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Tansley House Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected Tansley House on 27 March 2017. This was an unannounced inspection. The service is registered to provide accommodation and nursing care for up to 20 older people, with a range of medical and age related conditions, including arthritis, frailty, mobility issues, diabetes and dementia. On the day of our inspection there were 19 people living in the care home, including one person who was in hospital.

At our last inspection on 27 August 2015 the service was found to be fully compliant and was rated good in all areas and good overall.

A registered manager was in post and present on the day of the inspection. 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.

Levels of cleanliness were inconsistent and risks to people's health and welfare were not always effectively managed. People's involvement in their individual care planning was not routinely recorded. Care plans, including risk assessments, were not always reviewed or updated to reflect people's changing needs. Inconsistent quality monitoring systems meant such shortfalls were not always identified and addressed.

We have made a recommendation regarding the involvement of people in decisions about their individual care and support, including the appropriate recording of any such consultation.

Staff had completed training in safe working practices. We saw people were supported with patience, consideration and kindness and their privacy and dignity was respected.

People received care and support from staff who were appropriately trained and confident to meet their individual needs and they were able to access health, social and medical care, as required. There were opportunities for additional training specific to the needs of the service, such as diabetes management and the care of people with dementia. Staff received one-to-one supervision meetings with their line manager. Formal personal development plans, such as annual appraisals, were in place.

Thorough recruitment procedures were followed and appropriate pre-employment checks had been made including evidence of identity and satisfactory written references. Appropriate checks were also undertaken to ensure new staff were safe to work within the care sector.

Medicines were managed safely in accordance with current regulations and guidance by staff who had received appropriate training to help ensure safe practice. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed appropriately.

People were being supported to make decisions in their best interests. The registered manager and staff had

received training in the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were provided with appropriate food and drink to meet their health needs and were happy with the food they received. People's nutritional needs were assessed and records were accurately maintained to ensure people were protected from risks associated with eating and drinking. Where risks to people had been identified, these had been appropriately monitored and referrals made to relevant professionals, where necessary.

A formal complaints procedure was in place. People were encouraged and supported to express their views about their care and staff were responsive to their comments. Satisfaction questionnaires were used to obtain the views of people who lived in the home, their relatives and other stakeholders.

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 was safe.

Medicines were stored and administered safely and accurate records were maintained. People were protected by robust recruitment practices, which helped ensure their safety. Concerns and risks were identified and acted upon.

Is the service effective?

Good

The service was effective.

People received effective care from staff who had the knowledge and skills to carry out their roles and responsibilities. Staff had training in relation to the Mental Capacity Act (MCA) and had an understanding of Deprivation of Liberty Safeguards (DoLS). Capacity assessments were completed for people, as needed, to ensure their rights were protected. People were able to access external health and social care services, as required.

Is the service caring?

Good

The service was caring.

People and their relatives spoke positively about the kind, understanding and compassionate attitude of the registered manager and care staff. Staff spent time with people, communicated patiently and effectively and treated them with kindness, dignity and respect. People were involved in making decisions about their care. They were regularly asked about their choices and individual preferences and these were reflected in the personalised care and support they received.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Staffing levels did not consistently reflect people's changing care and support needs. People were not always consulted or involved in their individual care planning. Staff had a good

understanding of people's identified care and support needs. Individual care and support needs were regularly assessed and monitored, to ensure that any changes were accurately reflected in the care and treatment people received. A complaints procedure was in place and people told us that they felt able to raise any issues or concerns.

Is the service well-led?

Requires Improvement

The service was not always well led.

Quality monitoring systems were inconsistent and did not always ensure people's wellbeing was maintained. Staff said they felt supported by the registered manager. They were aware of their responsibilities and felt confident in their individual roles. There was a positive, open and inclusive culture throughout the service and staff shared and demonstrated values that included honesty, compassion, safety and respect.

Tansley House Care Home

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 was planned to check whether the provider was 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.

The inspection took place on 27 March 2017 and was unannounced. The inspection team consisted of one inspector, an inspection manager 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. They had experience of a range of care services.

We looked at notifications sent to us by the provider. A notification is information about important events which the provider is required to tell us about by law. We asked the service to complete a provider information return (PIR). This is a form that asks the provider to give us information about the service, what they do well, and what improvements they are planning to make. This was returned to us by the service. As some people who used the service were living with dementia we used the Short Observational Framework for Inspection (SOFI), which is a way of observing care to help us understand the experience of people who used the service.

We spoke with five people who lived in the home, one relative and one health care professional. We also spoke with three care workers, the registered provider and the registered manager. Throughout the day, we observed care practice, the administration of medicines as well as general interactions between the people and staff.

We looked at documentation, including four people's care and support plans, their health records, risk assessments and daily notes. We also looked at three staff files and records relating to the management of the service. They included audits such as medicine administration and maintenance of the environment, staff rotas, training records and policies and procedures.

Good

Is the service safe?

Our findings

People said they felt safe and comfortable at Tansley House. One person told us, "It feels safe here, it feels like the staff know what they are doing." Another person said, "I feel safe and looked after here. The staff care and that's what's important." Relatives we spoke with were also satisfied and had no concerns regarding the safety and welfare of their family members. One relative told us, "There's always someone around to help. I feel he is safe. I sleep at night now."

The registered manager told us there had been no change in policy since the previous inspection and, despite concerns raised at that time, care staff were still expected to carry out cleaning duties and organise activities, in addition to supporting people. The registered manager explained the rationale behind this decision; they told us, "We find that in such a small home it's better that our care staff undertake a relatively minor amount of cleaning as and when required." Staff we spoke with felt this was manageable and had little impact on the amount of time they spent supporting people. However we saw certain areas of the service were not clean or tidy and posed a potential risk to people's wellbeing, including hairs and used tissue on the carpet in the sun lounge, clumps of hair in the plug hole of a first floor shower and dead flies/ wasps on the window sill upstairs. We also saw potential hazards left unattended in corridors, such as a hoist, a vacuum cleaner and hairdressing items. Although many of the carpets looked like they had not been cleaned recently, one person told us, "It's not so much dirt as wear and tear."

People were comfortable and relaxed with staff, happily asking for help when they needed it. One member of staff told us. "There are enough of us on shift. Of course we could always do with more, but we all work well together and support each other." We spoke with the registered manager and provider who both emphasised the importance of consistency and continuity of care and assured us that they never used agency workers. This was supported by staff duty rotas that we saw.

Medicines were managed safely and consistently. All staff involved in administering people's medicines had received training for this. Policies and procedures were in place for the storage, administration and disposal of medicines, which staff followed. We also observed medicines being administered to people. We saw that their medicines administration records (MAR) had been correctly completed by staff when they gave people their medicines. MARs had also been appropriately filled in to show the date and time that people had received 'when required' medicines.

People and relatives we spoke with had no concerns regarding medicines and were happy and confident medicines were handled safely. One person told us, ""I have five pills a day. The girls look after them. They tell me what they are for, but I forget. You could ask them. They know what they are doing. They are very good." We saw fridge temperatures for storing medicines were appropriately recorded and monitored in accordance with professional guidance and best practice. This meant medicines were stored, recorded and administered safely.

The provider operated safe and thorough recruitment procedures. We found appropriate procedures had been followed, including application forms with full employment history, relevant experience information,

eligibility to work and reference checks. Before staff were employed, the provider requested criminal records checks through the Government's Disclosure and Barring Service (DBS) as part of the recruitment process. The DBS helps employers ensure that people they recruit are suitable to work with vulnerable people who use care and support services.

There were arrangements in place to deal with emergencies. Contingency plans were in place in the event of an unforeseen emergency, such as a fire. Maintenance and servicing records were kept up to date for the premises and utilities, including water, gas and electricity. Maintenance records showed that equipment, such as fire alarms, fire extinguishers, mobile hoists, the call bell system and emergency lighting were regularly checked and serviced, as required.

People were protected from avoidable harm as potential risks, such as falls, had been identified and assessed, to help ensure they were appropriately managed. In care plans we looked at, we saw personal and environmental risk assessments were in place. Staff we spoke with said they understood what constituted abuse and were aware of their responsibilities in relation to reporting this. They told us that because of their training they were far more aware of the different forms of abuse and were able to describe them to us. Staff had completed training in safeguarding adults and received regular update training. This was supported by training records we were shown. Staff also told us they would not hesitate to report any concerns they had about care practice and were confident any such concerns would be taken seriously and acted upon. We saw where safeguarding referrals were required they had been made appropriately and in a timely manner.

Good

Is the service effective?

Our findings

People received support from staff who knew them well and had the necessary knowledge and skills to meet their identified care and support needs. People and their relatives spoke positively about the service and told us they had no concerns about the care and support provided. People said they felt staff knew them well, they were aware of individual needs and understood the best ways to help and support them. One person said, "It's a friendly place, the staff here are always smiling. They don't get into any muddles or puddles and they know what they are doing."

During our inspection we spoke with a visiting health care professional who had been attending the service for several years and spoke positively of the care and support people received. They told us, "I've been coming here for many years and consider it to be one of the best care homes on the area." They also spoke positively about the effective communication with the service and the confidence they had in the registered manager and staff team. They told us, "We don't have any concerns regarding the safety or welfare of people here and have confidence in the staff and the manager, who is very experienced." They went on to say, "It's good for the residents to have a stable staff team with familiar faces and regular routine – which is so important."

The provider ensured the care and support needs of people were met by competent staff who were sufficiently trained and experienced to meet their needs effectively. One staff member described their induction programme, which had included identifying the training they needed to meet the specific needs of people who lived at the home together with learning about procedures and routines within the home. They confirmed they had initially worked alongside (shadowed) more experienced colleagues, until they were deemed competent and they felt confident to work alone. They told us, "There was never any pressure for me to work on my own until I felt confident and ready.".

Training records we saw showed staff were up to date with their essential training in topics such as moving and handling, infection control and dementia awareness. The registered manager told us they provided a detailed induction for new staff and kept training updated to ensure best practice. This demonstrated the care and support needs of people were met by competent staff, with the skills, knowledge and experience to meet such needs effectively.

Staff also told us they felt confident and well supported in their roles both by colleagues and the registered manager, who they described as, "Very supportive." They confirmed they received regular supervision – confidential one to one meetings with their line manager - which gave them the opportunity to discuss any concerns or issues they had, to identify any specific training they needed and to gain feedback about their own performance. One member of staff told us, "The training is very good here; we're well supported. I have regular supervision and can always request any extra training that I need."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed there were currently three DoLS authorisations in place and we saw the appropriate documentation to support this.

We checked whether the service was working within the principles of the MCA. Staff had knowledge and understanding of the MCA and had received training in this area. People were given choices in the way they wanted to be cared for. People's mental capacity was considered in care assessments so staff knew the level of support they required while making decisions for themselves. If people did not have the mental capacity to make specific decisions around their care, staff involved their family or other healthcare professionals as required to make a decision in their 'best interest' in line with the MCA. A best interest meeting considers both the current and future interests of the individual who lacks capacity, and decides which course of action will best meet their needs and keep them safe. Staff also described how they carefully explained a specific task or procedure and gained consent from the individual before carrying out any personal care tasks. People confirmed care staff always gained their consent before carrying out any tasks.

The registered manager confirmed that people at Tansley House were all registered with local GPs and had access to other health care professionals as required. People we spoke with were satisfied their health care needs were being met. One person told us, "I fell on the way to the dining room. I told [staff] that I thought I should see a doctor. They sorted it and I went to hospital in an ambulance." Another person told us, "If anything is seriously wrong, they will soon get the doctor or nurse to come in." This view was shared by another person who told us, "If you have an appointment you can talk to [assistant manager]. They will always arrange transport. I go on my own as I don't need a carer, but if I wanted one they would arrange it for me."

A relative described the input of another health professional in the care of their family member. They told us, "[Staff] got [family member] eating again. They worked with the speech therapist who advised mashing the food because [family member] didn't know how to chew it. They worked so hard with him." Another relative told us, "The same doctor comes each time to see [family member]. I trust him." Care records showed all such visits and appointments with healthcare professionals such as GPs, speech and language therapists, podiatrists and dentists. This demonstrated people were supported to maintain and improve their health and to access external health professionals, as necessary.

We observed lunchtime, with12 people eating in the dining room and three others chose to have their meal in the lounge. There was a choice of beef stew or vegetable slice with a choice of vegetables. The food was on a trolley which meant people could see the food being served. The meal looked appetising and people commented to staff that it tasted good. One person said, "It's freshly done, you can tell." People told us they were satisfied with the food provided, although we heard three people complain to staff or other people at their table that there was too much food on their plate. One person said, "I don't know why they have given me all of this, I'll never eat it all". Staff responded by saying, "Don't worry – just eat what you can." Another person told us, "Sometimes they do a buffet which I like as you can help yourself." One person spoke about their specialist diet that was catered for. They told us, "They are excellent with my gluten free diet. [the cook] comes and chats to me about what she is cooking. I appreciate the time she gives to me."

We observed all staff serving wore protective aprons and one person, who was administering medicines

wore a protective tabbard. Everyone in the dining room had their meal within 10 minutes of the serving starting. We saw the staff were very cheerful, respectful and unhurried as they served the meals. When they put the plate down in front of the person they used the person's name and said what was on the plate including which vegetables. Most people ate independently but we observed that staff supported and assisted people discreetly when required. We saw staff offered to cut up food for one person and support another person by giving the food to them with a spoon. Both staff appeared respectful, made eye contact with the person and chatted to them whilst doing the task. When the meal had been served, staff sat with people and chatted – they showed knowledge of the person's interests and family and adapted the level of conversation to the person's need. This appeared to also encourage conversation between people.

Staff were aware of the importance of good hydration and we observed people were offered and had access to a range of hot and cold drinks. Tea and coffee was also provided throughout the day. This demonstrated that people were supported to have sufficient to eat and drink and maintain a balanced and nutritious diet.

Good

Is the service caring?

Our findings

People and their relatives spoke positively regarding the caring environment and the kind and compassionate nature of the registered manager and staff. One person told us, "In general, the carers are good. One or two carers are very good, kind and considerate. Other carers sometimes appear to feel the pressure a bit, but it's human nature that some get a bit tired and short with you." Another person told us, "The staff here are very good." A relative we spoke with told us, "The staff always treat [family member] with respect; they're kind to him and nothing is too much trouble." Another relative told us, "I am always made to feel welcome. I can come anytime and I do. Friends and other family are also made welcome when they visit."

A health care professional we spoke with told us, "The care here is excellent. Most of the staff have worked here a long time and so they know the residents very well. They don't hesitate to call us if someone's needs change and they are always very responsive to any recommendations we make."
Throughout the day we observed many examples of friendly, good natured interaction. We saw and heard staff speak with people in a calm, considerate and respectful manner. People were called by their preferred names, and staff always spoke politely with them. Staff were patient with people, and took time to check that people heard and understood what they were saying. Conversations with people were not just task related and staff checked people's understanding of care offered. We observed staff talking and interacting sensitively with people about what they were doing. They communicated with people in a friendly good natured manner, reassuring and explaining what was happening and what they were going to do. This demonstrated the kind, caring and supportive attitude and approach of the staff.

A member of staff described how people were encouraged and supported to take decisions and make choices about all aspects of daily living. For example, the clothes they wanted to wear, the meals they ate and how they spent their day. These choices were respected. Communication between staff and the people they supported was sensitive and respectful and we saw people being gently encouraged to express their views. We observed that staff involved and supported people in making decisions about their personal care and support. Relatives confirmed that, where appropriate, they were involved in their care planning and had the opportunity to attend care plan reviews. They also said they were kept well-informed and were made welcome whenever they visited.

Individual care plans contained details regarding people's personal history, their likes and dislikes. The information and guidance enabled staff to meet people's care and support needs in a structured and consistent manner. Staff had a good understanding of people's needs; they were aware of their personal preferences and supported people in the way they liked to be cared for.

People had their dignity promoted because the registered manager and staff demonstrated a strong commitment to providing respectful, compassionate care. The registered manager told us people were treated as individuals and supported, encouraged and enabled to be as independent as they wanted to be. During our inspection we observed staff were sensitive and respectful in their dealings with people. They knocked on bedroom and bathroom doors to check if they could enter. Staff told us they always ensured

people's privacy and dignity was maintained when providing personal care. Our findings supported this and was reinforced by people we spoke with who said staff were professional in their approach and they were treated with dignity and respect.

Requires Improvement

Is the service responsive?

Our findings

We identified some concerns regarding the inconsistency of support provided and the length of time some people waited for assistance. We observed someone sitting in the dining room who called a number of times for staff to come. No one responded. After about 10 minutes, we went and told a member of staff who came and asked the person what they needed. The person said they wanted to go into the lounge. The staff fetched a colleague and together they supported the person to go to the lounge.

People said there was generally enough staff around but they felt at times staff were "Under pressure." One person told us, "There are times when you have a long wait for attention. I have laxatives, so they (staff) know that when I need to go, I need to go quickly. It happens at both day and night there are times when I have to wait so long I am fighting for control, I am left feeling weak and shaky. I once had an accident because I couldn't wait any longer, it was so demoralising." Another person told us, ""In the morning if you need help to get dressed, you can just call for help. At night they are a bit slower, you have to wait for them to come. They (staff) are all very nice people, they mean well, but there are times when we feel they are understaffed and under pressure."

We discussed this issue with two health care professionals, who had been visiting Tansley House for many years. They told us people were now moving into residential care later in life and consequently their care needs, on admission, were now often higher than they used to be. They had observed this situation at Tansley House, where over recent years they had had seen an increase in people's individual care and support needs, including the incidence of people living with dementia. However they felt staffing levels did not appear to have changed to reflect people's increased dependency levels.

Before moving to the service, a comprehensive assessment was carried out to establish people's individual care and support needs to help ensure any such needs can be met in a structured and consistent manner. One person we spoke to told us, "They (staff) are all very accommodating." The provider told us, "We closely monitor all the residents so we can see if someone's needs change. We will soon get the district nurse in if necessary and will change the staffing levels to suit new needs for that person."

Staff we spoke with were aware of the importance of knowing and understanding people's individual care and support needs so they could respond appropriately and consistently to meet those needs. Each care plan we looked at had been developed from the assessment of the person's identified needs. The registered manager explained they would always assess a person's individual care and support needs, to establish their suitability for the service and 'their compatibility with existing residents.' They also confirmed that, as far as practicable, people were directly involved in the assessment process and planning their care. However this was not always supported by care plans we looked at which were not always person centred and often contained little evidence of people being consulted or directly involved in their individual care planning.

We recommend that people be routinely and consistently consulted and directly involved in their individual care planning and this involvement effectively demonstrated by being appropriately recorded.

The care plans, including risk assessments, we looked at followed the activities of daily living such as communication, personal hygiene, continence, mobility, nutrition and hydration and medicines. They contained details regarding people's health needs, their likes and dislikes and their individual preferences. Individual care plans were personalised to reflect people's wishes, preferences, goals and what was important to them. They contained details of their personal history, interests and guidelines for staff regarding how they wanted their personal care and support provided. This helped ensure that people's care and support needs were met in a structured and consistent manner.

A member of staff told us they worked closely with people, and where appropriate their relatives, to help ensure all care and support provided was personalised and reflected individual needs and identified preferences. People told us they were happy and comfortable with their rooms and we saw rooms were personalised with their individual possessions, including small items of furniture, photographs and memorabilia. People told us they felt listened to and spoke of staff knowing them well and being aware of their preferences and regarding how they liked to spend their day.

During our inspection we observed other examples of activities that reflected people's individual interests and preferences. We saw resources in the sun lounge which people could use to entertain themselves including jigsaws, books and newspapers. Two signs were displayed regarding activities – one saying that seated exercises were at 11:30 every day and one saying that dominoes was at 2pm. We spoke with people regarding their experience of activities; one person told us, "We do exercises most mornings." Another person told us, "I can do my own thing, I don't rely on staff for entertainment. In my room I have a computer I use to email friends and family. I do photography and painting. I prefer to do these in my room."

A relative we spoke with told us, "[Family member] will join in with the exercises if I help him, I lift his arms so he can join in. A man with a guitar comes once a month and they have a sing song. The children from the local school also come and do the pots in the garden." During the afternoon we observed a popular session in the lounge where a man had brought in a selection of animals and insects including a scorpion for people to learn about. We saw people appeared to really enjoy the animals, enthusiastically touching or holding them and asking questions about them. We saw one person who had been particularly distressed in the morning, really enjoyed the activity as well.

People and their relatives told us they were satisfied with the service, they knew how to make a complaint if necessary. They felt confident that any issues or concerns they might need to raise would be listened to, acted upon and dealt with appropriately. The provider told us they welcomed people's views about the service. They said that any concerns or complaints were taken seriously and dealt with quickly and efficiently, helping to ensure wherever possible a satisfactory outcome for the complainant. Records showed that comments, compliments and complaints were monitored and that complaints were handled and responded to appropriately. For example, following a concern raised by a relative, one person's care plan was reviewed and the support guidelines amended.

Requires Improvement

Is the service well-led?

Our findings

Although we saw some arrangements were in place to formally assess, review and monitor the quality of care, there was little evidence of regular audits being carried out regarding the physical environment, health and safety and staff deployment .As well as parts of the service which were not cleaned to a satisfactory standard we saw safety hazards in certain communal areas, such as corridors. During the morning we also observed care staff carried out routine cleaning duties, while people were in their room or sitting in communal lounges, with little interaction or stimulation. These issues had not been picked up through existing quality monitoring systems, to help ensure the safety and welfare of people using the service. This meant shortfalls relating to infection control, risk management and staff deployment were not always identified or effectively managed consistently. Inconsistent quality monitoring audits of care plans meant shortfalls regarding record keeping were not always identified and addressed.

People and their relatives spoke positively about the registered manager and said they liked the way the service was run. One person told us, '[Registered manager] is always around if you have any problems."

There was an effective management structure in place and staff were aware of their roles and responsibilities. Care staff spoke positively about the management and the culture within the service. Staff told us they felt supported and were able to approach the registered manager about any concerns or issues they had. They also said they were aware of the provider's whistleblowing policy and how this could be used to share any concerns confidentially about people's care and treatment in the home.

Staff were aware of their roles and responsibilities to the people they supported. They spoke to us about the open culture within the service, and said they would have no hesitation in reporting any concerns. Staff told us they felt supported by both the registered manager and provider, who they described as very approachable. They felt able to raise any concerns or issues they had. We saw documentary evidence of staff receiving regular formal supervision and annual appraisals.

Our discussions with the registered manager showed they fully understood the importance of making sure the staff team were fully involved in contributing towards the development of the service. Staff had clear decision making responsibilities and understood their role and what they were accountable for. We saw that staff had designated duties to fulfil, such as checking and ordering medicines, reviewing care plans and contacting health and social care professionals as required. This demonstrated a commitment by the registered manager to develop and enhance the performances of staff and systems, to help drive improvements in service provision

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). They had submitted notifications to us, regarding any significant events or incidents, in a timely manner, as they are legally required to do. They were aware of the requirements following the implementation of the Care Act 2014, such as the requirements under the duty of candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment provided. The registered manager also confirmed they took part in reviews and best interest

meetings with the local authority and health care professionals, as necessary.