

Barchester Healthcare Homes Limited

Kenwyn

Inspection report

Newmills Lane
Kenwyn Hill
Truro
Cornwall
TR1 3EB

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Tel: 01872223399

Website: www.barchester.com

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Kenwyn provides accommodation with personal care for up to 109 people. There were 78 people using the service at the time of our inspection. Some people were living with physical disabilities, long term physical health and mental health conditions including dementia

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

The service had not had a registered manager for over a year. A new manager had started working at Kenwyn two days prior to this inspection and was being supported by the deputy and regional managers.

CQC had received several anonymous concerns from staff, members of the public and people living at the service, about staffing levels, poor care and poor management. The local authority had also investigated several safeguarding concerns since the last inspection. CQC had reported these concerns to the provider who had recognised the low morale of staff, investigated each event and provided us with a report on the actions they had taken. The provider had also sought to discuss with CQC their plan to help ensure staff felt listened to and well supported in the future.

The provider used a dependency staffing tool, to help ensure there were sufficient staff to meet people's needs. However, staffing levels had been lower than planned on several occasions in the last month. A safeguarding concern had been raised by a staff member about one specific weekend. Complaints had been received by the provider regarding this. The provider assured us this had been investigated and action had been taken to help ensure staffing was always at a level to meet people's needs. On the day of our inspection there were the planned number of staff on duty.

There were short notice staff absences. Some staff had left without notice. Staff morale was low. Staff told us they did not trust the management team and felt their views and experiences were not heard or acted upon. The provider had provided many opportunities for staff to share their concerns.

A visiting healthcare professional told us, "We see high levels of stress in the staff, they came to us to seek support." The healthcare professional and their colleagues met with the management team to discuss the staff's concerns. They told us, "We were told there was no problem. There were enough staff. So, I can see the staff members predicament. It is a pity that they [provider] have spent a great deal of money on the décor but don't seem to get the staffing right. After all, that is what the business is all about, caring for people, and that requires staff."

Audits were carried out regularly to monitor the service provided. However, actions from these audits had not always been carried out in a timely manner. Regional directors' reports showed actions needed to be carried forward from a previous audit in February 2019. This meant opportunities to further improve the service may have been missed.

Some staff had not always received appropriate training and support to enable them to carry out their role safely. The provider had recognised that training was required for some staff. We were advised after this inspection that training shortfalls had been addressed. At inspection supervision and appraisals appeared to have not always been provided according to the policy held at the service. After the inspection the provider sent additional evidence that staff had been appropriately provided with supervision.

There were systems and processes in place to monitor the Mental Capacity Act, and associated Deprivation of Liberty Safeguards assessments and records. We had concerns about the effectiveness of these processes at our last inspection and made a recommendation about this in the last report. The records held at the service were now accurate.

Staff were kind. People had their privacy and dignity protected

People were provided with the equipment they had been assessed as needing to meet their needs. For example, pressure relieving mattresses. These were correctly set for the person using them.

Staff were recruited safely in sufficient numbers to ensure people's needs were met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were activities provided for people by four activity co-ordinators seven days a week.

Everyone living at the service had a care plan which was regularly reviewed.

Risk assessments provided staff with sufficient guidance and direction to provide person-centred care and support.

Complaints were recorded, and responses were seen. The provider told us they had received complaints regarding the recent period of low staffing and that they were meeting with families to resolve this concern.

Rating at last inspection:

At the last inspection the service was rated as Good (report published 30/11/2018)

Why we inspected:

The inspection was prompted in part due to concerns received about low staffing levels, poor care and poor management support. A decision was made for us to inspect and examine those risks. We also checked if the positive conditions applied to the provider's registration were met. Positive conditions were applied at a previous inspection in and remained in place after the inspection in March 2018. At this inspection the service had not embedded changes sufficiently to keep the overall rating as Good. The overall rating has changed to Requires Improvement and the conditions remain in place.

We have found evidence that the provider needs to make some improvements. Please see the Safe and Well-Led sections of this full report.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not well-led

Details are in our well-Led findings below.

Requires Improvement ●

Kenwyn

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was carried out by three inspectors, a member of the medicines team 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:

Kenwyn is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed for Kenwyn, they had taken up their post a few days prior to this inspection.

Notice of inspection: This inspection was unannounced.

What we did before the inspection:

The provider was not asked to complete a provider information return (PIR) prior to this inspection. We reviewed information of concern we had received about the service since the last inspection. We reviewed the last inspection report, information we had received from people, staff and other agencies including feedback we had received from other interested parties. We used all of this information to plan our inspection.

During the inspection:

We spoke with eight people who used the service, four relatives, 16 staff members, the new manager, the maintenance person, two representatives of the provider and a visiting healthcare professional. We reviewed the care records of 12 people and medication records for 18 people who used the service. We reviewed records of accidents, incidents, compliments and complaints, staff recruitment, training and support as well as audits and quality assurance reports. Some people were not able to tell us verbally about their experience of living at Kenwyn. Therefore, we observed the interactions between people and the staff supporting them. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Requires Improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People did not always get the support and care they needed in a timely manner. People told us staff did not always respond quickly to them when they called for assistance. One person told us they had been told to wait to use the bathroom due to staff not being available. They told us, "No one comes, (when they ring the call bell) it's been terrible but it's getting a bit better Relatives also told us, "[Person's name] is safe but they are not getting quite the care they need. There's such a turnover of staff they don't all know [Person's name]" and "[Person's name], has not been shaved for three days and staff are not looking after their teeth properly, some staff are better than others."
- A visiting healthcare professional told us that two members of staff had approached them several weeks prior to this inspection, about their views of the staffing levels at Kenwyn. They told us, "We see high levels of stress in the staff, they came to us to seek support." The healthcare professional and their colleagues met with the management team to discuss the staffs concerns. They told us, "We were told there was no problem. There were enough staff. So, I can see the staff members predicament." A SOFI observation for half an hour in a lounge showed staff mostly interacted with people briefly and only when they were carrying out a task.
- All the people, relatives, staff and healthcare professionals we spoke to felt there were insufficient staff deployed effectively to meet the needs of people and that 'some good staff' had or were in the process of leaving. One member of staff confirmed during this inspection that they were leaving 'with sadness' and said, "There just aren't enough staff, nothing changes, I will not be complicit in this poor situation." Some staff had recently left without notice. We found little impact people living at the service at the time of this inspection.
- There had been some days a few weeks prior to this inspection, when there were not enough staff on duty to cover the rota. A safeguarding concern was raised by an anonymous member of the public about this. We were told, by the provider, that the acute staff shortage over one weekend was due to a lack of management oversight. There were staff vacancies and management at Kenwyn were using their own bank staff and agency staff to cover shifts.
- There were short notice sickness absences. Nurses were under the impression they could not use agency staff when needed. The staff rota showed an increase in the numbers of agency staff used immediately after the safeguarding concern was raised.
- Senior management had investigated these concerns and acted to help ensure these concerns would not re-occur. The regional director and human resources staff had provided many opportunities for staff to raise their concerns. The new manager was taking action to interview specific staff regarding repeated short notice sickness absences. On the day of our inspection there were the expected number of staff on duty. We were assured that agency staff would be used if needed to cover staff absences.

We recommend the provider continuously reviews the actions taken to improve the areas of concern to ensure they remain effective.

Assessing risk, safety monitoring and management.

At our last inspection we made a recommendation about ensuring staff were supported to address specific risks posed by individuals living at the service.

At this inspection we found that action had been taken to address this recommendation and guidance was provided for staff to help ensure they were not harmed when providing care and support.

- One person who required one to one support was sent to hospital unsupported. A management decision had been taken to not send the one to one support staff with this person when they left to go to hospital for treatment. The hospital staff were not able to meet this person's needs. This event has been investigated by the provider and action has been taken to help ensure this event does not re-occur.
- Care plans contained details of risks that were identified, assessed monitored and regularly reviewed.
- Fire doors and systems were regularly checked to ensure they were in good working order. Regular fire drills took place.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency.

Using medicines safely

- Medicines were safely managed. There were suitable systems in place for the ordering, administering and monitoring and disposal of medicines.
- People received their medicines in a safe and caring way, in accordance with their prescription. Anyone looking after any of their own medicines had been checked to make sure this was safe for them.
- Medicines were stored safely and securely. If medicines needed to be administered covertly, then suitable checks were in place to make sure this was done appropriately and in people's best interests.
- Staff received medicines training and were checked to make sure they were competent to give medicines safely. Regular medicines audits were completed. These identified any necessary actions which were put in place to improve the way medicines were managed.

Systems and processes to safeguard people from the risk of abuse.

- People were protected from potential abuse and avoidable harm by staff who had safeguarding training and knew about the different types of abuse.
- Staff and management had raised appropriate safeguarding concerns for investigation.
- People felt safe living at the service.

Preventing and controlling infection

- Infection control audit processes were in place at the time of this inspection.
- The main communal areas of the service appeared clean and were free from malodours.
- Staff had access to aprons and gloves to use when supporting people with personal care. Staff were seen wearing person protective equipment (PPE) appropriately throughout this inspection. This helped prevent the spread of infections.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed so any trends or patterns could be highlighted.
- The deputy manager told us that there had been concerns raised about the processes in place to monitor and care for people's skin. The service had acted to appoint a clinical lead with tissue viability knowledge to support the staff. The deputy manager now reviewed all wounds every week. The community tissue viability

service was supporting the service with management of complex wounds.

- People and staff had raised concerns that their views and experiences were not always listened to and acted upon. The new manager and the provider assured us that a new regime was being put in place to support people and staff to communicate with staff and management and ensure they felt valued.

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 now remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience

- One person was receiving full-time one to one support due to their complex needs. At our last inspection we identified that care staff providing this support had not always received appropriate training to meet their specific needs. At this inspection we found this concern remained. This meant that there was a risk some staff would not have the necessary knowledge to know how to respond to this person's needs. The provider assured us this would be addressed immediately.
- There was a training schedule in place which was monitored by the provider. It had been identified through audits that some staff required specific training. Training opportunities were planned to address this.
- Opportunities for staff to meet with a manager to discuss their work and any development needs were provided. Appraisals were not being provided annually for all staff. This had been recognised by the management team and was already an action for the new manager.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. New staff spent time working with experienced staff until they felt confident to work alone.
- Staff meetings were held and opportunities for staff to express their concerns were provided. However, staff told us they did not always feel that their views had been heard and acted upon. Staff did not always attend meetings held to demonstrate the action taken by the provider to address the concerns. Key themes from these meetings were fed back to the management team.

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

- The service had undergone extensive re-decoration. Re-design of the entrance and managers offices had also taken place. At past inspections we have noted that the dementia unit had not received the same level of updating as the rest of the service. We had been told this was going to take place imminently. At this inspection the dementia unit still had not been re-furbished and updated in keeping with the rest of the service. There was an odour in this unit and the area was in need of re-decoration and new furnishings. This had been highlighted by regional management in an audit.
- The unit had been provided with an interactive magic table to provide stimulation and activity for people with dementia.
- People had access to call bells to summon support when needed. The maintenance person checked these and many other aspects of the premises and equipment regularly.
- People had their pictures displayed on their door to help them identify their own rooms. There was some pictorial signage on the toilets/bathrooms. This helped people, living with dementia, to identify their surroundings more easily.
- Secure outside space was available to people. People were encouraged to spend time outside. We saw

people spent time outside supported by activity co-ordinators and relatives.

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

At the last inspection we identified that the records held at the service regarding which people had a Deprivation of Liberty (DoLS) authorisation in place were not accurate. We made a recommendation about this

At this inspection we found that the records were accurate.

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 on such authorisations were being met.

- There were processes for managing MCA and DoLS information. The records held of which people had DoLS authorisations tallied with the records held by the local authority DoLS team.
- Some authorisations had conditions attached to them. The service had this recorded therefore the conditions were being monitored and reported on as being upheld as is legally required.
- Staff had an understanding of the requirements of the Mental Capacity Act 2005.
- Records were held showing which people, living at the service, had appointed Lasting Powers of Attorney (LPA's).

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

- Staff recorded some people's food and drink intake, where concerns had been identified. These records were monitored, and action taken to ensure people had sufficient intake.
- People's weight was monitored. Regular audits ensured that action was taken when unplanned weight loss was seen.
- People told us they enjoyed the meals and were offered a choice of food and drink. People's preferences were well recorded in care plans. Menus were displayed to help people recall what was being provided at a meal.
- Many people required support with their meals. We saw staff and family members supporting people with their meals.

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

- Pre-admission assessments were gathered prior to a person moving in to the service. This helped ensure the service could meet their needs and that they would suit living with the people already at the service.
- Care plans showed people's needs had been robustly assessed and planned for. Clear guidance and direction was provided for staff on how to meet those needs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain good health and were referred to appropriate health professionals as required.
- Regular GP visits ensured that changes to people's needs were managed effectively.

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. This meant 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

- We observed kind and caring interactions between people and staff. For example, staff regularly checking with people that they were comfortable or if they wished to move to another area or back to their rooms.
- Staff had been provided with training to help ensure people's rights were protected at the service.
- We observed one person ask for chocolate ice cream in the middle of the morning and this was provided. The person enjoyed it greatly.
- Our SOFI observation recorded a carer change a radio station then ask, "Is that better?" The carer then asked "Are you happy?"

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

- People told us they had not always felt able to speak with management about anything they wished to discuss. However, they were aware of the new manager and some people had met them and were optimistic that they would be able to speak with them when needed.
- Some care plans indicated that people had been involved in their own care plan reviews. The new manager had met with people and was keen to ensure people felt comfortable speaking with her about any aspect of their care.

Respecting and promoting people's privacy, dignity and independence

- Care staff were inclined to only speak with people when they were carrying out a task. However, they knew people well and held relevant and meaningful conversations with people whilst they were providing care and support.
- People told us they felt respected. Staff ensured personal care was provided in the privacy of their own rooms or communal bathrooms.

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 Requires Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans described people's individual needs, preferences and routines. Care plans were regularly reviewed and updated to ensure they reflected any changes in people's needs.
- Some people required regular re-positioning by care staff while being cared for in bed. This was provided and recorded appropriately.
- Daily notes reflected the care and support people had received.
- Some people had been assessed as requiring pressure relieving mattresses. These were provided and set correctly for the person using them.

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.

- There was information in place to enable the provider to meet the requirements of the Accessible Information Standard (AIS). Each person had a communication care plan, recording any visual problems or hearing loss and instruction for staff about how to help people communicate effectively.

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

- Activities were provided for people. There were four activity co-ordinator's who covered seven day a week throughout the service. There was a plan of activities which was displayed. One to one activity was also provided to people as required.
- People were encouraged to spend time outside where gardening of raised beds was seen to involve people who wished to take part.
- One person told us, "A young girl reads to me and some carers bring in their pets."
- People, who were able, went out in to the local area as they wished.
- Visitors were encouraged at any time.

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.
- We were told there were complaints in process. However, staff reported that their concerns were not

always listened to and acted upon.

End of life care and support

- The staff were supported by the nursing team to provide good quality end of life care to people.
- Care plans showed people had been asked for their views and wishes about how they wished to be cared for at the end of their lives.

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 now changed to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had not had a consistent registered manager since February 2018. An operations manager had been at the service for the past seven months. A new manager had started working at Kenwyn two days prior to this inspection and was being supported by the deputy and regional managers.
- CQC had received several anonymous concerns from staff, members of the public and people living at the service, about staffing levels, poor care and poor management. The local authority had also investigated several safeguarding concerns since the last inspection. The concern with staffing levels was substantiated by the provider and the local authority. The provider investigated all the concerns raised and some actions were recommended in their reports to further improve the service.
- Staff told us there was poor communication between management and staff. They had no trust of the management team and told us there was little point raising concerns with management as 'nothing happens.' One staff member told us, "If carers raise concerns they are questioned by managers, so they don't...fear of losing their jobs. I can stay and say nothing, I can speak up but might lose my job or I can leave. But that won't help the residents."
- A confidential whistleblowing line had been set up by the provider to encourage staff to report any concerns directly to the provider. This was not used by staff.
- The new manager was keen to encourage an open and empowering culture. They had already held meetings with people living at the service, staff and relatives. They were keen to foster trust in the new manager and assured us they would listen and take any action required to improve morale.
- The provider had reacted to the concerns raised by staff by sending regional managers, from out of the area, to the service to hold open sessions over a few days, so that staff could meet with them. We were told by the providers representatives that staff did not raise their concerns about staffing and the lack of support at these meetings. The staff had not had consistent management support over the past year with repeated managers having been in post and left.

We recommend the provider take advice and guidance from a reputable source regarding the development of a consistently open culture.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Following concerns identified at past inspections Kenwyn has had a condition placed upon its

registration. This condition requires the service to report to CQC bi-monthly on care plan and medicine audits, all healthcare professionals' visits including guidance provided to the staff, people who are losing weight and people who have a wound that requires dressing. These reports have been completed as required. This condition will remain in place and the provider has been asked to continue to report on the existing areas as well as areas identified at this inspection.

- The new manager was aware of the condition on the registration and the need to report to CQC, including any event which affected the running of the service, any deaths and DoLS authorisations, as they are legally required to do.
- Staff told us they did not feel adequate action had been taken to reduce the pressures they were experiencing. We had reported these concerns to the provider who had recognised the low morale of staff, investigated each event and provided us with a report on the actions they had taken. The provider had also sought to discuss with CQC their plan to help ensure staff felt listened to and well supported in the future. The nominated individual was planning to spend time at the service speaking with staff.

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

- The new manager was experienced in running a service and aware of their responsibilities.
- Detailed audits of many aspects of the service were taking place including infection control, care plans and medicines administration. These audits had been used to make improvements to the service. However, some actions had not been carried out in a timely manner.
- The ratings and report from our previous inspection were displayed in the entrance.

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

- Communication between people, staff and families required improvement. People and staff had approached CQC with their concerns as they felt they were 'not heard' by management. Staff told us they did not trust management and were anxious not to be named by inspectors when sharing concerns.
- There had been poor communication between management and staff. Staff told us they had been told by management they could not request agency staff to cover staff absences. We were assured by the provider that this was not the case.
- Some staff told us they did not trust the management of Kenwyn and they had experienced a lack of support when raising issues. Some staff were anxious not to be identified when speaking with inspectors.
- Life histories were documented in care plans. This helped ensure staff got to know how people had spent their time prior to living at the service.

Continuous learning and improving care

- The provider's regional management team visited Kenwyn regularly to help ensure audits and checks were carried out. Actions from these audits were not always effectively completed. In June 2019 a Quality Improvement Review highlighted several areas of concern that already existed as an action from the previous report in February 2019. This meant that effective and robust action had not been taken by management to address areas such as staff appraisal and staff training requirements.
- The provider requires the manager to carry out regular robust audits. These had not been completed in accordance with the Barchester schedule. This meant opportunities to improve the service may have been missed
- The CQC had received a number of concerns from members of the public and staff about staffing levels and poor management support at Kenwyn. The provider had robustly investigated these concerns and reported back to CQC on actions they were taking. The provider had sought to meet with CQC to explain what actions they are taking to help improve staff morale and support.

Working in partnership with others

- Care records held details of external healthcare professionals visiting people living at the service as needed.
- The community physiotherapist visited people at the service regularly, supporting the 'in house' part-time physiotherapist. They had no concerns about the service provided other than stating that additional physiotherapy hours were needed at the service. We were told a physiotherapy assistant was being recruited to support people further with their physio.