Care Quality Commission

Methodist Homes

Chapelfields

Inspection report

Chapelfields
Frodsham
Cheshire
WA6 7BB

Tel: 01928734743

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18 September 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an inspection of Chapelfields on the 13th and 18th September 2018. Both visits were unannounced.

Chapelfields 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. Chapelfields is registered to accommodate 70 people. At the time of our visit, 66 people were living there.

Chapelfields provides accommodation and nursing care for people who live with dementia as well as older people with nursing and residential needs.

The last visit to this service was held in August 2016. The service was rated as good on that occasion with no breaches identified.

The service did not have a registered manager. A manager had been in post since June 2018 but had not yet started the process to become registered. 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.

We initially noted some deficiencies within the safety of the premises. These included a door which required to be locked left open, the presence of a pest control bait that did not initially have a risk assessment associated with it and the presence of boxes in a person's en suite area that did not appear to have an accompanying risk assessment. The issue with the door security and pest control bait was addressed during our visit. We discussed the presence of boxes in an en suite area with the manager subsequent to our visit. Other risk assessments relating to the environment and the health of people were in place.

While some work had been started in one living area that catered for people living with dementia, the decoration of the interior of the building was not always presented to assist those living with dementia. We have raised a recommendation about this.

Activities were provided for people who used the service but it was not clear about the frequency of activities received by people who could not leave their bedrooms. We have raised a recommendation about this.

The registered provider had systems in place to report any allegations of abuse and had co-operated with the safeguarding authority at the time of our visit following concerns raised. Staff understood the types of abuse that could occur and knew how to report any concerns. They were aware of agencies they could contact to raise concerns about care standards with the service.

The management of medication was safe. Medication was securely locked and associated records maintained appropriately.

Staffing levels were maintained although a recent period had involved the allocation of agency staff to work shifts within the service. While this use was being addressed by recruitment of new staff, the number of agency staff was decreasing and we did not see a negative impact on the wellbeing of people who used the service.

Recruitment process were robust. Appropriate checks were made on the suitability of people to come at work at Chapelfields.

Accidents were recorded and subject to auditing to identify patterns and trends with a view to prevent their re-occurrence.

Staff received the training they needed to perform their role. They also received regular supervision and a structured induction process for new staff was in place.

The registered provider worked within the principles of the Mental Capacity Act.

The nutritional needs of people were taken into account. Staff were attentive to the needs of people during dinner. Food was prepared in a well-equipped and hygienic kitchen.

The health needs of people were promoted. People were provided access to health professionals so that their health could be positively maintained.

People told us that they were treated with kindness and that staff were respectful to them. Our observations noted that this was the case and that people requiring assistance had their privacy promoted and were supported in a patient and unhurried manner.

People's sensitive information was kept secure. The communication needs of people were taken into account and staff were observed speaking to people in a manner which ensured effective communication between both parties.

Care plans were regularly reviewed and person centred. Assessments were in place capturing the significant health and social needs of people before they came to live at Chapelfields. People told us that they felt staff were knowledgeable about individuals likes and preferences.

An effective process for dealing with complaints was in place.

Staff considered the management team to be supportive and approachable. They told us that the management approach was open and transparent. This view was echoed by people we spoke with.

A range of audits were in place to measure the quality of care provided. Any points for improvement were noted and actioned.

The views of people who used the service were captured through surveys and resident's meetings.

The registered provider always informed us of any incidents that adversely affected the wellbeing of people and had displayed the ratings from our previous visit prominently.

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 remains safe.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service was not always well led. The service had a manager in place who had not been registered yet with CQC although this process had begun. A range of audits were in place to monitor the quality of support provided. People were positive about the care they received.	**Requires Improvement**

Care Quality Commission

Chapelfields

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.

The inspection took place on the 13 and 18 September 2018. Both visits were unannounced.

The inspection team consisted of one Adult Social Care Inspector and an Expert by Experience. An expert-by-experience is a person who has experience of caring for someone who uses this type of care service.

Before our visit, we reviewed all the information we had in relation to the service. This included notifications, comments, concerns and safeguarding information. Our visit involved looking at eight care plans, training records, policies and procedures, medication systems and various audits relating to the quality of the service. In addition to this we spoke to ten people who used the service and four relatives. We also spoke to the manager, area manager, a quality business partner, two care staff, three registered nurses, kitchen staff and the activities co-ordinator. We spoke with members of the local authority commissioning team who had no concerns about the service. We spoke with the local authority safeguarding team. We also received information from the local clinical commissioning group. We also received an overview from a GP who had regular contact with the service.

As part of our inspection, we ask registered providers to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. A PIR had been returned in a timely manner by the registered provider when we asked. We used the information in the PIR to inform this inspection.

We checked to see if there had been a recent visit from Healthwatch. Healthwatch is an independent consumer champion created to gather and represent the views of the public. No recent visit had been made since we last visited the service.

Good

Is the service safe?

Our findings

We noted during our tour of the building that one cupboard door that was signed as requiring locking was open. We brought this to the attention of the nurse in charge who ensured that they were locked and signage put up to inform staff of this requirement. Such doors were fire doors to prevent the spread of fire.

Each person had a personal evacuation plan (known as PEEPS). These were designed to provide staff with information about the considerations that needed to be made if there was a need to evacuate people from the building in an emergency. These were reviewed regularly. While the practical considerations of assisting people in such emergencies were recorded there did not appear to be any consideration in records to offering explanations to people about why they would need to be evacuating or providing reassurance and information.

Our tour of the premises noted that one en-suite bathroom area was used to store boxes of continence products. The person occupying this room was mobile with the assistance of a walking frame and had access to this area. It was understood that this person accessed these continence aids independently and therefore were stored to enable this access. We did not see that any risk assessment had been completed to ensure that this person was not put at risk of trips or falls as a result of these boxes. We discussed this with the registered manager subsequent to the visit to either remove these or devise a risk assessment.

Other assessments were in place relating to the risks faced by people from health conditions or in the general support they received. The susceptibility of people developing pressure ulcers had been identified through appropriate scoring systems. When people were assessed as being at a high risk of developing these, equipment had been introduced to ensure that their skin remained intact. Where people had developed pressure ulcers, an appropriate system was in place to monitor the progress made to alleviate these with appropriate wound mapping being undertaken. Instances where progress had not been made as quickly as hoped had occurred but potential causes of these had been identified.

Risks to people's nutrition was recognised and assessed. Those who were at risk of malnutrition were always referred to other health professionals such as doctors or dieticians. Care plans demonstrated that positive outcomes had been achieved with people who had been at risk and increased their weight through staff intervention.

The risk people faced from falls was well documented. People who were at high risk of falls had been identified and where accidents or incidents involving falls had occurred, patterns and trends had been identified. All incidents had been appropriately recorded.

The premises were clean and hygienic. The registered provider employed domestic staff who followed a cleaning schedule in order to ensure that all areas were clean and hygienic. Domestic staff used personal

protective equipment (PPE) while working to ensure no cross infection took place. No offensive odours were detected. People present during our visit told us that the home was "clean" and they had no concerns about standards of hygiene within the building. Infection control audits were undertaken to ensure that standards of hygiene were maintained. Practical measures had been taken to ensure that when floors had been mopped; "wet floor" signs were in place to warn people of the hazard.

A staff rota was available. It was noted that in months prior to or visit, there had been a number of agency staff used daily within the building. The manager indicated that a programme of recruitment for new permanent staff had started yet records indicated that there was still a reliance on agency staff at registered nurse and care assistant level and this was confirmed through discussions with staff. Records identifying when agency staff were required had been drawn up for the weeks following our visit. We did not see, however, that the use of agency staff had had a negative impact on the support provided to people. People told us that they felt there were always enough staff on duty through the day with their care needs being met. People told us that the presence of staff made them feel "safe and secure". The manager was seeking to reduce the number of agency staff but in the meantime sought to use the same agency staff to ensure continuity of care. Details of agency staff were retained by the manager to ensure that checks such as disclosure and barring (DBS) were current to ensure that they were suitable to support vulnerable people as well as details of training they had received.

People told us that they felt safe there and did not feel threatened living there. They felt as if they could relax and felt it was like their own home as much as possible. They commented that the provision of a coded lock on the front door and a process for people to sign in gave them an extra sense of security. This view was echoed by relatives we spoke with during our visit. They told us that their relations were "safe and secure" living there and did not need to worry". Others told us that they felt "perfectly safe".

The recruitment process was found to be robust. Information in recruitment files of people who had come to work at Chapelfields recently included an application form, interview notes and references. Further checks included a Disclosure and Barring Service check (known as a DBS) and this confirmed that people had not received any past convictions that would mean they were not suitable to support people who used the service. Information was also available confirming the identity of each member of staff. Other information was available for those staff who had been offered a position in principle dependent on satisfactory checks. These records demonstrated a systematic approach to carrying out checks to ensure people were suitable to support people living there.

Medicines were safely managed. Medication was stored in lockable facilities which in turn were stored within medication rooms. These were secure when not in use. People had been prescribed controlled medications. These are medicines that are subject to legal controls. A registered of the stocks of controlled medications was in place and this tallied with stocks held. Some medicines required to be stored at lower temperature to ensure that they were effective. A refrigerator was available to ensure this and the temperature of this was taken on a regular basis.

Medication administration records were appropriately signed with details included of when medication was received. A system of disposing of unwanted medication was also in place. A clear process for the ordering of medication was in place to ensure that people always received their prescribed medication. Some people received medication as required (known as PRN). Clear instructions were in place outlining the circumstances when such medication should be given. For those individuals who were not always able to express pain or discomfort due to their limitation in expressive communication, assessment records were in place to assist staff as to when painkiller, for example, should be appropriately offered.

Nursing staff were responsible for administering medication yet some care assistants had that role for supporting people who had just residential and social needs. Nursing staff were bound by the requirements for their nursing registration to do this appropriately. Care staff confirmed that they had received training in medication and had had their competency checked to do this safely

Staff were able to outline the types of abuse that could potentially occur. Staff were aware of the reporting process on how any allegations could be raised with the registered manager was confident that appropriate action would be taken. Staff were aware of the whistleblowing process. They were aware of how any concerns they had could be made known to others within the organisation as well as external agencies such as CQC.

The registered manager recorded all low-level safeguarding concerns to the local authority on a monthly basis. Low level concerns are those incidents that do not meet the threshold for more formal investigation.

The manager undertook regular environmental audits of the building with details of action required and completed. All gas and electrical systems had been checked to ensure that they were safe and this extended to fire-fighting equipment, fire-detection systems, water temperatures and risks of legionella.

Other equipment had been checked and serviced. This included portable hoists that had been serviced to the required frequency and portable appliances which again had been checked appropriately. Maintenance staff were employed to make necessary repairs to the environment.

Good

Is the service effective?

Our findings

We looked at the design of the premises to see if it was dementia friendly. In one living area which accommodated people living with dementia, recent measures had been put into place to maintain the memories of individuals and to reflect things that they had done. Signage was also in place. It was acknowledged that work to create more signage and a less risk-averse environment was needed in this area but a start had been made to work towards more signage for individuals. The decoration of the building also was not always dementia friendly. Adaptations such as contrasting handrails and doors were not in place to assist people living with dementia. While this did not impact adversely on the support provided, such adaptations would assist people within the environment. The manager acknowledged this.

We recommend that the registered provider refers to good practice guidelines in relation to the environmental considerations for those people living with dementia.

Staff training ensured that the needs of people were met. Training records were available outlining the training that staff had received. Training was also confirmed by staff we spoke with. Registered Nurses had received training in clinical issues relevant to their role and this had included; for example, falls prevention and palliative care. All staff had received training in mandatory health and safety topics as well as safeguarding vulnerable adults, Mental Capacity and dementia awareness. A training matrix was available enabling the manager to monitor training that had been completed and which training was required in the future. People told us that the staff were "knowledgeable" and that the staff team "were aware of their health needs". People told us that they liked this as "they [staff] get to know me". Registered Nurses are required to provide evidence that they have updated their professional knowledge in between being re-registered as a nurse every three years. Nurses told us that they received support from the registered provider to achieve this.

Staff confirmed that they received the individual supervision they needed to be supported in their role. This was confirmed through supervision records and a training matrix. The opportunity was there for staff to approach their line manager in between supervisions to raise any issues they had and this was confirmed through staff. The general performance of staff was monitored with any issues being identified and addressed promptly. Annual appraisals were also in place.

A structured induction process was in place. Two staff who were relatively new to the service confirmed that they had received an induction over a period of time which had involved training and shadowing existing members of staff. They felt that this had prepared them for their role. New staff, where applicable, had been inducted using the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if people are 'new to care' and should form part of a robust induction programme.

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 are called the Deprivation of Liberty Safeguards (DoLS).

The registered provider was operating within the principles of the Mental Capacity Act. Staff had received training in this and were able to outline how this process impacted on the everyday lives of people who used the service. The registered provider had devised new care plans with were designed to provide a clear indication of how people's levels of capacity had been decided and how this impacted on their daily lives. This care plan was available for most people but it was anticipated that it would be in place for all by the end of September 2018.

Where applicable, the registered provider had applied for deprivation of liberty orders and evidence was available in respect of theses. Urgent orders had been applied for and the manager reported that these had been granted in a timely manner. Other orders had taken longer as they mainly applied to ensuring that the coded lock on the front door ensured that people could remain safe within the building as opposed to being at risk on their own in the wider community.

People told us that they received regular visits from a GP and other health professionals and this was welcomed by them. They told us "it is a responsive service to meet my needs". Records indicated ongoing commentaries of visits received by people with details of progress of prescribed actions. A GP visited the service once a week in order to provide support and advice on health issues. A GP commented "people receive appropriate and holistic care in Chapelfields". All people were registered with a GP and received support from other professionals such as opticians and chiropodists.

We looked at how the nutrition of people was managed by the service. All meals were prepared in a well-equipped and hygienic kitchen. The kitchen facilities had received a five-star maximum rating by the local authority since our last inspection. Food stocks were sufficient and were stored appropriately. Information was in place for kitchen staff to refer to relating to the any specific dietary needs that people had.

Some complaints had been received earlier this year in respect of food by the registered provider and by CQC. These related to concerns about the quality and quantity of the meals provided. Action had been taken by the registered provider through the complaints procedure. A survey had been given to people who used the service earlier in the year about the quality of the food provided as a result and a new menu was introduced to reflect their preferences. In addition, the provision of meals was discussed at residents' meetings. Menus were available providing people with alternatives if they so wished and the choices made by people recorded.

Risks to people's nutrition was recognised and assessed. Those who were at risk of malnutrition were always referred to other health professionals such as doctors or dieticians. Care plans demonstrated that positive outcomes had been achieved with people who had been at risk and increased their weight through staff intervention.

We observed lunch. Staff were attentive to the needs of people and ensured that everyone had had enough to eat. Some people required assistance with eating. This was provided in a discreet and appropriate manner.

People told us "meals are always plentiful", "meals are very varied", "they make nice soup" and "I feel that the meals are nutritious". People told us that there were always drinks available to them. Cold drinks were prepared for people in jugs each day and distributed to each room so that people could maintain their hydration levels.

Charts were in place to map the fluid and food intake of those whose had needs in these areas. All charts for fluids were regularly completed to demonstrate that those at risk of dehydration were being monitored to prevent a deterioration in health. Risk assessments were in place in relation to malnutrition with those at risk being clearly identified with a course of action to be taken if weight loss was experienced.

Good

Is the service caring?

Our findings

People told us "[staff] are very friendly and kind" and "they are very good all of them".

One relative told us "my relation is always well cared for. She is well presented and well groomed". Another told us "I have no concerns about the care, they treat my relation as an individual and there are no concerns with the care provided". Other told us that they felt as though their privacy and dignity was promoted by the staff team and always felt that they were treated with respect.
We did not identify any person receiving advocacy services during our visit. We did note that information on advocacy services was available for people to refer to.

We observed a caring approach by staff in responding to the needs of people who used the service. One person was experiencing a degree of distress. The person appeared to be confused and crying. Staff intervened in a caring manner and gave reassurance to this person.
Another person was experiencing a degree of distress and again staff intervened in a timely manner to ensure that the person was reassured and comfortable. We observed occasions where people's dignity could potentially be compromised with staff immediately ensuring that this was addressed.

Staff interacted with people in a reassuring and respectful manner. Staff knocked on bedroom doors before they were invited to enter and gave us practical example of how they promoted people's privacy and dignity. The preferred terms of address of each person were recorded on care plans and these were used by the staff team during interactions.

People told us that they felt the staff team knew them and knew their preferences, likes and dislikes. Staff demonstrated an insight into the past histories of people, their backgrounds and their likes and dislikes.

People's communication needs were taken into account. The communication needs or limitations people experienced were in place within care plans. This included a summary of any aids people used such as hearing aids or glasses and staff were observed ensuring that these items were in place and being used by people. The way to ensure effective communication with individuals was outlined in care plans. This included specific steps to take to ensure that staff could be understood by people and in turn that people could express themselves. For example, we witnessed staff kneeling down to a person's level so that communication could be more effective.

People were offered explanations verbally by the staff team during interactions. The reasons for a way a person needed to be supported, for example, was outlined to individuals with staff taking the time to enable people to agree to their support.

People's independence was promoted at all times. People who were able to mobilise independently or through the use of walking aids were able to do so and were encouraged by the staff team. Those who were able to mobilise with staff support were provided with staff assistance and this was done in a patient and unhurried manner.

All sensitive information relating to individuals were kept secure at all times. When not in use, care plans, for example, were discreetly stored in a cupboard in each person's bedroom and were not accessible to people not connected with the care they received. All other personal information was secured and kept confidential.

Care plans we sampled did not identify specifically those who were from specific ethnic backgrounds or had specific cultural needs, for example. The backgrounds of people and their religious faith (or otherwise) were recorded clearly in people's information.

People were able to personalise their bedrooms if they wished. Some people had brought in items of furniture and had the opportunity to place photographs, ornaments and other items of sentimental value within their own living space.

Good

Is the service responsive?

Our findings

The registered provider had employed an activities co-ordinator but this position had recently become vacant. A member of care staff had been identified to continue activities. We attended an activities session in the main lounge during the first day of our visit. This included a quiz. This provided the opportunity for social interaction for all and many people who used the service contributed to this and the activity was well attended. People told us "I enjoy the quizzes" and "quizzes keep my mind active". Other activities were in place including trips to local places of interests and events to mark key dates throughout the year. Time had been identified on activities boards to conduct one to one sessions with people who could not necessarily leave their rooms. This included chats and reading newspapers. It was unclear as to how one session could include the numbers of people who remained in their bedrooms. During our visit, many people were in that position and it was not certain whether people were afforded regular stimulating contact other than care staff attending to personal care needs of receiving visits form families.

We recommend that the registered provider reviews the frequency of one to one activities with people who are not able to physically attend groups activities within lounge areas.

Activities included a recognition of people's birthdays and dates for these were included in the kitchen area for staff to refer to with a celebration held on those occasions. Other events took the spiritual needs of people into account. The service had a religious ethos linked to one denomination of the Christian faith and had access to the service of a minister of that church. People told us about a faith service that was held every Sunday afternoon.

An activities board was on display in key areas of the building but in one case, the activities board was located within a corridor area outside of one residential unit. The manager had identified this. This meant that people living in that area did not necessarily have access to key information in respect of what activities were on offer. Activities boards were accompanied by symbols to assist people understand what activities were available. Other accessible information was present within the service including pictorial menus.

Assessments relating to the needs of people were conducted prior to someone coming to live at Chapelfields. This included key information on the main needs of people and the action needed to effectively support those people in their daily lives. As well as details of their medical needs; details were in place about their social histories and past interests. Assessments were conducted by the service as well as information gained from the local authority.

Once completed, assessments were translated into care plans. Each person using the service at the time of our visit had a care plan. All care plans were person centred and included details of the support they required in all aspects of their daily lives where applicable. In some cases, people were independent in certain daily routines and were encouraged to continue with these. The person-centred nature of care plans was reflected in details of the individual preferences, likes and dislikes of people and ways in which they wished to be supported. People told "I like the way the staff support me because the staff get to know me and the way I don things and how I want to live my life". People also said, "yes they do the things I need

support with but they always find the time to chat". Care plans outlined preferred daily routines which were carried out in practice. One person preferred to rise later and have a late breakfast. We saw this being respected by the staff team providing an individualised level of support for this person.

A complaints procedure was in place. This outlined the timescales for investigations into any concerns raised. A complaints records was maintained. Complaints that had been received by the service since our last visit showed evidence that complaints had been investigated and remedial action taken where necessary. People we spoke with told us that they knew who to speak to if they had any concerns yet told us "I have not had to make any complaints" and "there is nothing to complain about".

Requires Improvement

Is the service well-led?

Our findings

The service did not have a registered manager. The manager was present on the second day of our visit. The manager had been in place since June 2018 and had only started the process to become registered with CQC prior to our visit. Given that the manager is not yet registered, we are not able to give the well led domain a rating of good. The manager had previous experience working as a registered manager in another registered care service. The manager maintained a presence within the building during our visit and when the manager was not present, the deputy manager and nurse team leaders were available to monitor the support provided.

While people did not specifically comment on how the service was managed, positive comments received during our visit indicated that the management of the service had had positive outcomes for people who used the service. These comments included "I can feel I can leave the building knowing that my relation is safe". People who used the service told us "I would feel comfortable making a complaint, for example. Because I know there would not be any reprisals and they are trying to help us".

Staff considered the management team to be approachable and supportive. They believed that the culture of the service was open and transparent and that they were listened to by the management team. The manager operated an open-door system inviting people to comment on the support provided within the service.

A range of audits were in place to measure the quality of care provided to people. These included the monitoring of accidents and incidents indicating patterns and trends in accidents experienced by people with the aim to minimise or prevent re-occurrence. The weights of people were also monitored. In those circumstances where people had experienced weight loss, the manager had an oversight of the individuals it affected and ensured that appropriate action was being taken to promote people's health. Other audits included regular audits of medication management. Again, the opportunity was there to identify any shortcomings in the medication process and address them appropriately.

A representative of the registered provider visited the service periodically to comment on the support provided. This report was aligned to the five domains used in our assessment of a service. Reports relating to their findings were made available with any points for action identified and addressed. Other visits had included a visit from the Local Authority commissioning team which had taken place since our last inspection and had not identified any concerns.

Other audits which took place included care plan audits and there was evidence that these were routinely done. The manager had also sought to conduct an assessment of the provision of meals at dinner time. Environmental audits including reference to infection control were also part of the audit process and a list of deprivation of liberty orders applied for and granted in place.

People who used the service and their relatives told us that they were consulted about the service and the quality of support provided. Surveys had been sent to all asking them for their views. Where comments had

been made; the management team had sought to act upon them and feedback any improvements that had been made. People told us that they felt listened to and had noted improvements in activities and meals. People who used the service had the opportunity to attend resident's meetings. This provided the opportunity for people to comment on general standards of support within the home and sought suggestions from people.

The service maintained links with the local church. This reflected the Christian ethos of the service. Other links were forged with health professionals such as GPs, commissioning teams, social workers and other health professionals.

The registered provider always notified us of incidents that adversely affected the wellbeing of people who used the service. The rating from our previous visit was also on prominent display.