

Hill Care Limited

# Springbank House Care Home

## Inspection report

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## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Requires Improvement ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Springbank House Care Home is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Springbank House Care Home is registered to accommodate 41 people. At the time of our inspection 37 people were using the service. The service accommodates people in one building over two floors and had adapted facilities to meet people's needs. This included four lounges and a conservatory. A courtyard garden was also available that people could access.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Our last comprehensive inspection was undertaken in October 2015 and the service was meeting the regulations that we checked and was rated as good.

At this inspection we found that some improvements were needed to people's meal time experience; to ensure they enjoyed the meals available and in a comfortable way. People were supported to eat meals that met their dietary requirements.

There was enough staff to support people in a timely way. People felt safe and staff knew about people's support needs to enable the staff to provide this in a safe way. Staff felt supported by the management team and received the relevant training to ensure people's needs could be met.

Staff were clear about what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. People received their medicine in a safe way and when they needed it.

Recruitment checks were done before staff started working at the home to check they were suitable to support people. Risks to people's health and safety were assessed and care plans directed staff on how to minimise identified risks. Staff had the equipment needed to assist people safely and understood about people's individual risks. The provider checked that equipment was regularly serviced to ensure it was safe to use.

Staff understood the importance of gaining people's verbal consent before supporting them and helped them to make their own decisions when required. Where people were unable to do this; decisions were made in people's best interests. People were supported to access healthcare professionals to maintain their health and wellbeing.

People liked the staff and their dignity and privacy was respected by the staff team. Visitors were made welcome by approachable and friendly staff. People and their representatives were involved in decisions related to the planning of their care. Opportunities were provided for people to socialise and take part in activities to promote their wellbeing. People and their representatives were supported to raise any concerns they had.

People and their representatives were supported to express their views and opinions about the service provided and felt the home was managed well. There registered manager and provider understood their responsibilities around registration and systems were in place to monitor the quality of the service, to enable them to drive 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?

Good ●

People were supported by staff that understood their responsibilities to report any concerns. To minimise the risk of injury to people, risk assessments were in place and updated as needed. People received support to take their medicines in a safe way. Sufficient numbers of staff were employed to meet people's needs and recruitment procedures checked staff's suitability to work with people. The systems to manage infection control and hygiene standards were effective. When improvements had been identified the provider had taken action to address these.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

Improvements were needed to ensure people's meal experience was enhanced and that they enjoyed the meals served. People received support from trained staff and their rights to make their own decisions were respected. The registered manager and staff team worked with health care professionals and people's health was monitored to ensure any changing needs were met. The adaptation of the home enabled easy access for people.

### Is the service caring?

Good ●

The service was caring.

People were treated them with consideration and respect and their rights to make choices was promoted. People's privacy and dignity was valued and respected and they were supported to be as independent as possible. People's right to maintain relationships with people that were important to them was respected and promoted.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were met and they were provided with opportunities to socialise through daily activities and social interaction. A complaints procedure was in place for people and their representatives. People and their representatives contributed to the assessment and development of their care plans.

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

The service was well led.

The views of people and their representatives were sought. The provider and registered manager understood their responsibilities and had resources available to them; including partnership working with other agencies that ensured people's needs were met. Systems were in place to monitor the quality and safety of the service and drive improvement.

**Good** ●

# Springbank House 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 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 comprehensive inspection took place on 5 June 2018 and was unannounced. The inspection visit was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used 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 some key information about the service, what the service does well and improvements they plan to make.

The inspection was also informed by other information we had received from and about the service. This included statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also received feedback from the local authority who commission services from the provider.

Some people who were living with dementia were unable to talk with us about the support they received. To enable us to understand the experiences of people, we observed the care and support provided to people and how the staff interacted with them.

During the inspection, we spoke with 13 people that used the service, 4 people's visitor, the regional manager, the registered manager and deputy manager, kitchen manager, one senior care staff, one care staff and the activities coordinator.

We looked at the care records for two people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. For example, we reviewed two staff recruitment files, audits and quality checks for falls, medicines management, health and safety checks and infection control and the provider's improvement plan.

## Is the service safe?

### Our findings

People told us they felt safe. One person said, "I feel very safe as the staff look after me really well." Another person said, "This is a very safe place." A relative told us, 'My relative is very safe here and the staff are brilliant. They have been here for about ten years and we know they are well looked after.' People told us they felt they were treated fairly and were free from discrimination. They were able to discuss any needs that were associated with their culture, religion and sexuality. Staff understood their responsibilities to protect people from harm, and were aware of the safeguarding policy and procedure to follow if needed. They were able to describe the actions they should take, and were confident to report any concerns.

The staff knew about people's individual risks and the equipment they needed to ensure they were supported safely. One person told us, "I had a few falls when I was at home on my own but not since I've been here. They are careful not to let me fall." A relative told us, "I come twice a week and I see what is going on. The staff are very good and rush to people if they see them struggling to get up." We saw staff supporting people to move using equipment and this was done in a safe way. For example one person was being transferred from their armchair to their wheelchair using the hoist and that was done by two staff members safely and carefully. The sling was properly fitted to the person and marked with their name and the staff constantly reassured the person throughout the procedure. Care plans demonstrated that risks to people's health and wellbeing were assessed. Risk assessments provided staff with guidance on how to support people and we saw that these were followed. Equipment was maintained and serviced as required to ensure it was safe for use.

Plans were in place to respond to emergencies with personal emergency evacuation plans in place for each person. The plans provided information about the level of support the person would need in the event of fire or any other incident that required the home to be evacuated. The information recorded was specific to each person's individual needs.

We saw and people and their visitors confirmed that staff were available to them. One person told us, "I'm never kept waiting. They come straight away if I need them." Another person said, "I don't need much help but I would say mostly there's enough around to help." People confirmed that staff responded promptly if they rang pressed their call bells for assistance. One person said, "During the day, the staff are always around so if you want anything you can just tell them. At night I don't often need any help but they come quickly if I do." A relative told us, "I've looked at the logbook and I can see that they have looked in on my relative during the night. I think it's very good here." The staff we spoke with all told us there was sufficient staff available to meet people's needs.

The provider checked staff's suitability to work with people before they commenced employment. Staff told us they were unable to start work until all of the required checks had been done. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.



People received their medicine as needed. One person said, "The staff are very good. They bring my tablets and a drink of water and wait until I've taken them." We saw that when people were being supported to take their medicine, this was done at the person's own pace. Medicines were stored securely and were not accessible to people who were unauthorised to access them. Clear records were in place that demonstrated people received their medicine as prescribed and if not, the reason why. When people had medicines that were on an 'as required' basis we saw this was offered to them first. We saw there was guidance known as PRN protocols available for staff to ensure people had these medicines when needed. Staff told us they received training and had checks to ensure they managed medicines safely. Staff knew what action to take if they identified a medicines error. There were checks in place to ensure any issues were identified quickly and action taken as a result.

The home was kept clean and we saw that cleaning schedules were in place to support housekeeping staff in maintaining the home. We saw and staff confirmed there was personal protective equipment available to them and used when needed; such as disposable gloves and aprons. The home had been rated a five star by the food standards agency in February 2017. This is the top rating and means the hygiene standards of the kitchen, at the time of inspection was considered 'very good'. The food standards agency is responsible for protecting public health in relation to food. We saw that kitchen staff and wore personal protective equipment to ensure hygiene standards were maintained.

Lessons were learnt and improvements made by the registered manager when needed. For example the falls analysis tool used by the registered manager had identified that continence issues at night had been a factor in the number of falls at the home. The registered manager confirmed that higher absorbency continence wear had been purchased and this had reduced the number of falls at night significantly. We saw from the falls analysis tool identified other issues such as people acquiring chest infections. This had increased the number of falls earlier in the year and the correct action had been taken to ensure people received treatment for these infections. The overall statistics showed that falls had decreased from 33 in January 2018 to 13 in April 2018. This demonstrated that a proactive approach was in place to minimise risks and keep people safe.

## Is the service effective?

### Our findings

Feedback on the quality of food was reasonably positive. One person said "I like the food. It's alright." Most people told us the food was "alright". However some people indicated that improvements could be made. For example, one person said "The food is alright I suppose, but it's not cooked like I would do it." We fed this back to the registered manager who confirmed they would seek feedback from people regarding the meals. Visiting relatives told us they were also offered a meal if they were present at mealtimes. One said, "The staff ask me every time I'm here if I would like some lunch."

We saw that some improvements were needed to enhance people's meal time experience. For example, some people preferred to take their lunch in the conservatory and remained seated in their arm chairs. Side tables were available for people to use; however two people requested to eat their meal on their knees and staff enabled this but we saw no trays were provided. This meant they were balancing their plate with a hot meal on their knees. We saw that one person struggled with this. We discussed this with the registered manager who told us this would be addressed.

Some people were seated at the dining table 25 minutes before lunch was served. We saw that during this period one person who was living with dementia, collected up their cutlery and placemat and walked around for a while before sitting at another table. There were four staff in and around the dining room but there was lack of direction about who was doing what. Different staff members took meals out to the conservatory and began supporting people in the dining room for a few minutes before going again. Staff wore protective aprons but we saw staff members carrying plates of food to people with bare hands and their thumbs on the plates. During lunch music was played. Nobody was asked if they wanted the music on or if they wanted alternative music. The registered manager confirmed she would address these areas that required improvement. We did see that when people received their lunch they were able to eat at their own pace and take as much time as they wanted.

We saw that people were offered beverages and snacks between meals. Tea and coffee or cold drinks from a tea trolley during the morning and afternoon. Biscuits were offered in the morning and scones in the afternoon.

Care plans included an assessment of people's nutritional requirements and their preferences. We spoke with the cook who confirmed they were provided with information regarding people's specific dietary requirements and preferences. We saw that people's dietary needs were met and that specific diets were followed in accordance with their support plans. We saw that where people were nutritionally at risk referrals were made to appropriate health care professionals and staff followed their guidance.

Care plans and risk assessments were written and delivered in line with current legislation to ensure best practice was embedded across the home. People and relatives were happy with the care provided at the service. One said, "I can't fault the care I get to be honest. The staff are always checking I'm ok. They are very helpful and do a very good job." Another person said, "I think they are all trained. They are doing some

training today I think. They all seem to know what they're doing. I don't have any complaints."

The registered manager confirmed that staff new to care, completed the care certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. There were no new staff on duty on the day of the inspection. Staff told us they received the training they needed to support people. One member of staff said, "Our training updates are dependent on the subject. For fire safety we have six monthly updates where we go through the fire fighting equipment and do a role play evacuation where some of the staff are the residents and we go through different scenarios. It is really good and makes you think about what you would have to do." Another member of staff told us, "The training is very good. We are kept up to date to make sure we are following the right guidance. We get plenty of notice too so that we can arrange child care; which is really helpful."

On the day of the inspection training was being undertaken by some of the staff team for safe moving and handling. We saw that this did not impact on the number of staff available to support people as staff receiving training were not on duty. Staff confirmed and we saw that the skill mix of staff on duty ensured people were supported by a staff team that had the knowledge and skills to meet their needs. For example as well as the manager, the deputy manager was on shift with senior care staff and care staff and the activities coordinator. Staff confirmed that they received supervision on a regular basis to support them in their work. One member of staff told us, "We do get regular supervision every couple of months to go through any issues and training due but we can go to the manager at any time with anything, she is very supportive." Another staff member said, "We get at least six supervisions a year but you can have more if it's needed. The support is very good here."

People told us and records showed that they had access as required to health care professionals. One person said, "If I feel unwell the staff call the doctor." People's representatives confirmed they were kept informed of any changes in health or other matters. One person's visitor told us, "Communication is really good; the staff tell us straight away if [Name] is off colour or anything." The registered manager and staff team worked well with healthcare professionals to ensure people's health care needs were met. People's health care needs were monitored and we saw that referrals were made to the appropriate health care professionals when needed.

People were protected under the Equality Act. This was because the barriers that people faced because of their disability were minimised to ensure they were not discriminated against. This varied from call systems that enabled people to call for staff support and accessible facilities, to enable people to move around the home independently. We saw that information regarding activities was available in corridors with photographs and some memorabilia. There were sufficient private spaces for people to speak with their visitors if they wished to and facilities for visitors to make drinks.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We checked whether the service was working within the principles of the MCA. We saw that assessments had been completed with best interest decisions for each area of care where the person lacked capacity to make the specific decision. For example, the support the person needed to ensure their personal care needs were met.

Staff demonstrated they understood their responsibilities for supporting people to make their own decisions in their daily lives and we saw this was done. Staff gained people's consent first and explained

what they were doing. For example when supporting people using the hoist or applying clothes protectors at lunchtime. One person told us, "The staff are always asking me. I'd soon tell them if I didn't like anything." Another person said, 'The staff ask me everything.'

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 any conditions on authorisations to deprive a person of their liberty were being met. Applications relating to DoLS had been referred to the relevant authority and reviewed in relation to the timeframe. We saw that one person had a DoLS which had been authorised. Staff we spoke to were clear about this and understood their responsibilities regarding the support this person needed to keep safe. Applications had been made for 19 people and whilst awaiting the outcome for these people we saw they were supported in their best interests to ensure their safety was maintained. Discussions with staff demonstrated they had an understanding of the Act and DoLS and they told us they had received training. One member of staff told us, "If a person couldn't make a choice about the meal they preferred I would show them the meals to help them to choose."

## Is the service caring?

### Our findings

People told us that staff were very kind, caring and friendly. We saw that interactions between the staff and people were warm. One person said about the staff, "It's their job to look after us but they are smashing." Another person said, "They're all very nice with us." A relative told us, "The staff are fantastic. I come twice a week and I've seen nothing but kindness towards people here."

We also saw very good examples of caring interactions between people that used the service and the staff that were supporting them. For example one person became distressed and believed that other people were laughing at them. We saw staff spent time with this person and reassured them. They persuaded the person to go with them into the dining room to have a cup of tea. We saw the person a few minutes later with one of the staff members and they were calmer.

Staff knew people well and had a good knowledge about the things that were important to them. For example, we saw that staff knew how people preferred their drinks. Staff were able to tell us about people's preferred routines and what was important to them. The kitchen staff were aware of one person's preferred meal and purchased this for them. The kitchen manager told us, "[Name] isn't well and their tastes are changing. We do our best to accommodate their choices because it's important to us that they enjoy their food." This person confirmed that they did enjoy this particular meal and told us, "They do their best for me and I appreciate it. Sometimes I don't know myself what I want or I think I want something and then when I get it I don't want it, but I give it a try as I know I need to eat."

People's cultural and diverse needs were incorporated within their initial assessment and care plans to ensure their needs could be met. Although people we spoke with were not familiar with a care plan they did confirm they were involved in their care. One person said, "I don't know about a care plan but I tell them exactly what I want or don't want." Another person said, "The staff don't do anything without my say so." Family members we spoke with told us that they felt involved in the care of their relative and were kept informed. One relative told us, "I have been involved from the word go in the care plan." Staff understood about respecting people's rights and supported them to follow their faith. Visits were undertaken by the local priest and vicar and several people participated in a service at the home that included hymns.

People were supported to be as independent as they could be. One person told us, "I do what I can for myself and the staff help me if I need them. I pretty much do what I want." People told us they could decide where to sit or spend the day. One person said, "I like to come in here (the conservatory) because I like to watch what is going on. It's nice in here." Another person told us, "I please myself where I want to be. It's up to me."

The registered manager told us that none of the people that used the service were being supported by an independent advocate at the time of the inspection. They confirmed that they were aware of how to access independent lay advocates and independent mental capacity advocates if this was needed for anyone. Independent advocacy is a way to help people have a stronger voice and to have as much control as

possible over their own lives.

Staff supported people to maintain their dignity and this was promoted by staff being dignity champions within the home. The registered manager told us that one person had asked if they could become a dignity champion. The staff team supported them to achieve this and they became a dignity champion. Team members presented this person with their certificate. People told us that this was reflected in practice as staff respected people's dignity and privacy. One person told us, "The staff always knock on my door; they never just walk in. They respect my privacy." Another person said, "I don't feel embarrassed when they help me in the bathroom; they are very respectful and make sure the door is closed." We saw that when people were supported to move using equipment the staff helped them to maintain their dignity by ensuring they were appropriately covered.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person told us, "I sometimes go out for a walk with my daughter. I like to walk if I can." A relative told us, "We took [Name] out for a meal last night which they really enjoyed. Other relatives came as well and they enjoyed the change of scenery and meeting old friends." Another relative said, "The staff here are really good. They try their best and visitors are made welcome as well."

## Is the service responsive?

### Our findings

The registered manager gathered information prior to admission to identify people's needs, preferences and interests; this was used to develop care plans. This information included the person's support needs, their health and emotional well-being. People's relatives confirmed they had been involved in this process, to gather a picture of the person's life and what was important to them. People and their representatives confirmed that their needs were met by the staff team. One person told us, "The staff are very good. They help me to get dressed and they are very gentle." Another person said, "The staff know what I need."

Opportunities were provided for people to participate in recreational activities. This included social events for relatives and friends to come along and join in. We saw this included external entertainers such as garland dancers in May 2018 and a 'purple' day to raise money for stroke awareness which included a variety of stalls and activities at the home. We saw from the home's newsletter that future events included a car wash, tombola and jumble sale at the beginning of June and a staff sports day at the end of June. A pie and pea supper had been arranged for the 5 July and a staff sponsored walk in August to raise funds for future activities. The activities coordinator told us of their plans to raise money for a day trip to Cleethorpes.

A member of staff told us, "I am well supported by the manager. I try to provide activities that appeal to everybody on different days. I try to give different things to people depending on what they like. Most people like group activities but there are others who don't like to join in." On the day of the inspection we saw the activities coordinator offer and provide manicures, hand massages and a foot spa to people. We saw that some people participated in a game of bingo. One person told us, "I've always liked bingo so I enjoy playing." Some people chose not to participate in group activities. One person said, "It's not really my cup of tea and the staff know and respect that. I might go and listen if we get singers or dancers in." The activities coordinator told us, "Some people don't like to join in and I spend one to one time with them and just talk about their families and things that have happened in their lives'.

An initiative known as 'come dine with me' had been implemented where each person invited their relative or friend to dinner. The kitchen manager told us, "The activities room is used. We dress it up to look special and provide a meal of the person's choice. The person also gets a pamper session in the morning and their hair done. After the meal we might take the person into town or wherever they would like to go."

The Accessible Information Standards (AIS). Is a law which aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. We saw that information was available in accessible formats for people as needed to promote their understanding, such as signage on bathrooms and toilets to assist people and an activities board was on display. People's life histories were being collated with photographs included to support their memory. The home had been awarded Derbyshire County Councils dementia standard award in 2017. We saw that sensory items and well as pictures were used to support people living with dementia.

Staff were supporting a person whose first language was not English. Although the person could speak in

English, they were living with dementia and their memory of English was over time reducing. The registered manager told us they had undertaken a review of the person's needs with their family and designed a picture book to support the person. Staff had also learnt some words in the person's first language to enable them to continue to communicate effectively with the person.

People and their relatives confirmed they would feel comfortable speaking with the registered manager or staff if they had any concerns. A complaints procedure was in place and guidance was available in the entrance to the home on how to express a concern or raise a complaint. A system was in place to record the complaints received this included informal complaints and we saw these were addressed promptly. The registered manager told us that no formal complaints had been made.

Arrangements had been made to respect each person's wishes when they came to the end of their life. Care plans included information about how people wanted to be supported and receive care at the end of their life. There was information about any agreed funeral plan and the contact details of the person's relatives or representatives. At the time of this inspection the provider was not supporting people with end of life care, so therefore we have not reported on this in detail.



## Is the service well-led?

### Our findings

People's visitors were clear who the registered manager was and confirmed that they could speak to them when they needed to. One said, "The manager is very good. I'd give her 12 out of 10. She rolls her sleeves up and mucks in and I don't think she'd ask anybody to do something she won't do herself. I've even seen her hosing the drive down. If she's in her office, unless she's having a meeting, the door is always open, and she is always around the home seeing what is going on and checking things. You can always talk to her if you need to."

The registered manager demonstrated a good standard of leadership and staff confirmed they felt supported by them. A team of support was in place for the registered manager; this included the deputy manager, senior care staff, care staff, catering and housekeeping staff and maintenance and administration support. We saw that a staff recognition scheme was in place for 'employee of the month'. One member of staff told us, "I got the award for being helpful and covering some shifts which I thought was really nice. The manager and deputy are both really supportive."

Staff demonstrated that they understood their roles and responsibilities and told us they enjoyed working at the service. One member of staff said "I love working here; it's a nice place. We support some lovely people and the staff team are a good bunch. We all work well together." Another member of staff said, "We all support each other; I enjoy working here."

People's right to confidentiality was protected. All personal records were kept securely at the home. We saw our latest rating of the service was displayed at the home and on the provider's website, as required.

Staff understood their right to share any concerns about the care at the home and knew about the whistle blowing process. Whistle blowing is the process for raising concerns about poor practices. Staff knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority. One member of staff told us, "I wouldn't hesitate to raise any concerns with the manager. I'm confident she would listen and take the right action; she is very approachable."

The views of the people living at the home were sought on a regular basis through reviews of care and satisfaction surveys. A newsletter had been produced to inform people and their representatives of future events. People's visitors confirmed they were provided with opportunities to share their views.

People were supported to access and develop links with the local community. For example the local library provided a variety of books for people. People were supported to access the local community such as the coffee shop in the local park, the local pub and shopping in the town.

The provider and registered manager conducted regular audits to check that people received good quality care. This included audits of people's care plans including their skin condition and monitoring of weight. Audits were undertaken regarding the management of medicines and health and safety practices such as

infection prevention and control audits and fire safety audits. We saw that an improvement plan was in place to enable the provider and registered manager to address the actions identified and we saw that these actions were dated when completed. For example we saw that mattresses audits had identified any defects and new mattresses had been purchased as required. An environmental plan was in place and refurbishment of the home was ongoing to purchase new bedroom furniture and new carpets.

The provider and registered manager understood their responsibility around registration with us and we had received notifications when significant events had occurred within the service. This meant we could check appropriate action had been taken.

The registered manager and staff team worked in partnership to ensure people received the relevant support from other agencies as required; such as community health care professionals.