Verity Healthcare Limited

Verity Healthcare - Haringey

Inspection report

2-8 Fountayne Road
London
N15 4QL

Tel: 02036435295
Website: www.verityhealthcare.org.uk/haringey

Date of inspection visit:
11 May 2022
13 May 2022

Date of publication:
27 July 2022

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?	Requires Improvement

Summary of findings

Overall summary

About the service
Verity Healthcare – Haringey is a domiciliary care agency. The service provides personal care and support to people living in their own homes.

Not everyone using Verity Healthcare – Haringey receives personal care; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection there were five people receiving personal care.

The provider is also registered to provide Treatment for Disease, Disorder and Injury but as at the last inspection they advised us they were not delivering this at the time of our inspection and had not done so since the last inspection.

People's experience of using this service and what we found
We found improvements had been made since the last inspection. There were some minor inconsistencies in some record keeping which the provider had identified and were working to resolve.

Staff understood how to protect people from abuse or neglect. The registered manager and staff understood their role in safeguarding adults.

Risks to people were assessed and staff had guidance on how to minimise risks where they were identified.

People received support from staff to take their medicines safely. There were enough staff to meet people's care needs. Robust recruitment checks were carried out before staff started work to protect people from unsuitable staff.

Staff followed government guidance in relation to infection prevention and control. Staff had received training on COVID 19 and the use of personal protective equipment (PPE).

Staff received the training and support required to meet people's needs. People received support from staff to maintain a balanced diet, where this was part of their support needs.

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 support this practice.

People using the service told us they were treated in a caring, manner and staff treated them with dignity and respect and encouraged their independence. They said staff sometimes stayed longer than the planned care time and acted to support them above and beyond their planned care.

People had a person-centred plan for their support which they told us was regularly reviewed. They told us they had not needed to complain but knew how to make a complaint if they were unhappy with the service.

People had access to information about the service in a format that met their needs. Staff received training in end of life care and understood how to meet people's needs.

There were systems in place to monitor the quality of service that people received. Regular audits and spot check were carried out. Staff said they received good support from the registered manager and care coordinator.

People and their relatives' views about the service were sought regularly through telephone monitoring, spot checks and satisfaction surveys. Feedback they received was used to improve the service.

The provider had introduced a number of initiatives including the purchase of interactive water bottles which helped remind people of the importance of staying hydrated. These helped to improve the quality of people's care.

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

Rating at last inspection and update
The last rating for this service was inadequate (Report published 03 December 2021) and there were breaches of regulation.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 03 December 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

The overall rating for the service has changed from inadequate to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Verity Healthcare- Haringey on our website at www.cqc.org.uk.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not consistently well-led. Details are in our Well-Led findings below.	**Requires Improvement**

Verity Healthcare - Haringey

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection site visit was carried out by two inspectors. An Expert by Experience made calls to people using the service or their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because we needed to allow for the provider or registered manager to seek permission to contact people and their relatives for feedback about their experiences to support the inspection.

Inspection activity started on 11 May 2022 and ended on 13 May 2022. We visited the location's office on 11 May 2022.

What we did before the inspection
Before the inspection we reviewed the information we had received about the service including notifications they sent us. We asked for feedback from the local authority who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and a representative of the provider.

We reviewed a range of records including five care plans and risk assessments medicines records and daily notes. We looked at two staff recruitment and training records.

We looked at records related to the management of the service such as call monitoring records and audits.

On 13 May 2022, the Expert by Experience spoke by phone with two people using the service and two family members to understand their experience of the service. The inspectors spoke with five care workers and one care supervisor by phone to understand their views about the service .

We contacted two health professionals to understand their views about the service but did not receive any feedback.

Good

Is the service safe?

Our findings

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

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection on 22 March 2021 we found the provider had not always managed medicines safely. This was a breach of regulation 12(1) (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Medicines were administered safely. Not everybody using the service was supported with their medicines. People and their relatives told us they were happy with the support they received. A relative said, "There are no issues there." The provider told us family members said they liked being able to access their relative's care records, but we did not hear this from families ourselves.
● There were medicines risk assessments that identified any possible risks and a risk management plan. Where people managed their own medicines staff had information about the medicines they were taking to understand any possible risks.
● Staff had medicines training and competency assessments were carried out to ensure they had the skills to administer medicines safely.
● Staff completed electronic and paper medicines records. The provider told us this was because there could be some issues with staff successfully entering the recording electronically due to signalling.

Assessing risk, safety monitoring and management

At our last inspection on 22 March 2021 we found the provider had not always identified or assessed risks to people effectively. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

● Staff assessed possible risks to people and there were risk management plans to protect them from possible harm. Where people might experience risk due to their health needs such as their mobility or diabetes risk assessments guided staff on how to best reduce and manage possible risks and any warning

signs. Where people used equipment to support their health needs staff had guidance on how this operated and how to assist them if required.
● Risks in relation to the environment were considered and monitored.
● Where people's needs changed the registered manager raised appropriate referrals with health and social care professionals to reduce risk such as requests for suitable equipment. We identified one smoking risk assessment that needed updating due to a change in need. This was acted on by the registered manager.
●Staff confirmed they had first aid training. They knew how to seek appropriate medical help in an emergency.
● Staff told us the out of hours on call service was reliable and the office was responsive at acting on any concerns they raised about any changes to people's needs or risks. We confirmed this from records.

Staffing and recruitment

At our last inspection on 22 March 2021, we found staff were not effectively deployed to meet people's care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

● There were enough staff to meet people's needs. People and their relatives said there had been no missed calls which we confirmed from records. They said calls were usually on time and that staff stayed the full duration and sometimes stayed longer to help them. One person said, "Staff timing is fine, they come to suit me."
● There was a call monitoring system to provide the registered manager and care supervisor with oversight of the times and durations of support calls made and identify any issues with late or missed calls. This was monitored to ensure any issues with care were identified as they arose.
● Safe recruitment processes were in place. We checked the recruitment records for two new staff members. We found appropriate recruitment checks had been completed to ensure they were suitable for their roles. The registered manager told us they tried to match people with care workers who shared similar hobbies and interests.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong
● Systems were in place to help protect people from the risk of abuse. People and their relatives told us they felt safe using the service. A relative commented, "Yes. They [staff] are very quick to spot things."
● Staff confirmed they received safeguarding training and knew the different types of abuse and how to raise any concerns. However, two staff we spoke with were not clear where they could go to raise any concerns outside the organisation. We discussed this with the registered manager who told us staff received enhanced training on safeguarding and they would discuss this with staff to ensure everyone was fully aware of who they could approach.
● The registered manager had raised safeguarding alerts appropriately with the local authority and notified CQC as required.
● Safeguarding, complaints and accident and incident forms were monitored by the provider and registered manager to identify any actions needed and understand possible learning. For example, the analysis identified the need to obtain detailed discharge information about people coming out of hospital.

Preventing and controlling infection
● People were protected from the risk of infection because staff understood good infection control practice.

People and their relatives told us staff wore appropriate PPE when they provided care and support. One person said, "They wear aprons, face masks, foot coverings and gloves. Most of the time they wash their hands when they come in."

● Staff had training on infection prevention and food hygiene. They were reminded to test regularly for Covid-19 in line with government guidance.

Good

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs before they started to use the service. These assessments were carried out in consultation with people, their families and health and social care professionals where appropriate. They included all aspects of people's needs and choices, including their culture and any health or disability requirements.
- Assessments were carried out before care was delivered to ensure the service could meet people's needs.

Staff support: induction, training, skills and experience

- People received care from staff who were trained and experienced in their roles. One person commented, "They [Staff] are very competent." Staff said they thought they had sufficient training to meet people's needs.
- Staff received training to across a range of areas to support them to deliver effective care. They received additional training where people had specific needs such as catheter care or end of life care. Staff training in some areas such as medicines or more specialist care was assessed through a competency check to ensure staff were competent.
- Staff received an induction when they started to work for the service, which included some shadowing of experienced staff. Staff new to health and social care completed the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff confirmed they had regular supervision which supported them in their roles. They said the provider supported them to undertake additional training in health and Social Care for their development

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

- Where people were supported to eat and drink there was a plan for their care to meet their needs and preferences. For example, one care plan guided staff to cut food up into small pieces to make it easier for the person to eat independently. People's needs and wishes and any risks in relation to eating and drinking was discussed with them. Care notes showed staff supported them in line with the plan.
- Staff knew people well and understood their preferences, dislikes and any cultural dietary needs. Staff said they supported people to enjoy a balanced diet.
- The provider had water bottles they could provide where appropriate these flashed at intervals to remind people to stay hydrated.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

● The service supported people to receive effective care from other professionals where this was appropriate. Staff sought medical help or attention when people were ill or had fallen. The registered manager contacted GP's or pharmacists to check on any changes to people's health or medicines where this was part of their care.

● Records showed the registered manager referred people to relevant agencies and health professionals for example an occupational therapist and the local authority in relation to their identified needs where appropriate.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

● Staff followed the principles of MCA. People told us they were asked for their consent before care or support was provided and care notes confirmed this. We saw people has signed consent forms agreeing to the service providing care and support.

● Staff had training on MCA and told us they sought people's consent at all times.

● The registered manager told us that nobody using the service lacked capacity to make decisions about their care and support needs but if they did they would carry out a capacity assessment and best interests meeting with relatives and health professionals if needed.

Good

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who knew them well and respected their diverse needs. People and their relatives told us they were supported by staff who were kind and caring. One person remarked, "I've got three very good helpers who do everything for me." A relative commented," The quality of care is good." The service had a compliments folder which included positive comments people and relatives had sent about staff.
- People were supported by the same staff group which they said enabled them to build relationships. Some people and their relatives commented that staff would sometimes go over and beyond the planned care needs to support them. A relative told us, "They sometimes stay beyond time and are quite helpful, doing things outside their duties like sweep or mop up."
- We saw an email compliment from a health professional that said "[Staff member] came across as a carer who consistently goes that extra mile." A relative remarked, [Staff, brought a pot plant and made a big fuss of [family member] on her birthday which pleased her." Where people were no longer able to go outside staff had brought some plants for them to enjoy inside.
- People's diverse needs were identified and assessed in their support plans. For example, people's cultural needs in respect of their diet were supported. Staff received diversity and equality training to ensure they understood how to support people's diverse needs. A staff member commented, "We are not here to make judgments, we support everyone."

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

- People were actively involved in making decisions about their care. People and their relatives said staff involved them in making decisions about the care and support they received. They told us the service was responsive to their needs.
- Staff said they involved people as much as possible in day to day decisions about their care and support. People's support records confirmed this.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. People and their relatives told us staff promoted their dignity and independence. A relative commented, "[Staff] get on well with my [family member]. They treat them with respect and are very courteous."
- The provider told us staff were always introduced to people before they started to deliver care. The

registered manager showed how they tried to match people to staff with similar interests or in line with expressed preferences.

● Staff told us how they would help support people's dignity for example, by closing curtains and covering them while they were supported with their personal care.

● Care plans detailed the things people liked to do for themselves so that staff were aware of what they could manage independently. For example, in relation to their personal care or food preparation. Care notes showed people were able to guide staff and ensure they received support in a particular way and care notes were written in a respectful way. Feedback from telephone monitoring showed staff encouraged people's independence. One person had remarked, "The care is going very well. I am prompted to do things for myself."

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans that were person centred and addressed their needs. They contained information on people's wishes and preferences and their life history so that staff could get to know them better.
- People and their relatives confirmed they were involved in reviewing the care plans and that they reflected their needs. One relative commented, "I'm very happy with the service they have provided and we've now got into a good routine."
- Staff knew the people they supported well and had good knowledge of people's care needs.
- After the inspection the provider told us they produced information sheets about key topics, such as COVID-19 and malnutrition. They told us they shared these sheets with people and their relatives to inform them about their care.
- Some daily care notes staff completed were detailed and gave a good picture of how people were supported so there was an accurate record of their care. Other care notes were less detailed, and did not always provide a complete record of the care given. The provider had identified this issue from their audits and we saw they were working with staff to improve the quality of the record keeping.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and support plans guided staff on how to support any communication needs.
- Information could be made available in a range of formats to meet people's needs. The service user guide had been translated into other languages and braille and was available if required.
- Where people's first language was not English records showed the registered manager would try to match them with staff who spoke the same language where possible.

Improving care quality in response to complaints or concerns

- There was a system to manage and oversee complaints. The registered manager told us there had not been any complaints since the last inspection.
- People and their relatives said they had not needed to complain but they knew what to do if they were

unhappy with anything and were positive it would be addressed. A relative told us, "If anything was wrong, I'd phone the office, they are very conscientious."
● The service user guide contained information about how to raise a complaint, the complaint process and what to do if you were unhappy with the outcome of the complaint investigation.

End of life care and support
● People received care and support at the end of their lives. People were supported to make decisions about their preferences for end of life care if they chose, and these were retained in their care records.
● Where staff supported people at this stage in their lives they told us they had received training on end of life care. The registered manager had attended Gold Standard Framework End of Life Care. Gold Standard Framework is an accredited recognised framework of training for front line health and social care staff.
● The service was supporting one person with end of life care at the time of the inspection. Staff worked with the local hospice team to ensure people's needs and wishes were met. Feedback we saw from a member of the palliative care team was complimentary about a care worker. They said, "You could see from their interactions that patient care is at the centre of everything. I just wanted to highlight the excellent standard of care [staff member] gives and how it is making a huge difference at what is a difficult time."

Requires Improvement

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.

At our last inspection we rated this key question Inadequate. At this inspection the rating has changed to requires improvement.

This meant the service management and leadership was inconsistent.

Continuous learning and improving care

At our last inspection on 22 March 2021 we found systems were either not in place or robust enough to ensure the service was effectively managed. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Considerable improvements had been made across the service since the last inspection. However, we found inconsistencies in a small number of records at the inspection. For example, one care plan referred to a person using a stair lift when there was not one there. The same care plan stated staff were involved in supporting someone to access their pension, which we were told was inaccurate and we were shown a different financial care plan on the electronic system. These issues could cause confusion should unfamiliar staff be needed to provide care in an emergency and rely on printed records.
- The provider's representative told us there were problems with the IT system for care plan records which they had notified to the IT provider. They said this could cause inaccuracies when records were printed out. The provider's representative told us they were working on a new IT system, not yet in use, which they said would resolve these problems and work in an improved way. However, they had not checked the records they gave us for accuracy, despite being aware of the issues, which meant plans to manage this issue were not always effective.
- We found some minor discrepancies with other records. For example, one signature for a staff competency record for suppositories predated the competency assessment dates. Another competency assessment referred to another staff member within it. The risk assessment that needed updating due to change in need had not been identified by the provider's audits. The registered manager updated the risk assessment but it contained some contradictory information. After the inspection the registered manager sent us an updated risk assessment that removed the contradictory information.
- The provider had a system of audits and checks across the service to monitor quality and identify areas for improvement. There was an oversight and analysis of accidents, incidents and safeguarding to identify any improvements needed. Call monitoring, care records, out of hours records, medicine records, daily records were frequently audited and actions identified to address any issues and to consider learning. The provider used an improvement plan to help identify areas for improvement across the service.

● While considerable improvements had been made across the service it had been rated Inadequate at the last inspection. The provider needed to demonstrate the improvements could be sustained over time for us to be assured that improvements had fully and consistently embedded.

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

At our last inspection on 22 March 2021 we found concerns about the nominated individual and registered manager's skills and conduct. These were breaches of Regulation 6 (Requirements of service providers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and Regulation 7 (Requirement relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulations 6 and 7.

● There had been a change of nominated individual following the last inspection. There had been two registered managers at the last inspection, but only one of these was now in post as registered manager. They told us they had undertaken training on the registered manager role and end of life care since the last inspection; which we verified from records.
● The registered manager understood their role and responsibilities and knew what they were required to notify CQC about. They understood the needs of the people the service supported and the needs of the staffing team.
● People and their relatives said they thought the service ran smoothly. One person commented that they thought the service had improved. Another person and a relative said they had not noticed any changes. They said, "It's been much of a muchness." People and their relatives knew the registered manager. A relative commented, "The manager takes a keen interest to make sure the service they provide is running well – she has come out on several occasions."
● Staff said they understood their roles and there was good support from the office and out of office hours. Some staff commented that they thought there had been improvements at the service. One staff member said, "In the past things were more relaxed but now there are stricter rules in place. We have more guidance."
● The organisation carried out lone worker risk assessments to reduce potential risk to staff. Staff were kept updated with any important changes or information from the service through a variety of means such as secure phone apps and a newsletter.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection on 22 March 2021 we found the registered manager had not always acted openly and transparently in relation to incidents or complaints. This was a breach of Regulation 20 (Duty of candour) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 20.

● The registered manager demonstrated understanding of their responsibility under the duty of candour. They told us they were aware of the need to report issues or concerns to people's relatives, the local

authority and CQC when required.
● We were told there had been no serious safety incidents since the last inspection. Records showed that the registered manager had apologised to people and families when their support call had been late or where a staff member had not worn appropriate PPE.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Working in partnership with others
● The provider and registered manager promoted an inclusive and open culture and worked to achieve good outcomes. People confirmed they were involved in their care and records showed, where appropriate, the service worked in partnership with health professionals or other agencies.
● Since the last inspection the registered manager had introduced some new initiatives to improve people's quality of life, for example staff training on 'Ten golden rules' for staff to follow to ensure they could effectively support people and to remind staff of the values the service promoted. Medicines alarms could be made available to people where they may self-administer medicines outside of support call times and drinks bottles that indicated to remind people to drink fluids regularly.
● We were shown a compliments folder with emails or letters sent by relatives to the service to thank them for the care of their loved one.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People's and staff views about the service were actively sought to promote their involvement in the service. People and their families told us they were regularly asked for feedback about the service, through spot checks, telephone monitoring and surveys. One person said, "The lady who's in charge comes out and asks us all sorts of questions." A relative commented, "The director of the company rings us from time to time to check the carers are doing everything properly and ascertain if we've got any questions.
● The provider analysed feedback from the different sources to consider for any improvements. The survey analysis recorded high satisfaction with the service.
● Staff told us they felt involved in the service and their views respected. Staff confirmed meetings were held by the provider and registered manager to discuss aspects of the service and listen to their views to understand where things worked well and where improvements could be made.