

Mrs Saima Raja

Braemar Lodge Residential Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Braemar Lodge Residential Care home provides accommodation and personal care for up to 13 older people. An unannounced inspection was carried out on 6 July 2016 and 7 July 2016. Some people living at Braemar Lodge had care needs associated with living with dementia. At the time of our inspection 8 people were living at the service.

The service was last inspected in February 2016 where the Commission highlighted a number of concerns and we imposed conditions on the service of no further admissions could be made to the service. The provider wrote to us with actions they had taken since to improve the service. The service was previously rated inadequate overall and in special measures. Although vast improvements had been made since our last inspection, at this inspection the service has been rated as requires improvement as the provider will have to show sustained improvement and continued good care for the rating of the service to be changed following another inspection.

The service is required to have a registered manager; the manager was in the process of completing their application to become a registered manager. 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.

The service had made improvements to ensure staff delivered support that was effective and caring and this was in a way which promoted people's independence and wellbeing, whilst people's safety was ensured. Staff were recruited and employed upon completion of appropriate checks as part of a robust recruitment process. Sufficient numbers of staff enabled people's individual needs to be met adequately. Trained staff dispensed medications and monitored people's health satisfactorily.

Staff understood their responsibilities and how to keep people safe. People's rights were also protected because management and staff understood the legal framework of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

The manager and staff ensured access to healthcare services were readily available to people and worked with a range of health professionals, such as social workers, community mental health nurses and GPs to implement care and support plans.

Staff were respectful and compassionate towards people ensuring privacy and dignity was valued. People were supported in a person centred way by staff who understood their roles in relation to encouraging independence whilst mitigating potential risks. People were supported to identify their own interests and pursue them with the assistance of staff. Person centred social activities took place within the service.

Systems were in place to make sure that people's views were gathered. These included regular meetings,

direct interactions with people and questionnaires being distributed to people, relatives and healthcare professionals. The service was assisted to run effectively by the use of quality monitoring audits carried out by the manager and provider, which identified any improvements needed and actions were taken. A complaints procedure was in place and had been implemented appropriately by the management team.

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. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued safe care.

People felt safe at the service. The provider's arrangements ensured that staff were recruited safely. People were supported by sufficient staff to meet their needs.

Medication was managed and stored safely.

Requires Improvement ●

Is the service effective?

The service was effective. However the rating remains as requires improvement until such time as the provider can show sustained improvements and continued effective care.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

The dining experience for people was suitable to meet their needs and people's nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

Requires Improvement ●

Is the service caring?

The service was caring.

Staff knew people well and what their preferred routines were. Staff showed compassion towards the people they supported and treated them with dignity and respect.

People had been involved in planning their care as much as they were able to be. Advocacy services were available if needed.

Good ●

Is the service responsive?

The service was responsive. However the rating remains as requires improvement until such time as the provider can show

Requires Improvement ●

sustained improvements and continued responsive care.

Care was person centred and met people's individual needs.

Care plans were individualised to meet people's needs. There were varied activities to support individual's social care needs.

Complaints and concerns were responded to in a timely manner.

Is the service well-led?

The service was not consistently well-led.

The service did not have a registered manager.

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

There were systems in place to seek the views of people who used the service and their relatives and used their feedback to make improvements.

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

Requires Improvement ●

Braemar Lodge Residential 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 Registered Manager is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 6 and 7 July 2016 and was unannounced. The inspection was undertaken by one inspector on both days.

Before the inspection we reviewed the information we held about the service including previous reports and notifications and action plans set in by the provider and manager. We also reviewed safeguarding alerts and information received from a local authority and other Commissioners. Notifications are important events that the service has to let the Care Quality Commission know about by law. We use this information to plan what areas we were going to focus on during our inspection.

Some people were unable to communicate with us verbally to tell us about the quality of the service provided and how they were cared for by staff. We therefore used observations, speaking with staff, relatives and reviewing care records to help us assess how people's care needs were being met.

We spent time observing care in the communal areas and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at the recruitment and support records for five members of staff. We reviewed other records such as medicines management, complaints and compliments information, quality monitoring and audit information and maintenance records relating to the premises. We also spoke to three people, two relatives, the manager, provider, cook, maintenance staff and four staff from the care team.

Is the service safe?

Our findings

At our last inspection in February 2016 we had concerns about the amount of staff available to meet people's needs and the service was rated inadequate in terms of provision of safe care and treatment. At this inspection we found that improvements had been made. The rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

At our inspection in February 2016 we found staff intuitively knew the people they supported and how to protect people from identified risks to their health and wellbeing. However, some staff had not been able to demonstrate an understanding and awareness of what they should do if they suspected that a person was at risk of abuse or harm. At this inspection we found improvements had been made as staff we spoke with knew how to recognise the signs of possible abuse and how and who to report it to. One member of staff informed us, "We have recognised that people living in the service need us to make sure they are safe, if I was to see any possible abuse I would speak to my manager and ensure that this is reported to social services." Staff felt reassured that the management team would act appropriately in the event of any future concerns. Records showed that where issues or concerns had been reported, these had also been addressed appropriately and in a timely manner by the management team. We found that all staff had attended safeguarding retraining with the local authority and an external training provider. A staff member said, "After the last inspection the manager and provider arranged training for all the staff and we have now been advised that we will be attending safeguarding training every year to ensure that as staff we are up to date with the changes in legislation." Staff also informed that since then the provider would repeatedly discuss possible abuse scenarios that can happen within the service. Staff informed this helped them have a good understanding of the types of abuse. One staff member added, "This helps us ensure we are protecting people in the service as some are very vulnerable."

People living in the service told us they felt safe. One person told us, "The care staff and the manager always make sure I am safe and regularly check on me through the day and will ask if I am okay." A relative informed us, "Since the last inspection I noticed that my relative has someone checking on them throughout the day to ensure they are safe, this gives me reassurance that my relative is safe in the home as I do not live locally so I cannot always visit them."

Clear information was available to people on how to report any concerns. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. There were 'ASK SAL' posters around the service, which gave advice to people who used the service, visitors and staff about what to do if they had any concerns. The posters gave information about who to contact outside the service if anyone wished to do so. This was provided in an appropriate format so as to ensure that people understood what abuse was and how they would be protected.

Our previous inspection also highlighted concerns around the number of staff available to meet people's needs. Our observations over the two day inspection showed that although there were three members of

staff on duty, where people required close monitoring due to high risk of falls or becoming anxious and distressed towards other people, there was not always a member of staff to monitor or support people. At this inspection the provider informed that they had not dropped or adjusted staffing numbers since the last inspection despite the drop in the number of people using the service from 13 to eight. The provider informed that this was to ensure that the people that had remained received a good service. The provider added that when the service does start to take new admissions they would periodically review staffing levels along with the Local Authority to ensure that the service had sufficient staffing levels on each shift to meet the needs of people.

In February 2016 we found that the administration of medicines by staff for people was not as good as it should be as staff administering medication had failed to ensure that people received their medication as prescribed. At this inspection we found improvements had been made as the manager and provider showed records of monthly audits and medication counts that had been completed since our last inspection, in addition all unused controlled drugs and other medications were being returned to the pharmacy as soon as people's prescriptions were amended by the doctor. We observed staff doing the medication round. Staff explained to people what medication they were being given then observed them taking it, and when people declined to take their medication staff placed the tablets in a sealable container and labelled it then returned minutes later to ask the person if they would take their medication. Medication was securely stored and the service had a procedure in place for the safe disposal of medication. We reviewed 8 people's medication administration records (MAR) and found them all correctly completed with no unexplained gaps or omissions. Staff involved in the administration of medication had received appropriate training and competency checks in order for them to safely support people with their medications.

People were being cared for in a safe and clean environment and there were no unpleasant odours anywhere in the home. We observed that all staff promptly cleaned areas after every use. The provider employed maintenance staff and a cleaner for general repairs and cleaning of the service. Staff had emergency numbers to contact in the event of such things as plumbing or electrical emergencies. There was also a policy in place should the service need to be evacuated and emergency contingency management implemented. In addition, identified risks such as low ceiling, loose flooring and uneven surfaces had been highlighted with hazard signs to aid people using the service. During the inspection we noted that the home had been redecorated and as an outcome from the last inspection the provider had implemented an individual action plan for the maintenance staff. The action plan set out jobs for the maintenance staff to complete including painting bedrooms, checking and replacing broken or unsafe furniture that may be in the home. At the end of each month the maintenance staff sat with the manager and provider to discuss jobs completed to ensure the agreed action plan was being completed in a timely manner.

Is the service effective?

Our findings

At our last inspection in February 2016 we noted that most staff had received training to carry out their role. Although staff training records showed and staff told us that they had received suitable training to meet the needs of the people they supported, this was not embedded in their everyday practice. At this inspection we found staff at all levels had improved their knowledge and skills which would help them to provide good quality care to people. The rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

One relative informed us, "I have found staff to be very knowledgeable about how to best care for my relative and I can speak to them about my relative's care needs at any time." Another relative added, "We have found staff to have a good understanding about our relative's needs and also the needs of other people in the home." A staff member informed that in the last few months the provider and manager had spent time with all staff going through people's care plan and, "ensuring that we clearly understood the people we were caring for, we also discuss people's progress throughout handover at every shift and team meetings, this was to ensure that all staff were updated on the changes in people's health and wellbeing at all times."

Staff told us they had attended mandatory training since the last inspection and that they also would be attending yearly refresher courses which would be arranged and monitored by the manager and the provider. This would ensure staff understood their role and could care for people safely. Looking through staff's training folders it was evident that all staff had attended all the mandatory training since the last inspection. Staff training was provided by an approved external organisation and also arranged by the local authority. Staff were encouraged to do additional training and development to continually develop their skills. We observed staff assisting people to transfer and this was all done in accordance to people's care plans and with appropriate use of manual handling techniques.

During our last inspection we found that the manager and all staff who had changing roles had not undergone a robust induction to ensure that they all had a clear understanding of their new roles. At this inspection we found improvements had been made. We found new members of staff and the manager had undergone robust inductions to ensure they understood their roles and responsibilities and what was required of them to care for people safely. A newly employed member of staff told us that before commencing employment they had attended the service for a full day to complete an induction programme which had helped them learn about their role. As part of their induction, staff were required to read people's support plans to ensure that they had a good knowledge of the people they were supporting and this would be an on-going exercise. Staff informed that they had also gone through a period of being observed by an experienced member staff. The manager and provider would then give them feedback to ensure the level of care they were delivering met the needs of the people they were supporting. The manager and provider were both aware of the new Skills for Care 'Care Certificate' and how this should be applied and would continue to work with staff through the Skills for Care workbook. Records reviewed confirmed this.

In February 2016 we found that the majority of the staff had not received regular supervision in the previous

12 months. Records we viewed during this inspection showed that improvements had been made as staff had received regular supervision. Staff informed us that this had given them the opportunity to sit down with the manager to discuss any issues they may have on a one to one basis. Staff confirmed that supervision was always about staff and also looked at ways in which staff could develop and best support the people they cared for. Staff informed us that they had regular team meetings with the manager, provider and all staff were given the opportunity to speak out on any issues that may affect them at work. Staff informed since the last inspection report all had been encouraged to come up with ideas to help the improvement of the service. Staff felt supported by the manager and could speak to them at any time which was evident during our inspection. We reviewed the monthly meetings folder and found the service was holding meetings with staff, people and relatives on a regular basis. The manager told us that the meetings gave people the opportunity to discuss people's care and the running of the service and everyone present at the meeting was encouraged to be open and transparent about any concerns they may have.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked at whether the provider had considered the MCA and DoLS in relation to how important decisions were made on behalf of the people using the service. Details on how to involve the person in decision-making according to their individual levels of understanding and preferred communication methods were included in each person's care plan. In addition an Independent Mental Capacity Advocate (IMCA) was available when required to advocate for people, to ensure that people's rights in this area of their care were protected.

During the previous inspection we found that staff had not received relevant training on MCA and DoLS. We found mental capacity assessments on day to day decision making to be generalised on the basis of people's cognitive impairment diagnosis for example people had been deemed not to have capacity to make any day to day decisions due to them having dementia. At this inspection we found improvements had been made as the manager and staff were able to show a good understanding of their responsibilities and had made appropriate DoLS applications in recent months. Staff were able to demonstrate how they helped people to make decisions on a day-to-day basis. We observed staff consulting with people about how they wanted their support to be delivered, if the person was unable to make an informed decision staff would then make a decision in the person's best interests, taking into account the person's past and present wishes and feelings. Where people had been assessed as lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to ensure people's wishes and feelings were being respected. The manager informed since the last inspection all staff had attended MCA and DoLS training; in addition the service had received support from the Local Authority to ensure all staff had good understanding of the MCA and DoLS legislation and how this affected people using the service as this had been highlighted as a concern at the last inspection.

The manager informed that since the last inspection the service had converted the lounge closest to the conservatory into a dining area to encourage people to eat together. The manager also added that some people's dietary intake had improved and this was due to them sitting with other people during meal times. At our last inspection we had concerns about people's loss in weight especially one person who had repeatedly lost weight over a period of time, however during this inspection we visibly noticed that the

person had put on weight and when we reviewed the person's records we saw the person had gained 9 kilograms since our last inspection and appeared visibly happy and engaged in conversation during meal times which had not been the case at the last inspection.

We observed a lunchtime meal, which was a very social occasion and people gave positive feedback about the food they had eaten. One person said, "The food here is very good, and we are always given a choice of what we want to have." People's body language showed they were happy with the meal time experience and the food they had been served. The food was cooked using fresh produce, in the morning staff went around to all the people using the service to discuss the meal choices from the menu that was provided. People had the choice to change their meal preference at any time during the day. People had their specialist dietary needs met, for example, the service were able to cater for people who required a soft food diet. Staff supported people to eat at the person's own pace.

During the last inspection the manager informed they were in the process of making visual aid menus as the previous manager had removed the old ones. On speaking to the cook they informed they spoke to each person in the morning to ascertain what each person wished to have for lunch. The cook's record book showed that people had been offered a choice of main meal and dessert. At this inspection we found the service had new printed menus that had been placed on each table. Food choices for the day were also written on the board in the dining room. People we spoke to said they had enough food and choice about what they liked to eat. Throughout both days of our inspection we observed people being offered food and drink. The service had several jugs of juice placed around the home and these were regularly replenished. All staff were encouraging and supporting people to make themselves a drink.

People's healthcare needs were well managed. We noted that people were supported to attend any hospital appointments as scheduled. When required, the service liaised with people's GP, mental health professionals and community dementia services to ensure all their healthcare needs were being met, in addition people were supported to obtain dental care and vision tests as and when required. One relative informed, "The manager and staff will always contact us when my relative is unwell and will make arrangement for either my relative to go into hospital or for a doctor to come out and see them."

Is the service caring?

Our findings

Although some people and their relatives at our last inspection in February 2016 told us staff were caring and kind, our observations showed this was not always consistent. Where people were not able to verbalise, staff interactions were limited in their frequency and not personalised. We observed that on occasions staff spent time talking with each other rather than interacting with people. Staff had not always supported people in a person centred way and interactions with people were often task led and routine based. At this inspection we found improvements had been made as staff were more friendly and caring towards people living at the service. Staff made people feel that they mattered. We observed staff listening to people and interacting with them in an appropriate, respectful manner and they always gave people time to respond. Staff had positive relationships with people. One person told us, "I like it here, all the staff are very good to me and the manager always comes round every morning and says good morning and asks me how I am, some days the owner comes in and asks us all how we are."

Since the last inspection the service had reviewed all the care plans to ensure they were personalised to each individual's needs. The service had worked closely with all professionals and relatives to undertake individual ways of providing care for all the people living in the service and this was all recorded in the care plans.

People were supported to be as independent as they chose to be and this was documented in their support plans; the manager also added how they supported people to be independent. For example we observed one person being supported to arrange to purchase new clothing using their own money; we observed the manager and staff allow the person space to make a decision but were present to help should the person require. People were really relaxed in each other's company and with the staff who were present. There was free flowing conversation and exchanges about what was on the television and in the newspapers some of the residents were reading.

Staff respected each person's choices, for example ensuring each other's privacy. We observed a member of staff asking and listening to people what they wished to do for the day and then proceeding to support them with their decision.

Staff knew people well, including their preferences for care and their personal histories. People and their relatives were aware of their support plans and had regular meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs."

People were supported and encouraged to maintain relationships with their friends and family, this included supporting people to go out with their family into the community. One person confirmed people's relatives and friends could visit whenever they wanted and said, "My relative visits most weeks and if I need to speak to them staff will phone them for me."

People were supported and encouraged to access advocacy services. Advocates attended people's review

meetings if the person wanted them to. The manager gave us examples of when the service had involved an advocate, such as supporting with annual reviews and support planning. Advocates were mostly involved in decisions about changes to care provision.

Is the service responsive?

Our findings

At our last inspection in February 2016 we found people did not always receive care in a person centred way because the deployment of staff meant staff's approach was mainly task and routine focused. We also found that people's care was not always planned and assessed to ensure people's safety and welfare and were not fully reflective or accurate of people's care needs. At this inspection we found that improvements had been made in all areas of concern. The rating has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and safe care delivered over time.

At this inspection we found staff had made an improvement in understanding people's care and support needs. This was reflected in detailed support plans and individual risk assessments and also in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other, interests and meals. Support plans included photographs of the person being supported with some aspects of their care so that staff could see how the person preferred their care to be delivered. These were fully person centred and gave detailed guidance for staff so that staff could consistently deliver the care and support the person needed, in the way the person preferred. People's strengths and levels of independence were identified and appropriate activities planned for people. We saw from records that people's comments were recorded on their care plan when reviewed and their support needs were discussed with professionals and family at reviews. The support plan was regularly updated with relevant information if people's care needs changed. This told us that the care provided by staff was current and relevant to people's needs.

The manager and provider informed that the service had increased the number of meetings they held with other health professionals to plan and discuss people's care and this would be applied when the service started taking new people into the service to ensure that they would be able to meet their needs. People and their relatives were encouraged to spend time at the service to see if it was suitable and if they would like to live there. The manager and staff used the information they gathered to inform people's support plans. They had spoken with, and in some instances worked with, everyone already involved in caring for and supporting the person, in order to learn as much about the person as they could. Staff used this information to devise the person's support plan. Support plans were reviewed and changed as staff learnt more about each person change in needs, for example when a person's mobility reduced the care plan was changed to reflect how the person's needs would be best met. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care and watching people's responses to their care. People's needs were discussed with them and a support plan put in place before they came to live at the service.

The manager advised that as part of the improvements made from the last inspection all staff were encouraged to support people to develop and sustain their aspirations. This included taking people in to the garden area in which staff would be able to observe them from a distance to ensure they were safe and also give people their independence. Service had an activities plan in place which was reviewed every month, people and their relatives were encouraged to participate in choosing activities they would prefer to do month by month. The manager informed that they were still looking for an activities co-ordinator but in the

interim all staff on duty took time to do social activities with people and this was visible during our inspection and also documented in people's daily notes. During the inspection we observed staff supporting people to complete puzzles, whilst other people were being supported to do painting and read the newspaper.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff knew about the complaints procedure and that if anyone complained to them they would either try and deal with it or notify the manager or person in charge, to address the issue. The manager gave an example of a complaint they had received and how they had followed the required policies and procedures to resolve the matter. Complaints we reviewed confirmed this.

Is the service well-led?

Our findings

At the last inspection in February 2016 the service did not have a registered manager in place as the previous registered manager had changed their role within the service to that of senior care staff member. We also found the service lacked clear leadership in regards to who was managing and running the service. Improvements had been made since then and observed these changes throughout the service during this inspection. The rating for this key question has been changed to Requires Improvement, although improvements have been made, this will need to be sustained and the management of the service in terms of quality and safety maintained over time.

At this inspection the manager and provider informed that an application to become registered as a manager had been made to the Commission and they were currently waiting for their application to be processed. We found the manager and provider had taken on board concerns from the last inspection and implemented an action plan which they had reviewed on a monthly basis internally and also externally with the Commission, Local NHS CCG and Local Authority to ensure that concerns raised by both the Commission and other organisation were being addressed to ensure the safety of people using the service.

At our inspection in February 2016 we found quality assurance systems and processes which assessed, monitored or improved the quality of the service were not effective or established. At this inspection we found improvement had been made as the manager and provider had implemented a number of monitoring systems these we continually being reviewed to ensure they were effective in highlighting issues that had previously been missed. The manager and provider had carried out regular audits such as health and safety, medication, falls, care plans, risk assessments and staff recruitment. Actions arising from the audits were detailed in the report and included expected dates of completion and these were then checked at the next monthly audit. Records we held about the service confirmed that notifications had been sent to CQC as required.

The manager and provider were both visible within the service. People and relatives informed that they were very approachable and could speak to them at any time. The manager had worked in the home for a number of years in a different capacity and had a very good knowledge of the service and the people that used the service.

People benefited from a staff team that felt supported by the manager and provider. Staff said this helped them to assist people to maintain their independence and also showed that people were being well cared for by staff who were well supported in undertaking their role. Staff had handover meetings each shift and there was a communication book in use which staff used to communicate important information to others. It enabled staff who had been off duty to quickly access the information they needed to provide people with safe care and support. This showed that there was good teamwork within the service and that staff were kept up-to-date with information about changes to people's needs to keep them safe and deliver good care.

People and their relatives felt at ease discussing any issues with the manager and her staff. They informed us the service had a family feeling and this was due the service being a family run business.

The manager told us that their aim was to support both the person and their family to ensure they felt at home and happy living at the service. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and also give relatives an opportunity to feedback to staff; be it good or bad. People and their relatives also told us that they were involved in the continual improvement of the service.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.