

Mr & Mrs L S P Cook

Coombes Wood House

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 ●

Summary of findings

Overall summary

Coombes Wood House is registered to provide accommodation and personal care for up to 36 older people. Coombes Wood House provides care to people with dementia, physical disabilities and mental health conditions. Any nursing care that is required is provided by community nurses. The service was inspected on 20 and 21 December 2016 when there were 32 people living there.

The service was last inspected on 3 April 2014 when it met the requirements that were inspected.

One of the registered providers was also registered as manager of the service. A 'care manager' was employed to oversee the day to day management of the service. 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's needs were met by ensuring there were sufficient staff on duty. During the inspection we saw people's needs being met in a timely way and call bells were answered quickly. Risks to people's health and welfare were well managed. Risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed and plans put in place to minimise the risks. For example, pressure relieving equipment was used when needed. People's medicines were stored and managed safely. People were supported to maintain a healthy balanced diet and people told us there was a good choice of food. People were supported to maintain good health and had received regular visits from healthcare professionals. One healthcare professional told us staff had "tried everything" to help relieve one person's distress.

People received individualised personal care and support delivered in the way they wished and as identified in their care plans. People's care plans contained all the information staff needed to be able to care for the person in the manner they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

People and their relatives were supported to be involved in planning and reviewing their care. However, a recent survey had highlighted not all relatives knew about care plan reviews. The management team had made plans to ensure everyone who wanted to be involved could be. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

People's needs were met by kind and caring staff. Visitors told us "Staff are wonderful" and "Very caring staff." We saw an email that a relative had sent to the service. It read "Seeing her being fed by different people and seeing how much she is cared for really warms my heart." People's privacy and dignity was respected and all personal care was provided in private.

Not everyone living at Coombes Wood House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation. There were regular activities available for people to participate in. These included singing, word games, crafts and gentle exercises as well as outside entertainers. Staff were raising funds to provide extra entertainment for people.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Staff knew how to protect people from the risks of abuse. They had received training and knew who to contact if they had any suspicions people were at risk of abuse. Robust recruitment procedures were in place. These helped minimise the risks of employing anyone who was unsuitable to work with people who require care and support.

Staff confirmed they received sufficient training to ensure they provided people with effective care and support. There was a comprehensive staff training programme in place and a system that indicated when updates were needed. Training included caring for people living with dementia, first aid and moving and transferring.

The management team was very open and approachable. People were confident that if they raised concerns they would be dealt with. Staff spoke positively about the team and said they could raise any matters at any time. Staff told us they were able to make suggestions and have them implemented. One staff member said they had suggested an activities organiser had been employed and this had happened.

There were effective quality assurance systems in place to monitor care and plan on-going improvements. Regular audits were undertaken including medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. Records were well maintained.

Health and social care professionals we spoke with were positive about the relationship they had with the service. One told us "We are very fortunate to have them (the service) in the area."

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.

People's medicines were managed safely.

People were protected from the risks of abuse. Robust recruitment procedures were in place.

Risks to people's health and welfare were well managed.

People's needs were met by ensuring there were sufficient staff on duty.

Is the service effective?

Good 

The service was effective.

People received care from staff that were trained and knowledgeable in how to support them.

People were supported to maintain a healthy balanced diet.

People were supported to maintain good health.

People's human rights were upheld because staff displayed a good understanding of the principles of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good 

The service was caring.

People's needs were met by kind and caring staff.

People's privacy and dignity was respected and all personal care was provided in private.

Improvements were being made to support people and their relatives to be involved in making decisions about their care.

Is the service responsive?

Good 

The service was responsive.

Staff ensured people received care and support that was responsive to their needs.

People's care plans contained details of how people's needs were to be met and were reviewed regularly.

People were confident that if they raised concerns they would be dealt with.

There were regular activities available for people to participate in.

Is the service well-led?

The service was well led.

The management team was very open and approachable.

There were effective quality assurance systems in place to monitor care and plan on-going improvements.

Records were well maintained.

Good ●

Coombes Wood 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 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.

This inspection took place on 20 and 21 December 2016 and was unannounced.

One Adult Social care (ASC) inspector conducted the inspection.

Before the inspection we gathered and reviewed information we held about the registered provider. This included information from previous inspections and notifications (about events and incidents in the service) sent to us by the registered provider. Prior to the inspection, the registered manager had 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 does well and improvements they plan to make.

Not everyone living at Coombes Wood House was able to tell us about their experiences. During our inspection it was not appropriate to conduct a short observational framework for inspection (SOFI) as people were walking around the home for much of the time. SOFI is a specific way of observing care to help us understand the experience of people who are unable to talk to us. However, we did use the principles of SOFI when making observations of how staff supported people.

We met with all the people using the service at that time and spoke with four people in private. We spoke with five staff, the registered manager, the care manager, deputy manager and two visitors.

As part of the inspection of the environment we walked around the service with the registered manager and completed the King's Fund tool. This is a tool that looks at how suitable the environment is for people living with dementia.

We looked at a number of records including three people's care records, the provider's quality assurance system, accident and incident reports, three staff files, records relating to medicine administration,

complaints and staffing rotas.

Following the inspection we spoke with two health and social care professionals and received information from the local authority's quality improvement team.

Is the service safe?

Our findings

There were 32 people living at Coombes Wood House during the inspection. Everyone was living with some level of dementia and some people needed the help of two staff for moving and personal care. Not everyone was able to tell us if they thought there were enough staff to meet their needs. However, the relatives and visiting professionals we spoke with told us they felt there were enough staff available whenever they visited. During the inspection we saw people's needs were met in a timely way and people did not have to wait for long periods of time for their needs to be met. Staff told us they felt there were enough staff available. They said they had time to sit and chat with people as well as meeting personal care needs.

On both days of inspection there were seven care staff on duty mornings and evenings with six care staff on duty during the afternoons. Management and ancillary staff such as a cook and cleaners were also on duty. An activities organiser was also employed for 20 hours per week. Rotas showed these were the usual staffing levels. The care manager told us no specific tool was used to calculate staffing levels. They said staffing levels were based on dependency levels and numbers of people living at the service. Staffing levels had recently been increased as people were needing more help with their care.

People were protected from avoidable harm and abuse. Staff had received training in keeping people safe and knew about different types of abuse. They knew how to recognise abuse, and told us what they would do if they thought someone was being abused within the service. Staff knew who to report any concerns to outside of the service. Staff told us they were confident the registered manager would deal with any concerns they raised. We observed how people who could not tell us if they felt safe, reacted towards staff. Throughout the day we saw them interact with staff in a relaxed manner, smiling and laughing. People held staff's hands when talking to them, showing us they felt safe in their company.

There were robust recruitment systems in place. This protected people from the risks associated with employing staff who may be unsuitable to work with people who needed help with their care. Staff were thoroughly checked to ensure they were suitable to work at the service. These checks included obtaining a full employment history, seeking references from previous employers and checking with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with people who require care and support.

Arrangements for identifying and managing risks were in place to keep people safe and protect them from harm. Risks to people's safety and wellbeing were assessed. For example, risks in relation to nutrition, falls, pressure area care and moving and transferring were assessed. Where risks were identified plans were put in place to minimise the risks. For example, pressure relieving equipment was used when needed. One person had had a minor choking incident and the care manager had requested an assessment from the speech and language therapy team (SALT). SALT had visited and felt the person was at no more risk of choking than any member of the public, and could continue to eat a normal diet. This showed the service had recognised a risk and taken action to minimise it. Falls risks identified when staff should observe people when they stood from a chair and offer any support needed. This showed the home actively promoted independence for people whilst monitoring their risks.

People were supported to receive their medicines safely and on time. Medicines were stored securely in locked trollies in locked rooms and only staff who had received training administered medicines. Medicine Administration Record (MAR) charts indicated people received their medicines on time and as prescribed by their GP. However, we saw that not all handwritten entries made to MAR charts had been signed by two staff. This meant there was no check that what had been written on the MAR chart was what had been prescribed. The care manager agreed to address this issue. Audits of medicines were undertaken when medicines were received in to the service each month. Records were kept of any medicines returned to the pharmacy.

During the inspection we observed staff offering people their medicines, explaining to them what their medicines were for and ensuring they had a drink available to take their medicines with. Where people had been prescribed medicine to be taken when required (PRN) for pain relief, they were asked at specified times if this was required. Each person's medicine records included full details of the medicines they were taking, what the medicine was for and any side effects staff should look out for. This ensured staff were aware of what medicines they were administering.

Procedures were in place to protect people in the event of an emergency. Staff had been trained in first aid and there were first aid boxes easily accessible around the home. Personal emergency evacuation plans were in place for people. These gave staff clear directions on how to safely evacuate people from the building should the need arise, such as in a fire.

Throughout the inspection we saw staff wearing disposable gloves and aprons when required. We saw staff changed gloves and aprons when providing personal care to different people and when dealing with food.

Any accidents or incidents that occurred were recorded and reviewed to see how they happened and whether any actions were necessary to reduce the risk of reoccurrences. For example, one person had several falls over a short period of time. Special equipment was put in place and the number of falls was reduced. Care plans were updated as required.

The premises and equipment were maintained to ensure people were kept safe. A full time maintenance person was employed. Suitable equipment was in place to meet people's needs. For example, hoists, wheelchairs and lifts were available which helped people move around the service independently. Records showed that equipment used within the service was regularly serviced to ensure it remained safe to use. For example, hoists, pressure relieving equipment, gas and electrical installations were checked in line with the associated regulations.

Is the service effective?

Our findings

People living at Coombes Wood House had needs relating to living with dementia, mobility and general health. People received effective care and support from staff with the skills and knowledge to meet their needs. There was a comprehensive staff training programme in place and a matrix indicated when updates were needed. Staff had received training in a range of subjects including medicine administration, first aid and moving and transferring to help meet people's needs. They had also received more specific training such as caring for people living with dementia.

There was an effective system in place to ensure staff were putting their learning into action and remained competent to do their job. Staff records showed they received regular supervision and yearly appraisals. Staff received individual supervision sessions when they were able to discuss all aspects of their role and professional development. During supervision, staff had the opportunity to sit down in a one to one session with a manager to talk about their job role and discuss any issues. In order to assess competency, senior staff observed the care practice of staff when they were meeting people's needs. The care manager and deputy manager told us they often worked alongside care staff in order to ensure staff remained competent to do their job.

Staff had a comprehensive induction when they started to work at the service to make sure they could meet people's needs. This included, getting to know the people who lived at the service, understanding policies and procedures, fire safety, basic food hygiene and infection control. New staff were also enrolled on the Care Certificate. The Care Certificate sets the standard for the fundamental skills, knowledge, and behaviours expected from staff working in a care environment.

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.

Most people living at Coombes Wood House were living with dementia and this could affect their ability to make decisions about their care and treatment. People were supported by staff who had an understanding of the principles of the MCA. This ensured people who did not have the mental capacity to make decisions for themselves had their legal rights protected. People were able to make some day to day decisions, but may not have the capacity to make more complex decisions about their health and welfare. Staff told us they always assumed people were able to make decisions for themselves and always asked them what they wanted. Throughout the inspection we heard staff offering people choices. People were asked what they wanted to do and what they wanted to eat or drink. Staff knew an assessment would be needed if they thought the person did not have capacity to make a decision. They were also aware that if a person had been assessed as not having the capacity to make specific decisions then meetings should be held to discuss what would be in the person's best interests.

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). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The care manager had made applications to the local authority to deprive 15 people of their liberty. This was in order to keep them safe by the use of a locked front door. Due to the large number of applications being processed by the local authority only one authorisation had been granted at the time of the inspection. While the applications were being processed the service was keeping people safe using the least restrictive possible measures.

People were supported to receive a healthy balanced diet with plenty to drink. Staff frequently offered people tea, coffee or cold drinks. While we were sat with people, one person asked staff for a drink. Staff immediately got a drink for the person. People were able to help themselves to cold drinks, but not to hot drinks due to the level of risk. We discussed the possibility of people being able to help themselves to snacks throughout the day. Following the inspection the care manager wrote and told us they now placed crisps, biscuits and fruit around the service for people to help themselves to.

Meals were presented nicely and equipment such as plate guards were used to help people eat independently. There was a list of people's dietary requirements kept in the kitchen. The cook told us they catered for people with special dietary needs including those requiring a coeliac diet. Where people did not want the main meal there was an alternative on offer. The care manager told us about how people's preferences were catered for. One person always had ice cream for their pudding. One person had a particular liking for curries and these were bought specially for them whenever they wanted one. The care manager told us that at supper time lots of 'finger food' was placed on tables for people to help themselves. People also had a choice of homemade soup. Those people who were able told us they enjoyed their food and one person said "The food here is very good." One relative told us they always had their Sunday lunch as the service and said "I always enjoy it."

However, we found that for some people the lunch time experience was not a pleasant one. We spent about 30 minutes in the small dining area where seven people who needed assistance with eating were being served lunch. Five people were sat at a large table while two others were sat to one side with small tables in front of their chairs. Three staff were assisting people, only one staff member was sat side by side with the person they were assisting with their food. Other staff were stood up by people's sides. These staff moved about the room helping several people. This resulted in some people not receiving the help they needed and having to wait a long time for assistance. Staff were very helpful to people they were assisting and spoke kindly to them, but had to keep leaving them, in order to help others. We discussed this with the care manager who agreed to look at the way people were assisted with eating. Following the inspection the care manager wrote and told how they had improved the experience for people in the small dining area.

People were supported to maintain good health and had access to healthcare services where required. Records showed people had seen their GPs and other health and social care professionals as needed. Following the inspection we spoke with two visiting professionals who told us that the staff were very good at working with them to meet people's needs.

The service was clean and tidy and pleasantly decorated with no unpleasant smells. We spent some time walking about the service completing the King's Fund tool with the care manager. The King's Fund tool looks at how suitable the environment is for people living with dementia. We found that some of the suggestions of the tool were in place. For example, there was a variety of seating available including settees as well as single chairs. There was also a dedicated quiet area situated on the first floor. However, there were

still many improvements needed. For example, there was limited signage to help people find their way around the service. The provider told us they were continually improving the environment. They said they would look at our completed King's Fund tool document in order to further improve the environment.

Is the service caring?

Our findings

Not everyone living at Coombes Wood House was able to tell us about their relationships with staff. However, we saw that people were relaxed and happy in staffs' presence. Staff carried out their duties in a caring and enthusiastic way. Staff were observed to be kind and patient, supporting people in an easy, unrushed and pleasant manner. They walked with people at their pace and knelt down to be on people's level when chatting to them. Staff were mindful of people's needs. They offered plenty of fluids and discreetly asked if people needed help with personal care.

Those people that could tell us their views and their visitors said staff were kind and caring. All the interactions we saw between people and staff were positive. Comments from visitors included "Staff are wonderful" and "Very caring staff." We saw an email that a relative had sent to the service. It read "Seeing her being fed by different people and seeing how much she is cared for really warms my heart."

Staff spoke with people to let them know what was happening. For example, staff assisted one person to move from a wheelchair to an arm chair. Staff encouraged the person telling them how near to the armchair they were before sitting down. Each time staff walked into the lounge they took time to speak with people. They asked if people wanted or needed anything and offered a choice of drinks.

Staff at Coombes Wood House treated people with respect and kindness. We saw staff listening and communicating well with people, giving them their full attention and talking in a pleasant manner. When speaking with people staff used people's preferred names. We saw that people responded well to staff, speaking, smiling and laughing with them. There was much fun, laughter, appropriate banter and hugs between staff and the people they supported.

People's preferences were obtained and recorded during their pre-admission assessment. Staff demonstrated they knew the people they supported. They were able to tell us about people's preferences and personal histories. For example, staff told us about one person who "gained solace" from listening to their music. Each time we passed the person's room we heard music coming from it.

We saw many 'thank you' notes from families, expressing their gratitude to staff. For example, one note said "The family would like to thank all the staff for their care and kindness" and another said "Thank you for the special care of [person's name]. We appreciate what you are trying to do for her."

We asked the care manager for examples of when staff had gone 'that extra mile' when caring for people. They told us staff shop for people who asked for items and one staff member takes home items of clothing to be mended. They also said staff often stayed after their shift had finished to spend time with people who were ill and may not have relatives. On the day of inspection most staff were wearing 'Christmas clothing'. They told us they had donated money to be able to wear these items rather than their usual uniforms. All the proceeds were to be used to provide extra entertainments for people living at the service.

Everyone had their own bedroom. People's privacy was respected and all personal care was provided in

private. Staff knocked on people's bedroom doors and waited before they entered. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people's care needs with us they did so in a respectful and compassionate way.

Not everyone was able to be involved in planning their care. We saw that where people or their relatives wished to take part in planning care they could be. Relatives told us that they could visit at any time and were always made welcome. They also said that staff always kept them informed of any changes in their relative's welfare.

Is the service responsive?

Our findings

People's needs were assessed before and while living at Coombes Wood House. People received individualised personal care and support delivered in the way they wished and as identified in their care plans. Care plans were developed following the assessments and contained good descriptions of people's needs. The care plan system was computerised and all staff had hand-held devices which contained people's care plans. Alerts could be programmed into the devices to ensure people's needs were met in a timely manner. For example, if people needed re-positioning to relieve pressure areas the devices would remind staff this task needed completing. The care manager showed us how they were able to check to ensure tasks had been completed. Staff told us they found the system easy to use and keep up to date. They also told us people's care plans contained all the information they needed to be able to care for people in the way they wished. Care plans were reviewed regularly and updated as people's needs and wishes changed.

Staff responded to people's needs in a sensitive manner. We heard one staff member asking one person why they were walking differently. They asked the person if their feet were hurting and said "let's go to your room and have a look." One social care professional told us the service was "the first place" they went to when looking for a place for people living with severe dementia. They told us how staff had worked with other professionals to avoid one person having to leave the service. A healthcare professional told us staff had "tried everything" to help them when they were calling out. We saw that staff had produced a series of cards with symbols on to show the person to try and discover if they needed anything. The health care professional said they felt staff always thought of the people they cared for as the most important aspect of their work. One visitor told us their relative had moved from another service because of their high care needs. They told us they thought the staff were very good and "Had a different way of working" with their relative to ensure their needs were met. We saw an email that a relative had sent to the service. It read "Whenever I visit I am struck by the friendliness and attentive nature of the on the floor staff and many of them have learned specifically how best to handle mum's dementia."

Staff had received training in caring for people who were living with dementia. One staff member told us the training had given them ways to reassure people and that patience was a great asset. Staff were careful to speak slowly and calmly and gave people time to process any information, good eye contact was also maintained. This showed us that staff knew how to care for people with dementia.

Not everyone living at Coombes Wood House was able to tell us about their experiences. Therefore we spent some time in the main lounge and used the principles of the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk to us. We saw good interactions between staff and people living at the service. Each time staff entered the lounge they spoke to people and tried to engage them in conversation.

An activities organiser was employed for 20 hours each week and individual and group activities were on offer. These included singing, word games, crafts and gentle exercises as well as outside entertainers. The care manager told us the activities organiser was very good at ensuring everyone received some individual

time with staff. We saw staff spending time with people in the lounge and in their bedrooms.

The service had a clear complaints procedure that was displayed at the top and bottom of the main staircase. The care manager took note of, and investigated any concerns raised. We saw that three complaints had been received in 2016. All three had been investigated and concluded satisfactorily. One had resulted in a new meal plan being put in place, and extra staff being on duty during the evening. People and visitors told us they felt able to raise any concerns and said they would speak to staff if they needed to. However, they told us they had never had to make a complaint.

Is the service well-led?

Our findings

The service is owned by Mr and Mrs L S P Cook. Mr Cook is also registered as manager and took an active part in the running of the service. A 'care manager' and deputy manager were employed to oversee the day to day management of the service. The management team had a good knowledge of the staff and the people who used the service.

There were systems in place to assess, monitor, and improve the quality and safety of care. Regular audits were undertaken by the care manager. These included medicines, care plans and accidents and incidents. We saw that where issues had been identified action was taken to rectify the matters. For example, we saw that care plan recording had been addressed at a staff meeting. Staff had been reminded to record care given as soon as it had been provided rather than at the end of their shift.

Prior to the inspection, the registered manager had 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 does well and improvements they plan to make. The PIR told us the service planned "to recruit better qualified senior carers to strengthen leadership during evenings and at weekends." We spoke with a senior member of staff who had recently been recruited as part of the plan.

An annual survey was sent out each year in order to gauge the views of people using the service, staff and other interested parties. Results from the last survey showed a high level of satisfaction. One relative had written "Very friendly and welcoming" and another had written "Warm welcoming, accommodating, well run and fantastic staff." We saw that where any negative comments had been made an action plan had been drawn up to deal with the matters. For example, it was noted that not everyone was aware of care plan reviews. The action plan that was circulated to everyone stated "We are clearly not very effective at letting you know that we review care plans monthly and we want you to contribute." A letter had been sent to relatives to remind them of reviews and the action plan said care plan summaries could be emailed to relatives for their consideration if they wished.

There was a positive and welcoming atmosphere at the service. Staff told us they thought there was an open and honest culture in the service and they could raise any concerns they may have. Staff told us they enjoyed working at the service. One said "It's like an extended family." Another said "It's a nice atmosphere to work in – and I love the residents." Staff told us they thought the ethos of the home was to make Coombes Wood House "A family centred home." Relatives we spoke with told us they were always made welcome.

Staff spoke positively about the management team. They said they could go to any member of the team at any time to discuss anything. Staff told us they were able to make suggestions and have them implemented. One staff member said they had suggested the service employ an activities organiser and this had happened. They also said they had suggested a new type of 'slide sheet' be purchased to help move people in bed and these had been obtained.

We were told the management team kept their knowledge of care management and legislation up to date by attending training courses, managers' forums, using the intranet and the Care Quality Commission's website. They also use a training company to inform them of changes in legislation and procedures.

Records were well maintained. They were accurate and complete and recorded the care provided. All records we asked for were kept securely but easily accessible.

The management team had notified the Care Quality Commission of all significant events which had occurred in line with their legal responsibilities.

Health and social care professionals we spoke with were positive about the relationship they had with the service. One told us "We are very fortunate to have them (the service) in the area."