

Papillon Care Limited

Bramble Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on 25 and 31 July 2018. The first day of the inspection was unannounced, which meant that the staff and provider did not know we would be visiting. The second day was announced.

This service provides support and accommodation for up to 41 people who are assessed as requiring residential or nursing care. This includes support for people living with dementia and/or mental health conditions. At time of our inspection there were 19 people living at Bramble Lodge Care Home.

Bramble Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home is a purpose built, detached building in a residential area of Middlesbrough. It is set out over two floors.

At our last inspection in January 2017 we found that there were continued gaps in records in all areas looked at. Audits had not highlighted any of the concerns which we found during inspection. Staff completed records for people when they had not been involved in their care and care records were not completed in a timely manner. A safeguarding alert for neglect had been upheld in respect of record keeping. We issued a warning notice for this breach of Regulation 17 (HSCA RA) Regulations 2014 in relation to Good governance. We asked the provider to make improvements in this area.

Whilst improvements had been made to quality assurance systems within the service, audits had not identified issues we found with staff training and the fire procedure. We have made a recommendation about provider audits.

We also found at the last inspection that people's care records did not show if they were subject to a 'Deprivation of Liberty Safeguard,' (DoLS). Care plans did not contain any information about people's capacity to consent or their level of understanding in each of their identified care needs. Staff displayed limited knowledge and understanding of DoLS and best interest decision making had not been carried out when needed. This was a breach of Regulation 11 in relation to the need for consent. We asked the provider to make improvements in this area and this action had been completed.

When we inspected the service, the manager was going through the process of becoming a registered manager having taken up their position in February 2018. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered person's'. 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.

We found during this inspection that the fire evacuation procedure was not clear. Information provided by staff was inconsistent and contradicted information on notices displayed throughout the building. The manager sent us information following the inspection showing that the fire procedure had been rewritten

and that liaison with the fire brigade had taken place. They also provided us with the dates that staff would be trained in the new procedure.

Nursing staff had not always received training or refresher training to develop and maintain their clinical skills in areas such as catheter care. The manager had ensured that care staff were scheduled to have or had received training to be able to carry out their role, including training in areas the provider deemed as mandatory such as health and safety, safe food handling and falls prevention. However, there was no evidence that staff had received face to face people movement training, only an online version. This meant that their competency in this area may not have been thoroughly assessed. The manager sent us a plan following this inspection which set out how the training issues identified would be addressed.

People's files contained the information staff needed to support them. General risk assessments were in place and regularly reviewed. Risks to individuals were also documented with information available for staff in how to manage these in order to reduce the risks to people.

We found that whilst medicines were administered appropriately the administration of medicines was not always recorded correctly.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

The environment was clean and staff knew how to help control the spread of infection. Equipment checks were undertaken to help ensure the environment was safe. We did however identify that wardrobes had not been secured to walls creating a risk to people living with dementia. Emergency contingency plans were in place.

Policies and procedures were in place to support staff in protecting people from harm, such as safeguarding and whistleblowing policies. Staff knew how to identify and report suspected abuse. People and their relatives felt the service was safe.

There were sufficient numbers of care staff on duty to ensure people's needs were met. Safe recruitment practices were in place. Pre-employment checks were made to reduce the likelihood of employing staff who were unsuitable to work with vulnerable people.

Staff said that they were supported through regular supervision and that they felt they could approach the management team if they had any issues.

People had access to a range of healthcare services such as GPs, hospital departments and dentists.

People's nutritional needs were met and they enjoyed a diet that met their preferences. People told us they enjoyed the food.

The premises were spacious and tidy however some areas required updating to ensure they were suitable for people living with dementia.

People were supported by a regular team of staff who were knowledgeable about their likes, dislikes and preferences. Visitors told us that they were made welcome.

Staff members were kind and caring towards people. People's privacy, dignity and independence were respected. The policies and practices of the service helped to ensure that everyone was treated equally. Care

plans included information about people as individuals including their preferences. End of life care procedures were in place.

Staff encouraged people to access a range of activities and to maintain personal relationships.

Meetings for staff took place regularly. Meetings for relatives and people living at the service were not well attended. The manager was considering how this could be improved.

The service worked with a range of health and social care professionals to ensure individual's needs were being met. Feedback was sought to monitor and improve the service.

Staff were positive about the management team. They confirmed they could raise concerns. Learning took place following reviews of accidents and incidents where themes and trends were addressed. A clear complaints policy and procedure process was in place.

This is the fourth consecutive time the service has been rated Requires Improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

The fire evacuation procedure was not clear.

The administration of medicines was not always recorded appropriately.

Staff had been trained in safeguarding people and were knowledgeable about the potential signs of abuse. There were enough staff available to meet people's needs.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Staff had not always had the up to date training they required to meet the needs of the people they supported.

Consent was sought from people before tasks were undertaken.

Care plans included information for staff about how to support people as individuals. Staff were knowledgeable about people's needs.

Requires Improvement ●

Is the service caring?

The service was caring.

People and their families told us staff were kind and caring.

Staff interacted in warm, light-hearted and caring ways with people.

People's independence was promoted.

Relatives told us they were made welcome.

Good ●

Is the service responsive?

The service was responsive.

Good ●

A range of activities were on offer to people living at the service.

People knew how to complain if they needed to.

End of life policies and procedures were in place for when they were needed.

Is the service well-led?

The service was not always well-led.

Quality assurance systems were in place however they had not identified the issues with the fire procedure and training that we found during this inspection.

People and their relatives were provided with opportunities to provide their feedback on the quality of the service.

The management team were open and keen to address the areas of improvement identified during this inspection.

Requires Improvement 

Bramble Lodge Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This unannounced comprehensive inspection took place on 25 July and 31 July 2018 and was carried out by one adult social care inspector.

Prior to the inspection we contacted the commissioners of the relevant local authority, the local authority safeguarding team, the fire service and other professionals who had worked with the service to gather their views on the service being provided at Bramble Lodge Care Home. We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

Before the inspection we reviewed all the information we held about the service, which included notifications submitted to Care Quality Commission (CQC) by the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

During the inspection we spoke with five people who used the service and four relatives of people using the service. We reviewed a wide range of records, including four people's care records and four people's medicines records.

We looked at four staff recruitment files, including supervision, appraisal and training records, records relating to the management of the service and a wide variety of policies and procedures. We spent time observing people in the communal areas of the service.

We spoke with 13 members of staff, including the manager, the deputy manager, seven care staff, a lifestyle support worker who arranged activities, the chef, the maintenance person and the provider's operations manager.

Is the service safe?

Our findings

We found that the fire evacuation procedure was not clear to all staff. Signs displayed throughout the home stated that two staff would remain upstairs with people if the fire alarm sounded whilst the rest of the staff team would assemble at the fire panel. Some staff told us that one staff member would remain upstairs whilst others said that everyone would assemble at the fire panel as this was the instruction given by the fire brigade. Another staff member said only one staff member would come downstairs to the panel. This meant that people may be put at risk of a delay in their evacuation if staff responded in different ways to the fire alarms sounding. Some staff told us they were not able to follow advice given by the fire brigade as this did not work with the people they were currently supporting.

We discussed the inconsistencies around the evacuation procedure with the manager who sent us information following this inspection to confirm the procedure had been clarified with the fire service and that staff would be given additional guidance and training in how to follow the evacuation plan. Regular fire drills had taken place. Records confirmed that the fire alarm was tested on a weekly basis and fire equipment was serviced regularly. People had Personal Emergency Evacuation Plans (PEEPs) which informed the staff of how to help them leave the building quickly in case of an emergency and would support emergency services should they be needed to support an evacuation of the building.

Contingencies were in place to keep people safe in the event of an emergency. The provider had a business continuity plan which set out how people's needs would continue to be met in the event of an unforeseen incident such as a flood or power failure. Staff had guidance on who to contact in the case of such an emergency.

Medicines were administered safely however we found that one staff member signed for medicines on a Medication Administration Record (MAR) before administering it. If the person had refused the medicine or it has been spoilt this would have resulted in an incorrect recording. We discussed this with the manager who informed us that they would refresh the administration procedure with staff members. One person told us, "They [the staff] make sure they remind me to take my tablets." We observed a medication round and saw people were given the support and time they needed when taking their medicines. Staff who administered medication had their competency assessed.

A transdermal patch is a medicated adhesive patch that is placed on the skin to deliver a specific dose of medication through the skin and into the bloodstream. We asked for the provider to review their transdermal patch application form as the current form did not include instructions required for application of the patches such as how to rotate them around the body to ensure they were being applied correctly and avoid skin irritation.

Some people were prescribed PRN (as required) medicines. PRN protocols were in place to assist staff by providing guidance on when PRN medicines should be administered.

We asked people and their relatives if they felt Bramble Lodge Care Home was safe. One person said, "It's as

safe as anywhere could be for me." One relative said, "It's as safe as safe can be."

Systems and procedures were in place to keep people free from abuse. Staff had access to the provider's safeguarding policy. Records showed that the staff team received training in safeguarding. The staff we spoke with understood how to keep people safe including what to do if an allegation of abuse was made. They were aware of whistleblowing procedures. They informed us that they were confident the manager would respond to any concerns raised.

People and relatives told us there were enough staff on duty to support people with their needs and this supported our findings on the days of the inspection. Members of staff were available in the communal areas. The manager regularly assessed staffing levels were sufficient using a dependency tool. One staff member said, "Staffing levels are fine at the moment." A relative told us, "Staff ratios are really quite high, they are available to meet people's needs."

We looked at four staff files which showed that safe recruitment procedures were in place and followed. Staff completed an application form and any gaps in their employment history were checked out by the provider. Two references were obtained prior to staff starting work at the service. A Disclosure and Barring Service (DBS) check was carried out before staff commenced work. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people from working with children and vulnerable adults.

People's care files included the information staff needed to support them. General risk assessments were in place to try and ensure that risks to people were reduced. Risks such as the lift and stairs, bed rails and moving and handling had been identified and control measures had been put in place to reduce the risks identified. Individual risk assessments were also in place to reduce risk to individuals, for example, for people who were living with diabetes or at risk of falling.

People were transferred using equipment in a safe and competent manner. Regular checks of hoists and lifting equipment had taken place to ensure the manual handling of people was undertaken safely.

Equipment was maintained in line with manufacturer's recommendations. Checks were made regularly on items such as window restrictors, call systems and wheelchairs to ensure they were safe to use. Records showed that regular maintenance checks of the building took place. The maintenance person carried out a daily check of the building and grounds. Certificates showed that checks had been carried out in areas such as gas safety, electrical appliances and emergency lighting. Weekly checks took place of bedrooms covering areas such as flooring, lighting and toilet seats to identify any issues.

We saw that wardrobes had not been bolted to the walls, this created a risk to people with dementia. The manager informed us that this had been addressed following the inspection.

Infection control policies were being followed by staff in their day to day practices such as wearing gloves and aprons to reduce the risk of infection. Staff told us they had supplies of personal protective equipment available to them whenever they needed it.

Adverse events were shared with staff. The manager gave us instances of how lessons had been learnt. For example, in response to a complaint being received they had meetings with staff where they focused on how staff could communicate better with families and professionals. This was an issue which had been highlighted within the complaint investigation. Records showed systems were in place for reporting,

recording, and monitoring significant events, incidents, falls and accidents.

Is the service effective?

Our findings

Records showed that some nurses had not received all of the clinical skills training they needed to meet the needs of people requiring nursing care. One nurse told us they had not been trained in clinical procedures such as venepuncture and catheter management and felt they needed this training. Venepuncture is the puncture of a vein as part of a medical procedure, typically to withdraw a blood sample or for an intravenous injection. We discussed this with the manager who stated that they were aware of the need for additional and refresher training for some nurses employed. They told us that this issue had not impacted upon people supported at the time of the inspection. Following this inspection they sent us details of training they had sourced in this area. They also sent us a risk assessment which set out how people's nursing needs would be effectively managed until the training was carried out.

Care staff received online training in 'People Movement', however there were no records available to show that their competencies in this area had been recently assessed which could put people requiring transfers at risk if carried out incorrectly.

Following this inspection, the manager wrote to us to inform us that they had sourced the appropriate training for both nursing and care staff with dates scheduled for completion.

Staff inductions were completed. Mentors observed new staff undertaking tasks and signed them off when the new starter was assessed as competent. This helped to ensure recently recruited staff were suitable for the roles in which they had been employed.

At the last inspection in January 2017 we found that Deprivation of Liberty (DoLS) Safeguards were in place, however, decision specific best interest's decisions had not been carried out when needed. We found this had now improved.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Records showed the care home was following the requirements of the Act regarding DoLS. We spoke to staff and they showed an understanding of the principles of the MCA. We saw that boards in the nurse's offices clearly identified which people were subject to a DoLS authorisation.

For people who did not always have capacity, mental capacity assessments had been completed for their care and treatment and some decision specific MCA assessments had been completed. We saw best interest

decisions for people lacking capacity in the areas such as use of bedrails, however, we found best interest decisions were not in place for people unable to consent to the use of lap belts. The manager sent us evidence after this inspection that these had been completed.

Some people had made advanced decisions on receiving care and treatment and 'Do not attempt cardiopulmonary resuscitation' (DNACPR) orders had been completed appropriately and signed by the person's GP.

The care records we looked at demonstrated how the person's needs were assessed on admission to the service and then on a regular basis. We saw that one person's file contained a record relating to a person with the same first name who did not reside within the building. The information had been sent to the service by mistake and was attached to some information about one of the people residing in the home. This had not been picked up when the information was filed or during the monthly audits of the care file that had taken place. We discussed this with the manager who immediately took action to address the issue.

People's nutritional health was monitored using a screening tool (MUST). MUST identifies adults, who are malnourished, at risk of malnutrition (undernutrition) or obese. MUST assessments and weight recordings in the files we viewed were up to date.

People said they were supported by staff who knew their individual needs, likes, dislikes and preferences. A relative told us, "I am satisfied and content for [person] to be there. Understanding staff are available who have had the training to meet [person's] needs and who understand mental health."

Handovers took place between nurses at the beginning of each shift. This enabled the responsible person on shift to gather the up to date information they required to support people. Information from these handovers was then passed on to the rest of the staff team.

Staff recorded how people had been throughout the day and overnight and records included information about care and support that had been given. Communication books were also used to pass on information. A relative told us, "Communication is good with the home, staff are always quick to stop and chat and give us an update."

Staff told us they received supervision from the management team and that the manager was available for support if they had any concerns. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The provider informed us that appraisals had not taken place for staff under the previous management team however they had met with staff individually and scheduled mid-year reviews for all staff members which would assess their skills and abilities. The manager had also recently implemented clinical supervision and peer support for nursing staff.

People were supported to maintain a balanced diet and had a choice of areas where they could eat. We asked people about meals, snacks and beverages and the response was positive. One person commented, "The food is very good." Snacks were available to people should they want them.

We observed the dining areas over two lunchtimes and saw that meal times were not rushed. A pictorial menu was available to help people chose their meal but this only showed one choice on both days of this inspection. The manager told us that they were currently sourcing more pictorial information to display. We saw, however, that people had still been able to choose to eat different meals.

The catering staff we spoke with were knowledgeable about specialist diets and provided for specific needs

such as pureed diets. The cook ensured where people had soft diets these were presented in an attractive way. People were supported to have enough to eat and drink and were encouraged to maintain a healthy and balanced diet. People were given the opportunity to feedback their views about the meals. One person told us, "The food is lovely here." One relative said, "[Name] loves the food."

People were able to access support from external professionals to maintain and promote their health. Where needed staff supported people with routine health care appointments. People's records contained information on communication with professionals such as GPs, district nurses, the falls team, dentists and hospital departments. We saw that referrals had been made where an issue was raised, for example we saw that one person the staff had nutritional concerns about, had been referred to the dietetic service.

The building required further work to meet the needs of people living with dementia. Some areas of the building had signage and themed areas to help people find their way around but not all. The manager told us that they had plans to improve the building to make it more dementia friendly. People's bedrooms were personalised with their own belongings to make them feel at home. The design of the building did not restrict the use of equipment to aid people's mobility.

Is the service caring?

Our findings

People told us they felt staff were very caring and they were happy living at Bramble Lodge Care Home. One person said, "The staff are lovely." One relative said, "It's brilliant." Another told us, "The best thing about the place, is the care staff. There is lots of continuity. They get to know the people and their particularities. They are caring and on the ball."

We saw staff providing support in a kind, caring manner. Staff were patient and calm. One staff member said, "Staff have been here a long time, we have a loyal team of care staff." The staff we spoke with were able to give detailed histories of the people who used the service, including their likes, dislikes and the best way to approach and support the person. It was clear, from the interactions between staff and people who used the service that positive relationships had been built.

Staff showed respect for people in their interactions with them however, we saw that each person in the dining room was given a protective bib to wear at mealtimes; this did not promote their dignity as adults. We did not see any people being asked if they wished to wear these, staff simply handed them the bibs. We spoke with the manager about this and they told us they would address the matter immediately.

We saw people and staff smiling and laughing together. Members of staff explained what they were going to do before doing it and patiently gave people time to think and respond. A staff member told us, "You always ask people what they want, even if they have dementia, you can still ask and find out."

We saw that care staff ensured people could choose from a choice of snack and which activity they wanted to take part in. They made sure each person was aware of the options available to them. Staff ensured they communicated well with people by getting their attention and repeating back information in a simplified manner if it had not been understood.

Where people were anxious or in need of comfort staff interacted with them in a compassionate way. We saw how a person who was becoming anxious was offered a doll to reminisce with and this helped calm the person's anxieties. Staff remained with the person, quietly chatting with them until they became calm.

The staff we spoke with had a good understanding of the importance of promoting independence. One staff member told us, "We give people the chance first to do things for themselves as every day can be different for someone with dementia." We observed staff supported people to be independent, giving them time and encouragement to complete tasks. People were able to move freely around the home including between the two floors of the building to join in with activities.

Staff had completed training in equality, diversity and the provider had an equality and diversity policy. The manager told us that at the current time everyone living at the service had a similar ethnic background and religious beliefs. They also told us of how they had challenged some racist language used by a person using the service and how they were planning to carry out some work with the staff team to increase their awareness of how to deal with similar issues in this area. Information regarding people's religious and

cultural needs was gathered prior to admission. The manager told us that where people had an identified need or preference in this area it would be recorded within the person's plan of care.

Staff told us, and relatives and records confirmed, that people were also supported to maintain contact with their family and friends. One person told us, "My family come to visit, they are made welcome." Advocacy information was available for people if they required support or advice from an independent person. An advocate acts to speak up on behalf of a person who may need support to make their views and wishes known.

Is the service responsive?

Our findings

When the service was last inspected in January 2017 there were gaps in care records and these records had not always been reviewed within four weeks. Care records had not always been completed in a timely manner and we observed staff completing records about people whom they had not delivered care to. At this inspection we found these issues had been addressed. The plans of care we viewed provided staff with guidance about the best way to support people and reflect their identity. We saw that where they could be, people had been involved in agreeing their plans of care.

People's nursing and care needs were assessed before moving into the service, by the manager and nurses to make sure they were able to cater for their individual needs. Following assessment, a plan of care and support was developed to record how to provide the care the person required. Where people had specific health conditions, these were recognised as requiring an individual plan to ensure all necessary care was taken to maintain good health or avoid deterioration in the person's health and well-being. The plan covered all the areas necessary to offer the guidance needed for staff to enable them to care for and support people.

Care plans took into account people's individual preferences and choices. For example, for one person their overnight support plan included their preferred times for going to bed and getting up, how many pillows they liked and noted they preferred their window to be open overnight. People's likes and dislikes were recorded in areas such as food, interests and socialising. Staff told us they felt people's plans of care provided them with all the information they needed to care for them appropriately.

People's religious, cultural and spiritual needs were identified and recorded in their pre-admission assessment.

Where people needed information to be provided in an alternative format such as large print the management team told us that this would be sourced for them on an individual basis.

A weekly activities bulletin detailed all the activities and up and coming events within the home. People were entertained by a singer on the first day of our inspection. The lifestyle support worker told us that recent activities had included people attending dementia friendly screenings at the cinema, chair exercises, art and crafts, afternoon teas, reminiscent therapy and virtual reality sessions. One person was supported to access local shops every day, another person was supported to go out regularly for meals and a drink.

The service had a clear complaints policy and procedure in place. A relative said, "I've no complaints at all but I would know how to." Another relative said, "I've never needed to complain formally, I've brought things to the attention of staff and they have always dealt with it." We saw in a survey a relative had stated, "I could complain easily if I needed to." Records showed complaints were managed appropriately with a documented outcome.

Policies and procedures were in place to support people with end of life care. Where people expressed

preferences in this area these were recorded in their care plans. At the time of our visit no one was receiving end of life care however staff knew how to work with people requiring support at this important time.

Is the service well-led?

Our findings

The manager of the service commenced work in February 2018. They were going through the Care Quality Commission (CQC) process to become a registered manager at the time of our visit. One relative told us, "Things were pretty grim a couple of years ago. Significant improvements have taken place and the building has definitely been improved." It was evident during the inspection that the manager had made improvements to the service since taking up their post and they were keen to develop and improve the service further. The staff we spoke with understood their roles and responsibilities which had been made clear to them by the manager.

At the last inspection in January 2017 we issued a warning notice as there were continued gaps in records in all areas looked at. Audits had not highlighted any of the concerns which we found during the inspection. Staff completed records for people when they had not been involved in their care and care records were not completed in a timely manner.

At this inspection we found improvements had been made, however there were still some ongoing issues with governance procedures. Regular audits had been implemented by the management team covering a wide range of areas including infection prevention and control, nutrition and mealtimes. Provider visits took place regularly. Audits undertaken by the provider covered areas such as risk management, staffing, risk assessments and care plans. The audits undertaken had not however, highlighted the issues we found during this inspection with training and an unclear fire procedure. We recommend that the provider considers reviewing the auditing tool in use.

One person told us, "The new manager seems alright but I've not had a lot to do with them". A staff member said that the manager was, "Nice, I could go to them if I had a problem."

Meetings for staff were held at regular intervals. Minutes were maintained and made available to staff. These detailed the matters discussed, actions that needed to be taken and by whom. Meetings had been scheduled for relatives and people living at the service, however the manager told us these were poorly attended and they were going to review when and how these took place.

Feedback was sought from people and their relatives through surveys and informal chats. A display board noted actions that had been taken from feedback received. We saw feedback that stated, 'Staff are always welcoming and polite' and 'I have always found this to be a lovely, caring home'. A relative told us, "I couldn't praise it enough."

The service was developing its partnership working with other health and social care agencies to meet people's needs. Records showed that where advice had been given by external agencies the new management team had ensured the advice was followed. There was evidence of the service working in partnership with professionals such as GP's, speech and language therapists, the continence service and social workers.

Services that provide health and social care to people are required to inform the CQC of important events

that happen in the service in the form of a 'notification'. The manager had informed CQC of significant events in a timely way by submitting the required notifications. This meant we could check that appropriate action had been taken.