

N. Notaro Homes Limited

Stuart House

Inspection report

21-23 Clevedon Road
Weston Super Mare
Somerset
BS23 1DA

Tel: 01934429086

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Ratings

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

Summary of findings

Overall summary

About the service:

Stuart House provides accommodation and personal care for up to 21 people. When we visited, 19 people lived there, however one person was in hospital.

People's experience of using this service and what we found:

People were supported by staff that were caring and treated them with dignity and respect. Staff understood the needs of the people they supported. Through conversation, staff told us how they aimed to achieve positive outcomes for people.

Risks of abuse to people were minimised. The service had appropriate safeguarding systems and processes. Assessments of people's needs identified known risks and risk management guidance was produced for staff which they understood. The service did not use a dependency tool to aid them in ensuring enough staff were deployed. We received mixed feedback from staff, people, and relatives about the number of staff on duty at times. We have made a recommendation in relation to this.

There were effective systems that ensured the service was safe. Health and safety checks, together with effective checks of the environment were carried out by dedicated staff. Guidance to aid staff and the emergency services in the event of an evacuation was completed and current.

People received their medicines as prescribed and medicines were stored securely, however we identified some areas that required attention. We found that systems to monitor stock balances and protocols for 'when required' medicines needed improving. We have made a recommendation around the management of medicines.

People, their relatives and a healthcare professional gave us positive feedback about the quality of care people received. The feedback on the leadership of the service and the registered manager was positive. However, we found quality monitoring systems had not been fully effective in identifying the improvements required in relation to medicines management or the evolving risk in relation to staffing numbers. We have made a recommendation about this.

People were supported by staff who had the skills and knowledge to meet their needs. Staff understood their role and were confident when performing it through a continual training package. Staff at the service worked together with a range of healthcare professionals to achieve positive outcomes for people and followed professional advice to achieve this.

There were systems in place that ensured people who were deprived of their liberty were done so with the appropriate legal authority. Staff understood and acted in accordance with the principles of the Mental Capacity Act 2005 and associated guidance. People within the service were supported to eat and drink sufficient amounts.

People's care plans were personalised and aided staff in supporting people in a person-centred way. People's communication needs were recorded, and care was planned to meet people's needs. There were activities in place and service had recently employed new activity staff to increase provision. There were escalation plans in place for end of life care and we discussed the further development of end of life care planning with the registered manager. People's concerns and complaints were listened and responded to. Accidents, incidents and complaints were reviewed to learn and improve the service.

Rating at last inspection:

The last rating for this service was Good (published February 2017)

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Stuart House

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

This inspection was completed by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection was unannounced.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is legally required to tell us about. We used all of this information to plan our inspection.

During the inspection:

We spoke with five people who lived at the service and one person's relative. We also spoke with six

members of staff. This included the registered manager and care staff. We spoke with one visiting healthcare professional. We reviewed a range of records. This included some people's care records and multiple medication records. We also reviewed records relating to the management of the service such as incident and accident records, meeting minutes, training records, policies, audits and complaints.

After the inspection:

We received clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We attempted to contact three additional members of staff to gain their views on the service and their employment. Despite numerous attempts to make contact with staff and requesting a call back we did not receive any contact from two of them and were unable to contact the third following them making contact. We contacted four healthcare professionals who regularly visit the service to gain their views but did not receive any responses. We also spoke with two people's relatives to gain their views of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement.

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk people could be harmed.

Using medicines safely

- Medicines were generally managed safely. People received their medicines as prescribed. One person told us, "I get medication when I need it. It's reassuring." There were systems in place to check the stock of people's medicines to ensure they remained correct.
- We found for one person the recorded stock of two of their medicines were not correct. The registered manager explained that this was because the person's medicines were not able to be entered onto their electronic system and this would be rectified. There was no impact on the person.
- Protocols for medicines which had been prescribed to be taken 'when required' were generally available. However, improvements were required in relation to some protocols for one person's constipation medicines. There had been no evident impact on the person. The registered manager told us this would be rectified.
- Medicines were stored securely. The temperature of the medicine's storage areas was recorded by staff to ensure they were stored in accordance with the manufacturer's instructions. We found there were some gaps in the records of the medicines room and fridge temperature records. However, the records that were completed demonstrated the areas were within the required temperatures.
- Staff received medicines training and competency assessments before they were able to administer people's medicines. Audit systems were in place.

We recommend the provider seeks advice and guidance from a reputable source to ensure the management of medicines within the service is fully safe.

Systems and processes to safeguard people from the risk of abuse

- All of the people we spoke with told us they felt safe. One person commented, "[I'm] quite content. I can relax here." Relatives also said they felt people were safe at the service.
- People were protected from potential abuse and avoidable harm by staff that had received training in safeguarding.
- Staff spoke confidently about how they would identify potential abuse and the actions they would take if abuse was suspected. One staff member said, "I would report anything straight away to the manager. I'm happy they would take the right action, I would go above the manager or report to CQC if I needed to. I've always worked with staff that are quite good, I've never seen anything bad but would report it if I did."
- The provider had safeguarding policies in place for staff to access and follow should they be required.

Assessing risk, safety monitoring and management

- People had current individual risk assessments. We reviewed examples of risk management in relation to falls, skin breakdown and nutrition. Identified risks had guidance for staff in reducing the possibility of harm.
- Some people being supported could become anxious, leading to incidents where they attempted to harm others and refused staff support such as personal care. There were clear plans in place about how staff should support people at these times. Records showed staff followed the guidance.
- One person had a health condition and a detailed risk management plan had not been created. This had not had any impact on the person. The registered manager confirmed this would be completed straight away.
- Staff understood the known risks of the people they supported and explained the measures they took to reduce these risks. During observations we saw when staff were using the hoist, they explained to people what they were doing. Staff took their time in transferring people from chair to chair.
- The service environment and equipment was maintained. Records were kept of regular health and safety checks. Individual emergency plans were in place to ensure people were supported to evacuate in the event of a fire.

Staffing and recruitment

- We received mixed feedback from staff and people's relatives when we discussed staffing levels at the service. Staff we spoke with felt the service was never unsafe but said at times there were not always enough staff.
- One staff member we spoke with told us, "Sometimes we are a bit short, it depends on staff sickness. Sometimes the residents can be anxious and having two staff on is not ideal. The manager will help out if they are in and we get cover from other homes. It's never unsafe and we do manage."
- One person we spoke with told us, "[They] need more staff at night. It would make me feel more secure." A relative commented, "There are times when they need more staff. Especially when [name of person] needs changing, and they are with another person, you have to wait quite a while."
- Another relative we spoke with told us they had witnessed poor staffing levels on some occasions and felt people's needs outweighed the number and ability of staff. They told us they felt the more able people did not always receive the basic level of support as staff were required to support people with higher needs.
- The service did not use any form of dependency assessment tool or have any system in place to ensure staff level deployment was safe and met people's needs. This does not show a proactive or person-centred approach to staffing deployment.
- Staff had been recruited safely. All required pre-employment checks had been carried out including criminal record checks and getting references from previous employers.

We recommend the provider seeks advice and guidance from a reputable source on the implementation of an effective dependency tool to ensure and evidence sufficient numbers of staff are deployed in the service.

Preventing and controlling infection

- People were protected from the risks associated with poor cross infection practice. The service was clean. However, we highlighted to the registered manager that there was a strong odour of urine in one area of the service.
- The service had dedicated housekeeping staff to maintain the service environment.
- The dedicated staff used cleaning schedules, there were infection control audits completed to monitor the cleanliness of the service.
- Staff had completed infection control training and followed good infection control practices. They used protective clothing such as gloves and aprons when required.

Learning lessons when things go wrong

- Accidents and incidents were reported and monitored by the registered manager to identify any patterns or trends.
- Records showed that following an accident or incident, details of the incident or accident were recorded, and a record of any action taken was evident.
- Learning from any incidents and accidents was shared and disseminated throughout the staffing team to reduce the risk of recurrence.
- Where necessary, the service had escalated concerns to healthcare professionals to help reduce the risk of recurrence. This included a person's GP or the local falls team.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were assessed prior to moving in to the service. This assessment process ensured a comprehensive care plan that detailed guidance for staff on how to meet people's needs was completed on admission.
- People were involved in the pre-admission assessments. Nationally recognised tools in relation to skin integrity or identifying a risk of malnutrition were used within care plans.
- Assessments of people's needs were comprehensive, expected outcomes were identified and recorded.
- People's protected characteristics under the Equalities Act 2010 were identified. This included people's needs in relation to their culture, religion and diet.

Staff support: induction, training, skills and experience

- People were well cared for by staff that had the knowledge and skills to meet people's needs. Staff we spoke with commented positively about the training provided. One staff member told us, "The training is quite good, there's a lot of explanation. It's face to face training so you can ask questions."
- During observations we saw staff were competent and confident when supporting people. We observed more junior staff asking other more experienced staff for advice about various things, showing that newer staff were comfortable seeking advice when needed.
- The training record we reviewed showed staff received continual training in subjects to meet the needs of the people they supported. A staff member told us, "I have only been here 3 weeks. I had a good induction in a classroom environment. I want to achieve my NVQ's. They will support me to do this."
- Staff were supported in their work. 'One to One' supervision was completed. Staff feedback was positive. One staff member commented, "I have supervision every month and they are ok. I feel supported."
- New staff received an induction to ensure they had the required skills and competence to meet people's needs. Where required, staff new to care were able to complete the Care Certificate to understand the national minimum standards.

Supporting people to eat and drink enough to maintain a balanced diet

- People and their relatives commented positively on the food provided at the service. We observed staff supported people where needed with nutrition and hydration.
- One person we spoke with told us, "[It is] good food. I can choose where I eat." Another person commented, "[There is] always alternatives. I come down for breakfast. I like lemonade with all my meals, and I get it."

- One person's relative said, "The food is excellent. I am in frequently and I am always asked if I would like a drink. I could eat here if I wanted to."
- People were well supported with hydration. We observed people were continually offered drinks throughout the day. People's weights were monitored and where required records of food and drink consumed by a person were maintained.

Adapting service, design, decoration to meet people's needs

- People had individual rooms and had access to communal bathroom and toilet facilities. Some rooms had an en-suite facility.
- There were two lounge areas that people could use – we saw both lounges were used by people during the day. There was a passenger lift in operation to support people to access the additional floors. There was an outside area people could access.
- People who were able could move around the service freely. On the first floor the handrails in place to support people with their mobility were coloured and visible.
- Communal areas such as the toilets had clear signage on them to aid people in navigating around.

Supporting people to live healthier lives, access healthcare services and support

- People had access to a variety of healthcare services and professionals according to their needs.
- People were registered with a GP and records showed the service regularly escalated health concerns.
- A chiropodist visited periodically, and the service were supported by a district nurse to meet people's needs. We spoke with a visiting nurse who spoke positively of the service and did not raise any concerns.
- Care records evidenced advice had been sought from professionals such as speech and language therapists, district nurses and the mental health team.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions set within authorisations were being met. At the time of our inspection, some people at the service had authorised DoLS and there were also submitted applications with the local authority.

- We observed people were consulted prior to any care and support interventions and their consent was sought.
- Where restrictive practices were in place for people who lacked capacity to consent, capacity assessments and best interest decisions had been made and documented in care records. Some of the records we viewed required additional information relating to how the person contributed to the capacity assessment, including their responses when information was given. The registered manager told us they would ensure the additional information was included on the assessments.
- Where people had capacity and made decisions some may find unwise, staff respected this. For example,

some people chose to smoke. Whilst staff encouraged people by explaining the health implications of smoking, they respected it was the persons decision.

- The service ensured that as part of the pre-admission process they had ascertained if people had an appointed Lasting Power of Attorney (LPA) in place to make certain decisions on their behalf if they did not have capacity to do so.
- Where an LPA was in place, the service had ensured they had seen or produced a copy of the relevant record on file and consulted the relevant people when needed.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received care from staff who developed positive and caring relationships with them. Observations evidenced staff were focussed on delivering person centred care.
- We asked people if staff cared for them in the way they liked. One person commented, "Oh yes, they are friendly and kind to me." Another person told us, "They made me feel welcomed when I first came here."
- A relative we spoke with told us, "I have no concerns about the care here."
- The atmosphere was homely. Staff appeared kind, caring and friendly and spoke in a respectful manner to people. We heard staff interacting positively with people, kneeling at eye level to communicate. People smiled as staff approached them.
- The service had received positive feedback on a national website. There had been six reviews since 2016. An extract from one comment read, "The staff are always friendly and polite and caring."
- A selection of compliment cards reviewed echoed the website feedback, with examples given where a relative commented, "You have an amazing team and I can't thank you all enough for not only the best care but loving my Mum so much."

Supporting people to express their views and be involved in making decisions about their care

- People's views were regularly sought through day to day interactions, and through individual care reviews together with the 'Star of the Day' initiative where people had a full review and input into their care.
- No concerns were raised by people we spoke with about involvement or contributing to their care or making decisions about their daily lives.
- A relative we spoke with explained how they had been involved in the pre-admission assessment completed by the registered manager at a hospital prior to admission.
- Staff spent time with people. We observed staff members checked with people if they were comfortable. Staff were observed asking people what their preferences were for different things. We heard comments such as, "Where would you like to sit." Other comments involved asking people how they were or if there was anything they wanted.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. We observed positive interactions to support this during the inspection.
- Throughout the inspection visit we saw many positive interactions between people and the staff and

management. During the use of mobility aids, for example the use of a hoist, people were communicated with well and offered reassurance.

- The lunch service for people was a positive experience, where people's choices were respected if they wished to wear an apron or not to support their personal preference and dignity. Staff were quick to support people in the event of a spillage.

- We saw staff knocked on doors before entering. Staff were discreet when people were incontinent or had soiled their clothes in some way. A privacy screen was used when a district nurse supported a person in the main lounge.

- Respectful and meaningful conversation was observed between staff and people that required physical support from staff to eat their lunch. We observed one person getting agitated and loud at lunch time when a staff member was trying to help them with their meal, the staff member was able to diffuse this situation.

- The observed interactions we made between the staff and people's visitors evidenced they knew each other well and they had a good relationship.

- Visitors told us they were always made welcomed into the service. One relative said, "It's open visiting. I come whenever I want. Always feel welcomed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred, individualised and relevant to the person. Records showed people were supported to be involved in their care plans and review.
- Care records were personalised and gave staff information on people's life histories and interests. Staff we spoke with knew the people they supported well.
- We highlighted one instance to the registered manager where a person's care record did not fully reflect their current needs in relation to moving and handling. They advised us this would be addressed promptly.
- Staff we spoke with understood the people they cared for and how they wanted to be supported.
- A relative we spoke with told us they felt the staff at the service were, "Very approachable and responsive."
- Another relative we spoke with told us they felt at times the service were not always pro-active in responding to people's changing needs.
- The service recognised the importance of supporting people to maintain contacts with family and friends. A Relative we spoke with was positive about their involvement in care planning and the communication they received from the service.
- A Healthcare professional that provided us feedback said, "I am popping in and out weekly for various things. Staff are always responsive and manager and deputy approachable."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had the opportunity to partake in activities both within the service and in the local community. One person said, "I went out in the wheelchair and had tea and cake." Another commented, "I like the television and the singing entertainer that comes in."
- We discussed activities with the registered manager. They told us the provider had recently employed two new activities co-ordinators at the service.
- Staff told us since the new activities staff had been in place things had improved. One staff member told us, "The new activity staff are trying to get things going. It's a lot better than it was."
- People were able to be involved in the daily running of the service helping with tasks such as going around with milk jugs at breakfast, preparing the drinks trolley and folding napkins or laundry.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are

given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed and recorded in line with the AIS.
- Where required, people were supported with making choices with physical items. For example, at lunchtime people were shown two plated meals to support them in choosing a preference.
- Pictures of the meals being served at the service were also available to support people in making choices.
- On the day of inspection both activity co-ordinators were present. Activities observed consisted of puzzles, reading, playing games, floor keyboard, colouring and one person went for a walk.
- The registered manager told us they are aiming to utilise the use of a mini bus owned by the provider to further increase activity provision.

Improving care quality in response to complaints or concerns

- The service held an appropriate complaints policy and procedure. This was accessible to people living at the service and their relatives. The policy and procedure detailed how complaints or concerns would be handled.
- The registered manager told us no recent complaints had been received at the service requiring a response in line with policy. There were no records held of any formal complaints.
- Where minor concerns or issues were raised, a record of this was made detailing how it was resolved. A relative we spoke with told us they were confident matters would be addressed.

End of life care and support

- Care records evidenced that people had a Treatment Escalation Plan in place. These showed matters such as escalation planning at end of life and resuscitation decisions had been undertaken.
- We discussed the benefit of putting a system in place to capture and record specific end of life wishes, for example if the person wished to remain at the service to die or be admitted to hospital, who they wished to be present, or any specific personal requests relating to the spiritual or cultural needs. The registered manager told us the current system would be reviewed.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

The service management and leadership was consistent. However, governance systems were not consistently reliable and effective. Some risks were not always identified or managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service had a range of quality monitoring arrangements in place, however we found not all of these had been effective and improvements were required.
- Medicines audits had not identified the issues we found at this inspection. The absence of an effective governance system to ensure sufficient numbers of staff were deployed had not identified the concerns disclosed to us by staff, people, and their relatives during the inspection process.
- The provider had not clearly displayed the current rating at the service location in line with regulatory requirements, however there was a copy of the previous report in the entrance foyer. The registered manager rectified this during the inspection.
- The provider had displayed the services most recent rating on their website in line with regulatory requirements.
- The registered manager led a dedicated team of staff. Staff understood their roles and responsibilities and were accountable for their practice.
- Staff we spoke with expressed a high level of satisfaction in their employment. Staff were positive about the registered manager, their roles and the culture of the staff team. One staff member told us, "[Name of registered manager] is a very fair manager, they are approachable and very good at their job."
- The registered manager had additional support available from the provider. Quality audits against the standards inspected by the Care Quality Commission were undertaken with a continuous improvement plan made in response to findings.

We recommend the provider undertakes a review of all current governance systems at the service to ensure they are fully effective.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People we spoke with, their relatives and staff told us they had confidence in the leadership at the service. Relatives commented that the registered manager and deputy were available for them.
- One relative commented, "[The service is] very well managed. Manager is amazing with residents. The deputy manager is on a par with the manager."
- A daily handover was completed by staff which ensured key matters were communicated. Staff told us

following the handover staff allocations were made to support people where needed. A diary was used to record other key information.

- The registered manager had notified the Care Quality Commission (CQC) of events which had occurred in line with their legal responsibilities.
- Records showed that when accidents or incidents had occurred, people's relatives were informed as soon as possible. This demonstrated the services ability to follow the duty of candour regulation.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People participated in the day to day running of the service and were able to be involved in activities such as preparing for lunch and serving drinks. Residents meetings were projected to increase now two new activities staff were in post.
- Staff confirmed they felt involved and supported. Staff confirmed that they received 'One to One' supervision where they could formally discuss things with their line manager. Staff told us they were supported outside of the formal supervision cycle as well.
- A survey of people, their relatives or those acting on their behalf, had been sent out just prior to our inspection to gain their views and thoughts on the service. A relative we spoke with confirmed they had received it.
- There was a 'Star of the Day' system where people's full care and support needs were assessed and discussed with them to ensure they were happy with how they were being supported.
- Staff we spoke with felt able to contribute to the running of the and some commented that the registered manager was always available. There were staff meetings held at various levels to communicate matters.

Continuous learning and improving care and working in partnership with others

- The registered manager met regularly with the providers Quality Performance Manager for formal supervision and support to discuss their performance and that of that of the service.
- Meetings were held with other managers within the providers group to share experiences, tools and good practice ideas.
- The provider was currently discussing about introducing a staffing dependency tool to assist in determining appropriate staffing levels. The registered manager told us this was still at the discussion stage.
- A healthcare professional that visited people at the service did not raise any concerns about the service provided or the ability of staff in meeting people's assessed needs.