Leicestershire County Care Limited

Abbey House

Inspection report

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Date of inspection visit:
12 March 2018
13 March 2018

Date of publication:
26 April 2018

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

Summary of findings

Overall summary

Abbey 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. Abbey House is registered to accommodate up to 37 older people. At the time of our inspection, there were 35 people living in the home.

At the last comprehensive inspection on 14 and 15 December 2016, the service was rated as 'Requires Improvement'. The provider was asked to complete an action plan to tell us what they would do to meet legal requirement for the breach in Safe care and treatment.

We carried out a focused inspection on 3 May 2017 which was unannounced to review the actions taken by the provider to meet the legal requirement. We found they had followed their action plan and met the legal requirement. You can read the report from our last comprehensive inspection and our focused inspection, by selecting the 'all reports' link for Abbey House on our website at www.cqc.org.uk.

This is the second comprehensive inspection of the service. The inspection took place on the 12 and 13 March 2018 and was unannounced. We found that the provider had maintained the improvements made to the quality of service. The overall rating of Abbey House has improved to Good.

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 were supported to take their medicines as prescribed. Improved system in place to monitor medicines the stored and medicine records ensured discrepancies found were promptly addressed.

We found the provider's governance system was used effectively. Regular audits and checks were carried out and action taken when shortfalls were identified. People had a range of methods to express their views about the service. The registered manager used the results of audits and feedback to drive improvement to the service. Staff training incorporated best practices and they worked with health and social care professionals to enhance the quality of care and support people received.

The registered manager was aware of their legal responsibilities and provided leadership and supported staff and people who used the service. They together with the staff team were committed to providing quality care and welcome ideas that would improve the service and enhance people's quality of life.

People were supported to stay safe. Staff were trained in safeguarding and other relevant safety procedures to ensure people were safe and protected from avoidable harm and abuse. Risk assessments were

completed; safety measures were put in place and were monitored and reviewed regularly. The design and homely environment ensured people's safety and privacy.
People's nutritional and cultural dietary needs were met and they had access to a range of specialist health care support that ensured their ongoing health needs were met.

Staff were recruited safely and there were sufficient numbers of staff available to support people. Staff continued to be supported; received training and supervision to provide care effectively.

People continued to be involved and made decisions about all aspects of their care and were encouraged to take positive risks. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People had developed positive trusting relationships with the staff team. People's privacy and dignity was respected and independence was promoted. People continued to receive good care and support that was responsive to their individual needs. Staff promoted and respected people's cultural diversity and lifestyle choices. Care plans were personalised and provided staff with guidance about how to support people and respect their wishes. Information was made available in accessible formats to help people understand the care and support agreed.

People and relatives all spoke positively about the staff team, management and the quality of care. There was a variety of activities and social events which people participated in. Family and friends were welcomed to visit. People knew how to raise a concern or make a complaint and the provider had effective systems to manage any complaints they received.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service improved to good.

Systems to assess and manage risks associated with people's needs were followed by staff and reviewed regularly. People were supported with their medicines safely. Medicines were stored secured and systems were in place to ensure discrepancies were identified and addressed.

People were protected from abuse and avoidable harm. Staff were trained in safeguarding; safety procedures and staff consistently followed the infection control procedure.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. Lessons were learnt and improvements made when things went wrong.

Is the service effective?

Good

The service remained effective.

Is the service caring?

Good

The service remained caring.

Is the service responsive?

Good

The service remained responsive.

Is the service well-led?

Good

The service improved to good.

The provider's governance system in place was used effectively to assess and monitor the quality of service and any shortfalls identified were addressed promptly. People and staff's views about the service were sought and used to drive improvements.

The registered manager continued to provide clear leadership. They and the staff team worked in partnership with other agencies. Policies, procedures and systems were in place and accessible to staff to ensure people received quality care.

Abbey House

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.

This inspection site visit took place on 12 March 2018 and was unannounced. We returned on 13 March 2018 to complete the inspection. One inspector and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience has personal experience of caring for someone who uses this type of care service.

We used the information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

Before the inspection visit we looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We contacted Leicester City Council who commission services from the provider and Leicester Healthwatch; an independent consumer champion for people who use health and social care services. We used this information to help us plan this inspection.

We spoke with nine people who used the service and the relatives of four people who were visiting when we inspected. We made direct observations at meal times and 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.

We spoke with eight staff which included the registered manager, deputy manager, a senior care assistant, three care assistants, the cook and the activity organiser. We reviewed the care records of five people who used the service. We looked at the recruitment records for five staff and training records. We looked at a range of documents including meeting minutes, audits and complaints which recorded how the provider

monitored the quality of the service being provided.

Good

Is the service safe?

Our findings

The registered manager had improved systems to monitor medicines the stored and medicine records ensured discrepancies found were promptly addressed. For example, as a result of regular checks of the medicine administration records the number of missing signatures had significantly reduced. Fridge temperatures were checked daily to ensure medicines were stored at the correct temperatures in line with best practice. There were some gaps in the fridge temperature records which staff had not reported. This was raised with the deputy manager and action was taken immediately. The senior staff handover now included check on the medicines stored in the fridge and the fridge temperature records.

People received their medicines at the prescribed time. One person said, "I take pain killers and other medication. It's all done correctly." Another person said, "I get my medication in the morning. I get paracetamol and a [medicine]. It's in a blister pack. My insulin is all done by the staff. They look after me medication wise.

Staff undertook training in the administration of medicines and their competencies were tested regularly. Records showed the community nurse had trained and assessed staff's competency to provide specific health care tasks such administering insulin.

We saw a staff member administered medicines safely. They stayed with the person to ensure the medication was taken correctly and signed the records to confirm this. One person checked what the tablet was before they took it. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs.

Medicines were stored safely. There was a system for recording medicines received and disposals to ensure staff knew what medicine was in the service at any one time. Any discrepancies were identified and rectified quickly. This contributed to a safer medicines management system.

People told us they felt safe living at Abbey House and with the staff team who supported them. One person said, "I feel safe here and I'm well looked after. I don't have any concerns. I would tell the staff if I did." A relative said, "I know [my relative] feels safe and secure here."

Information about how to report safeguarding and whistleblowing concerns was displayed and accessible to all staff, people who used the service and their visitors. Staff were able to explain how they would recognise abuse and felt that the registered manager would take action if there were concerns about people's safety. A staff member said, "We would report concerns to CQC or the safeguarding team if the manager didn't do anything." Safeguarding alerts were raised with the local authority when required and appropriately investigated.

People were being cared for safely. One person said, "I walk using a walker to make sure that I don't fall." Another person said, "My window is secure and can lock my room if I wanted to." We saw people moved around the service and accessed the garden whenever they wanted to.

Risks associated to people's needs had been assessed and measures in place to keep them safe. These covered a variety of subjects including, falls, moving and handling and reduce the risk of choking. Care plans gave staff clear instructions about how to keep people safe. For example, a person at risk of falling used a walking frame to move around. A sensor mat was placed near their bed so that staff were alerted when the person was moving. Another care plan included guidance provided by the speech and language therapist about the food texture required where the person had a swallowing difficulty. We saw the person was given a meal that they could eat safely. Risk assessments were reviewed when people's needs changed and care plans amended to make sure staff continued to support people appropriately.

Staff recruitment processed ensured staff were suitable for their role. Staff files contained evidence that the necessary employment checks such as police checks had been completed before staff commenced work at the service.

People told us that there were enough staff to support them. One person told us, "There always seems be a lot of staff around. When I'm in my room someone will pop in to see if I'm ok." We saw a member of staff stayed in the lounge whenever people were using it to ensure people were safe.

Staff told us there were enough staff to meet people's needs safely. A staff member in a new role provided support at meal times. They served meals and supported people to eat their breakfast and lunch. That meant care staff were able to support people with their personal care needs in the mornings without delay. The skill mix of staff meant that people's diverse and cultural needs were met by the staff team who knew people well. Staff rotas showed that staffing levels were maintained and arrangements were in place to manage unplanned absences such as staff sickness. This contributed to people's safety and assured them their needs would be met.

People lived in a safe environment. All areas of the home were clean and tidy, and regular cleaning took place. Staff were trained in infection control and used personal protective equipment to prevent the spread of infection. The service had a four star food hygiene rating.

Regular checks were carried out on the premises and equipment used to maintain people's safety. Fire safety checks had been carried out and the staff team were aware of the procedure to follow in the event of a fire. Emergency evacuation plans were in place that described the support, equipment and medicines required for each person in the event of emergency situation.

A business continuity plan provided the management team with a plan to follow to enable them to continue to deliver a consistent service should such unforeseen emergency occur. These measures supported people's safety.

There was a system in place to record any accidents or incidents which occurred. These were reported to the manager so appropriate action could be taken. The time and place of any accident/incident was analysed to establish any trends or patterns and monitored if changes to practice needed to be made. Any lessons learned from incidents were shared with staff through meetings and plans put in place to ensure similar incidents did not happen again.

Good

Is the service effective?

Our findings

People's needs were assessed by a representative of the funding authority before they moved into Abbey House. The registered manager carried out a further assessment by meeting with the person and their family member where appropriate. These assessments were used to identify what care and support the person needed and made sure the staff team had the skills to support them. Care plans were developed from the assessments and provided staff with guidance about providing effective care that met people's needs and preferences. Individual assessments were carried to ensure that equipment being used in the delivery of care remained appropriate.

People told us staff who supported them had the knowledge and skills needed to do so. One person said, "Staff do a lot of training which is good. They are quite confident and sure when they help me to move." A relative said, "The staff here have the necessary skills and knowledge to support [my relative]."

All new staff were expected to complete induction training, which covered the fundamental standards expected of staff working in care. Staff training incorporated the current best practices and was relevant to their role. A staff member said, "We get a lot of training and it's given me the skills and knowledge I need to look after people and how to use equipment properly." We observed two staff using a hoist correctly to move a person safely. A relative said, "Staff understand [my relative] who has dementia. They know how to talk [them] and often here staff singing along with [my relative] as they walk to the toilet or their bedroom." Singing had a positive impact on this person. Music and singing therapy activates parts of the brain and helps people living with dementia to reminisce different emotions and experiences.

Staff were encouraged to complete nationally recognised qualifications in health and social care. Staff had regular supervision, observed practice and annual appraisals. This gave staff the opportunity to discuss their work and identify any training and development needs. This showed staff were supported in their role and confirmed the information provided within the PIR.

People told us they enjoyed the food and felt the quality and choices available was good. They said, "For breakfast I have porridge. I've gone off meat recently but there's usually something that I like. I always have a pudding" and "I love corned beef. I have Weetabix for my breakfast and sometimes I have egg, bacon, sausage and tomato." People were provided with regular drinks and a selection of biscuits. Jugs of drinks and glasses were available in the lounges, dining room and in people's rooms so that people could help themselves.

People were encouraged to sit in their friendship groups for lunch. There was a choice of meals and deserts to suits people's dietary needs and preferences. Meals were presented well and portions sizes suited individual appetites. Some people used special cutlery so they continued to eat independently. Staff provided sensitive care and support to people during the lunchtime meal, encouraging people to eat and offering support where required and second helpings.

People were supported to maintain a healthy balanced diet. Where people had experienced difficulties with

swallowing, referrals to a dietician and speech and language therapist (SALT) had been made. Advice from SALT had been incorporated into people's nutritional care plans, which specified the food type and texture required. Staff completed records to monitor what people had eaten and drank to ensure they were protected from the risk of malnutrition.

People were supported to live healthier lives and had access to a range of healthcare support. One person told us, "I have regular appointment at [clinic] so I tell [staff] when I need to go and they arrange the ambulance transport. It's all very well organised." Another person said, "The physio comes here to help me." Staff were vigilant to changes in people's health and had sought advice from health professionals. Records showed staff followed advice and had contacted one person's GP because their health had not improved. Our findings supported the feedback received from professionals.

People had been encouraged to personalise their bedrooms; people had brought in personal items from their own home when they had moved in which had helped them in feeling settled. Two people proudly showed us their bedroom which had been painted in a colour of their choice. The garden space was accessible for people to use in good weather.

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. Whey 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation process for this in care homes is called the Deprivation of Liberty Safeguards (DoLS).

People had consented to their care where they were able to do so and made daily decisions about their care. One person told us, "I go to bed when I want to. They wake me up at 8am [at their request]." A relative told us. "Staff have [my relative] best interest in their heart. I've been involved in all the meetings and they call me as soon as there any change."

The registered manager showed an understanding of DoLS. Mental capacity assessments were completed and best interest decisions documented when people were unable to make some decisions for themselves. Appropriate referrals were made to the local supervisory body that showed MCA principles were met. Three people had a DoLS authorisation in place and the conditions on authorisations were being met. We found one person with a DoLS in place was supported by a 'paid person's representative' (PPR). The PPR role was to monitor the implementation of the DoLS; we found a record of their visits had been made and that PPR's had not identified any concerns in relation to the implementation of the DoLS by staff.

Good

Is the service caring?

Our findings

People were complimentary about the regular staff and felt they had a good relationship with them. One person commented, "The staff are very loving – you can't fault them." Another person said, "Staff always have time to talk to me. I like them." We saw when a person became upset a staff member sat with them; held their hand and talked about how they were feeling. Within a few minutes the person's mood had visibly changed and they were enjoying a cup of tea and a biscuit.

There was a warm, friendly atmosphere around the home. People looked happy and relaxed. People and their relatives had developed positive relationships with the staff team. Staff addressed people by their preferred name and knelt down to speak with people when they were seated. We saw staff stopped to talk with people as they were passing by and made sure they acted on requests. A staff member told us, "I like working here because of the residents. Each person is very different and has a different story to tell. I find it very rewarding." Another staff member said, "I like to leave here [end of shift] knowing that I've made a difference." This showed staff knew people well and their approach was kind and caring.

Relatives and visitors were encouraged to visit the service and there were no restrictions on visiting. One relative said "We were welcomed as a family and they told me everything that was going on." Another relative told us that staff had prepared a packed lunch when they supported their family member to attend hospital appointments. This showed the service was caring towards people who used the service and their relatives.

People made day to day decisions about how they wished to be supported and spent their time. Decisions made about their care was documented and reviewed regularly. A relative said, "I'm involved in meetings about [my relative] care and whenever there's a change in [their] health I'm told about it."

Staff knew people's individual communication styles, abilities and preferences. Information was available in formats that people could understand. People were able to say how they felt about staff's caring approach and the support they received. They views were sought through regular residents and relatives meetings, care reviews and surveys sent out by the provider. People could us the suggestion box at the service and the provider's website to comment about the service.

People told us that staff were always respectful towards them and took steps to promote their privacy and dignity. One person said, "The staff always knock on my door." Staff were trained in the promotion of people's dignity and privacy. A staff member said, "I always make sure the curtains are drawn and the door is closed. I offer to help if I see they are struggling to reach and will always be gentle." We saw a staff member directed a person to the dining room and were supported to the dining table where they friends were seated. The language and descriptions used in people's care plans were referred to in a dignified and respectful manner.

People's care records were kept secure. Staff had access records when needed and only shared information on a need to know basis. Handover of information and meetings took place in private. That meant

compliance with the provider's confidentiality policy and the Data Protection Act.

Good

Is the service responsive?

Our findings

People received care and support based on their assessed needs. Care plans described the support people needed and gave staff the information they needed to provide consistent and effective support. People and their relatives told us that they had sometimes been involved in developing and reviewing the care plan as people's needs changed. Change about people's care was communicated to the staff team to ensure they provided the support people needed. This ensured staff continued to be responsive to people's needs and supported the information provided within the PIR.

People told us they received person centred care and staff were responsive to their needs. One person said, "The staff come quickly when I need them." Throughout our inspection visit we saw people reading the newspaper, listening to music, watching TV and chatting to their friends or visitors.

We received positive feedback from health and social care professionals. They told us the staff team were responsive and sought advice when people's needs changed or their health was of concern.

Staff promoted people's equality and diversity, respecting people's religious beliefs, their personal preferences and choices. Care records had information about people's past lives, spiritual needs, hobbies and interests. This helped staff to know what was important to people and enabled them to interact with people in a meaningful way. People's spiritual needs were met. A local faith minister visited regularly and people were supported to practice their religious beliefs.

Staff had received training in dementia care that enhanced their knowledge to support people living with dementia. A staff member said, "Everyone is different and dementia affects people in different ways. It can be frustrating for them." They told us some people needed guidance and directions to move around whilst others used a walking frame to move around.

People told us that there was a range of activities they took part in such as arts and crafts, film shows, bingo and armchair exercises. People told us "[Staff name] does my [paint] nails for me and I get my hair cut when it needs doing" and "Once a week we go to the allotment (café). We walk to the allotment." A person said, "I like my colouring books; I enjoy doing them" and they had a selection of books and colours they could use.

Social events were organised where people's family and friends were invited to including birthdays, seasonal events such as Christmas and Valentine Day tea. One person told us they were rehearsing for a 'Murder on the Caribbean cruise' and described the character they were playing and the lines they had to learn. Another person said, "It's very exciting as we all have to dress up and pretend we are on a cruise ship with different food, entertainment and trying to work out who the murderer is." A relative said, "I'm going to be in a play that's being put on here." It was clearly evident that everyone was looking forward to the event as awards would be presented to the best performance.

The full time activity co-ordinator provided people with a range of individual and group activities, and organised social events. Children form the local nursery and primary school visit the service regularly. A staff

member told us, "The children made such as difference to people; they were excited, and focused on the children and doing things with them and forgot about their aches and pains for a while." This type of engagement had enhanced people's physical and mental wellbeing, and their sense of belonging to a community.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives said they knew who to speak to at the service if they had any complaints. They told us, "There is nothing to complain about here" "I did tell the manager and [staff name] that I wasn't happy here and I wanted to move. They sorted it out and I've been happy here ever since." Information about advocacy support was available to people if they needed support to make decisions, complain or if they felt they were being discriminated against under the Equality Act, when making care and support choices. An advocate speaks up on behalf of a person, who may need support to make their views and wishes known.

Records showed three complaints received had been appropriately investigated and action taken.
This showed us the service was open and transparent in handling complaints, which was used to improve the quality of care and service people received.

People were supported at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in end of life care and where possible people were able to remain at the home and not be admitted to hospital.

The registered manager and staff team had received training on end of life care and they worked with health care professionals. A policy and information about how to support people at the end of their lives, bereavement and counselling was available to staff, people who used the service and their relatives. Records showed people had the opportunity to express their wishes and decisions made about their end of life care. A relative told us their family member's decisions had been documented in the advance care plan which assured them that staff would act on their wishes.

Good

Is the service well-led?

Our findings

The provider's quality assurance systems were used effectively to monitor quality and drive improvements. Regular checks and audits were carried out identified areas where the service was performing well and the areas which required development. We saw evidence that action was taken promptly. For example, maintenance and repairs were carried out promptly to ensure people lived in a safe environment. We found records relating to people's care were kept up to date and accurately reflective of people's needs, decisions made and wishes. Other records relating maintenance and the day-to-day management of the service were kept up-to-date. Good record keeping helps to assure people the service was well managed.

Systems were in place to monitor incidents, accidents and feedback such as complaints and concerns. The internal quality visits carried out by senior management ensured the systems and processes were being used effectively and consistently to reflect the provider visions and values of providing a quality care service. They monitored the progress of improvements identified in the action plans such as the refurbishment plans and staff recruitment. Our findings were consistent the improvement plans described within the PIR.

People's views about the quality of care were sought regularly using surveys, individual discussions and at care reviews. There was a culture of openness and involvement to enhance people's quality of life and develop the service. Comments received included, "We have resident's meetings. I am able to talk to the staff and the manager anytime that I like" and "I suggested that we have a cuppa at the meetings – which we have now." A sample of the completed surveys we looked at were all positive and complimented the staff team and their caring approach. The registered manager told us that they planned to share the survey results and produce an action plan to address any issues and suggestions made. This demonstrated that people's views were listened to and acted upon, ensuring people had a voice.

The provider's internal communication systems ensured the registered manager kept up to date with best practices and changes in legislation in how to support people. The provider's policies and procedures were reviewed regularly, linked to relevant best practice guidance and shared with the staff team to ensure people continued to receive quality care service.

The registered manager continued to provide good clear leadership and managed the service well. They understood their legal responsibilities and had displayed the latest CQC inspection report and rating at the service. This is so that people, visitors and those seeking information about the service can be informed of our judgments.

The provider's website had no information about Abbey House or the latest inspection report and rating. This was raised with the registered manager. They notified the provider who took action and updated their website with the required information.

The provider has sent us appropriate notifications about significant events at the service which they must legally do and included the actions taken to maintain people's safety. That meant the provider was meeting their regulatory responsibilities.

The registered manager had a management and staff structure in place and staff understood their roles and responsibilities. The registered manager currently oversees the management of another provider service locally. Therefore in the absence of the registered manager the deputy manager provides leadership and supported the staff team. When we asked staff about this, a staff member replied, "They are both approachable and work in the same way. There's also the on-call senior manager and their telephone number is in the office should we need to speak to them urgently." That assured people and staff the service continues to be managed consistently and effectively.

The registered manager and the staff team understood the provider's vision and values to provide quality care. We saw the service had received cards, compliments and letters of thanks from people and relatives about the quality of care people received and staff team's approach. This showed people felt Abbey House continued to provide a quality service for people.

We received positive feedback about how the service was managed from staff, relatives of people who used the service, commissioners and health care professionals. A relative said, "The manager is very good. I do have the chance to speak to her. I've not made any suggestions." A staff member said, "She's approachable, honest and deals with issues you raise with her."

People told us and we saw staff were organised and worked well together as a team. The staff team felt they were well supported to look after people. A system was in place that ensured staff accessed regular training and supervision and appraisals where they could discuss their work and identify training needs. The registered manager told us that they provided person centred support to staff and adapted training to meet learning needs.

Regular staff meetings were held. The meeting minutes confirmed that staff received updates; had the opportunity to raise concerns, share ideas around good practice and learn together from any outcomes to investigations or complaints. This supported the information provided within the PIR.

The provider continued to work in partnership with other agencies in an open honest and transparent way to ensure people received joined up care. We spoke with social workers who had visited the service to review a person's care. They told us that that the deputy manager had addressed the issues raised and the improvements made had had a positive impact on the person's quality of life.

Feedback we received from health care professionals and commissioners who monitored and evaluated the service was positive. They told us that the staff team continued to provide good quality care to people and that the service was well managed.