Eldon Housing Association Limited

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Inspection report

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Ratings

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

Overall summary

This inspection took place on 14 and 15 April 2015 and was announced. We carried out this inspection at short notice (48 hours) because we needed to check that the registered manager, or another senior person in the service, would be available to speak with us at the time of our visit.

At our last inspection on September 2013 we found the provider was meeting all the Regulations reviewed. Eldon Housing Association is registered as a domiciliary care agency. It provides a service to people who live in extra care services in Croydon and West Sussex. The service provides a team of staff who provide a service over twenty four hours; it offers people personal care, practical support and 'extra care' they require to continue to live independently. Thirty two people were receiving this service at the time of the inspection. The service employed twenty three care staff.

Summary of findings

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoken with confirmed that they felt safe and had no concerns regarding the care provided. Staff were suitably trained and knowledgeable and understood safeguarding policies and procedures and knew what they should do if they suspected abuse or neglect was occurring.

We found that robust recruitment practices were in place which included the completion of pre-employment checks prior to a new member of staff working at the service.

Staff retention was good. The service employed a regular team of care workers who were trained and competent in their roles. They received specific training that equipped them with the skills needed; all staff were trained in dementia care and managing situations that could challenge.

People confirmed that staff stayed for the length of time required and delivered the care and support they required. People also confirmed that calls had never been missed and that there was always a staff member available.

Care staff interacted positively with people and demonstrated caring compassionate qualities.

People found that care staff respected their privacy and dignity and helped them to remain as independent as they could. Staff told of good team work, they liked working for Eldon Housing Association Limited. When asked what the service did well one staff member said, "There is very good care provided, they always deal promptly with people's requests." Another member of staff told us management were helpful and there was always someone in a managerial role available to talk to if needed.

Care records were well maintained and provided up to date information about the person's individual needs which meant that staff had relevant information and understood how to support each person to provide consistent care. The provider had effective quality monitoring systems and feedback from people using the service was used to improve the support they received.

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 and took appropriate and prompt action; they followed the required reporting procedures. There were sufficient numbers of staff to meet people's needs. People were supported by regular staff which helped give continuity of care.

Good

Is the service effective?
The service was effective. People received care and support in a way that they wanted, and their independence was promoted. Staff had the skills and knowledge to meet people's needs, staff received on-going training to keep up to date on information to enable them undertake their roles and responsibilities. Staff were aware of the requirements of the Mental Capacity Act 2005. Staff worked closely with other professionals and made referrals to healthcare professionals where required.

Good

Is the service caring?
The service was caring. People were cared for by a team of care staff who were familiar with their needs. Care records were person centred, they provided staff with good information about the needs of the people they were caring for. People were supported to make informed decisions about their care and support. Their privacy, dignity and independence was respected and promoted

Good

Is the service responsive?
The service was responsive. Care plans were developed with people based on their needs, these recorded people's care and support needs. Care arrangements were flexibly tailored according to individual needs and responded to any changes that arose. People had their comments and complaints listened to and they received feedback from the provider on what had been done to resolve any issues.

Good

Is the service well-led?
The service was well-led. People using the service and staff spoke positively about the management of the service, they found it was well run. The service had a registered manager who had been registered with the Care Quality Commission. People confirmed that they had access to the manager and that she regularly visited people in their own flats. The service had quality assurance systems to monitor the service provided. Records seen by us showed that any shortfalls identified were addressed.

Good

Eldon Housing Association Limited

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.

Before the inspection we looked at all the information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by.

The provider completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service did well and improvements they planned to make. The PIR was well completed and provided us with information about how the provider ensured the service provided by Eldon Housing was safe, effective, caring, responsive and well-led.

We visited the service on 15 and 16 April 2015. Our first visit was announced and the inspection team consisted of one adult social care inspector. On the first day of our visit we met with fifteen people who lived in both extra care housing units in Croydon, we spoke with staff and observed how people were supported. We examined the care records for four of the people receiving the service. The inspector returned to the head office on the second day to examine staff files and records related to the running of the service.

During our inspection we spoke with fifteen people using the service, one visitor, four of the care staff and the registered manager, we also spoke with the housing manager. We observed care and support in communal areas, spoke with people in private and looked at the care records for four people. We also looked at records that related to how the home was managed. We also spoke with two community health professional during our inspection visit, two social workers who had involvement with people using the service, and an advocate.

Good

Is the service safe?

Our findings

People told us they felt safe. Comments included; “Staff are helpful and friendly but they do seem to be busy, I do feel safe in my flat and around the building,” “Generally I feel safe here and well cared for, I am content with care and the amount of staff contact.”

The provider had procedures for ensuring that any concerns about people’s safety were responded to promptly and reported appropriately. Staff we spoke with were experienced and knowledgeable and could clearly explain how they would recognise and report abuse. Staff told us, and training records confirmed staff received regular training to make sure they were up to date with safeguarding procedures. One member of staff said, “As well as receiving on-going training on protecting people from the possibility of abuse or neglect we have this subject included on our team agenda each month which staff feel able to discuss.” During our visit we saw people were treated respectfully. A staff member supported a person to safely access the garden from their flat and join in with a group having refreshments.

The provider had systems in place to identify, assess and manage risks to the health, safety and welfare of people who used the service and others. We reviewed the history of the service in relation to risks and found no concerns. We contacted community social care professionals, comments we received included; “We have no concerns with this service, the service manages risk well.” There were individual risk assessments in place for people who used the service. Areas covered included risks associated with personal safety, mobility, finances and mental health. Where a risk or need had been identified, there was a written plan to inform staff as to how to reduce the risk. We saw that risk assessments were in place for hazardous substances required by staff for cleaning; we saw these items were stored safely. Risk assessments were individualised, we saw that a person with spinal problems was not mobilising well and preferred to remain in bed for long periods. Staff had liaised with the hospital and district nurses to promote the person’s tissue viability, a hospital bed was supplied that had pressure relieving mattress fitted. The person told us they were pleased that the special mattress helped prevent their skin breaking down. A member of staff told us the bed supplied promoted staff safety, it could be adjusted to the most suitable height for staff to provide personal care safely. There was a risk assessment in place regarding this which provided staff with instructions on how to support the person.

The service maintained a record of accidents and incidents involving people using the service and/or staff. We saw these were reviewed by the manager to identify any trends or patterns and introduce necessary actions to reduce the risk of similar events happening again. The manager provided an example where one person was referred for a falls assessment. This demonstrated there was learning from incidents that took place and appropriate changes were implemented to reduce risks for people.

Staffing levels were determined according to the needs of the service, the number and dependency levels of people who used the service influenced staffing resources. People who needed more support were issued with pendant alarms which alerted staff on duty to their needs. Call bells were answered promptly and staff did not appear rushed in their duties and had time to chat with people and join in activities. One person said, “If I need help during the night I use my pendant alarm, it is always answered promptly.” Staff records showed staff worked with the same people over the weeks. This helped promoted consistency of care and enabled staff establish a positive relationship with the people they supported. Staff we spoke with told us they felt there was sufficient staff to meet people's needs.

We looked at staff recruitment files for five care staff. We saw that relevant necessary checks were completed for all new staff employed. These included employment references, work permits, and disclosure and barring checks (criminal record checks) to ensure staff were suitable. Records were kept of the interviewing and selection process and demonstrated how the candidate met the selection criteria. We saw the provider followed a consistent and robust recruitment and selection process and that additional references were requested when those supplied by previous employer lacked sufficient information.

The service had arrangements in place to protect the people against the risks associated with the unsafe management of medicines, which included the obtaining, recording, administering, safe keeping and disposal of medicine. Each person had a medicine profile which was reviewed every six months or more frequently if changes took place. Each person had lockable cabinets to store

Good

Is the service safe?

their medicines safely. Medicine was dispensed in a monitored dosage box. Staff told us this enabled some people remain independent with taking their own medicine for as long as possible, the majority of people we met required prompting with taking their medicines but a small number required staff to administer the prescribed medicines. Care plans were in place that informed staff on the help individuals required with taking their medicines. Staff recorded when medicines were administered as part of their daily records. The service maintained a record of medicine received to ensure that each person who took regular medicines had enough to last them for the week. People were also monitored regularly for effectiveness of treatment or evidence of any potential side effects or adverse reactions. Information was supplied on the medicines prescribed so that staff could observe for any adverse reactions. We saw that one person's medicine had recently been reviewed by their psychiatrist. Staff had monitored their behaviour pattern and reported back at the review using daily records of events. The outcome for the person was good and their medicine was reduced. The registered manager told us of consulting the National Institute for Clinical Excellence (NICE) regarding reviewing medicine policies and procedures. As a result they were making changes to medicine policies and procedures in accordance with NICE guidelines.

The service had an infection control policy, and there were procedures in place which staff were aware of, and they followed its guidance. We saw staff following safe routines using protective equipment such as gloves and aprons. People told us staff used protective equipment. One person said, "Staff are particular about following good hygiene, they use gloves and aprons." Staff we spoke with told us personal protective equipment (PPE) was made available for staff and that these were stored in the supplies cupboard at the housing units.

Good

Is the service effective?

Our findings

People told us the care staff employed were skilled and knowledgeable and were competent at caring and supporting people, staff were available twenty four hours a day. One person said, “Care staff seem very good and are well trained to look after us.” A person visiting said, “My relative is well cared for, their home is well kept, they are very happy with all the support they get, staff seem to care about the little but important things like a caring relative.”

We saw records for five of most recently recruited staff members; we noted all of their mandatory training was scheduled prior to them starting work. Records showed that all staff received appropriate induction training to enable them to support people and staff told us further training was available. The registered manager told us staff had a detailed induction program that each new starter went through. Induction was acknowledged as an important process for introducing new staff into the organisation. All new staff were issued with the staff handbook and were given a copy of the code of conduct that applied, each staff member had signed to acknowledge they had received these. The induction period combined with the probationary period ensured new staff received sufficient training and support prior to working unsupervised. The registered manager and other senior staff made observations of work practice to assess their suitability for their work. A recently recruited member of staff told us they had a thorough induction when they began work for the provider. They told us they felt included and were made welcome into the staff team.

Records of staff training demonstrated staff were provided with all the necessary training they required, an annual training programme was in place for the staff team. Staff told us of the on-going training they received, they found it was suitable and ensured they were suitably skilled and able to confidently meet people’s needs. One of the care workers we spoke with said “We get a wide range of training; if a new training need arises the provider ensures we get the relevant training, for example we are able to support people with diabetes.” The practice we observed showed care staff were competent at supporting people. Two care staff told us of the specialist training they received, and said it contributed greatly to understanding how to support people with dementia. All care staff were trained in dementia awareness. Throughout the day we saw staff apply this knowledge appropriately, for example a person was guided to spend time with others in the communal lounge and assisted to engage in activities. People's diversity, values and human rights were respected. Staff were recruited locally to effectively represent the people they cared for. We saw that staff were knowledgeable about particular cultural needs and religious preferences. They attended training on equalities and diversity on an annual basis.

Staff received appropriate professional development. All care workers completed training in a number of core areas to ensure they were competent to do their job. We saw evidence of all the training staff attended and records were up to date. Staff had attended training which was considered to be mandatory and the dates for yearly updates were clearly identified. There was an on-going training and development programme within the home. Communication between staff was seen to be excellent. At change of shift staff handovers were completed, any changes to a person’s requirements were highlighted and explained to staff on the next shift to ensure these were followed by all staff. An outreach worker told us staff referred people for assistance with their welfare rights so that they had access to correct benefit entitlements.

Staff told us that they met with the registered manager every month for a team meeting, the meeting worked to an agenda which directly related to the work they performed. Care staff met on a one to one basis regularly to discuss their work and performance, there was evidence of this held electronically for the staff whose records we looked at, it showed these took place four times a year. The supervision records included learning and development programmes. We saw evidence that actions were taken to address training needs. We saw that staff received annual appraisal. Staff were knowledgeable about their roles and responsibilities and felt supported by their manager. Staff were able to obtain further relevant qualifications. All staff working at the service had a national vocational qualification at level 2 or 3 or equivalent.

Staff were kept up to date with any changes in policies and procedures and any issues that might affect the running of the service or the care and support people received during handover meetings. The service had policies and procedures in relation to the Mental Capacity Act (MCA) 2005. Staff were aware of the MCA and told of training received which explained the act. Staff training records

Good

Is the service effective?

showed that all staff had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguard training and they demonstrated a good understanding about how to maintain people's safety. The manager told us that three of the people using the service people had given another person valid and active lasting powers of attorney with authority to take decisions on the service provided. They said that people who used the service could go out if they wished and nobody was subject to a Deprivation of Liberty Safeguard.

People were supported to be able to eat and drink sufficient amounts to meet their needs and where necessary records were maintained for the fluid and food intake of those at risk. None of the people using the service were on either fluid or food charts but staff described occasions when this was necessary for others in the past. The registered manager was clear that if concerns about people's nutrition and hydration were identified advice was always sought from the relevant external health care professionals. We saw an example of a person who previously struggled with low body weight, following consultations with the GP and dietician the person was prescribed food supplements. Staff told us the person had made improvements responding well to the prescribed supplements and was now eating well.

We saw people were offered hot and cold drinks both during and between meals. At the second housing unit it was a warm day when we visited, we observed staff serving people plenty of drinks as they sat outside. The majority of people came to the lounge /dining areas for their main meal of the day at midday, and were assisted by the care staff. People were offered a choice of what they would like to eat. On person told us the service was good at providing culturally appropriate meals. We saw examples of staff working with other health professionals to achieve the best outcome for the person. One person had complex needs in relation to their eating and drinking. It was felt that the meals provided were not meeting their dietary needs due to the complex nature of their allergies and physical health. The meals were sourced from another provider who catered for these for these complex needs, they were supplied directly to the person's accommodation. People's likes and dislikes were recorded and staff we spoke with were aware of them. The service ensured that they catered for any particular cultural requirements or dietary need. We saw the communal dining area was a congenial and comfortable area to eat. Care staff were present to assist and support people as necessary. One person we spoke to told us, "I enjoy having my lunch in the dining area with others for company, the food is lovely and we have plenty to eat."

The care records we saw showed that people's physical and psychological needs were monitored by staff and advice was sought promptly for any health care concerns. A social care professional told us of the many positive outcomes experienced by people receiving this service; for example, the reliability and consistency of support which contributed to peace of mind for people. The service liaised with a range of health care professionals such as; GP's, psychiatrists, community nurses and specialist services such as occupational therapists. This helped to ensure that people received the right care at the right time and that knowledge was appropriately shared. A staff member told us of a person who had struggled with their mental health and experienced periods of instability. Care staff monitored the person's mental health and identified when the person showed signs of relapsing and needed to see the psychiatrist. An urgent consultation took place with a consultant that included further tests; the person was prescribed new medicines. From other records looked at we saw that one person had recently been prescribed antibiotics for an infection. These actions demonstrated people received appropriate access to health professionals to maintain their health and well-being.

Good

Is the service caring?

Our findings

The service demonstrated that it put values, such as compassion, dignity, equality and respect into practice. Everyone receiving care or their relatives that we spoke with were highly complementary and satisfied with their care. People described the staff as "caring" and "thoughtful". One person said, "You could not be better cared for anywhere else, the staff are really inspirational." An advocacy worker told us, "I find that "tenants" are treated with dignity and respect and are empowered to make choices and ask for assistance when needed."

People told us they were able to meet in the lounge area and have meals together in the facilities provided in the extra care setting. People told us that by living in an extra care complex this gave them peace of mind. One person told us, "It's the best of both worlds, I have my own flat, and service is a bit like hotel service, great staff." Another person spoke of the improvements felt in their quality of life since they moved to the extra care facility, they said, "The arrangement works well, staff are wonderful, always ready to help when I need them but you close your front door and have your privacy, people will not intrude on your life unless you invite them in." One relative we spoke to told us, "I go home feeling confident in the staff here, their caring approach remains consistent no matter who is present." People were engaging with the staff and took part in a number of group activities while we were present.

People told us staff supported them in a way they wanted, flexible and responsive to their needs and circumstances. One person told us," All the staff are kind, they are gentle and sensitive, and they are like friends." People told us that staff were supportive and caring and appeared to work well as a team. Staff demonstrated that their enthusiasm, and commented on the enjoyment they experienced from their work.

People told us they were involved in discussing their care needs with staff so that staff provided care based on their wishes. People told us that staff listened to their point of view; they always asked their consent and did not take things for granted. One person told us, "Sometimes I want a bath instead of a shower, the staff never say no, they are so friendly and they know their job very well." Another person told us, "They do everything I want them to do. I found it hard to settle into a flat after moving from a house, the staff understand and always ask me what I want done." This demonstrated people were fully involved in making decisions about their care and support.

All the people we spoke with told us their dignity and privacy were respected when staff supported them, and particularly with personal care. For example, when personal care was undertaken it was in the privacy of the person's own bedroom or the bathroom, with doors closed and curtains shut if appropriate. One person told us, "Staff are kind, they talk to you respectfully and treat you with dignity." Staff we spoke with gave good examples of how they ensured people's privacy and dignity was maintained. This included, discussing the care with people to ensure they were in agreement and respecting their choices. Care records we saw were written in a way that showed that respect, privacy and dignity were an integral part of each person's care plan.

We saw that staff encouraged people to be as independent as possible and enabled them retain their skills. They were available, however, to provide direct support if and when required. One person told us, "The carers always have a smile and light up my day, sometimes I like them to do a lot for me but it is always my choice how their time is spent." Another person who had a learning disability told us staff explained things clearly to them and supported them with attending community activities at a local theatre. Staff told us that they were aware of policies and procedures and were able to give us examples of how they maintained people's dignity and privacy. For example, staff said they supported people to do tasks, but didn't do tasks for them (even if it meant it took less time). Another example, when talking about personal care one staff member said, "I encourage the person and let them do as much as they can for themselves, such preparing refreshments." This demonstrated the staff were respectful of people's choices and adhered to their wishes.

Staff made sure that people were able to keep relationships that mattered to them such as family, community and other social links. Those without relatives were offered access to advocacy services. Staff used people's preferred names and when they spoke about people to us they were respectful. We saw staff knocking on people's doors and waiting to be invited into their rooms before entering. One person who used the service told us, "Staff knock on my flat door and wait for consent before

Good

Is the service caring?

entering." Staff displayed practice that showed they were aware of the importance of maintaining confidentiality. Staff were able to give us examples of how they maintained confidentiality within the service such as sharing information on a need to know basis.

The registered manager and staff showed concern for people's wellbeing. Staff knew people well, including their preferences, likes and dislikes. They had formed good relationships and this helped them to understand people's individual needs. People we spoke with said that staff arrived on time for the calls and that they always stayed for the time needed. People confirmed that there had never been a missed call. The registered manager explained that as people lived in flats within the same building calls were never missed.

Good

Is the service responsive?

Our findings

People told us that staff always responded promptly when people needed care and support and acted on their wishes for their care and treatment. One person explained that they were supported by a staff member to come downstairs each day to the dining room for lunch; they enjoyed sharing lunch with others. One person said, “This means I have a good nourishing meal each day, I have breakfast and a light snack for supper in my own flat, if I am unable to do this staff help me with preparation, the arrangement works well.”

The registered care manager carried out a needs assessment for people assigned a flat at one of the extra care schemes. This was done so that they could arrange appropriate care and support. The assessments recorded details about each person's needs and capabilities, ways of communication, personal support, interests and any specific physical or mental health needs or conditions. There was information about mobility, medical conditions, and personal care needs. We saw that relatives were party to some of the assessments undertaken which showed they were involved with their family member’s care and in planning it. We saw that people had signed their care agreements, one person told us this was done following discussions with staff. People we spoke with confirmed that staff wrote care notes in the communication book on each visit, we saw staff completing the records when we visited people in their own flats. Care plans were reviewed regularly and at least six monthly. These took into account the changing needs of people and made provision for revising the care arrangements. One person’s care had been specifically tailored to meet their needs with regard to their learning disability condition. This was done in consultation with them and a relative, provision was made to give the support the person needed to lead a lifestyle that was of their choosing. We saw that where needs had changed the person’s support and risk management plans had been updated. Care plans were current and relevant to the person's support requirements. Staff we spoke with confirmed they were kept informed of any changes to the way people wanted things done by the manager and at daily handover meetings. People who used the service also had a copy of their care plan in their flat; this ensured they had access to information held about them.

People were consulted regarding the care they received and were encouraged to make suggestions about any areas of the service delivery. People told us they got the support to access the community and attend appointments with GP or at the hospital. The care staff would take them to the shops or for a walk if they wished, they said they were always given choices. We saw at both extra care housing units that people who wished to were supported into the garden, and others went shopping in the nearby centre. This demonstrated staff provided a person centred service and tailored it to the needs of the individual. A member of staff was employed in the service to arrange suitable social activities and prevent social isolation. They were an experienced carer and had received training in promoting activity programmes.

We saw the staff were responsive in ensuring services were well coordinated with other service providers. A staff member shared with us how they worked in partnership with other providers to achieve the best outcome for people. When an assessment identified the need for increased levels of care, such as in advanced dementia the service took a coordinated approach by involving key people such as family, specialists and professionals. The registered manager explained this helped achieve a smooth/caring transition to an appropriate service or new environment.

People who used the service told us they would feel confident in raising issues with the registered manager if they needed to. None of the people we spoke with had made a complaint. We saw a copy of the complaints procedure and noted that it was available at both extra care schemes. The complaints policy had details of the process to be undertaken in the event of a complaint being made. It also documented contact details of other organisations that could be contacted if the complainant was not happy with the internal investigation. We saw from the complaint’s records that the provider had responded to any issues raised within acceptable timescales.

Good

Is the service well-led?

Our findings

Management arrangements provided strong and consistent leadership with a clear focus and an empowering culture. Leadership was visible and effective at all levels and staff had clear lines of accountability for their role and responsibilities. The service had a workforce development plan. The manager monitored training needs and identified any gaps in provision. Provision was made to address any additional training needs.

People and their families, staff and key stakeholders, were informed and involved in developing the service. Their views were used to continuously inform service improvements. People who use the service told us they were asked for their views about their care and treatment and they were acted on. There were several opportunities for people, relatives and staff to voice their opinions on the service. Annual surveys were sent out to people using the service; spot checks were made on staff delivering the service in people's own flats to make sure the service was delivered to a high standard. Meetings were held for all tenants every month, the housing manager and the registered manager were present to get people's views.

We saw that changes had been made to respond to people who expressed a wish for change, one person choose to have their meals supplied from an external catering supplier who could provide appropriate food for people with allergies and complex health needs. There was also a six monthly review of the care package with people who used the service. People using the service and their relatives were given satisfaction surveys once a year; from the findings an annual report was produced for people to read. This highlighted the agency's findings and identified improvement actions that were based upon people's feedback. It also gave people information about the proposed developments for the following year.

In order for the service to achieve a more customer focused service a tenant panel was established in September 2014. It was decided this panel would play a critical role in ensuring the services are delivered to the highest standards. The tenants panel will be involved in reviews of policy and procedure and the recruitment of staff once training has been delivered. There were procedures in place for whistle-blowers to raise concerns. There were regular staff meetings where issues or concerns were discussed with staff to ensure they understood any action that was required.

The provider organisation had an in house audit committee of board members to review service quality. Other quality assurance arrangements included a business plan, a risk register for monitoring the services provided. These were routinely carried out. The registered manager made checks on records such as care plans, risk assessments and staff files. This showed the service had systems in place to identify shortfalls and to drive improvement.

One of the areas of progress was the redevelopment of facilities at a second extra care facility in Croydon. The premises were totally refurbished, and one floor was designed and developed to provide for the specialist needs of people with dementia. People with dementia care needs were assigned tenancies to flats on this floor and an appropriate care and support service introduced to provide the care and support needed. The provider recruited a new staff team for this. The service had sought advice from specialist services so that the stimulation and support people required was available and delivered in order to improve their quality of their life. The registered manager told of further plans to further develop staff and provide more advanced dementia training for all care and support staff within the next six months.

CQC records showed that the manager had sent us notification forms when necessary and kept us promptly informed of any reportable events. A notification provides details about important events which the service is required to send us by law.