

Cheshire West and Chester Council

Leftwich Community Support Centre

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We visited this service on 21st April 2015 and the inspection was unannounced.

The last inspection was carried out in November 2014 and we found that there were breaches in the regulations that related to consent and meeting the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards

(DoLS); assessment of people's needs; medication administration; and quality assurance. These included breaches associated with the care and welfare of people who used the service.

Leftwich Community Support Centre provides accommodation for up to 31 people who require a respite or short stay service. A passenger lift and staircases provide access to all levels.

Summary of findings

At the time of our visit there were 14 people staying at the service.

The service had a registered manager in place. 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. At the time of this inspection the registered manager was not in day to day control of the service. An interim manager was in place and had worked at the service for four weeks.

At the last inspection in November 2014 we asked the registered provider to take action to make improvements with the administration and management of medicines, the lack of staff training and knowledge with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS); the care and welfare of people who use the service and risk assessments and with assessing and monitoring the quality of service. We received an action plan from the registered provider and they stated they would meet the relevant legal requirements by 31st March 2015. We found on this inspection that the action has been completed and the necessary improvements made.

People told us that they were happy staying at the service and they felt that the staff understood their care needs. People commented "The staff are lovely" and "There is always staff around here."

We found that people, where possible were involved in decisions about their care and support. We saw that the staff team understood people's care and support needs, and the staff we observed were kind and respectful towards people.

We found the service was clean, hygienic and well maintained in all areas seen.

We looked at the care records of three people who were staying at the service. We found there was basic information about the support people required and that it was written in a way that recognised people's needs. We noted that administration and records of medication had improved.

We found that the registered provider had systems in place to ensure that people were protected from the risk of potential harm or abuse. We saw the registered provider had policies and procedures in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safeguarding people and staff recruitment. Policies and procedures related to safeguarding adults from abuse were available to the staff team. Staff had received training in safeguarding adults and during discussions staff said they would report any suspected allegations of abuse to the person in charge. This meant that staff had documents available to them to help them understand the risk of potential harm or abuse of people who lived at the service.

We looked at the recruitment practices and saw that two of the four files seen did not have pre-employment checks in place. One person's references were also not in place. Following the inspection visit we were notified by the registered provider that all pre-employment checks were in place but had not been placed in staff files. This has since been rectified. This meant that the people who were staying at the service could be confident that they were supported by suitable staff.

We looked at staff training however, we found it difficult to see what training staff had undertaken because training records were not available for some staff. Following the visit the manager provided details of staff training. This showed that staff had undertaken a wide range of training. We saw that staff supervision had started to be undertaken and that staff were involved in regular meetings.

We looked at staffing levels at the service. We saw that the staffing levels were good with plenty of staff available to meet the needs of people who used the service.

The service did not employ an activities coordinator and no planned activities were available to people. People confirmed there were no activities available apart from watching the TV and showed a desire for activities to be available to them. The manager said that they were looking into providing an activities coordinator and planned activities for people who were staying at the service.

We saw that the service had started to develop quality assurance systems. However, at the time of this visit these

Summary of findings

had not yet been fully completed, however, audits on medication had taken place and improvements were evident. Questionnaires were given to people when they left their short stay. We saw that people were very satisfied with the service and said staff were caring and very friendly.

People told us the food was good and that they enjoyed the meals.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

We saw that safeguarding procedures were in place and staff had received up to date training in safeguarding adults. We saw that staff managed people's medicines safely.

We found that recruitment practice was safe. Policies and procedures were in place to make sure that unsafe practice was identified so that people were protected.

Good



Is the service effective?

The service was effective.

People told us they enjoyed the food provided. We observed activities over lunchtime and noted it was a pleasant and unhurried time where people were given appropriate support to eat their meals.

We saw there were arrangements in place to ensure staff received and supervision and completed relevant training. This meant that the staff had opportunities to discuss their work and the operation of the service.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The service had policies and procedures in relation to the MCA and DoLS. From discussions with staff we noted they were aware of the correct processes to apply for a DoLS if this was found to be in a person's best interests.

Good



Is the service caring?

The service was caring.

We saw that people were well cared for. We saw that staff showed patience and gave encouragement when they supported people. We saw that staff encouraged people to make decisions on day to day tasks and that staff were kind, patient and caring.

Everyone commented on the caring, kindness and patience of the staff. People told us that their dignity and privacy were respected when staff were supporting them, and particularly with personal care.

Good



Is the service responsive?

The service was not responsive.

We noted that there were no planned activities in place or an activities coordinator employed at the service. We have made a recommendation regarding this issue.

Requires improvement



Summary of findings

People's health and care needs were assessed with them and with their relatives or representatives where appropriate. People were involved in their plans of care.

People knew how to make a complaint if they were unhappy. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. People were therefore assured complaints were investigated and action was taken as necessary.

Is the service well-led?

The service was not well led.

The home had a registered manager in place. However, they were not in day to day control of the service. A manager had been put in place and people and staff spoken with told us the manager was organised and managed the service well.

The service worked well with other agencies and services to make sure people received their care in a joined up way.

The service had developed new quality assurance systems to monitor the service provided. Limited records were available, however, following the visit we saw audits had been completed.

Requires improvement



Leftwich Community Support Centre

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21st April 2015 and was unannounced.

We spent time observing care in the communal areas and used the short observational framework (SOFI) as part of this, which is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all areas of the building, including people's

bedrooms and the communal areas. We also spent time looking at records, which included three people's care records, four staff recruitment files and records relating to the management of the home.

The inspection team consisted of two adult social care inspectors.

Before our inspection, we reviewed all the information we held about the home. This included notifications received from the provider and we checked that we had received these in a timely manner. We also looked at safeguarding referrals, complaints and any other information from members of the public. We contacted the local safeguarding team, the local authority contracts team and Healthwatch for their views on the service. They confirmed that they had no concerns regarding the service.

On the day of our inspection, we spoke with 10 people who were staying at the service, four relatives who were visiting, the manager and eight members of the staff team.

Is the service safe?

Our findings

People who used the service and their families told us they felt safe and secure at the service. People said “Without doubt I feel safe”, “There’s always staff around”, “We get well looked after and I am very happy being here” and “If you have any concerns you can just talk to one of the staff.” Relatives commented “I have no worries about my relative being here because I know they are happy and well looked after. They tell me. I know they are safe here” and “My relative has been in and out of hospital a lot over the last 12 months and each time they are discharged they come here for a couple of weeks. They would not go anywhere else because they feel happy and safe here. People said they could talk to a member of staff or the manager to raise any concerns about their safety. We observed interactions between people staying at the service and the staff and saw that the atmosphere was calm and relaxed within the service.

At the last inspection of Leftwich Community Support Centre in November 2014 we found that there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found that people who used the service were not protected against the risks associated with the administration and management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a warning notice was issued. After the last inspection an action plan had been received and showed how the registered provider intended to meet these breaches. During this inspection we found that the required improvements had been made. Audits were in place to ensure any medication discrepancies are found and dealt with promptly. Accurate recording of numbers of tablets given where appropriate had improved and assessments had been made when non-prescription medication is taken by people who used the service.

People who used the service confirmed they were given their medication regularly. We saw the medication system used at the service. Medication was stored in each person’s own bedroom within a locked cupboard. Records were kept of medicines received and disposed of. The Medication Administration Record sheets were correctly completed, accurate and had been signed and dated by the senior staff member on duty. We saw where a person

had refused medication this had been recorded. Some people preferred to self-administer their medications. Risk assessments were in place for self-administration of medication. We saw a record of medication in the care plan folder which included a list of medicines with the strength and dosage included. A medication audit tool had been completed in April 2015 and included details of medication, date, time, amount and it was signed and dated by the staff. Staff confirmed that they had access to the services policy on medication management and administration, and we saw that this document was available to the staff team.

At the last inspection we found that the registered provider did not ensure that people who used the service received good and effective care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a warning notice was issued. After the last inspection an action plan was received and showed how the registered provider intended to meet these breaches. During this inspection we found that the required improvements had been made. Care plans and risk assessments had improved and reflected people’s current needs. Food and fluid intake/outtake charts had been produced and were used where appropriate. People who used the service weights were now monitored throughout their stay which meant staff could use this information to assist in meeting people’s healthcare needs.

We looked at three people’s care plans and risk assessments. We found that improvements had been made in the care plan documentation. A new pre-assessment document was in place that showed good information had been recorded regarding the person involved. Detailed pen pictures were in place which gave staff information about the person and how they preferred to be supported. We saw daily notes which documented a good amount of details about the individual’s care and welfare over the day. Other new paperwork included food and fluid charts which had been completed where concerns regarding nutrition had been identified. Risk assessments were completed with the individual and their representative, if appropriate for a range of activities. These identified hazards that people might face and provided guidance on how staff should support people to manage the risk of harm. These included moving and handling, falls, nutrition, pressure area care and continence. We saw that falls risk assessments had been undertaken and where a high risk was identified further intervention was sought and

Is the service safe?

specialist equipment put in place to reduce the risk. We found that although care documentation had been completed on arrival at the service often care plans had not been updated during the stay. For example, where risks were identified on admission, with regard to pressure sores or weight loss, these had not been reviewed two or three weeks later. This meant that up to date evaluations of these risks were not available to the staff team. Regular checks would help to ensure that care documentation is kept up to date.

We looked at staff rotas over the previous four weeks, which showed the staffing levels at the service. We saw there were sufficient staff to support people. We spoke with one person who said “I think they all do a fantastic job looking after us.” We saw that staff were available to support people in an unhurried manner and call bells were answered promptly. This indicated that there were enough staff working at the service.

We spoke with the staff and the manager about safeguarding procedures. These procedures are designed to protect vulnerable adults from abuse and the risk of abuse. We saw the training records and spoke with staff who had undertaken the training and they were able to tell us the right action to take so that people were protected. Staff said “Safeguarding was part of our initial training. In fact I am on a training session this afternoon related to

financial abuse” and “If I thought something was wrong I would tell the manager and if nothing happened I would get in touch with yourselves (CQC).” The training records showed that staff had undertaken safeguarding training. This meant staff had the knowledge of what to do if they suspected abuse was taking place. The local authority safeguarding team confirmed that they had no issues or concerns with this service. We saw that two safeguarding referrals had been made by the registered provider and that these were notified to CQC in a timely manner.

We looked at recruitment records for four staff members and spoke with staff about their recruitment experiences. We found that two of the four files did not have Disclosure and Barring Service checks within the file and one file did not have any references. This was not in line with the registered provider’s recruitment procedures which stated that pre-employment checks would be undertaken. After the inspection visit the manager informed CQC that these documents were now available at the service and had previously been misfiled. This meant that the checks had taken place, however, had not been placed on staff files.

We found that the service was clean and hygienic. Equipment was well maintained and serviced regularly which ensured people were not put at unnecessary risk. People commented “It’s lovely and clean here” and “It’s always welcoming and there’s never any smell.”

Is the service effective?

Our findings

At the last inspection of Leftwich Community Support Centre in November 2014 we found that there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These included breaches associated with the lack of staff training and knowledge with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

The capacity of people was not assessed in line with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a compliance action was issued. After the last inspection an action plan had been received and showed how the registered provider intended to meet these breaches. During this inspection we found that the required improvements had been made. Staff had received training in MCA 2005 and DoLS.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated DoLS with the manager. The MCA 2005 is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. DoLS is part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken. The staff spoken with during the inspection explained they had recently received training and understood the importance of the MCA 2005 in protecting people and the importance of involving people in making decisions. The manager confirmed she had a copy of the Act's codes of practice and understood when an application should be undertaken. We noted that the registered provider had policies and procedures in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. We saw that people's mental capacity was assessed by the social worker prior to admission.

Some of the people who were staying at the service could not tell us if they were involved in decisions about their care because they were living with dementia. However, we saw that people were involved in decision making in many

aspects of their daily life. For example people were asked what they would like to eat, what clothes they would like to wear or if they wished to join in an activity. We heard staff asking for consent before offering support to people.

Some people we spoke with explained that they discussed their health care needs as part of the care planning process. People said they would tell the staff if they felt unwell or in pain. On looking at people's care plans we noted there was information and guidance for staff on how best to monitor people's health. We noted records had been made of healthcare visits, including GPs, practice nurses, social workers and the physiotherapists. One relative said "I know someone would ring me if there was a problem. When a come in, which is a lot, most days really, staff give me an update on how she has been."

On the day of inspection it was difficult to see what training staff had undertaken. The manager had started to produce a training matrix but this was in very early stages and had little information documented. Following the inspection we were sent copies of staff training, which was stored on the registered providers system, and these showed a wide range of training had been undertaken. We also saw a range of certificates in staff member's files. There were systems in place to ensure all staff received regular training, which included moving and handling, safeguarding, health and safety, infection control and food hygiene. Staff spoken with confirmed the training provided was relevant and beneficial to their role. Staff undertook a range of other training in fire safety, dementia awareness, equality and diversity, the Care Act 2014 and prevention of pressure ulcers and Waterlow.

Staff spoken with told us they were provided with regular supervision and they were well supported by the management team. This provided staff with the opportunity to discuss their responsibilities and to develop in their role. Staff were also invited to attend regular meetings. We saw the minutes of meetings held with senior staff and cooks and general assistants. This meant that staff had the opportunity to discuss their work and the service with the management team. Staff spoken with had a good understanding and knowledge about the people in their care and the support required to meet their needs. Staff clearly explained the needs of people who were staying at the service.

We discussed the induction programme with staff members. We were told that it consisted of internal training

Is the service effective?

and one person explained that she had been well supported. The training included moving and handling, emergency aid, safeguarding adults, infection control, food hygiene, equality and diversity and medication. Staff we spoke with told us they undertook a comprehensive induction which included shadowing a senior staff member. Staff said they received a copy of the employee handbook which detailed information about the service; key policies and contractual information. They also had the services code of conduct which detailed what was expected of the staff. This meant that people were supported by staff who had received induction training appropriate to their role.

People we spoke with were complimentary about the meals provided. They said “The food here is lovely”, “There are two cooks and they are both fantastic”, “The food is good”, “No complaints”, “One cook comes around each day to ask us all what we want to eat.” One relative commented “My relative has a tremendous appetite, they never leave a

thing and I am not surprised with the choice they get. It’s all homemade which they love.” We observed the care and support provided at lunchtime. We saw the tables were nicely laid with cutlery, glasses and condiments. This meant that people had the opportunity to add extra condiments to their meals or have a drink prior to the meal being served. The meal was served from the hot trolley by the cook. Attention had been paid to people having a choice of meal which had been checked with them the day before. We found the food looked appetising on the day of our visit and all people told us they had enjoyed their meals. People were offered three meals a day and were served drinks and snacks throughout the day. We observed that staff were very attentive to people’s needs. They talked to people in a friendly manner as they served the food. We saw staff available to attend to people’s needs and offering drinks and interacting with them. We saw in the care plans that risks associated with poor nutrition and hydration were identified as part of the care planning process.

Is the service caring?

Our findings

People who were staying at the service said “The staff are lovely” and “The staff are very caring.”

We spoke with people who were staying at the service and visiting relatives and asked them how they and their relatives preferred to receive their care. They told us that they spoke to staff about their preferences, and this was undertaken in an informal way. Everyone commented on the kind and caring approach of the staff. People said “You would have to go a long way to find better and more caring staff. They are tremendous” and “They all do a fantastic job.” Relatives said “I couldn’t find fault here if I tried and I mean that, everyone is so helpful and caring, really dedicated”, “Some of the carers have been here a long time and that shows commitment I think” and “They do all they can for the people here and work very hard.”

People told us their dignity and privacy were respected when staff were supporting them, and particularly with personal care. For example personal care was always undertaken in the privacy of the person’s own bedroom, en-suite or the bathroom, with doors closed and curtains shut when appropriate. We saw staff addressed people by their preferred name and we heard staff explaining what they were about to do and asked people if it was alright before carrying out any intervention. This meant people who stayed at the service were treated with dignity and respect and the views of their relatives about the way care and support was provided were listened to. Staff said “At the moment there aren’t many people in but when people come in we have to read their care plans and assessments and sign to say we have read them so we know what their needs are.”

We spent time in the dining room and lounge and saw good staff interaction with people. Staff were caring, kind and gave people time to make decisions for themselves.

The manager and staff showed concern for people’s wellbeing. The staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people’s individual needs. People told us that staff were always available to talk to and they felt that staff were interested in their well-being. One person said “The girls are so respectful and patient, always talking to us.” A staff member commented “Some staff have been a little down in the last couple of months but they have still done their jobs to the best of their ability. They really do care for the people here.”

People were provided with appropriate information about the service, which included a brochure and a statement of purpose and copies were seen in the entrance hall. There was also a range of other leaflets available including information on advocacy services provided by Age Concern. These services are independent and provide people with independent support to enable people to make informed choices. At the time of our inspection there were no people who used the service in receipt of advocacy services. We were told by the manager that the service user’s guide was provided in each bedroom.

There were policies and procedures for staff about the aims and objectives of the service. This helped to make sure staff understood how they should respect people’s privacy, dignity and human rights in the care setting. The staff said they were aware of the aims and objectives of the service and they gave us examples of how they maintained people’s dignity and privacy. We saw that staff attended to people’s needs in a discreet way, which maintained their dignity. Staff also engaged with people in a respectful way throughout our visit.

Is the service responsive?

Our findings

We saw that interaction between staff and people who were staying at the service was friendly and caring. Staff responded to people in a well-mannered and patient way and people responded well. We saw that staff gained consent before supporting people, for example when people needed support with personal care tasks.

We looked at three care plans and other care records for people who were staying at the service. The care plans provided guidance on the care and support people needed and how this should be provided. Each person's file contained a copy of the care plan, risk assessments and daily record sheets which were up to date.

We spoke with visiting relatives who confirmed that they could visit anytime during the day and evening. One person said they visited each day and were always made welcome and offered refreshments. We saw that drinks and snacks were readily available to people throughout the day.

Call bells were answered promptly, we saw a staff member stop what they were doing to answer a call bell. This meant that people were attended to in a timely manner and were not kept waiting when assistance was required.

Visitors and people who were staying at the service told us they would feel confident in raising issues with the manager if they needed to. One person said "There is a new

manager now and she seems very nice, I have talked to her a few times so if I had a complaint I would just talk to her." One visitor said they have never had to complain. We saw a copy of the complaints procedure displayed on the entrance hall wall and details of it was also included in the service user's guide and statement of purpose. The complaints procedure contained details of how to make a complaint about the service. Having access to the complaints procedure meant people had access to information about how to raise concerns about the service if they needed to. We looked at how complaints were dealt with, and found that when concerns or complaints were raised the responses had been thorough and timely. We have not received any concerns about the service since the last inspection.

People who were staying at the service commented on the lack of activities available to them. One person said "If there is one thing we could do with is a bit more to do, all we seem to do is watch TV." We saw that the service did not have an activities coordinator or plan of activities. The manager explained they were hoping to employ an activities coordinator in the future.

We recommend that the service finds out more about meaningful activities with a view to achieving service users' preferences and ensuring that their needs are met.

Is the service well-led?

Our findings

At the last inspection of Leftwich Community Support Centre in November 2014 we found that there were a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. These included breaches associated with assessing and monitoring the quality of service provision.

We found that quality assurance systems were not effective in highlighting issues of concern and the views of those using the service had not been sought. This was a breach of regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and a warning notice was issued. After the last inspection an action plan had been received and showed how the registered provider intended to meet these breaches. During this inspection we found that the required improvements had been made. We saw that the registered provider had started to develop and improve the systems in place to monitor and review the service. We saw that quality audits had been completed for medication, care plans and other documentation. People who used the service and their representatives had the opportunity to voice their opinions and contribute to the effectiveness and quality of the service provided.

We noted that a survey was completed by the people when they left the service after a short stay. These had been completed over the last three months and showed that people were very satisfied with the service they received. Comments included “Excellent”, “Very friendly and caring staff”, “All staff were very kind and helpful, no complaints”, “More than pleased with the care and attention”, “Very efficient staff” and “The general standard of service had been excellent.” We asked the manager about how this information was used and shared with people who were interested in the service. She explained that currently this was not shared. The sharing of the survey results would help to ensure that the views of people who had used the service to drive improvements with regard to the quality and safety of the service.

As part of the new quality assurance system monthly audits were completed regarding medication and we saw that action had been taken to address shortfalls in this area. For example in the audit for February 2015 when medication had been missed or not signed for staff had been identified, spoken with and a further supervision had been carried out with them. We noted fewer incidents had been recorded

the following month, which showed that the action taken had been beneficial. A health and safety audit had been completed in January 2015 and an action plan had been produced to meet shortfalls. We saw that the ongoing issues had been being addressed. A new quality standards audit had been put in place which covered health and safety, care plans and associated documentation including risk assessments for falls and pressure area care. At the time of this visit these had not been completed. Following the visit we received copies of the audits completed.

At the time of our inspection visit the registered manager had been registered for 6 months, however, she had worked for the registered provider for a number of years. The registered manager was not currently in day to day control of the service and a manager was in place. The registered manager was absent from the service, however, we had been notified of this situation. The manager had been in post for a month, and during discussions with them we found they had a good knowledge of people’s needs and that they had made improvements to the service since her arrival.

We also spoke to people who were staying at the service and visitors about the new manager. People who used the service said “I think the manager has a hard job” and “She is new but she always finds time to come over and sit down for a chat.” All people spoken with confirmed that the staff and the management were approachable, and interested in their views. Visiting relatives commented “The new manager here is really nice, every time we come and visit she is over to see how everything is”, “She has time for everyone”, “The staff team seem a lot happier lately since the new manager took over, they all work really well together” and “The atmosphere is really good each time you come in.” Observations of how the manager interacted with the staff and comments from staff showed us that the leadership was good and a positive influence on the service. All staff we spoke with described the manager as very supportive. The manager commented “I have put quite a few procedures in place and the staff are gradually coming around. They realise we need to change and improve.”

We had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and include deaths and injuries. We saw the notifications had been received shortly after the incidents occurred which meant that we had been notified in a timely manner.