

Mrs B Sheo-Rattan

Dalkeith Lodge

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection was carried out on the 5 July 2016 and was announced.

Dalkeith Lodge is registered to provide accommodation and personal care for up to eight people. People living at the service had a range of learning disabilities. Some people had physical and sensory disabilities and occasionally required support with behaviours which challenged.

Downstairs there was a lounge, conservatory, kitchen and dining room. There was also one bedroom which was currently vacant. There were five further bedrooms on two additional floors and a bathroom and wet room. At the time of the inspection there were three people living at the service.

The provider was in charge of the day to day running of the service. The provider is a 'registered person'. 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 provider had run the service for over 20 years. They told us the aim of the service was to promote independence and respect people's privacy and dignity, whilst supporting them to stay safe. People and their relatives were regularly asked for feedback on the service, but other stakeholders such as healthcare professionals were not. There was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement and the action the provider was taking. This was an area for improvement.

The provider regularly worked alongside staff to mentor and provide guidance and assistance. The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation. The provider ensured that the quality of care was high and carried out regular audits.

There was not a written business continuity plan in place. The provider had thought about what to do in an emergency, but this had not been written down and shared with the staff team. This was an area for improvement.

Risks relating to people's health and well being had been assessed and action was taken to minimise them. Regular health and safety checks were undertaken to ensure the environment was safe and equipment worked as required. Regular fire drills were undertaken.

Staff knew how to recognise and respond to abuse. The provider told us there had been no safeguarding issues and the local authority safeguarding team confirmed this was the case. They understood their responsibilities and who to report concerns to.

There was enough staff to meet people's needs. People were able to do the activities they wanted and attend all of their appointments. Before staff started working at the service all the necessary checks were

carried out to ensure staff were suitable to work with people.

Medicines were stored appropriately. People received their medicines when they needed it and were encouraged to be as independent as possible when taking their medicines.

Staff had received induction, training, support and supervision to support people effectively. The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. Staff had up to date knowledge on the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They supported people to make their own choices. People signed their care plans, giving consent to their care. People were able to come and go as they pleased. People were supported to eat healthily. They were involved in planning and preparing meals. Staff had sought advice and guidance from a variety of healthcare professionals to ensure people received the best care possible.

People were given the information they needed, in a format they understood so they could make day to day decisions. People completed a pictorial weather chart to help them decide what to wear. People were provided with information about advocacy services. People had been living at the service for many years and there was a small, stable staff team who knew people well.

People were treated with dignity and respect. They were supported to be as independent as possible, helping to maintain the garden and with household chores. Friends and relatives could visit the service whenever they wished.

People were involved in writing their care plans and risk assessments. They received the care they needed, in line with their wishes. People were actively involved in the local community and regularly attended church and various local clubs. People took part in a variety of activities in the home and showed us pictures of parties and BBQs that had been held.

There had been no recent complaints. People and their relatives told us they were in regular contact with staff and felt they could raise any issues if they arose.

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

The provider had thought about what to do in the event of an emergency but this had not been written down and shared with the staff team.

Potential risks to people had been identified and recorded and there was clear guidance in place to help manage the risks. Regular checks were carried out on the environment and equipment to ensure it was safe and fit for use.

Staff had received training and knew how to recognise and respond to different types of abuse.

There was a small, stable staff team and people received the support they needed. Staff were checked before they worked at the service.

Medicines were managed safely. People were encouraged to be as independent as possible with their medicines.

Is the service effective?

Good ●

The service was effective

Staff received induction, training, support and supervision to support people effectively.

Staff had an understanding of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). People were supported to make important decisions about their lives.

People were supported to prepare and eat wholesome and nutritious food.

People regularly saw healthcare professionals. There was guidance in place to ensure people were supported with their health needs.

Is the service caring?

Good ●

The service was caring

People had been living at the service for many years and had developed good relationships with staff.

People were given the information they needed, in a format they understood so they could make day to day decisions. People completed a pictorial weather chart to help them decide what to wear.

People were treated with dignity and respect. They were supported to be as independent as possible, helping to maintain the garden and with household chores.

Is the service responsive?

Good ●

The service was responsive.

People helped to write their care plans and risk assessments. They received the care they needed in line with their preferences.

People were actively involved in the local community. They regularly attended church and one person had a job.

There had been no recent complaints about the service. People and their relatives said they would speak to staff if they had any concerns.

Is the service well-led?

Good ●

The service was well-led

The provider had run the service for over 20 years. They told us the aim of the service was to promote independence and respect people's privacy and dignity, whilst supporting them to stay safe.

The provider regularly worked alongside staff to mentor and provide guidance and assistance. The Care Quality Commission (CQC) was informed of important events within the service, in line with current legislation.

The provider undertook regular audits to ensure consistent, high quality, personalised care. They regularly surveyed people and their relatives to gain feedback but other stakeholders such as healthcare professionals were not asked their views.

Dalkeith Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 5 July 2016 and was announced. The provider was given 24 hours' notice because the service was a small care home for adults with learning disabilities. People are often out during the day and we needed to be sure that someone would be in.

The provider had not had the opportunity to complete a Provider Information Return (PIR) as they had not received this document prior to the inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at previous inspection reports and notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law.

We spoke with the provider and the deputy manager. We looked at three people's care plans and the associated risk assessments and guidance. We spoke with two people who lived at the service. We observed how people were supported and the activities they were engaged in. We looked at a range of other records including two staff recruitment files, the staff induction records, training and supervision schedules, staff rotas, medicines records and quality assurance surveys and audits.

After the inspection we spoke with one relative via telephone to gain their feedback.

We last inspected Dalkeith Lodge on 3 July 2014 where no concerns were identified.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person said, "I'm safe here" and "There's staff here at night, they're in charge of keeping me safe." Another person said, "Yeah, I'm safe, I love it."

There was not a formal business continuity plan outlining what to do in the event of an emergency. The service was small and four members of staff were employed. We asked what the provider would do if staff became unwell and everyone was unable to come to work. They told us they would call an agency so there would still be staff to provide people with support. The provider said they would go to a local hotel if the service became uninhabitable due unforeseen circumstances like a flood or a fire. Although they had thought about what actions they would take in an emergency this was not written down and shared with the staff team. This was an area for improvement.

Staff carried out regular health and safety checks of the environment and equipment to make sure it was safe to use. These included ensuring that electrical and gas appliances were safe. Water temperatures were checked to make sure people were not at risk of getting scalded. Regular checks were carried out on the fire alarms and other fire equipment to make sure they were working properly. People had a personal emergency evacuation plan (PEEP) and staff and people were regularly involved in fire drills. A PEEP sets out the specific physical and communication requirements that each person has to ensure that they can be safely evacuated from the service in the event of an emergency.

Staff had identified the risks associated with people's care, such as mobility, eating and drinking and having seizures. Each care plan explained how to manage these risks and ensure that people received the care they needed to minimise the risks from occurring. One person was blind and used a white stick to familiarise themselves with the environment. Their risk assessment stated that furniture should not be left in the middle of the room to help prevent them from falling. Throughout the day staff regularly checked the lounge and conservatory to ensure the floor was clear and the person was able to move around independently.

People sometimes became distressed and presented behaviours that challenged. There was guidance in place outlining what the triggers for these behaviours could be and signs that people were becoming anxious. Staff knew what action to take if people were becoming distressed or anxious. One person's support plan stated, 'Engage me in conversation, give me a cup of tea and divert my attention. If I continue to challenge support me to go to my room and relax and put on my music.' Staff told us, "[The person] loves Cliff Richard and we know that usually works to help calm them down."

There had been no accidents or incidents in the last 12 months. The provider told us people were settled and staff knew them well, so it was rare for anything untoward to happen. Staff told us they would complete an incident form if anything happened and the provider said they would always review incident forms to look for any trends.

Staff knew how to recognise and report different types of abuse. They had received safeguarding training and information about abuse. Information about how to report any concerns and whistleblowing was

available at the service for all staff to refer to. Staff told us they would report any concerns to the provider. Staff were confident that the provider would act on any concerns that were raised. The provider was aware of their safeguarding responsibilities. Referrals had been made to the local safeguarding authority when required and action had been taken to reduce the risks of them happening again.

People said that staff were there when they needed them. Staffing was planned around people's hobbies, activities and appointments so the staffing levels went up and down depending on what people were doing. One person regularly attended a swimming club and they had one to one support provided to ensure they were safe in the water. The provider made sure that there was always the right number of staff on duty to meet people's assessed needs and they kept the staff levels under review. One member of staff said, "We regularly discuss if there is enough staff on shift. Next week someone has an appointment so we looked at whether or not we needed someone extra for the other two people. They're going to their day centre in the morning so we knew we'd be fine."

The staff team was small and they had all been working at the service for some time so they knew people well. Sickness levels and staff turnover was low but if staff were unavailable the rest of the team covered the shortfall. The provider worked alongside the staff team, including at weekends to support and mentor them.

Recruitment procedures were thorough to make sure that staff were suitable to work with people. Written references were obtained and checks were carried out to make sure staff were of good character and were suitable to work with the people. Disclosure and Barring Service (DBS) criminal records checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Medicines were stored securely and at the correct temperature. There were appropriate arrangements in place for obtaining, recording, administering and disposing of prescribed medicines. At the time of the inspection there were no medicines that had special storage requirements; however, staff had an awareness of the specific requirements relating to their storage and administration.

People were supported to be as independent as possible when taking their medicines. One person told us, "I take my medicines when the staff are watching me." Another person said, "I take my medicines in the morning and the evenings now, I take them myself." Staff told us that people were always encouraged to administer creams themselves and they only offered assistance if it was necessary.

The provider carried out regular spot checks to ensure that medicines were being administered correctly. Medication Administration Records (MARs) were fully completed, showing people received their medication as and when they needed it. Some people had medicines on an as and when basis (PRN) to help manage their behaviours. There was clear guidance in place on when this should be administered. Records showed this medication had not been used in the past year. Staff told us that they always tried to distract the person first, they said, "When [the person] gets distressed we try to let her get it out. We'll sit down and talk to them," The person told us, "They try and talk me out of it."

A recent audit by a local pharmacy had identified that the provider should complete competency assessments to ensure staff were competent to administer medication. This had been done, and staff told us, "Oh yes, I've been checked in supervision that I know how to administer medication safely."

Is the service effective?

Our findings

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. People told us "I'm happy, yeah, I'm happy." One relative told us, "The staff look out for [my relative], give them advice and make sure they attend all their appointments. They know what they are doing."

There was an ongoing programme of training which included face to face training and in house training. Fire awareness training was held at the service so everyone could take part in a drill. One person told us that they did not like it when the fire alarm went off but they knew it was important to help keep them safe. People and staff regularly took part in fire training and knew how to evacuate the premises in an emergency.

Training was provided about people's specific needs and staff had a good understanding of people's varying needs and conditions. Staff had had received training on epilepsy and knew to support someone when they had a seizure. Staff completed competency assessments to test what they learned from the training. Further training was then arranged for staff that may need it.

There had not been any new staff at the service for several years. Historically new staff had all completed an induction during a three month probation period. The provider told us that if they were to employ any staff going forward, they would complete the Care Certificate. The Care Certificate is an identified set of standards that social care workers work through based on their competency.

Staff were given feedback at regular one to one meetings with the provider. These meetings were also used to give staff coaching and support. The provider and deputy manager had regular one to one meetings with an external consultant who was employed to ensure there was someone independent reviewing the service. Staff had an annual appraisal to look at their performance and to talk about career development for the next year.

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 application 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.

Staff had received training on MCA and spoke confidently about people's capacity to make decisions. One staff member said, "We ask people if they want help, like with a wash. Everyone here can consent, as they understand, but if not then we would have to do a capacity assessment and involve their care managers."

Then we'd have a best interests meeting."

No one was currently subject to a DoLS authorisation as there were no restrictions imposed on people. People were able to make day to day decisions about their lives. Staff said one person was blind and staff always accompanied them when they went out. They had spoken to their care manager to confirm they did not need a DoLS in place. The person was able to go out whenever they liked and understood why it was safer for them to go out with staff. The person told us they could go out when they wanted and could do what they wanted to do.

One person had needed medical treatment. Staff told us they had asked a community nurse to help them explain what the procedure would involve to make sure that the person understood fully. The person was then able to consent to the treatment. They said, "My operation was for my heart and it is all better now."

People told us they were involved in the preparation of food and helped to choose what they ate each day. At the beginning of the day people were encouraged to make their own lunch to take to their day centre. On return from the day centre people put their lunch boxes in the kitchen in preparation for washing them up later. One person said, "I do the cookery. I do toast and cereals and make my sandwiches." Another person said, "I do the jelly on a Thursday afternoon."

There was a pictorial menu in the dining room which showed what people could eat each day. People helped to put the pictures on the menu and write the names of the food next to it. Staff told us that this was a good way of people practicing their writing and people said they enjoyed being involved in making sure the menu was accurate. People regularly discussed what they wanted to eat at resident's meetings. One person had requested cheese on toast and the menu had been changed accordingly. People told us they enjoyed the food and that it tasted good. One person said, "The food is nice, I like everything which is on my plate, I always eat it all."

One person needed assistance with their diet due to high cholesterol levels. A referral had been made to a dietician and they were supported to eat healthy foods. Staff told us, "[The person] loves a fry up, we try and encourage them to eat healthily but once in a while we'll support them to make one as a treat. They know and understand what they should eat, but sometimes they just need reminding of why." Staff supported people to be weighed regularly to check their weight remained stable.

People were supported to live healthy and full lives. One person had a pacemaker fitted to help regulate their heartbeat. They had been given a pacemaker identity card to carry with them in the event of an emergency describing their pacemaker and how it impacted on the care they should receive. The person was wearing their identity card around their neck; they told us that they always wore it there so they did not forget it when they went out.

Prompt referrals had been made to professionals such as physiotherapists and occupational therapists (OT) to ensure that staff had up to date advice and guidance on how to support people effectively. One person had been advised by an OT to use pictorial prompts instead of relying on staff telling them what to do. The person had a step by step guide in their bedroom on how to brush their teeth effectively. People used a variety of assistive devices including a white stick and a wheelchair to ensure they remained as independent as possible.

Staff assisted people to attend a variety of healthcare appointments and check-ups. One person said, "The doctor comes here to check us over. If I have any problems I go to the doctors." Another person said, "They give you something if you're feeling poorly and they'll take you to the doctors." The outcome of all

appointments was recorded clearly and risk assessments and associated documents were updated regularly as a result.

There was information in place for people to take with them if they were admitted to hospital. This laid out important information which healthcare staff should know, such as how to communicate with the person and what medicines they were taking. People had health action plans in place detailing their health needs and the support they needed.

Is the service caring?

Our findings

People spoke positively about the care they received and the kind and caring nature of staff. One person said, "They are nice, they are happy." Another person said, "They are lovely" and "Staff are nice. They do a lot for me." One relative told us, "[My relative] is very well looked after, staff are very understanding. I'm very happy and they are all very nice people."

People had been living at the service for many years and there was a stable staff team who had worked there for a long time. Staff had built up strong relationships with people and knew them well. One member of staff said, "You work alongside people so they learn to trust you. I make sure they know why I'm here and don't just rush off at the end of the shift." Everyone had good things to say about the staff and everyone said they liked the staff.

One person liked to play the recorder. Staff told us, "We go to church on Sunday and [the person] plays the recorder. They take it everywhere. When we watch football, they'll play the national anthem." The person returned from their day service and staff explained to them why we were there. The person offered to play their recorder for us and played a hymn from memory. Staff and other people clapped and cheered at the end of the music and the person said thank you. The person showed us pictures of them playing the recorder at someone's birthday party.

People personalised their rooms in line with their particular likes and preferences. One person told us they liked swimming. They said, "I can swim four and a half lengths and I have got a badge." They had displayed their swimming badges on the wall in their bedroom. Another person had decorated their room with pictures they had drawn.

People were given the information they needed, in a format they understood, to help them make day to day decisions. They were supported to complete a pictorial weather chart each day so they knew what the weather was going to be like. Staff said that this helped people to decide what to wear so that they were dressed appropriately for the weather outside. One person said, "I do my weather chart in the mornings so I know if it's going to be wet or cloudy or windy."

People were encouraged to use advocacy services if they were needed. An advocate is someone who supports a person to make sure their views are heard and their rights upheld. The provider told us that no one currently used an advocate, but people had friends and relatives who supported them to make important decisions. Information was displayed about advocacy and the support it offered to people.

There was a feeling of equality in the service with everyone involved in the cooking, cleaning and gardening. People were involved in the upkeep of the service and its gardens. One person told us, "I make my bed." Another person said, "I help out in the kitchen over the weekends, I do the washing up." People were proud to show us their garden and the different things they had grown. One person said, "I planted that. I planted flowers and I have a tomato plant." Another person told us about the jobs they had completed at the weekend. They said, "I dug the weeds up and used a shovel and there were four bags of weeds" and "I

cleaned the pond out."

Staff treated people with respect and dignity. One person returned to the service and wanted to be introduced to us. They were blind. Staff spoke in a low voice to the person, reassuring them that they were there and that the floor was clear. Staff encouraged the person to use their white stick so they were able to work out where they were and where they needed to go. They then pulled out a chair for the person to sit on. The person was then able to speak to us about their thoughts on the service. They were given the assistance they needed in a discrete manner.

People were supported to stay in touch with their friends and relatives and visitors were always welcome at the service. Staff told us, "We make sure [the person] rings their brother twice a week and [the person] calls their brother on a weekly basis." People were supported to buy presents and cards and send them to loved ones on special occasions. One person was on holiday with their family on the day of the inspection.

People's care plans and associated risk assessments were stored securely and locked away. This made sure that information was kept confidentially. When we asked questions about people staff answered in a quiet voice so not everyone was able to hear.

Is the service responsive?

Our findings

Staff were responsive to people's needs. One person told us, "I like it here with the staff and my friends." A relative told us, "My relative can go out on their own and do things, but the staff organise things so they don't get bored. Staff introduced them to the local Mencap and they are always out doing things."

People were involved in writing their care plans and risk assessments and participated in their annual reviews. People signed their risk assessments and care plans to show they had been involved in writing them and to give them ownership of them. One member of staff said, "We sit down with people and talk through their care plans, then they sign it." Care plans were regularly updated when people's needs changed.

People had weekly planners in their bedrooms outlining what they were doing that week. They regularly attended day services where they participated in formal activities such as woodwork and baking. One person said, "I have Wednesday off, when I'm not at the day centre. I like to sit out in the garden and enjoy being out in the sun." The service also organised a variety of in house activities. People showed us the different flags they had made to support different countries during a recent football tournament. People had also decorated Easter pictures, including Easter chicks and eggs. One person said, "Look I made this one" and spoke with staff about the different colours they had used.

People showed us pictures of parties and BBQs which had been held at the service. One person pointed at a picture and said, "This is what we do in the Summer, I made the salad. I like handing it out to people." People each had responsibility for the salad, bread and meat, ensuring that everyone was involved. One member of staff said, "When the weather is nice we like to do something special, in the Summer we will quite often have a BBQ and make an effort as it is nice to be in the garden."

People were actively involved in the local community. People attended a local church and regularly went to coffee mornings and plant sales there. People were involved in a local swimming club, the local branch of Mencap and regularly attended day centres. One person had a regular paper round which they completed without support. They always delivered papers in the same area, to the same houses so they were able to do it independently. Staff told us that the person really enjoyed delivering the papers. Sometimes, if there was additional leaflets to deliver, other people would help to fold them.

One person had been given advice on what drinks to have to help them have a good night's sleep. There was pictorial information displayed in their room to remind them about which drinks they should avoid before bed.

Staff supported people to use a range of aids and adaptations to retain their independence. One person had a talking watch so they were able to tell the time. The person showed us their watch and said, "This is great, it means I know how long I have when I go out or do something." They also had a weekly podcast delivered so they were able to listen to the news and keep up to date on current affairs.

People told us that if they had any concerns or problems they would talk to the staff. One person said "If I wasn't happy I would speak to someone" and "There is nothing I want to change." Another person said, "I'd speak to the staff and they would sort it out." Staff knew people well and noticed if and when people were anxious or upset about something. Staff noticed that one person appeared upset, staff sat and spoke with the person and suggested an activity, and the person appeared happier after this.

There had been no complaints in the past year. The provider displayed the complaints procedure in the entrance hall. People had copies of an easy read complaints policy in their bedrooms, which was written in a format they understood. They were encouraged to air their views at regular 'residents' meetings.

Relatives were regularly surveyed to ask for their opinions on the service. One relative told us, ""If I have rung with any concerns they are always dealt with quickly and professionally."

Is the service well-led?

Our findings

The service had been run by the provider for over 20 years. The service was a small, family run business and there was a staff team of four, who all knew people well and had worked with them for some time. One relative told us, "My relative has a full and busy life, and does all the things that they enjoy. The service has always ensured that this is the case."

People and their loved ones were fully involved, in a meaningful way, in developing and shaping the service. There was a culture of inclusion and equality with everyone taking a role in the running of the service. Everyone took part in some way in the cooking, gardening and cleaning and in regular resident's meetings.

There were links with the local and wider community and people had friends in the local area. People had built relationships with people at local churches and were supported to keep in touch with their friends and family and to make new friends.

There was a culture of openness and honesty; staff spoke with each other and with people in a respectful and kind way. Staff knew about the vision and values of the service which was based on equality and mutual respect. The provider told us the aim of the service was to promote independence and respect people's privacy and dignity, whilst supporting them to stay safe.

The provider worked alongside staff so they could observe and support them. The provider told us, "I'm always here, it's a small service and important to me, so I'm here for staff and the people who need me." Staff understood their roles and knew what was expected of them. Staff were supported by the provider who was skilled and experienced in providing person centred care. The provider knew people well and had worked with people with learning disabilities for over 30 years. Staff told us they felt well supported and felt comfortable asking the provider for help and advice when they needed it. The provider employed an external consultant who offered additional support and guidance when necessary.

The provider understood relevant legislation and the importance of keeping their skills and knowledge up to date. They were a trained learning disability nurse and had a level four qualification in leadership and management. The provider agreed that attending more local groups and forums would help them to network with other managers and keep abreast of best practice. They said that now there were only three people living at the service they would have more time to do that. The provider had notified the Care Quality Commission of important events as required. Documents and records were up to date and readily available and were stored securely.

People, their relatives and staff were asked for their feedback about the service on a regular basis.

The provider sent out questionnaires to people's relatives and tailored them according to people's individual needs. Visiting professionals were not currently surveyed. The provider said they would include doctors and other professionals in the future. There was no summary or publication to people, staff and stakeholders of the results, to show continuous improvement and the action the provider was taking. This

was an area for improvement. Feedback had been read and considered and the provider acted to address any issues that were raised. All the feedback responses we saw were positive and included "Always very friendly and approachable. Never had a problem" and "Keep up the good work."

Checks and audits were carried out regularly of the environment, records, staff training and support. The provider carried out quarterly and yearly audits and produced reports that had actions allocated to staff to complete to improve the service.