

The Disabilities Trust

# Disabilities Trust - 1 Westfield Road

## Inspection report

Bletchley  
Milton Keynes  
Buckinghamshire  
MK2 2RR

Tel: 01908366168

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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

Disabilities Trust - 1 Westfield Road is a care home which provides accommodation and personal care for up to three people with high functioning learning disabilities or autism. 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. There were three people using the service when we carried out our inspection.

At the last comprehensive inspection on 21 December, 2016 we asked the provider to take action to make improvements in relation to the systems in place to assess, monitor and improve the quality and safety of the services provided and this action has been completed.

At this inspection on 15 January 2018, we rated the service as Good.

There was a registered manager in post. 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 told us they felt safe and staff had an understanding of abuse and the safeguarding procedures that should be followed to report abuse. People had risk assessments in place to cover any risks that were present within their lives, but also enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were sufficient to meet people's current needs. The staff recruitment procedures ensured that appropriate pre-employment checks were completed to ensure only suitable staff worked at the service.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Staff were trained in infection control, and had the appropriate personal protective equipment to perform their roles safely. The service was clean and tidy, and regular cleaning took place to ensure the prevention of the spread of infection.

There were arrangements in place for the service to make sure that action was taken and lessons learned when things went wrong, to improve safety across the service

People's needs and choices were assessed and their care provided in line with up to date guidance and best practice. They received care from staff that had received training and support to carry out their roles. Staff were well supported by the registered manager and senior team, and had one to one supervisions and observations of their practice.

People were encouraged to shop for, prepare and cook their own meals. Staff supported them to make

healthy choices to maintain their health and well-being. Staff supported people to book and attend appointments with healthcare professionals, and supported them to maintain a healthy lifestyle. The service worked with other organisations to ensure that people received coordinated and person-centred care and support.

People's diverse needs were met by the adaptation, design and decoration of premises and they were involved in decisions about the environment. People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and preferences. People told us they were happy with the way that staff spoke to them, and provided their care in a respectful and dignified manner. People were encouraged to make decisions about how their care was provided.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred. Care plans were person centred and reflected how people's needs were to be met. Records showed that people were involved in the assessment process and the on-going reviews of their care. They were supported to take part in activities, which they wanted to do, within the service and the local community. There was a complaints procedure in place to enable people to raise complaints about the service.

Systems were in place to support people and their families when coming to the end of their life. The service worked in partnership with other agencies to ensure quality of care across all levels. Communication was open and honest, and improvements were highlighted and worked upon as required.

The service had an open culture that encouraged communication and learning. People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement. Staff were motivated to perform their roles and worked to empower people to be as independent as possible. The provider had quality assurance systems to review the quality of the service to help drive improvement.

## 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 is safe.

There were systems in place to protect people from the risk of avoidable harm and staff were knowledgeable about their responsibilities. Staff followed procedures to help prevent and control infections.

There was sufficient staff to meet people's needs and keep them safe. Thorough recruitment procedures reduced the risks of unsuitable people working with people using the service.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

### Is the service effective?

Good ●

The service is effective.

People's needs were assessed and their needs met by staff that had received appropriate training.

People were supported to maintain their health and well-being and were provided with a choice of meals that supported them to maintain a balanced diet and adequate hydration. The service had good working relationships with other professionals to ensure that people received consistent, timely and co-ordinated care.

People's consent to care and treatment was sought and people were involved in decisions about their care so that their human and legal rights were sustained.

### Is the service caring?

Good ●

The service is caring.

Staff knew people well and had a good understanding of their needs and preferences.

Staff supported people to express their views and be actively

involved in making decisions about their care.

People's privacy, dignity and independence needs were understood and respected by staff.

### **Is the service responsive?**

**Good** ●

The service is responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

People had information on how to make complaints and the provider had procedures they followed to manage and learn from complaints.

Systems were in place to support people and their families when coming to the end of their life.

### **Is the service well-led?**

**Good** ●

The service is well-led.

There was clear leadership of the service which ensured staff received the support, knowledge and skills they needed to provide good care.

Feedback from people was used to drive improvements and develop the service. People's diverse needs were recognised, respected and promoted.

There was a range of quality audit systems in place to measure the quality and care delivered.

# Disabilities Trust - 1 Westfield Road

## **Detailed findings**

### **Background to this inspection**

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 January 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

One inspector carried out the inspection.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and considered this when we made our judgements.

We checked the information we held about the service including statutory notifications. A notification is information about important events, which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

During this inspection, we spoke with two people using the service and one relative. The staff supported one person with specific communication needs to provide feedback following the inspection which was sent to us. We also spoke with two staff that were the registered manager and a team leader.

We reviewed the care records of two people that used the service that included their care plans, health and medication records, risk assessments and daily care records. We also looked at the recruitment records for two members of staff to see how the provider operated their recruitment procedures. Other records we

examined related to the management of the service and included staff rotas, training and supervision records, quality audits and service user feedback, in order to ensure that robust quality monitoring systems were in place.

## Is the service safe?

### Our findings

People felt safe living at the service. One person told us, "I do feel safe here; [Name of staff member] is a friend." Feedback from one person following the inspection when asked if they felt safe was, "There are a lot of bad people out there, it's very dangerous." Staff then asked them if there were bad people at 1 Westfield Road, they replied, "No, I like [registered manager]."

A relative informed us, "[Name of relative] is very safe and looked after very well. I don't want [relative] to move anywhere else. This is the safest they have been." Staff told us, and records showed they had received appropriate training about safeguarding and protecting people from avoidable harm. Staff knew how to raise whistleblowing concerns and commented, "I would report any concerns I had to the manager or the assistant manager." We saw that incidents had been reported to the relevant authorities as required.

Risk assessments were in place to reduce the likelihood of injury or harm to people. They provided staff with guidance about how to support people safely, across several areas of their life. We saw assessments for behaviour management, accessing the community, life skills such as cooking, cleaning and dietary and fluid intake were in place and regularly updated. The staff told us they felt they could confidently support people safely, and that the risk assessments accurately reflected people's needs, and the way they should be supported. Risk assessments were completed in a way that allowed people as much freedom as possible, and promoted people's independence. In all instances, these had been reviewed on a monthly basis to make sure they remained up to date and reflected changes to people's circumstances.

Staff understood how to prevent and manage behaviours that the service may find challenging. They told us and records confirmed they regularly completed training in Autism Awareness and Positive Behaviour Support (PBS). This is training on how to manage behaviours that could challenge the service. This meant that staff knowledge was up to date and followed the most recent best practice guidance.

The building was appropriately maintained. There were certificates to confirm it complied with gas and electrical safety standards. Appropriate measures were in place to safeguard people from the risk of fire and staff had been trained in fire safety awareness and first aid to be able to respond appropriately.

There were enough staff to support people safely. One person told us, "Yes there are enough staff. They help me." A relative told us, "Yes there are enough staff to look after [name of relative]. They will help [name of relative] to come and visit me or visit their relatives grave." Staff said they felt there were sufficient staff to meet people's needs and the team leader told us, "We have a regular bank of staff that will cover any shifts so that we don't need to use agency staff. It's much better for the service users that way." We observed sufficient numbers of staff on shift to support people and rotas showed that staffing was consistent.

Records demonstrated that the service carried out safe and robust recruitment procedures to ensure that all staff were suitable to be working at the service. We looked at staff files that showed all staff employed had a disclosure and barring service (DBS) security check, and had provided references and identification before starting any work.

People felt they received the support they needed to take their medication as prescribed. One person told us, "They [meaning staff] watch me do my insulin. I do it all myself and they watch me."

People had a 'medication profile record' that listed their medicines, side effects and the times they were to be given. Records showed that people had regular reviews of their medicines to ensure they remained appropriate to meet their needs. Staff told us and records confirmed they were trained to administer medicines safely. We saw that the service had moved to a new electronic system of medication administration. The team leader told us, "This is a very good system. It alerts you if you try to give the wrong medicine or if medicines are late." Records showed that people received their medicines as prescribed. Training records demonstrated that staff had received training in the safe administration of medicines.

People were protected by the prevention and control of infection. The premises were kept clean by both staff and the people using the service, who were able to choose the household tasks they wanted to contribute towards. Regular monthly audits were completed that included hand washing, infection control procedures, COSHH, legionella and water checks. We saw that where areas required attention, actions were put into place and records confirmed this. Staff had completed training in infection control and food hygiene.

Staff understood their responsibilities to raise concerns in relation to health and safety and near misses. The organisation had recently implemented monthly Governance Meetings. These looked at incident and accident data, outcome of audits and changes in legislation in order to learn from any areas of practice that had gone well or not so well. Information from these meetings was shared with the providers other services. For example, we saw that there had recently been an incident involving one person using the service. On the day of our visit, we observed the registered manager discussing this with the person involved and between them agreed a new strategy. The registered manager immediately updated the persons care records and told us this would be shared with all staff. This demonstrated that the provider made improvements and looked at what lessons could be learned when things went wrong.

## Is the service effective?

### Our findings

People's care was effectively assessed to identify the support they required. The assessment covered people's physical, mental health and social care preferences to enable the service to meet their diverse needs. We were informed that the autism and disability service within the Disabilities Trust had employed a dedicated clinical team to ensure people were assessed holistically and their care planned to meet their needs. The team consisted of a range of healthcare professionals such as a speech and language therapist, psychologist and PBS Practitioners. A consultant psychologist in Autism and PBS led the team. This meant that people could be assured their care, treatment and support would be delivered in line with up to date legislation, standards and best practice.

Staff had the knowledge and skills to carry out their roles and responsibilities. A relative told us, "[Name of relative] has a lot of problems. The staff have worked really well with them to the point where this is the best it's been. I really admire the way they have helped [name of relative] to gain their independence. Westfield Road is the best place for them."

Staff told us that they were provided with appropriate support and training to enable them to carry out their roles. The team leader said, "I had an induction when I started and when I was recently promoted I received a further induction in to the role. It's is how I wanted it to be." Within the staff files, we saw that staff had been provided with induction and regular on-going training.

The team leader told us they received regular supervision from their line manager and also provided staff working at the service with supervision. They told us, "I try to make sure everyone gets supervision every six to eight weeks. If people want any more supervisions they only have to ask." Records showed that staff received regular supervision and an annual appraisal of their work.

People were supported to maintain a healthy and balanced diet. One person said, "I do like the food. I like sausage and chips the best." Another person told us how they were supported to shop for their food and helped to prepare and cook their meals. They said, "I like pasta. Staff help me cook pasta." Feedback from one person following the inspection when asked if they liked the food said, "Yes, I like the food."

Staff told us that they encouraged and supported people to be involved with the shopping and preparation of their meals. We saw that each person had their own menu for the week that was displayed on a notice board. Within the support plans, we saw there was guidance for staff in relation to people's dietary needs and the support they required with shopping and purchasing food items. Details of people's dietary likes and dislikes were also recorded. Where it had been identified that someone may be at risk of not eating or drinking enough, appropriate steps had been taken to help them maintain their health and well-being.

People were supported by staff to use and access a wide variety of other services and social care professionals. The staff had a good knowledge of other services available to people and we saw these had been involved with supporting people using the service. For example, we saw that the police had provided the service with support and advice for two people who sometimes placed themselves in a vulnerable

position when out in the local community. We also saw that the service had liaised closely with the local bus company and shopping centre to support people when they were out in the local community. Regular reviews were held with a multidisciplinary team including people's GP, psychologist and other relevant health care professionals. This helped to promote good communications resulting in consistent, timely and coordinated care for people. We saw that input from other services and professionals was documented clearly in people's files, as well as any health and medical information.

People told us staff supported them in a timely manner with their healthcare needs. One person said, "I see the diabetic nurse." Another person explained how they had recently been supported to attend the dentist and told us how staff had provided them with pain relief following the treatment. A relative commented, "I know that if there are any problems with [name of relative] health they [meaning staff] will contact me." Records showed that each person had a health care plan that set out their medical history and current health needs. These were available in different formats and included instructions for staff on what to do to support people to stay as healthy as possible. The provider sent out an annual letter to all people using the service asking if they needed support to maintain their healthcare needs.

People's diverse needs were met by the adaptation, design and decoration of premises. For example, we saw that there was some specialist equipment in place for one person with a visual impairment to help them maintain their independence.

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 less restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager and staff understood their roles in assessing people's capacity to make decisions and people told us they were always asked about consent to care and treatment.

## Is the service caring?

### Our findings

People received very supportive care from staff who knew them well. They had developed positive relationships with the staff who knew them well. One person said, "Yes the staff treat me okay." A relative commented, "The staff are brilliant. They seem to give [name of relative] time to do things and time to learn new things. [Name of relative] has really come out of them self. It takes a lot for them to like someone but they have done well with the staff at Westfield Road. The staff are very patient."

We observed staff working and speaking with all three people who used the service. One person had a specialised way of communication and the staff were adept at using this with the individual. Staff had a good rapport with people and knew all about their likes and dislikes when speaking with them.

We found that people using this service had varying degrees of ability and we saw that some could challenge the service. The staff approach and ethos of the service was focused on people's strengths, gifts, and talents. People were treated as individuals and had outcome focused care plans that they were involved in completing and reviewing on a monthly basis. They included information about people's areas of strength, special interests and how they made choices. For example, we saw that one person's goal was to learn the deaf/blind manual to aid their communication. We saw that people's goals had been agreed with them and their choices respected.

We saw that people could have access to an advocate if they felt they were being discriminated against under the Equality Act, when making care and support decisions.

Staff told us that they always tried their best for the people they supported, as they wanted them to receive good quality care. The team leader told us, "The best thing about this job is making a difference. There is nothing better to see people reach their goals."

Over the weekend, prior to our visit there had been an incident with one person that had resulted in police involvement. We saw the registered manager discuss this with the person involved. The person had specific communication needs and the registered manager took time and patience to ensure they understood what the situation was. Together they came up with a new strategy to avoid the same incident happening again. The registered manager took time to ensure the person understood what had been agreed and we heard the person repeat what had been said to ensure they understood.

We saw that staff responded to people in a proactive way that enabled them to predict people's mood and behaviours and reduce the likelihood of any behaviour that may challenge the service. The registered manager informed us that having staff with the right values and skills was essential and during the interview process questions and tasks were designed to highlight individuals values and attitudes to ensure they matched the values that were at the heart of the service.

People told us that they were encouraged to express their own wishes and opinions regarding their care. They explained that the service listened to what they had to say and ensured their care reflected this. One person told us, "I know about my care plan." There was a statement of involvement that described how each

person had contributed to their care plan and also agreed the contents. This was signed by people using the service.

Staff were knowledgeable about the people they supported and what was important to them, such as family members and any hobbies or interests they had. Staff spoke with us about people in a dignified and professional manner throughout the course of our visit. They were able to explain to us about the care and support people needed. Staff actively involved people in making decisions and asked them what they would like. Staff knew people's individual communication skills, abilities and preferences. There was a range of ways used to make sure people were able to say how they felt about the caring approach of the service. People were able to comment about their care and the support they received through regular reviews, informal discussions and surveys sent out by the provider.

All staff respected the privacy and dignity of each person and people we spoke with confirmed this. We saw that staff knocked on people's doors before entering, and that care plans outlined how people should receive care in a dignified manner. Relatives also said they thought the staff provided dignified care. One relative told us, "They do treat [name of relative] with respect. [Name of relative] wouldn't put up with anything else." Staff we spoke with understood about confidentiality. They told us they would never discuss anything about a person with others, only staff, but in a private area so they would not be overheard. Files were kept in a locked cabinet in the office.

## Is the service responsive?

### Our findings

People received care that met their individual needs. One person told us how staff had supported them to learn new skills and how they wanted to move into their own home. Staff told us they were supporting the person to achieve this. A relative said, "[Name of relative] has a lot of problems and needs a lot of help. The staff are brilliant and have changed [name of relative] life. They have helped [name of relative] to become much more independent and they [meaning staff] understand them."

There were numerous, creative and supportive approaches to enabling and empowering people to meet their needs. Staff told us that instead of doing things for people, such as shopping and cooking peoples meals they supported people to learn new skill and encouraged them to do as much as possible for themselves. For example, we saw that one person had a visual impairment. They wished to remain independent when out in the community so the service had liaised with the bus company and sourced a bus timetable in braille.

The assessment and care planning process looked holistically at people's needs and considered their values, beliefs, hobbies and interests along with their goals and aspirations for the future. People and where appropriate their relatives had been involved in the assessment process from which detailed care plans had been developed.

Care plans were person centred and recorded how people's physical, communication, social and emotional needs were to be met. There was very detailed guidance for staff to follow in relation to people's behaviours. Staff told us care plans were very valuable guides to what care and support people needed and therefore needed to be kept up to date so they remained reflective of people's current needs.

Staff knew people very well; their backgrounds and what care and support they needed. The team leader said, "We get to know people well and work with them to be as independent as possible." People and their relatives were continuously involved in the assessment and planning of their care through regular review meetings. Throughout our inspection, we observed that staff supported people in accordance with their care plans.

People were supported to follow their interests and take part in social activities. One person told us how they enjoyed listening to music and shopping. We saw that they enjoyed both activities on the day of our visit. A relative commented, "[Name of relative] goes out most days and does the things they enjoy." Each person had an activity plan that included support with life skills and leisure and recreational activities. Records showed that people took part in a range of activities that included bowling, shopping, gardening, dance and golf. One person enjoyed fishing and looking after fish. Staff had supported them to build a pond in the garden and to purchase fish for the pond. Another person loved animals and we saw they had been supported to purchase and care for two rabbits. Prior to this, staff had arranged for a company to bring in a range of animals so the person could decide what pet they would like to buy.

The service looked at ways to make sure people had access to the information they needed in a way they

could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We found that the service had provided people with information in pictorial form and braille when needed.

People's experiences, concerns and complaints were listened to and acted upon. One person said, "I have made a complaint. It was sorted out quickly." Another person told us, "I would go to HR [Human Resources] to complain." We saw that this information was displayed on a notice board in the kitchen. We saw that the complaints procedure was available in different formats suitable for people using the service.

The complaints records showed that two complaints had been received by the service in the last twelve months. Records showed these had been dealt with appropriately because the registered manager had fully investigated the issues, taken action and informed the complainant of the outcome.

Records showed that end of life care had been discussed with people. There was an end of life policy in place and the registered to help support people appropriately.

## Is the service well-led?

### Our findings

At our previous inspection on 21 December 2016 we found that one legal regulation was not being met. The quality assurance systems in place at the service were not sufficient to ensure the provider was able to assess, monitor and improve the quality of care at the service. Checks and audits which were in place were not carried out regularly or used effectively to ensure the quality of care at the service was monitored. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We found that there had been improvements to the quality assurance systems in place at the service. Internal checks and audits were completed on a regular basis to identify areas for improvement and those which required updating. Action plans were implemented and the checks and action plans were supported by further checks by the provider to help monitor the service.

The service had a registered manager who was responsible for four locations. An assistant manager and team leaders who were based at each location on a full time basis supported them. All managers and team leaders had experience in supporting individuals with complex needs and were trained and qualified in leadership and management. We received positive feedback about how they managed the service.

A relative told us, "I think the home is well managed. They have worked wonders with [name of relative]. If there are any problems they always let me know straight away."

Staff spoke positively about the registered manager and the management team as a whole and felt they were able to approach any of the managers at any time for support and guidance. One member of staff said, "[Name of registered manager] is very good. They have an 'open door' policy and very approachable. There is always someone you can talk to."

The culture within the service focused upon kindness, compassion, dignity empowerment equality and respect. People were supported to participate in activities that they chose to enhance their overall quality of life. For example, one person volunteered at a local charity shop and another person was supported to visit the gym to take regular exercise. All the staff were committed to providing a high standard of personalised care and support and they were focussed on the outcomes for the people who used the service.

The service had an open culture where staff had the opportunities to share information; this culture encouraged good communication and learning. The registered manager told us, "If something isn't working we talk about how we can change it to make it better." The team leader said, "We always look to see how we can make things better for people."

Staff were supported through regular supervision and received appropriate training to meet the needs of people they cared for. Staff understood about people's needs and feedback from people and relatives was positive and showed good standards of care were provided for people. Staff felt able to voice any concerns or issues and said they had a voice and were listened to. We saw that team meetings were held which covered a range of subjects, and offered a forum for discussion and learning. We saw minutes of meetings

held, and staff we spoke with confirmed they took place.

The quality of care was regularly monitored. Audits were carried out and included infection control practices, medication, environmental checks, care plans, daily records and health and safety. We saw that a quality assurance regional manager had undertaken a quality check on all areas of the service and where areas needed improvement actions had been identified.

Records were well maintained at the service and those we asked to see were located promptly. Staff had access to general operating policies and procedures on areas of practice such as duty of candour, missing persons, lone working, reporting accidents and incidents and fire safety.

People using the service were encouraged to provide feedback via satisfaction surveys, one to one chats and house meetings. In addition, we saw that the provider had implemented a new strategy that was called, Bright Ideas, Big Ambitions. This was for staff, people using the service and visitors to give ideas to the service and the trust to promote and improve services. We saw that people were invited to raise questions for potential staff during their interview. These were written down and staff asked the question on behalf of the person. Answers were then fed back to people so a judgement could be made about the suitability of the applicant.

There were internal systems in place to report accidents and incidents and the registered manager and staff investigated and reviewed incidents and accidents. Care plans were reviewed to reflect any changes in the way people were supported and supervised. The registered manager was aware of the need to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

The service cooperated well with other healthcare professionals. They shared information with relevant organisations to develop and deliver joined up care. When a person goes into hospital the home ensured a grab sheet with all relevant information relating to the persons condition was available to the hospital staff. For example, what medication they were on, what condition they were living with and other elements of care needs.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their rating at the service and on their website.