance of continuously developing staff's skills, competence and knowledge to ensure high-quality care. Staff were supported to gain new skills and share best practice.
- Newly recruited staff completed a comprehensive induction and continued to receive training relevant to their roles and people's needs.
- All staff were provided with a list of training required throughout the year; support was provided by the management team if required to ensure training was completed in the required timescales.
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss their work concerns or learning development when needed.

Supporting people to live healthier lives, access healthcare services and support

- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals and clinical specialists.
- The service had set up regular men's health management meetings to target men's health; men attending these meetings told us they felt they could discuss any health concerns confidently and felt supported by staff when doing so. One person told us "I feel so much more comfortable talking about any worries I have about my health because it is all men and [wellbeing advisor] is great at giving advice."

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

- Extra Care Charitable Trust Reeve Court is a village complex providing people with access to a variety of services such as a gym, hairdressers, bar and café. The service was designed to provide a community feel whilst offering people with care and support if needed.
- People had access to facilities to help with relaxation with the use of a sensory room. The registered manager provided an example of this room being effective in reducing a person's anxiety and challenging behaviours and as a result reducing safeguarding concerns.
- The service had a 'reminiscence' room to provide stimulation and talking points.
- People had been given the opportunity to help with the decoration of the service; each floor had been painted a different colour to assist people with orientation and finding their way around.
- Clocks that provide visual and voice prompts had been purchased to promote people's independence.

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

- Care records indicated when people required support with preparing food and drink.
- People were protected from risks associated with poor nutrition and swallowing difficulties.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In the community any restrictions need to be referred to the Court of Protection for authorisation.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection there was no-one who required a referral to the Court of Protection.
- Staff showed good knowledge and of the MCA and were aware of the importance of offering people choice and control over the care they received.
- Records showed that people with capacity had provided consent to care and treatment; where people lacked the capacity to do so, relevant others with legal authority had provided consent on their behalf.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received good care and support. Everyone told us they were treated with compassion and kindness by staff and that positive relationships had been developed. One person told us "Even though staff work differently, they are all good and caring and I can not fault any of them. I think I have a good relationship with all of them."
- Staff knew people well and had a genuine concern for people's wellbeing. They displayed positive, warm and familiar relationships when interacting with people. Staff told us that the relationships they had developed with people helped them to recognise changes in care and support needs.
- Staff understood and supported people's communication needs and choices. They maintained eye contact and listened patiently and carefully when speaking with people.
- The general atmosphere around the village was warm and friendly. Everyone we saw appeared happy and relaxed; people were keen to interact and chat with staff as well as amongst themselves which helped to create a real community feeling.
- The registered manager recognised the importance of supporting people with equality, diversity and human rights; they were in the process of setting up a LGBT support group for people at the village to encourage and provide support for people within the LGBT community.
- The service recognised the importance of people maintaining relationships with those close to them. Family members and friends were made to feel welcome when they visited; they were encouraged to be involved in events within the village and given volunteer roles to support this.

Respecting and promoting people's privacy, dignity and independence

- People told us staff always treated them with respect and dignity and made sure they were clean and well-presented and that personal hygiene was dealt with to a high standard. People told us they always felt listened to.
- Staff ensured they delivered personal care to people in private; they knocked on doors and waited for a response before entering people's rooms.
- Staff ensured people's confidentiality was maintained; conversations about people were kept private and only discussed with relevant and authorised others.
- Staff told us they were 'guests' in people's homes as well as the village and it was important to remember this.
- The registered manager and staff were keen to promote people's independence wherever possible. People told us they were offered choice and control over their day to day lives and supported to maintain independence wherever possible.
- People were given volunteer roles within the village to help maintain mobility and encourage

independence. People told us this gave a sense of purpose to their day and helped to encourage socialisation with others and added to the 'community' feel.

- The activities co-ordinator told us volunteer roles are developed and moulded to suit people's individual abilities; this helped to make people feel wanted and included.

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

- People and family members were encouraged to share their views about the care and support staff provided. They told us they were always included in discussions about people's care and asked their views of care packages needed altering.

- People had access to a computerised 'rate our service' satisfaction survey; this gave them and family members the opportunity to share their views about all aspects of the service.

- Where necessary people were supported to access services and support such as advocacy to ensure their choices and decisions were listened to and respected.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

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

- The service employed an activities team who had developed strong links with community groups in order to offer a diverse range of activities that were accessible to all people.
- Activities, trips and holidays were planned in advance to ensure they were accessible to everyone including those with disabilities. The service worked closely with other organisations such as Coalition Disabled People (CDP) to obtain support and advice around effectively planning holidays and trips out.
- Activities were used to help improve socialisation and independence. People living in the Village were encouraged to volunteer with activities. Roles were created to suit individuals in order to help improve their mobility and make them feel wanted and included.
- The service had implemented activities that helped to reduce stress such as drumming sessions; the registered manager told us this activity had had a positive impact on some people's lives.
- Activities were used to help improve people's strength and mobility and reduce falls; people had access to the Village gym where the gym instructor would create individualised strength and fitness plans to help with this.
- 'Sam's Diamonds' coffee morning was set up to help provide support for people living with or in remission from cancer; this group also helps to encourage socialisation.
- People were encouraged to be part of the decisions made around activities with regular meetings held for them to say what they want.
- People and family members spoke positively about the activities provided; comments included, "There always seems to be something on that I can go to, I love it, I have a better social life here than I did at home," "The trips out are really good and there always seems to be something happening. We have a gala which means we get to dress up which is lovely" and "[Relative] always seems really happy with what activities are on offer, the team are really good at organising events."
- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care and support in the way people wanted.
- People, and their family members where appropriate, were involved in the planning of their care.
- The service recognised and met the communication needs of people with a disability or sensory loss.
- Each person was given a 'Morning Call' notice to hang outside their room; the card allowed people to inform staff of how they were feeling. An agreement was in place where staff would enter a person's room if they had concerns based on what is recorded or if the card had been left blank.

Improving care quality in response to complaints or concerns

- The service had a 'complaints management process map' that was available to people and their family members. This detailed the process of making and dealing with a complaint and who could be contacted

outside of the organisation.

- Staff had access to a detailed policy and procedure for dealing with complaints; this also provided guidance on how to conclude a complaint on a positive note and ensure people felt listened to.
- The service maintained a record of any complaints made, those recorded had been dealt with appropriately.

End of life care and support

- At the time of our inspection no one using the service was in receipt of end-of-life care. However people were supported to make decisions about their preferences of care at the end of their lives.
- The service and staff were in the process of completing a nationally recognised model of good practice of care for people nearing the end of their lives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

Service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had a strong 'community' ethos and believed that maintaining a community feel was vital to the effective running of the service and helped promote a good quality of life for people.
- People told us they loved the community feel as it made them feel safe and gave them a sense of purpose. Comments included "I love living here, I have made so many new friends, its like a little community," "It's great here, I have a better life now than I did when I lived at home, so many nice people and staff too" and "My [relative] had a better social life than me, they have made so many friends here and I always feel welcome when I visit. It's such a great atmosphere."
- Members of the local community and family members had taken up volunteer roles within the village and had developed strong friendships and relationships with people living there.
- Volunteer roles taken on by residents in the village had helped to develop people's understanding around specific issues which in turn allowed them to provide advice and support to others; such as working with the equipment officer for the Deafness Resource Centre.
- Good relationships had been built with members of the public visiting the Village and staff. We saw examples of where support had often been extended to these people which had resulted in health assessments being completed by the wellbeing advisor and referrals then being made to relevant agencies.
- The service had implemented 'Friends of the Village' which encouraged members of the local community to attend and use their facilities, such as the gym. This helped to improve socialisation for both people living in the village and those in the community.
- The management team and staff worked closely with other partner agencies and community groups to achieve excellent outcomes for people. Positive comments had been received by professionals regarding their effective working relationships. Comments included "We have found the liaison with Well Being Service at the Village to be very valuable in assisting us when monitoring our patients," "Two way communication between the service and the surgery is excellent and [manager] will contact us if they have concerns so that we can act in a timely manner, often preventing hospital admission" and "The Wellbeing Service is invaluable in the support that is given to residents but also the support for us as a general practice means our patients receive the best possible and support."
- The service fully supported people within the LGBT community and was looking to set up a support group for people to attend. The registered manager and staff had provided extensive support to people within the Village which had resulted in excellent outcomes and a more fulfilled quality of life.
- We saw examples of how the service enabled high levels of constructive engagement with staff, people using the service and those close to them in order to help provide excellent care that promoted positive outcomes for people.

- 'Street' meetings were held every month which provided people with the opportunity to discuss any issues or provide suggestions for the service. The 'corporate plan' was also discussed in order to keep people up-to-date. People spoke positively about these meetings with comments like, "We get to hear about what is going on with the village and any changes they are going to make" and "I like the street meetings because [registered manager] tells us what's going on, nothing is done without us being told first."
- Each person had a plasma system in their room which allows the service to communicate important information to them on a daily basis.
- People using the service helped to show new prospective residents around the village; this helped to maintain the 'community' feel and reduce levels of anxiety for new people moving in.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and family members spoke highly of the management team and described how the support they had received had made a difference to their lives. One family member told us "If [managers] hadn't acted so quickly with [relative] they could have become more ill. They are excellent at what they do and the team work so well together."
- The registered manager and provider planned and promoted person-centred, high-quality care and good outcomes for people. This considered the physical, spiritual and social aspects of a person's life, by providing opportunities for people to enhance their physical ability through exercise and addressing people's health needs promptly and maintaining links with their local community. This was consistently achieved and seen through feedback received and records examined.
- The management team had an inspiring shared purpose and vision to motivate staff and promote a high level of satisfaction. Staff were proud to work for the service and spoke highly of the culture and positive management structure. They told us it was open and transparent and available to them when needed.
- 'Better Lives for Older People' and 'To give older people and independent, safe and secure future in a network of inspirational communities' are the visions and values held by the registered manager and provider; staff work extremely hard to implement this within their roles.
- The management team recognised the importance of supporting family members just as much as people receiving support. For example where changes in people's behaviours had affected relationships with their spouse, support was offered to help manage this and maintain positive relationships.

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

- People and family members spoke extremely highly of the management team, their knowledge and how they managed the service. Comments from people included "You cannot fault any of them, they are excellent. They make living here an absolute joy, it is the best thing I ever did," "[Managers] are really good, they have helped me so much and I wouldn't be without them and the staff" and "My [relative] has an excellent life here, the things they do are amazing, the facilities are great and I don't worry about them at all."
- The management team were compassionate, inclusive and effective. They demonstrated a high level of experience and capability to deliver excellent care.
- There was highly effective management oversight of what was happening in the service and when asked questions registered manager could respond immediately, demonstrating an in-depth knowledge in all areas.
- The service was run by a registered manager who had the support of a care manager, well-being manager and other senior staff who had excellent knowledge and experience in their individual roles. All managers and senior staff worked well together to ensure people's lives were benefited by their input.

Continuous learning and improving care

- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team and external organisations.
- The registered provider compliance team completed unannounced inspections in line with the areas looked at during CQC inspections. Actions were given which the registered manager must complete.
- People and visitors had access to a computerised 'Rate Our Service' satisfaction survey. Information gathered would be used to improve on the service provided.