

Saint John of God Hospitaller Services

Saint John of God Hospitaller Services - 22 Sandown Road

Inspection report

22 Sandown Road
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

We inspected Saint John of God Hospitaller Services - 22 Sandown Road on 15 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

22 Sandown Road is a single storey, bungalow style home which provided residential care for up to nine adults who have learning disabilities and may also have physical disabilities. It is situated in a housing estate close to local amenities.

The home did not have a registered manager. A manager from another service in the organisation was acting as manager until a new manager takes up post in April 2015.

Summary of findings

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 who used the service had complex needs and difficulty with communication. We spent time in communal areas to observe the interactions between people and staff. We did seek the views of relatives in respect of care provided.

There were systems and processes in place to protect people from the risk of harm. Appropriate checks of the building and maintenance systems were undertaken to ensure health and safety.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed.

We saw that staff had received supervision on a regular basis; however staff had not received their annual appraisal for 2014.

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. Relatives told us that there were enough staff on duty to meet people's needs. Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions.

We found that safe recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. This included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

Appropriate systems were in place for the management of medicines so that people received their medicines safely.

There were positive interactions between people and staff. We saw that staff treated people with dignity and

respect. Staff were attentive, showed compassion, were patient and interacted well with people. When people became anxious staff supported them to manage their anxiety.

We saw that people were provided with a choice of healthy food and drinks which helped to ensure that their nutritional needs were met. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff to hospital appointments. We found that the service had an excellent relationship with the doctor of people who used the service. Both the doctor and the service worked in the best interests of people to ensure that their health and treatments needs were met. We saw that people had hospital passports; however, hospital passports did not contain sufficient information on people who used the service to ensure that hospital staff would know about them and their health.

Assessments were undertaken to identify people's health and support needs as well as any risks to people who used the service and others. Plans were in place to reduce the risks identified. Support plans were developed with people who used the service and relatives to identify how they wished to be supported.

People's independence was encouraged and their hobbies and leisure interests were individually assessed. Staff encouraged and supported people to access activities within the community.

The provider had a system in place for responding to people's concerns and complaints. Relatives told us they knew how to complain and felt confident that staff would respond and take action to support them. Relatives we spoke with did not raise any complaints or concerns about the service.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the home had an open, inclusive and positive culture.

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.

Staff were knowledgeable in recognising signs of potential abuse said that they would report any concerns regarding the safety of people to the manager.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Effective systems were in place for the management and administration of medicines. Checks of the building and maintenance systems were undertaken, which ensured people's health and safety was protected.

Good



Is the service effective?

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training. Staff had received regular supervision, however had not received an annual appraisal. Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards

People were provided with a choice of nutritious food. However, staff had not undertaken nutritional screening to identify specific risks to people's nutrition.

People were supported to maintain good health and had access to healthcare professionals and services. Hospital passports did not contain sufficient information on people who used the service to ensure that hospital staff would know about them and their health.

Requires Improvement



Is the service caring?

This service was caring.

Relatives told us that people were well cared for and we saw that the staff were caring and people were treated in a kind and compassionate way. The staff were friendly, patient and discreet when providing support to people.

Staff took time to speak with people and to engage positively with them.

People were treated with respect and their independence, privacy and dignity were promoted. People and relatives were included in making decisions about their care. The staff in the service were knowledgeable about the support people required and about how they wanted their care to be provided.

Good



Is the service responsive?

The service was responsive.

Good



Summary of findings

People's needs were assessed and care and support plans were produced identifying how to support people with their needs. These plans were tailored to the individual and reviewed on a regular basis.

People were involved in a wide range of activities and outings. We saw people were encouraged and supported to take part in activities

Relatives we spoke with were aware of how to make a complaint or raise a concern. They were confident their concerns would be dealt with effectively and in a timely way.

Is the service well-led?

The service was well led; however a manager (when appointed) needs to register with the Care quality Commission.

There were effective systems in place to monitor and improve the quality of the service provided. Staff told us that the service had an open, inclusive and positive culture.

Accidents and incidents were monitored by the manager and the organisation to ensure any trends were identified.

Good



Saint John of God Hospitaller Services - 22 Sandown Road

Detailed findings

Background to this inspection

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

We inspected Hospitaller Services - 22 Sandown Road on 15 December 2014. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

The inspection team consisted of an adult social care inspector.

Before the inspection we reviewed all the information we held about the home. The provider completed a provider

information return (PIR) which we received prior to the inspection. 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.

People who used the service had complex needs and difficulty with communicating. We spoke with the manager, service improvement manager and with four support workers. After the inspection we contacted the local authority to find out their views of the service.

We spent time with people in the communal areas and observed how staff interacted with people and how the care and support was delivered to people. We observed how people were supported at lunch time and during activities. We looked at two people's care records, three recruitment records, the training chart and training records, as well as records relating to the management of the service. We looked around the service and saw some people's bedrooms, bathrooms, and communal areas.

Is the service safe?

Our findings

We asked relatives of people who used the service about safety, they told us, "I'm quite happy, I've never had any problems." Another relative said, "They do their best to keep them safe. There was an accident the other week they told me straight away and looked into it."

During the inspection we spoke with staff about safeguarding vulnerable adults. Staff we spoke with were aware of the different types of abuse and what would constitute poor practice. Staff we spoke with told us they had confidence that senior staff and the manager would respond appropriately to any concerns. The manager said abuse and safeguarding was discussed with staff on a regular basis during supervision and staff meetings. Staff we spoke with confirmed this to be the case.

Staff told us that they had received safeguarding training at induction and every three years thereafter. We saw staff had received safeguarding training in 2013 and 2014. Staff told us that they felt confident in whistleblowing (telling someone) if they had any worries. The home had a safeguarding policy that had been reviewed in April 2013. One staff member we spoke with said, "I would report any concern or abuse to my manager or senior who was on shift. They would report to safeguarding straight away." During the last 12 months there has been one safeguarding concern raised in which appropriate action was taken by staff at the service to ensure safety and minimise the risk of reoccurrence.

The manager told us that the water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We saw that some water temperature recordings were too cool. The manager told us that she would raise the concern with Stockton Borough Council who owned the building and ask that they take action to increase the water temperatures to the safe temperature of 43 degrees Celsius (+ or – two degrees). We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler

and fire extinguishers. We saw measures were in place to minimise the risk of legionella we saw that a quarterly inspection had taken place in November 2014. This showed that the provider had developed appropriate maintenance systems to protect people who used the service against the risks of unsafe or unsuitable premises.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency.

Risks to people's safety had been assessed by staff and records of these assessments had been reviewed. Risk assessments had been personalised to each individual and covered areas such as health, behaviour that challenged, falls, burns and scalds. This enabled staff to have the guidance they needed to help people to remain safe. Staff we spoke with told us how control measures had been developed to ensure staff managed any identified risks in a safe and consistent manner. We spoke with staff who were able to tell us clear triggers to people's behaviour that challenged. They told us of actions they took to minimise the identified risk. We spoke with the manager about those people who were at risk of having epileptic seizures and who go out in the community. The manager told us that senior staff (who were also appropriately trained) accompanied those people on such visits and carried 'rescue medicines' to give in the event of a seizure. This helped ensure people were supported to take responsible risks as part of their daily lifestyle with the minimum necessary restriction.

The three staff files we looked at showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer reference and a Disclosure and Barring Service check (DBS) which was carried out before staff started work at the home. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults.

Through our observations and discussions with relatives and staff members, we found there were enough staff with

Is the service safe?

the right experience and training to meet the needs of the people who used the service. At the time of the inspection there were eight people who used the service. We saw duty rotas which confirmed that during the day there were between four to eight staff on duty. This varied depending on how many people were out at day services and how many people were at the service. On an evening there were seven staff on duty and three staff on night duty. One relative we spoke with said, "There are plenty of them." From our observations we saw when people needed help that staff were visible and available to provide the help and support. We saw that one person who had been identified at risk of falls had staff with them most of the time. When the staff member needed to do other duties they always made sure that another staff member took over before leaving the person. This helped to ensure the safety and welfare of the person.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely

maintained to allow continuity of treatment. We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service.

We asked what information was available to support staff handling medicines to be given 'as required'. We saw that written guidance was kept to help make sure they were given appropriately and in a consistent way. Arrangements were in place for the safe and secure storage of people's medicines. Medicine storage was neat and tidy which made it easy to find people's medicines. Room temperatures were monitored daily to ensure that medicines were stored within the recommended temperature ranges.

We saw that there was a system of regular checks of medication administration records and regular checks of stock. This meant that there was a system in place to promptly identify medication errors and ensure that people received their medicines as prescribed.

Is the service effective?

Our findings

We spoke with relatives about the service they told us that they had confidence in staff to provide a good quality of care and support. One relative said, “The staff are very good and well aware of the support needed.” Another relative said, “They are very good and they consult me at every point.”

Staff were aware of their roles and responsibilities and had the skills, knowledge and experience to support people who used the service. Staff we spoke with told us they received mandatory training and other training specific to their role. We saw that staff had undertaken training considered to be mandatory by the service. This included: safeguarding vulnerable adults, fire, health and safety, nutrition, infection control, medicines administration, and working with challenging behaviour. We viewed the staff training records and saw the majority of staff were up to date with their training. We saw that staff had also undertaken training in autism and epilepsy.

Staff we spoke with during the inspection told us they felt well supported and that they had received supervision. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. We saw records to confirm that supervision had taken place. The service had been without a registered manager since April 2014 and as such annual appraisals of staff had not been carried out as yet for 2014. We were told that these would be undertaken as a matter of priority. One staff member we spoke with said, “I think that this is the best place that I have ever worked.” Induction processes were available to support newly recruited staff. This included reviewing the service’s policies and procedures and shadowing more experienced staff.

The manager and staff we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The manager and staff that we spoke with had an understanding of the principles and their responsibilities in accordance with the MCA and how to make ‘best interest’ decisions. We saw that appropriate documentation was in place for one person who lacked capacity to make best interest decisions in

relation to their healthcare. We saw that a multidisciplinary team and their relatives were involved in making such a decision and that this was clearly recorded within the person’s care and support plan.

At the time of the inspection, nobody who used the service was subject to a Deprivation of Liberty Safeguarding (DoLS) order. DoLS is part of the MCA and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests. Staff we spoke with had a good understanding of DoLS.

A support worker told us that menus and food choices were discussed with all people who used the service. The manager told us that the service had spring, summer, autumn and winter menus. We saw that people were provided with a varied selection of meals. People who used the service had complex needs, however those people who were able helped where they could with the preparing and cooking of all meals. The manager and staff told us that staff and people who used the service go shopping for food.

We saw that people were offered choice. For one person with limited communication staff brought in two plates of different food for the person to choose from. We saw that this person was offered pasta or sandwich, crisps and cheese. The person chose the sandwiches with crisps and cheese. We saw that staff sat with the person as identified in their plan of care as they were at risk of putting too much food in their mouth and choking. Staff supported people to eat safely.

We saw that people were supplied with a plentiful supply of drinks. We saw that one person enjoyed three cups of coffee during the morning.

We asked the manager what risk assessments or nutritional assessments had been used to identify specific risks with people’s nutrition. The manager told us that staff at the service closely monitored people and where necessary made referrals to the dietician or speech and language therapist. We saw records of such visits to confirm that this was the case. However, staff did not complete nutritional assessment documentation. A discussion took place with the manager about the Malnutrition Universal Screening tool (MUST). The manager told us that staff at the service would undertake nutritional screening as a matter of priority.

Is the service effective?

The manager told us that all people who used the service were registered with the same doctor. We were told how the doctor had cared for people for many years and as a result knew their needs extremely well. The manager praised the doctor for their understanding and patience. We were told how many people were anxious when attending the surgery and as such the doctor was very accommodating and often came out to the car to see people. This showed that the service had excellent links with the doctor's surgery and that they were both working together to ensure that the health and treatment needs of the person were met. We were told that the district nurse visited the service when it was time for annual flu vaccinations to lessen the anxiety of people. People were supported to have annual health checks and were accompanied by staff to hospital appointments. We saw that people had been supported to make decisions about

the health checks and treatment options. We saw records to confirm that people had visited or had received visits from the dentist, optician, chiropodist, dietician and speech and language therapist. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

We saw that people had a hospital passport. The aim of a hospital passport is to assist people with a learning disability to provide hospital staff with important information they need to know about them and their health when they are admitted to hospital. Hospital passports looked at contained limited information to ensure that care and treatment was provided in a way that the person would want it to be. This was pointed out to the manager at the time of the inspection who said that they would ask staff to update all hospital passports.

Is the service caring?

Our findings

At the time of the inspection there were eight people who used the service. People who used the service had complex needs and difficulty with communication however, they did describe staff as “Lovely” and one person told us they were “Happy.” We looked at the care and support plans of two people which described their body language when they were happy or unhappy. The care plan for one person said how they clapped when they were happy and content. We observed this person during the inspection who clapped on many occasions. The plan of another person informed how they laughed, giggled and held their hands when they were happy. We observed this person during the inspection and saw that their body language informed that they were content and happy. We spoke with relatives who told us they were happy with the care and support provided and that they were involved with making decisions about how people were looked after. One relative said, “They speak to me and ask my opinion.”

People and relatives were involved in making the decision to use the service. Prior to people coming to stay, people were given the option to come for day visits and overnight visits to help make an informed decision about whether they wanted to move in. The visit also enabled staff to determine if they could meet the person’s needs and make sure that other people who used the service were happy for the person to live with them.

During our visit we reviewed the care records of two people. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed. Care records reviewed contained information about the person's likes, dislikes and personal choices. This helped to ensure that the care and treatment needs of people who used the service were delivered in the way they wanted them to be. Relatives told us they had been involved in making decisions about care and support and developing the support plans.

During the inspection we sat in the communal dining room so that we could see both staff and people who used the service. We saw that staff treated people with dignity and

respect. Staff were attentive, showed compassion, were patient and interacted well with people. When people became anxious staff supported them to manage their anxiety. We saw that staff used distraction techniques to divert people away from the cause of their anxiety. When people returned from day services we saw that staff took time to ask them how they had spent their day. Staff showed a genuine interest and listened to people. This showed that staff were caring.

The manager and staff that we spoke with showed concern for people’s wellbeing. It was evident from discussion that all staff knew people well, including their personal history, preferences, likes and dislikes. There was a relaxed atmosphere in the service and staff we spoke with told us they enjoyed supporting people. We saw that people had free movement around the service and could choose where to sit and spend their recreational time. The service was spacious and allowed people to spend time on their own if they wanted to. This helped to ensure that people received care and support in the way that they wanted to. A relative we spoke with said, “He / she likes to come home but he/ she likes to go back. He / she can’t tell you but I know.” Another relative said, “They love it there. When he / she comes home after a while they shout go back to Sandown.”

After the inspection we spoke with a representative of the local authority to seek their views on the service and care provided they told us that they did not have any concerns in relation to the care and support provided at the service.

Staff told us how they respected people’s privacy. They said that where possible they encouraged people to be independent and make choices such as what they wanted to wear and activities they wanted to take part in. Staff told us how they always covered people up when providing personal care and always knocked on doors before entering. This meant that the staff team was committed to delivering a service that had compassion and respect for people. Generally the environment supported people's privacy and dignity. All bedrooms doors were lockable and those people who wanted had a key. All bedrooms were personalised.

Is the service responsive?

Our findings

The manager told us that six out of the eight people who used the service attended day services. The remaining two people received one to one support for social activities on a day to day basis. Staff and relatives told us that people were involved in a plentiful supply of activities and outings. We were told how many people visited their relatives on a regular basis. One relative told us that they had just been to the Christmas party, they said, "The Christmas party was a little quieter than usual but everyone had good fun. There was a little buffet."

Staff told us how one person liked to experience sensory activities as they liked to feel the cold. We were told how this person regularly visited the ice rink at Billingham Forum. The manager told us how this activity stimulated their senses and made them happy. One person who used the service told us that they liked to go to parties. We were told that they had a number of party outfits and shoes that they would wear for such occasions. We were told how people liked to go shopping with staff, for walks to the local shops and for meals out.

People's needs were assessed upon referral to establish if 22 Sandown Road was a suitable placement and able to meet the person's needs. Information was provided by the referring agency on the person's care and support needs. Before moving in people visited the service during the day and stayed overnight. This enabled staff to produce an initial care and support plan as to how they were to support a person during their first few days.

A full care and support plan was then written with people describing how they wished to be supported. We found that care and support plans were reviewed and updated on a regular basis. Care and support plans looked at during the inspection were person centred and contained very detailed information on how the person liked to be cared for and their needs. A number of people who used the service had complex needs and were unable to express themselves verbally. Care and support plans looked at during the inspection clearly detailed non-verbal communication, how this could be interpreted and action that staff should take. For example the care plan of one person described how if the person wanted a drink or something to eat they would take staff by the hand to the kitchen. If they wanted to go out they would bring their shoes. If the person was unhappy they would bite their

hands or bang their head. The care plan clearly informed staff that when the person displayed that they were unhappy that staff were to lift up the person's chin and make eye contact. It then went on to describe other ways in which to ensure the person's wellbeing.

During the inspection we spoke with staff who were extremely knowledgeable about the care that people received. Staff and relatives who used the service spoke of person centred planning (PCP). PCP provides a way of helping a person plan all aspects of their life and support. The aim is to ensure that people remain central to any plan that may affect them. Staff were responsive to the needs of people who used the service. The manager told us how one person who used the service was recently admitted to hospital. The service ensured that a staff member stayed with the person during the day and the evening as the person had complex needs and could become very anxious.

The manager told us how they had involved a multidisciplinary team and sought the advice of the British Institute of Learning Disabilities (BILD) in providing person centred care to another person who used the service. They told us how a person showed obsessive behaviours in relation to day to day living. They told us how a pictorial information board displayed in the dining area had helped to reduce such obsessive behaviours.

Staff told us in the event of a medical emergency an ambulance would be called and that staff would follow the emergency operator instructions until an ambulance arrived. Staff told us they had undertaken training in first aid. We saw records to confirm that this was this training was up to date. A staff member we spoke with during the inspection confirmed that this training had provided them with the necessary skills and knowledge to deal with a medical emergency. This meant that staff had the knowledge and skills to deal with foreseeable emergencies.

Staff told us people who used the service and relatives were given a copy of the easy read complaints procedure when they moved into the service. We looked at the complaint procedure, which informed people how and who to make a complaint to. The procedure gave people timescales for action. The procedure referred people to the Care Quality Commission for independent review if they were not satisfied with the outcome of their complaint. We spoke with the manager about this and explained that we could not investigate individual concerns / complaints.

Is the service responsive?

However, we were interested in people's views about the service. The manager told us that the procedure would be amended. We spoke with relatives of people who used the service who told us that if they were unhappy they would not hesitate in speaking with the manager or staff. They told us they were listened to and that they felt confident in raising any concerns with the staff.

Discussion with the manager confirmed that any concerns or complaints were taken seriously. There have not been any complaints made in the last 12 months.

Is the service well-led?

Our findings

The service has not had a registered manager since April 2014. In the interim, a manager from another service in the organisation was acting as manager until April 2015. The service improvement manager told us that a new manager for 22 Sandown Road would be appointed and in post by April 2015. Relatives and staff told us that the manager in post at the time of the inspection was supportive and approachable. A relative said, “The new manager is good.” A staff member we spoke with said, “She is very nice and approachable. If I had any concerns I would go to her for advice.”

The manager told us about their values which were communicated to staff. The manager told us of the importance of honesty, being open and transparent and treating people who used the service and staff as individuals. They told us that they had an open door policy in which people who used the service and staff could approach them at any time.

The staff we spoke with said they felt the management team were supportive and approachable, and that they were confident about challenging and reporting poor practice, which they felt would be taken seriously.

We found that the manager and staff had a good understanding of the principles of good quality assurance. The manager recognised best practice and developed the service to improve outcomes for people. The manager and staff have worked with the British Institute of Learning disabilities in providing person centred care to people who used the service.

Staff told us the morale was good and that they were kept informed about matters that affected the service. They told us that team meetings took place regularly and that were encouraged to share their views.

Any accidents and incidents were monitored by staff to ensure any trends were identified. Staff confirmed there were monitoring one person who was at risk of falling and working with other health care professionals. This system helped to ensure that any trends in accidents and incidents could be identified and action taken to reduce any identified risks.

The manager told us of various audits and checks that were carried out on the environment and health and safety. We saw records of audits undertaken. We saw records of a recent essential standards audit which had been carried out and looked at infection control, the environment and safety and suitability of equipment. Records were audited. This helped to ensure that the home was run in the best interest of people who used the service.

The service improvement manager told us that they carried out our regular visits to the service to monitor the quality of the service provided. We saw records of visits for June, September and October 2014. Visits had not been carried out in July or August due to staff sickness. The notes from the last visit in November / December 2014 were in the process of being typed up.

We saw that a survey had been carried out in June 2013 to seek the views of people who used service, relatives and advocates of services that fell within the Northern hub. We looked at the results of this service which were in the main extremely positive about the services the provider operated. We were told that a service specific quality assurance survey was to be sent out to relatives and staff from 22 Sandown Road in early 2015 to seek the views on the individual service and care and support provided to help sure the service was run in the best interest of people.