

Parkcare Homes (No.2) Limited

Bedborough House

Inspection report

Redlands
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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

About the service

Bedborough House is a residential care home providing personal care for up to eight people with Autism and/or other learning disabilities. At the time of the inspection five people were living at the home. The home consists of four en-suite bedrooms and four flats which have en-suite bedrooms and a kitchenette. There is also a communal lounge and kitchen available for people to use.

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

People's experience of using the service had improved since our last inspection. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People lived in a service that supported them with their independence. One to one and two to one staffing was now available for people to access their choice of activities. Care was person centred and promoted people's dignity, privacy and human rights. The culture of the service had improved significantly. People's relatives and staff told us how the leadership and management of the service had improved. The manager and staff team had a good set of values focused on promoting the wellbeing of the people they supported. The ethos of the service was for people using services to lead empowered lives.

Relatives told us their family members were safe. Staff knew how to recognise and report abuse. There was a consistent staff team in place. There were enough staff to meet people's needs and enable them to engage in their chosen activities. Staff were recruited safely. Risks to people were identified and managed. Medicines were managed safely. Infection control was managed safely. Incidents were recorded and analysed, learning from incidents was shared with the team.

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

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills and knowledge required to support people with their needs. Staff received one to one supervision and told us they felt supported.

People's healthcare needs were identified and met. Staff worked with a range of healthcare professionals

and followed professional advice and guidance when needed.

People were supported by caring staff who worked towards promoting their dignity, privacy and independence.

Where relatives and people had raised concerns and complaints, relatives told us they were now listened to and responded to.

Relatives and staff commented positively about the manager and leadership of the service. The provider had a range of governance systems in place to ensure oversight of the service. The provider and manager also had ongoing action plans and sustainability plans in place. They were able to demonstrate how they had embedded systems and improvements into practice since the last inspection in July 2019. Senior managers also regularly visited the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate, the inspection was carried out in July 2019, (published 04 May 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures following the last inspection in July 2019. During this inspection the provider demonstrated that improvements have been made and embedded into practice during the time since the last inspection. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Bedborough House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors and a member of the medicines team.

Service and service type

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

The service had an acting manager, they were not registered with the Care Quality Commission. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided. The provider was advertising for the position of a registered manager.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed statutory notifications. Notifications are information about specific important events the service is legally required to send to us. We sought feedback from the local authority who works with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with the manager, the associate director of quality and governance for specialist services and three staff. We reviewed a range of records. This included four people's care records and medicine administration records and medicines audits. We looked at three staff files in relation to recruitment and staff supervision. We reviewed a variety of records relating to the management of the service, including audits and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three people's relatives to receive feedback.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection people were not always protected from avoidable harm or abuse because staff had not reported incidents that could amount to neglect. This was a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 13.

- People were protected from abuse because staff reported incidents when they occurred. Incidents were reviewed and appropriate action was taken. The manager notified the local authority and the Care Quality Commission (CQC) of safeguarding incidents.
- The provider had safeguarding systems in place. Staff knew how to identify abuse and were aware of how to report it. One staff member told us, "Safeguarding is about protecting them from different types of abuse. If I was worried I would go to the team leader or [name of manager] or above and there's the local authority."
- Relatives told us they thought their family members were safe. One relative told us, "[Name of person] is definitely safe and happy there." Another relative told us, "I think [name of person's] safety is ok there."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

At our last inspection the provider was not managing risks to people effectively and staff were not following guidance. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Risks to people had been assessed and appropriate measures were in place to reduce these risks.
- People had individual risk assessments in place. We reviewed examples of risk management in relation to health conditions and accessing the community.
- Some people living at the home could become anxious leading them to display harm to themselves or others. There were detailed care plans in place giving staff guidance on how to respond to people at these times.
- Staff told us they had received the right training and support to manage incidents.
- Where incidents and accidents had occurred, action had been taken to minimise the risks of reoccurrence. Incident forms were completed and reviewed by the manager and the providers behavioural support practitioner, who had oversight and involvement with the service.

- Individual and personalised emergency plans were in place to ensure people were supported to evacuate in an emergency.

At our last inspection the provider was not ensuring the environment was maintained, placing people at risk. This was a breach of Regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 15.

- Improvements had been made to the external and internal environment to ensure it was safe and well maintained. The environment was clean and fresh.
- Records were kept of regular health and safety and environmental checks. Fire alarms and other emergency aids were regularly tested and serviced.

Staffing and recruitment

At our last inspection the provider had not ensured there was a suitable skill mix of staff. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Relatives told us staffing at the home was improving and there was a more consistent staff team. One relative told us, "Staffing is consistent now and there are enough staff to take [name of person] out."
- Staff told us staffing had improved. One staff member said, "Previously there were not enough permanent staff, the team has really stabilised now, we are a very stable team."
- Although there had been a turnover of staffing and new staff at the service, familiar staff remained. The service was no longer relying on agency staff to cover shifts.
- The positive behaviour support practitioner told us how long standing staff coached new staff and supported them to develop relationships with people.
- People had allocated one to one and two to one hours to enable them to access the community and activities. Staff were allocated these hours to ensure the staffing was available to facilitate people's requests to go out if they chose to.
- Staff described how they had rearranged staffing hours to enable one person to go out at their preferred time of day, which was in the evening.
- We reviewed the staffing rotas and saw shifts were covered.
- Safe recruitment systems were in place to ensure suitable staff were employed.

Using medicines safely

At our last inspection the provider had failed to ensure medicines were managed safely. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The systems to manage medicines had improved.
- The service used paper Medicines Administration Records, these appeared well completed and doses administered in accordance with the prescription.
- Staff spoken with could clearly describe how people were supported to take their medicines. Some of the plans in place to support the use of 'when required' medicines did not always contain all the information to

help staff support the person. This was also not contained in other parts of the person's plan of care. During the inspection the staff told us that they would review the documents to include the information that was held by members of staff.

- There were systems in place to report any medicines errors or incidents. Regular medicines audits had been completed. We saw that these had identified the need for changes and action taken to introduce these.
- The service had systems in place to store medicines securely.

Preventing and controlling infection

At our last inspection the provider was not assuring there were effective infection control procedures in place. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was aware of and meeting shielding and social distancing rules.
- We were assured that the provider was aware of the procedures to admit people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for staff and people using the service where required.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet

At our last inspection the provider had not ensured people were protected from the risks presented by other people living at the service. They had failed to ensure people's health needs were monitored effectively and failed to make appropriate health referrals. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- The processes for people to be assessed prior to moving into the service had improved. These assessments now considered people's compatibility.
- Staff were aware of people's incompatibilities within the home and had worked towards improving the use of communal space.
- People's care plans were based on their assessed needs and preferences.
- Referrals to health professionals were completed where required and health professional guidance was followed by staff. This included referrals to speech and language therapy to support people with the risk of choking. Guidance was in place and details of high-risk foods were available for staff.
- People were supported to have a healthy and balanced diet. Staff used innovative ways to support people with their meals. This included creating sensory and themed meals to encourage a healthy diet.
- Health appointments were arranged and attended. Where appointments had been cancelled due to COVID-19 staff, were making enquiries into when the service would resume. The manager told us of their alternative plans to support people with regular footcare which involved training staff.
- Regular ongoing health monitoring of people was carried out, such as monitoring people's weights. We found one instance where a person's records were not completed in line with their care plan. We discussed this with the manager who told us they would address this.
- People had health action plans (HAPs) in place that were detailed and contained information about people's health needs and how these were met. One person's HAP required updating in one section. The manager told us they would review and update this.
- People had COVID-19 specific hospital passports detailing their needs should they be admitted to hospital during the pandemic.

Staff support: induction, training, skills and experience

At our last inspection the provider was unable to demonstrate that staff were provided with opportunities for effective supervision and training. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- People were cared for by staff who had the knowledge and skills to meet their needs.
- Staff were positive about the training they received.
- Relatives told us they thought staff training had improved.
- We reviewed the training matrix and noted staff had received mandatory training and training in subjects relevant to the people they supported. This included, training relating to health conditions and an introduction to autism.
- New staff were required to complete an induction to ensure they had the required skills and competence to meet people's needs. The manager confirmed the induction was linked to the Care Certificate, to enable staff to understand the national minimum standards.
- Staff told us their induction was enough for them to get to know the needs of the people they supported. One staff member told us, "I shadowed shifts with individuals. The induction wasn't quick. I didn't work one to one [with people] before doing training." Another staff member commented, "I had a lot of support. We went through induction paperwork, I did observations and shadowing. Once you have built a rapport and done the training you can go from there."
- Staff told us they received regular one to one supervision and this was beneficial.

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

At our last inspection we identified the service environment was not meeting people's needs. The provider had failed to ensure people received support that met their person-centred needs. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People had kitchenettes in their flats to aid independence. Staff and relatives confirmed these were now being used.
- Adaptations had been made to the communal space by adding new furniture to make it more homely. The manager described how they were supporting people to improve the use of the communal spaces for everyone to use.
- People's bedrooms were personalised with pictures and items of their choosing.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA

application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's capacity to make specific decisions had been considered and mental capacity assessments had been completed. When people did not have the mental capacity to make a decision, a meeting was held to confirm actions were in the person's best interests. This process included professionals and people of importance to the person such as their relatives.
- Staff had a good understanding of the principles of the MCA.
- At the time of our inspection, two people had an authorised DoLS and the other three were pending assessment with the local authority.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure there were sufficiently skilled and proactive staff in place to enable the staff team to provide a caring service. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 10.

- There had been significant changes within the staff team since our last inspection. Relatives told us staffing levels had improved and the current staff team were proactive and caring. One relative told us, "It's definitely improved, the team is great, they have worked really hard with [name of person]." Another relative commented, "They are definitely getting better, some staff still need to get to know [name of person]." A third relative told us, "[Name of person] has a team who knows them well. The staff changes have been handled well, there is a lot more continuity. The staff clearly care for them."
- We were told that one person was always willing to go home to the service which meant they were happy there.
- Staff were supported to develop positive relationships with people. They understood the importance of knowing people well. We observed positive interactions between people and staff. Staff knew people well and spoke positively about their work and the people they supported.
- Staff spoke in a warm and affectionate way about the people they supported. Staff demonstrated interest in finding innovative ways to support people. It was evident in speaking with staff they appreciated people's individuality and wanted to support this.
- Keyworker meetings were held monthly, and people were involved in these.
- People were involved in making day to day decisions about their support. Communication systems had been implemented to support people to make day to day choices.
- People were supported in promoting their independence. Staff understood the importance of supporting people to do as much as they could for themselves. One staff member told us, "[Name of person] is now more independent and they are much happier."
- People had individual 'Equality and human rights profile's' in their care plans. These detailed people's equality needs, and the importance of not excluding people due to their protected characteristics. For example, one person's plan stated, "Staff must ensure they give him maximum autonomy as possible."

- Information about people was kept safe and secure.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure people received person centred care. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us the care their family member received had improved. One relative told us, "I am very happy at the level of support [name of person] is getting, especially under the current circumstances I am relieved and impressed." Other comments from relatives included, "Things are definitely getting better" and "[Name of manager] and the team have really turned things around. There are now enough staff to take [name of person] out. They do the things that [name of person] enjoys."
- People had the opportunity to engage in activities of their choosing. During the inspection we observed people being supported with activities in the home and outside of the home. Staff had worked with people and adapted their routines to support people to manage their anxieties. One relative told us, "The best thing about the service is how they have responded to the request for access to the community and to get off site. [Name of person] benefits from days out and about." Another relative told us although things had not been good in the past, more recently opportunities relating to activities had improved relating to their family member.
- People were supported to keep in touch with their relatives.
- People had individual person-centred care plans detailing their needs. Staff had signed to state they had read and understood the care plans.
- Staff had a good knowledge of people's needs and preferences.
- The recording in people's care records had improved, with these being completed consistently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's individual communication needs were assessed, met and recorded in line with the AIS. Staff knew people well and responded to their individual communication needs.
- People had tools in place to aid their communication, these included the use of pictures and individual

plans.

At our last inspection the provider had failed to ensure complaints were recorded and investigated. This was a breach of Regulation 16 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 16.

Improving care quality in response to complaints or concerns

- A record of complaints received was completed when a complaint was raised.
- The complaints file showed that complaints had been investigated and issues addressed in line with the organisation's policy and procedure.
- Relatives felt able to raise concerns, and where they had escalated concerns, they confirmed these had now been responded to. One relative told us, "I would definitely speak to [name of manager] if I am not happy. They are the best manager we have had."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The provider's quality assurance systems and processes had improved. The concerns we had at our previous inspection in July 2019 had been addressed. We were assured the improvements made had been embedded into practice. The provider had an action plan that demonstrated the areas of improvement and progress they had made. The manager also had a live action plan and sustainability plan, this was reviewed fortnightly with the senior management team and also got sent to the local authority.
- The associate director of quality and governance for specialist services told us they had oversight of the service. They told us, "As a provider we have learnt and changed our approach. We have not lost sight of the improvements we have made and have a sustainability plan in place. We have all worked hard and the service is still be monitored." They told us how they completed regular visits to the home and a member of the providers senior management team also attended the service weekly.
- The manager and provider had a range of audits in place. These included monthly walkarounds by the manager including being completed during the night. Areas covered included; quality of care, diet and nutrition, recording and people's experience. The audits identified areas of improvement and demonstrated action taken.
- The leadership of the service had improved. Relatives commented positively on the management of the service. One relative told us, "[Name of manager] is amazing they keep us up to date with everything and they are really approachable. Communication is good, they have really turned it around." Other comments from relatives included, "[Name of manager] is a breath of fresh air, there is definitely improvement since they have been in charge. The previous lack of communication has significantly improved" and "Communication has improved 100 percent, [name of manager] is particularly aware of what we need to know immediately and what can wait."
- Staff commented positively about the manager. They told us the manager was available and

approachable. One staff member told us, "[Name of manager] is brilliant, easy to talk to." Another staff member commented, "They have an open door and are willing to listen."

- Staff we spoke with were committed to their role and understood their responsibilities. They spoke positively about the culture of the service and staff team. One staff member told us, "It's a different staff team now, there are new staff who are great with the guys. It's more consistent and more person centred. We are proactive with supporting them to be more independent."
- There was a clear management structure in place.

At our last inspection the provider had failed to notify us of significant events in line with their statutory responsibilities. This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- The Care Quality Commission had been notified by the provider and manager of incidents which had occurred in line with their legal responsibilities.

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

- The manager understood their responsibility to let others know if something went wrong in response to their duty of candour.

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

- People's views were sought on a day to day and more informal basis. People had monthly key worker meetings where their experience of care was reviewed, and any changes needed were identified. This meant that if an aspect of support had not been successful it could be identified and other options offered.
- An annual survey was carried out to seek feedback from people's relatives. We saw the results of the survey carried out in December 2020. The manager told us that any concerns raised during the feedback would be fed into an action plan that is reviewed fortnightly with the senior management team. They said that the process ensured that any concerns were resolved and that they did not resurface once resolved.
- Staff confirmed they felt engaged in the service and they attended staff meetings. One staff member said, "We have staff meeting monthly and we can dial into them."

Working in partnership with others

- The service worked in partnership with other organisations to support care provision. For example, a range of health professionals.
- There were links with the local community. For example, trips to local community facilities such as local shops, beaches, cafes and pubs, woodlands and days out. Visits to some local facilities were limited due to COVID-19.