

Anchor Trust

Victoria Court

Inspection report

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Date of inspection visit: To Be Confirmed
Date of publication: 15/02/2016

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?

Good 

Overall summary

This inspection was unannounced and took place on 5 and 6 January 2016. The service was registered to provide accommodation for 40 people. People who used the service had physical health needs and/or were living with dementia. At the time of our inspection 36 people were using the service. Our last inspection took place in June 2013 and at that time we found the provider was meeting the regulations.

There was 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.

People and their visitors told us that this was a warm and friendly place to live. The manager made people feel comfortable and familiar with their surroundings and this helped people settle in the home. All the staff were passionate about providing a service that met people's needs. People, relatives and visiting professionals could not speak highly enough about the support and care that was given. People we spoke with told us they received

Summary of findings

care which was compassionate, kind and respectful. The management team used a range of different methods to give support and guide staff to enable people to be as independent as possible. People were supported to make choices and to take 'risks' in their daily lives. Any risks were identified and assessed and kept to a minimum, to avoid any restriction on the person doing what they wanted. Staff had received training in the Mental Capacity Act 2005 and they were able to explain how they applied this to support people to make decisions. Safeguarding procedures were in place to keep people safe from harm. People felt safe living at the home and if they had any concerns, they were confident these would be addressed quickly by the management team. Staff had been recruited using clear guidance and staff received core training and more specialist training, so they had the skills and knowledge to meet people's specific needs. The service offered a choice of meals and people could decide where they wished to have their meals. Staff were trained in the safe administration of medicines and kept records that were accurate. People were encouraged and supported to take their medicines themselves if they wanted to. There were sufficient staff to support people's needs and the provider maintained a clear audit on the

staff numbers in relation to the support of the people using the home. People were offered opportunities to join an activity which reflected their own interests and hobbies. Staff spent quality time with people to give them emotional support and comfort. Staff reminisced with people about their life and discussed what was happening in the world. There were strong links with the local community and people's independence was encouraged. We observed the staff used the care records to reflect a personal approach to ensure people received the care in the way they wished. The provider had a notice board which provided a broad range of information about the service, covering forthcoming events and other information relating to the home. There was a complaints procedure and any complaints that had been received, had been dealt with efficiently. The manager had an open door approach and knew the people within the home and was able to provide clear guidance to the staff on how to support people. The provider had sought formal feedback and acted on requests received to improve quality. There were regular audits on a range of areas to ensure the quality of the care was maintained and improved.

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

The service was good in ensuring people were safe. Staff were trained to protect people from abuse and harm and knew how to refer to the local authority and others if they had any concerns. Risk assessments were centred on the needs of the individuals. People were supported to take risks and were not restricted enabling them to maintain their independence. There were sufficient numbers of trained staff deployed to ensure that people had their needs promptly. The staff were recruited safely and people had a say about who was recruited. There were systems in place associated with the management of medicines; appropriate arrangements for the recording and safe administration were in place.

Good



Is the service effective?

The service was effective

Staff had received all the training they needed to meet the needs of people. There was a training plan in place to provide continuous staff development.

The managers understood their responsibilities under the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. People's liberty was not unnecessarily restricted and people were fully supported to make choices about their day to day lives. People had been supported to maintain their healthcare needs. People were involved and provided with a suitable range of nutritious food and drink.

Good



Is the service caring?

The service was good in providing caring staff to support people. The staff had a strong and visible person centred approach to ensure people were able to their own views. People's relationships were valued and supported. People's dignity was respected and maintain with all aspects of care.

Good



Is the service responsive?

The responsiveness of the service was good.

Staff understood people's individual needs. People received consistent, personalised care, treatment and support. They were involved in identifying their needs, choices and preferences and how they would be met. People's care and support was reviewed, with their input.

People were able to engage in activities that were meaningful to them.

There was a complaints procedure in place, and people were encouraged to provide feedback. Any concerns had been responded to in a timely manner.

Good



Summary of findings

Is the service well-led?

Staff were fully supportive of the aims and vision of the home. There was a consistent approach to promoting and sustaining the improvements already made at the service. Staff told us they were supported by the management team who were very knowledgeable and inspired confidence. Systems were in place to monitor the quality of the service people received. The manager understood their responsibility in notifying us of any concerns relating to the service.

Good



Victoria Court

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.

Our inspection was unannounced and the team consisted of one inspector. We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information we had received from the public. We also spoke with the local authority who provided us with current monitoring information. We used this information to help formulate our inspection plan.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We spoke with six people who used the service and three relatives. Some people were unable to tell us their experience of their life in the home, so we observed how the staff interacted with people in communal areas.

We also spoke with four members of care staff, two volunteers, the cook, the warden from the sheltered accommodation next door, the care manager, the registered manager and two visiting professionals. We reviewed five staff files to see how staff were recruited. We looked at the training records to see how staff were trained and supported to deliver care to meet each person's needs. We reviewed six care plans to see how the care was recorded and used to ensure each person's needs were met. We looked at the systems the provider had in place to ensure the quality of the service was monitored and reviewed to drive improvement.

Is the service safe?

Our findings

People told us they felt very safe. One person said, “I feel safe, at night I am able to lock my door.” Another person told us, “When I pressed my buzzer the other day, three staff came, they are very good.” One relative told us, “It gives me peace of mind, knowing my relative is here, they have told me they feel safe.” The manager explained the service had recently had a new call system. All care staff carried a pager, when a buzzer was activated it showed on the pager when it had been responded to and by whom. Staff could request additional support which triggered an alarm on the pager. The manager told us, “This system is more discreet as the call bells are not sounding for all to hear.” The manager was able to extract data from the system to support any patterns in relation to the level of support people required. One person told us when they were walking around the home; they wore a falls sensor on their wrist. A staff member said, “If a person wearing the wrist sensor falls it’s reflected on the pager and the location.” Staff told us that the system worked really well in responding quickly to the person’s call. This showed the service was using assistive technology to enable them to respond promptly to meet people’s needs.

Safeguarding information posters were displayed to ensure people, relatives and visitors had access to information on how to raise issues outside the service if they wished. All of the staff we spoke with were able to explain how to keep people safe and the local authorities’ procedures in relation to the safeguarding of adults. One staff member said, “We need to protect the people and report anything that is not right.” We saw records which offered a clear recording process to any safeguard concerns, which showed the relevant people had been informed, any investigations and the outcome. Staff told us they understood the whistle blowing policy. One staff member said, “I would be happy to raise any concerns and I am confident the manager would respond.”

People’s care plans included detailed risk assessments. These documents were individualised and provided staff with a clear description of the risk and specific guidance on how the person should be supported in relation to the identified risk. For example one person enjoyed a cigarette, the risk assessment covered all safety aspects, the person

understands of the risk, the location where they were able to smoke and the level of support required from the staff. We saw the person being supported to access the outside space to have a cigarette when they requested.

People’s independence was supported to enable them to stay safe while minimising restrictions on their freedom. One person told us they go into the local community on their own. The person had a risk assessment which identified this activity and the use of the signing in and out book so staff were aware of the person’s location. We saw the records book confirmed people had been using the system to assist in keeping them safe.

The staff told us that if they had any concerns in relation to moving and handling techniques, they could request an assessment from the care coordinator. They said, “People can change from day to day, some days they need equipment other days they are okay.” We saw equipment and guidance had been identified if a person had fallen to the floor. People were supported to remain safe in an emergency. We saw each person had an emergency evacuation plan and the folder was accessible for all staff and the plans were reviewed weekly or as a person’s needs changed.

There were regular fire drills and signs to indicate the date and time of the testing. All lifting equipment had been tested in line with the requirements and the home had a full time maintenance person who responded to any repairs within the home. One person told us the maintenance person had repaired the brake on their walking equipment, as their relative who usually dealt with these concerns was away. The person told us, “I was delighted; they were so quick.” This showed the provider maintained a safe environment for people.

People told us there were sufficient staff available to meet their needs. One person said, “I think the level of staff is good on the whole.” One relative we spoke with said, “There is enough staff, there is always someone about.” Another relative told us, “Staff are always available if you need them.” We saw there were enough staff who responded to people promptly when people requested assistance. All the staff we spoke with told us they felt there was enough staff. One said, “We are a good team, we get on well and support each other.”

We saw that checks had been carried out to ensure that the staff who worked at the home were suitable to work with

Is the service safe?

people. These included checking references and the person's identity through the disclosure and barring service (DBS). The DBS is a national agency that keeps records of criminal convictions. One member of staff told us that they had to wait for their DBS check to come through before they started working. This demonstrated that the provider had safe recruitment practices in place.

We saw that people received their medicine and that accurate records were kept to show that medicines had been administered as prescribed. One person had their medicine administered later as they had slept in. We saw the staff recorded this on the medicine administration records (MAR) and on the handover notes, to ensure the person's medicine was administered within the prescribed time frame. We saw some medicines were prescribed to be administered one hour before a meal, staff understood the reason for this and the possible reaction of one medicine on another.

People were supported with their pain relief or medicines. One person received medicine in relation to their mood, the person was able to make the decision as to how they felt and if they required the medicine. Staff had a good knowledge of the medicines people took and when it was appropriate to give people the opportunity to make their own decision. The provider had procedures in place to ensure storage and the stock levels of medicines were maintained.

People were encouraged to administer their own medicine. One person told us, "I wish to do my own medicine and the staff support that." We saw there was a risk assessment to confirm the person had the capacity to manage their medicines and there were checks in place to ensure the medicine had been taken. A locked cupboard was provided in the person's room to keep the medicine secure. This meant that people were supported to receive their medicine in the way they wished.

Is the service effective?

Our findings

Without exception people and relatives told us they felt the staff were well trained. One person said, “They know how to support me.” Staff we spoke with told us they had access to lots of training. One staff member said, “I learnt different ways to transfer someone, there are always new things to learn.” One staff member told us how they had been trained to train other staff in moving and handling. The staff member said, “It’s good having me on site as I can pick up straight away if something is not right.” The provider had identified a need for another trainer in the home. A staff member had volunteered and had been placed on the training. The activities coordinator told us, they had completed all the care courses along with ones specifically for the activities role. For example the coordinator had worked with the local authorities seated exercise instructor and had completed a training course so the home was able to run the exercise classes themselves. Where people required support from equipment to transfer we saw staff had the skills and provided guidance to give reassurance to the person.

The home had an induction programme for new staff which entailed staff being trained in mandatory skills before working alongside experienced staff. The staff receive a twelve week induction which was supported by the care certificate. The care certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours to enable them to provide people with safe, effective, compassionate and high quality care. We saw records showed this induction programme had been followed. One staff told us, “The induction is really useful, lots to learn and you can go at your own pace.” The provider ensured staff are competent following the training and on-going in their practice through observations linked to supervisions. Staff told us they received regular supervision and that prior to the supervision they have an observation on their practice. One senior staff member told us. “The observations are really useful; it can reflect the staff needs or training required.”

The Mental Capacity Act 2005 (MCA) provides the 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 capacity to take particular decisions, any made on their behalf must be in their best interests and least restrictive as possible. We saw that people had mental capacity assessments and best interest decisions when needed. The staff were confident and demonstrated their understanding of the principles of the Act. One staff member told us. “We must assume capacity until it assessed as different. Each person has a right to make their own decisions, and a right to change their mind.” We saw people were asked their permission and given choices about their care before they received it. This showed us that staff respected people’s wishes and ensured they were in agreement with the support they received.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA, and whether any conditions or authorisations to deprive a person of their liberty were being met. For example one person continued to express a wish to go out independently having previously got lost in the local community. The home had requested an assessment and received authorisation to deprive them of their liberty. This had recently expired, the manager told us the person still met the criteria for a DoLS and we saw a request had been made to have it extended. The records showed this person had been supported to go out into the community accompanied to maintain their safety. Other applications had been made where appropriate. This showed us that the provider understood the legal requirements when depriving people of their liberty.

People told us they enjoyed the food. One person said, “We get a choice, the food is good.” Relatives we spoke with told us, “The food is very good; my relative even chose to spend Christmas day here.” There was a seasonal menu, each day with a choice of two options. A daily menu card was placed on the tables at breakfast and people were able to request alternatives. One person told us, “You always get a choice, there is usually one you like, but if not the menu card has alternatives on.” The kitchen was flexible with the meals. The cook told us, “Breakfast goes on as long as it takes.” We saw at 9.45am a request for a bacon sandwich and poached egg on toast; both were delivered quickly to the people who had requested them.

Is the service effective?

We observed a mealtime. People chose where they wished to sit for their meal. The home had four small dining areas on different floors, along with the lounge or people could eat in their rooms. Staff told us that every opportunity was taken to enhance the meal experience. We saw all dining areas had small round tables which were set with cloths, serviettes and condiments. People chose to move independently or were supported by the staff to a different floor in the home to eat with their friendship groups. Staff supported people in a range of ways which reflected the individual's needs and preferences. The food was delivered in a hot cupboard and served by the staff. We saw the staff give people choices, with both visual and verbal prompts to encourage the person to make their own decision. Some people had a covered terrine so they could self-serve their vegetables and potatoes. Other people had their food in a consistency they could manage. Some people enjoyed bread and butter with their meal and this was made available.

The cook and the staff understood the importance of ensuring people received a diet for their needs. For example some people required a fortified diet. This is a diet higher in calories to help maintain weight. We saw that fortified milk was an option on the drinks trolley twice a day and this milk was used in the meal recipes. One person told us they were unable to eat wheat and that the cook made special cakes, along with being able to discuss the food they are able to eat.

People's feedback was used in the planning of menus. The cook held meetings and taster sessions with the people ahead of the seasonal menu changing. There was a snack table in the main lounge and ideas for the table had been discussed at the last resident's meeting. We saw the tea trolley was offered twice a day, which contained a wide range of drink and snack options. This showed the service ensured people received support with their fluid intake throughout the day.

People told us and records confirmed that referrals had been made to a wide range of health care professionals either as a request by the person or following the need to support the person's health in their best interest. The managers and staff were aware of the need to involve relevant people if someone was unable to make a decision for themselves or that decisions were made in the person's best interest. The health care professional we spoke with told us the staff were proactive and raised referrals or concerns appropriately. One professional said, "If I ask them to do something, it's always done, never a delay." Also, "The staff are very respectful of the person and always respect their decision." The other professional told us, "The staff always inform us if the person has any medicine which might affect the person's blood levels and their other medicine." This showed that the provider ensured people were supported to access a variety of healthcare professionals to maintain their health and wellbeing.

Is the service caring?

Our findings

Everyone we spoke with said the home had a warm, welcoming and homely feel. People told us, “The staff are lovely, friendly and you can have a laugh with them.” Another person said, “They pay attention to what you want.” Staff knew people well and called people by their preferred names and we saw people responded to this. We heard spontaneous conversations and staff showed a genuine interest when the person spoke to them. Staff told us, “People have their own characters and routines, you have to respect that.” Another member of staff told us, “When people are having a down day, it’s lovely to lift them, to have a smile. You can usually do that by talking about their life and interests.”

People could decide where they wanted to spend their time and what they wanted to do. Some people preferred to stay in their bedrooms, others liked to join in the activities and some enjoyed sitting and watching what was going on. All choices were respected by the staff, for example one person told us they enjoyed sitting in the reception area as they liked to watch the ‘comings and goings’. This person was supported by the staff to sit in reception and throughout the day we saw the person was offered the option to join other activities and to receive refreshments whilst remaining in reception.

People’s life events were celebrated. One relative told us about recent birthday celebrations for their relative and how everyone had been involved. We heard the person tell their relative how much they had enjoyed their day.

We saw every opportunity was taken to respond to people. When staff passed people they greeted them with their name and made eye contact. One staff member told us, “It’s important to have respect and regard for people, by addressing them with their name, making eye contact and

not talking over the person.” All the relatives we spoke with were complimentary about the caring attitude of the managers and staff. One relative told us, “The staff are so respectful, always take into account my relative’s decision.”

Relatives we spoke with told us they were welcome to visit whenever they wanted to and had been invited to join in activities and meal times, especially for a celebration. One relative told us how they had joined their relative on two trips with the home. We saw a thank you card which reflected that family members had joined their relative for a meal on Christmas day and New Year’s day.

People’s rooms were decorated as they wished and fridges and tea making facilities, were available so people could make a drink when they wished for themselves or for their visitors. Some people had a personal telephone installed, one person told us, “It’s handy as my daughter calls every day.” We saw that some people had their own key to their rooms and their privacy was respected. We saw staff knocked and provided an explanation for their call before entering. One person told us, “Staff are good at keeping things private, they are always respectful.”

There was a display of a dignity tree in reception and the staff told us the branches had been used for people to place a Christmas wish. Several wishes had been to see the local Christmas lights and the manager had arranged for a minibus to take those interested. People told us they had enjoyed the trip, “It was lovely to see the lights and have a drive around the local area.” Another wish was for the person’s son and daughter to visit together. Staff made contact with the family and this was arranged. The person told us how delighted they were their wish had been granted.

People had the opportunity to follow their religious beliefs. The local churches provided a rota to cover different denomination services in the home. People told us they also had the opportunity to attend the church directly and were supported by their church network.

Is the service responsive?

Our findings

Before people moved to Victoria Court the managers met people and carried out an assessment to make sure their needs could be met. People and relatives told us they had been welcomed at the home and stayed for a meal as part of their consideration to move in.

They told us they had received comprehensive information both verbally and in written form about the service. One person told us, “Nothing was too much trouble, all our questions were answered.” People were encouraged to have a trial period before making a long term decision. Several people told us they had come for two weeks and decided to stay because they felt safe and cared for.

People’s care plans included information about their life, preferences and choices as well as their likes and dislikes. Staff told us this helped them understand about people and the lives that they had before they came to live at the home. We heard a relaxed conversation between staff and three people in relation to their holiday preferences. The staff member knew their favourite holiday destination and their choice of accommodation. The care plans also considered the level of support people required to maintain their independence. For example some people required equipment to enable them to walk independently, the plans gave clear guidance on encouraging this practice and the use of technology to alert staff if the person was to fall. We heard one staff member say, “Let me help you, we can do it together.”

We saw the care plans were well maintained and staff told us they use them every day. Staff we spoke with told us, “You have to keep reading the care plans, as things change quite a lot.” Changing needs were identified promptly and regular reviews held with the person. The plans identified the people of importance to the person and if they wish them to be involved. One relative told me, “I am actively involved in the care plans, and attend regular reviews with the team leader, who is very responsive.” There was a clear system in place to reflect any changes to people’s needs. A separate section labelled, ‘Transfer documents’ were used when a person went into hospital to provide details about the person and their care preferences to the healthcare professional. This meant that staff were able to provide a more personal and responsive level of care to each person.

We saw the provider offered a wide range of activities for people. A weekly events programme was available. A monthly newsletter also showed the forthcoming events and was given to each person and displayed around the home. One person told us, “There is always something going on.” A relative told us, “My relative comes down to the lounge and enjoys the activities.” People told us they felt able to choose what they wished to do. One person said, “The staff are always offering, if I decline they respect that, and another day they offer again.” The programme of events included events such as a weekly film night and a monthly quiz night. One person said, “I enjoy the film once a week and the games, I won a cup the other day.” We saw how staff had considered people’s interests, one person had been in the RAF and they had purchased a model of an aircraft to complete with the person.

The activities coordinator told us, the provider is supportive and gives us a resources budget for activities with additional funds being raised through events in the home. One person told us how they knitted baby clothes, which are sold to support the activities funds. The activities coordinator felt well supported by the manager and provider and told us, they attended a regional group to exchange ideas and to provide support to one another.

We saw that some of the activities were supported by volunteers. The three volunteers were all ex-employees who returned weekly. One volunteer told us, “I love returning, there is such a warm atmosphere whenever I visit.” People told us they enjoyed having the volunteers there as it was another person to talk to. One person told us they had a friend support them at bingo as they could no longer see the number but they still enjoyed the game.

We saw the home had a strong link with the local community. People from the home joined an over 50’s club once a month and there was a link with the local school and college. People told us they enjoyed the link with the young people. The college students had supported a bingo activity and then devised a quiz which they delivered. The college coordinator told us. “It’s an opportunity to breakdown communication barriers. The home made us feel very welcome and the staff and people were engaging in our activity.”

The home is situated next door to sheltered accommodation. The manager told us people from the flats could and did join any day of the week for lunch; they could also join in the activities. The warden from next door

Is the service responsive?

told us, “It’s a real bonus being next door, people can enjoy the entertainment and get to know the home. Some people refer to us as a stepping stone to fulltime care.” They also told us that there had been several situations where people in the flats had become unwell and they had been supported with respite care at Victoria Court whilst they recovered. The warden also told us, “Staff are always kind and so responsive; it’s a pleasure to come in here.”

People and relatives we spoke with told us they felt able to raise any concerns and they were addressed efficiently.

One person told us, “The manager does their job and would deal with any concerns.” The provider had a process in place for dealing with concerns; records confirmed any complaints had been dealt with appropriately and in a timely manner. The provider had recorded compliments they had received. One recent compliment said, “I appreciate the love, care and dedication you gave to my relative and the welcome you gave me as a visitor.”

Is the service well-led?

Our findings

Everyone we met told us there was an overwhelming feeling the home had a warm atmosphere which was welcoming. People told us, "I enjoy living here." One relative told us they felt their family member, "Could not be anywhere better." All the staff we spoke with told us they were supported by the care manager and the registered manager. One staff member told us, "They work well as a management team." We observed the manager walking around the home and reassuring people about their care routines for the day, this showed an understanding of the people's needs. A healthcare professional told us, "The management know people really well; they have a real positive approach."

Staff were clear about their roles and responsibilities and felt able to make suggestions openly. For example staff had suggested a new logging sheet to monitoring people's personal care use of the bath or shower room. The manager had implemented the suggestion. Staff told us it was much easier to see who had received support and that the chart was successful.

The provider produced a monthly newsletter for staff. We saw that regular staff meetings had discussed the newsletter and any new policies reflected in the information and how they impacted on staff and people in the home. Staff told us they enjoyed their job and often volunteered to support trips and activities. One staff member said, "We are a good team, we pull together and support one another." One relative told us, "The staff are caring and go the extra mile."

Peoples' views and suggestions were acted on through an annual questionnaire and quarterly meetings with people who used the service and relatives. There was a 'You said, we did' board in the reception. For example there had been

a request for more laundry support and extra staff had been employed to support this area. Another request was that the cutlery was too heavy and the provider had purchased new cutlery for all the dining areas. We saw that information relating to the newly enclosed garden was shared along with the introduction of a feedback book in reception. The manager told us they were always looking to make improvements through speaking with people, using ideas from other homes or new initiatives. For example the home was about to install Wi Fi and look to use ipad technology in a range of areas. These included activities for people, researching topics from the past and to support staff when completing assessments with people.

The manager completed regular checks and audits on all aspects of the service. These were reported to the provider through a monthly report system. These audits were used to reflect on any required changes or support for individuals. The audit on people's falls follows a process to ensure any action to be taken to mitigate future risks and over a monthly period the falls are charted to show any triggers. For example one person kept using the back stairs and they showed a high risk of falls. Records showed the risks had been discussed with the person and with their consent they had moved to a ground floor room.

The managers both felt supported by the provider. They received regular supervision and felt able to support one another or the provider at any time for additional support. They also attended local network meetings and the provider forums to help stay on top off best practice and network with other managers.

The manager understood the responsibilities of their registration with us. They had reported significant information and events in accordance with the requirements of the registration.