

Rehabilitation Education And Community Homes Limited

Reach Lower Cippenham Lane

Inspection report

178 Lower Cippenham Lane
Slough
Berkshire
SL1 5EA

Tel: 01628666132
Website: www.reach-disabilitycare.co.uk

Date of inspection visit:
14 December 2019
20 December 2019

Date of publication:
29 January 2020

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

Reach Lower Cippenham Lane is a residential care home providing personal care to 12 adults at the time of our inspection. The service can support up to 12 people with learning disabilities or autism spectrum disorder. The building is a converted residential house with a ground and first floor and adapted facilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Twelve people were using the service. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

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.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were protected against abuse and neglect. People's risks were satisfactorily assessed. There was enough staffing deployed. The building was clean and tidy with appropriate cleaning to prevent infections. Clinical and general waste storage conditions on the outside of the home required closer monitoring to mitigate any risks. Accidents and incidents were logged. Improvements to the storage of refrigerated medicines were made as part of the inspection.

People's preferences were assessed and documented. Staff support was appropriate and showed that the training, supervisions and performance appraisals were up to date. People received enough food and drink. Any healthcare issues were referred to external healthcare professionals. The service was compliant with the provisions of the Mental Capacity Act (2005).

Staff were kind and caring. We received positive feedback from health and social care professionals when we approached them for their views. There was good engagement between staff and people who lived at the service. There was evidence of people's and relatives' involvement in the care planning. Reviews were undertaken regularly. People's dignity and privacy was respected.

People's care plans are very person centred and people's preferences were detailed and documented. Complaints were appropriately documented and managed. People had access to an active social life, both within and external to the care home. Plans were in place for end of life care.

There is a positive workplace culture; staff said it was a great place to work. The provider and the registered manager had implemented robust quality assurance systems. Actions were taken when improvements were required. There was good engagement with people, relatives and staff. There were positive remarks about the management team; staff said they felt supported and listened to.

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

Rating at last inspection

The last rating for this service was good (last published 2 February 2017).

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Reach Lower Cippenham Lane

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 one inspector.

Service and service type

Reach Lower Cippenham Lane 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 a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

Our inspection was informed by evidence we already held about the service, which included information received about the service since the last inspection. We also checked for feedback we received from members of the public, local authorities and clinical commissioning groups (CCGs). We contacted health and social care professionals who work with the service. We checked records held by Companies House, the

Information Commissioner's Office, the fire brigade and the Food Standards Agency.

The provider was 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.

During the inspection

We spoke with three people who lived at the service and observed four more people's interactions with staff. We received feedback from two relatives. We observed people's dining experience. We spoke with eight employees including two operations managers, the registered manager, the deputy manager and four care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at three staff files in relation to recruitment, supervision and performance appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We used this evidence as part of the inspection process and ratings. We received written feedback from health and social care professionals.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected against abuse, neglect and discrimination.
- Staff were trained in safeguarding adults at risk during their induction and on an ongoing basis. This included e-learning and face to face for safeguarding. Protecting people from harm was also included in team meetings and one to one staff supervisions and residents' meetings.
- Both the deputy manager and the registered manager had completed advanced training in protecting adults. This provided the knowledge and skills necessary to ensure correct management of any allegations of harm.
- Most people were able to report to staff if they were concerned about any aspects of their care. Staff were vigilant for others who may be at risk of abuse and not able to speak up for themselves.

Assessing risk, safety monitoring and management

- People's risks were assessed to ensure the service could provide safe care and support.
- Information about a person (a 'pen portrait') was obtained from the commissioners of care. The service could use this to inform their decision making about whether to admit someone to the service.
- Pre-admission assessments were completed to ensure full information was obtained about a person's individual needs. Topics included medical history, personal care, medicines management, finances, likes and dislikes and behaviours that may challenge. Special needs such as those arising from epilepsy and diabetes were covered in detail to ensure the safety of the person when they lived in the home.
- One person who lived with epilepsy had a tailored risk assessment. This included the provision of specialised equipment such as a monitor on the bed which would alert staff if a seizure occurred whilst sleeping. The service ensured the person's safety with appropriate technology.

Staffing and recruitment

- There were sufficient staff deployed to safely meet people's needs.
- Staffing levels are established by examining people's individual needs and dependencies. Funding from commissioners was also taken into account as a guide. These factors were used to determine what safe staffing levels were. Additional hours were available from the provider to provide support for people's social activities, healthcare appointments and other outings.
- Staffing levels varied as needed, for example if people's needs changed. Evidence was presented to commissioners to help ensure that more staff were deployed to safely meet people's care needs.
- Safe recruitment practices were in place to ensure that skilled, knowledgeable and experience staff provided people's support.

Using medicines safely

- People's medicines were safely managed. An improvement was made to the management of refrigerated medicines during the inspection. A refrigerator was replaced and robust temperature monitoring was put into place.
- Staff received training and were required to complete medicines competency assessments regularly to ensure they remained safe to administer medicines.
- The storage of medicines at room temperature was managed to ensure that medicines were safe. There was appropriate recording of the administration of medicines. Care workers cross-checked medicines administration to ensure that people received the right medicines.
- One person who lived with diabetes had their medicines well-managed. This included preventative measures for outings and information about any side effects that staff should look out for.

Preventing and controlling infection

- People were protected from the risks of infections.
- All areas of the care home were clean and tidy, with no malodour.
- The service was inspected by the local authority environment health officer in 2019 for food hygiene. They found the service was safe and received the highest possible score for food safety.
- The service worked with Health Protection England to prevent infection outbreaks and reduce risks of people becoming ill.

Learning lessons when things go wrong

- The service ensured that all accidents and incidents were reported, recorded and investigated.
- Trends and themes were identified, where possible, to ensure that lessons could be learned. For example, if a person started having falls the service could assess the risks, refer to other services (such as falls clinics) and attempt to prevent recurrence.
- The service's operations manager oversaw the reporting of accidents and incidents, which ensured they were appropriately handled.
- The staff displayed good insight into harm that may occur to people with learning disabilities or autism.

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 good. At this inspection this key question has remained the same. 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

- People's likes, preferences and dislikes were considered in the provision of their care.
- People's faith and cultural beliefs were recognised and respected. There were some care workers who followed the same faith, could support a person with their customs and support them to their place of worship. The service also ensured that people's faith celebrations or events were respected and followed.
- Relatives' and advocates' opinions and feedback about people's care preferences were also considered to provide the best support for people.
- Care documentation clearly evidenced that people's preferences were recorded. This included a 'passport' which provided basic information and pictures for agencies who may provide care outside of the care home (for example, at a hospital).

Staff support: induction, training, skills and experience

- Staff received appropriate training and education to ensure they could support people in the right way.
- New staff completed the Care Certificate, a nationally recognised set of 15 modules for adult social care.
- Training was provided via e-learning and face-to-face. Additional training in special topics was provided. For example, a trainer from Diabetes UK attended to specifically teach staff about a person's diabetes.
- Staff knowledge and skills were further strengthened by them commencing and completing advanced qualifications in health and social care.
- Staff received regular supervisions and appraisals with their managers. Topics included the organisational values of the provider, what the staff members' work objectives were and what they had achieved since their last supervision session.
- All staff completed equality and diversity training. They also completed training in dignity and respect. Some staff were trained as 'champions' and attended regular meetings in the organisation's network, to bring best practice principles back to each care home.

Supporting people to eat and drink enough to maintain a balanced diet

- People were protected against the risks of dehydration and malnutrition.
- There was a menu displayed with pictures which matched what food was being served on the day. At the time of the inspection, the service had planned soup and sandwiches for lunch. We observed people enjoyed their lunch time experience.
- Where someone was at risk, for example because they lived with dementia, referrals were made to dietitians. This ensured appropriate advice and support was received to prevent malnutrition.
- High calorie diets were provided to some people who were identified at risk of malnutrition. Modified

texture food and drinks were provided where people were identified at risk of choking.

- Cultural and faith requirements were respected by the service providing appropriate drinks and foods.

Staff working with other agencies to provide consistent, effective, timely care

- There was evidence that the service worked collaboratively with other agencies to ensure people received appropriate support and maintain their health.
- One example was a person who was admitted to hospital for a long period. The service worked with dieticians, occupational therapists and physiotherapists to help regain the person's abilities and review their care and equipment in the care home.
- Staff worked with other healthcare professionals when they suspected a person was developing dementia. They sought specialist advice, education and training to review the person's healthcare needs, premises and equipment.

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

- The building and equipment were satisfactory for the needs of people who lived at the service. Prior to and during the inspection, remedial action was completed on the central heating to ensure appropriate temperatures throughout the entire building.
- Each person had their own personalised bedroom. There was access to shared shower rooms, bathtubs and toilets.
- Communal areas were provided including a lounge, dining room and kitchen. There was a back garden area where people could enjoy themselves in the warm months.
- The service was using oil-filled radiators at the time of our inspection. These are not recommended in care homes due to the risk of burns. We explained this to the registered manager. They organised for the heaters to be removed and improvements made to the central heating.
- The building and external areas were wheelchair accessible. There was no passenger lift, but a stairlift was available for accessing the first floor.

Supporting people to live healthier lives, access healthcare services and support

- The service worked with other health and social care professionals to ensure people had healthy lifestyles.
- Staff received dedicated training from a dentist under the "Smile for Life" scheme. This enabled staff to receive targeting training about how to effectively manage people's oral hygiene effectively. People had access to a dentist and saw them for routine checks at least every six months.
- The service worked with external agencies to seek advice and education about people's specific health needs. For example, staff were educated about foods which could not be consumed by one person because of their medical conditions.
- A health professional stated, "I have had a lot of involvement with this house over recent years. I have three clients there on special diets. I have always found the staff to be very good. They make appropriate referrals, are responsive to advice and they always support the staff to make the dietary changes. They always bring the clients to our nutrition clinic for review and weight monitoring."

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 decisions for themselves was presumed and respected by staff. People who were able to could make their own decisions and provide consent.
- Some people were assessed and found to lack capacity to make complex decisions. There was evidence that a best interest decision was made for the person, considering the least restrictive option.
- People who were deemed as restricted under the MCA provisions had appropriate DoLS authorisations in place. Where DoLS documentation was due to lapse, the registered manager submitted renewal applications to the local authority.
- Correct documentation was in place for people with power of attorney or court appointed deputies for finance.

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 good. At this inspection this key question has remained the same. 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

- Compliments were regularly received from people, relatives, other visitors and health and social care professionals.
- Staff received training in equality, diversity and human rights. We found they had a good understanding of protecting people's rights and preventing discrimination.
- The operations manager explained that the people who lived at the service were well liked and known in the community. They had good relationships with their neighbours and would engage with people.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the care planning, reviews and everyday decision making. They were considered integral partners in the care process.
- Annual quality questionnaires were used to gauge people's and relatives' opinions about the service. The results from the 2018 survey showed positive feedback about the support people received. Comments included, "Excellent in all aspects", "The staff are wonderful and try really hard with all types of care" and "The care and support at Cippenham is excellent, full of love and care".
- An action plan was created to address any issues where people or others felt improvement in their involvement was required. For example, we saw that people and relatives stated they wanted more holidays and trips with staff in 2019. The management team explained that more holidays with people were booked and completed.
- There were regular 'residents' meetings. Each person was able to have their say about care and the provision of support. Topics discussed included activities and events, faith events, the general election and voting and compliments or concerns. The meetings with people were seen as an opportunity to empower them, to help understand new topics and learn new skills. The minutes showed good evidence of people's views and feedback.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and protected.
- People were well-groomed and appropriately dressed for the weather.
- Staff called people by their preferred names and spoke with them in a professional but caring way. For example, we heard one staff member say, "Look who is here to see you! It's your brother and sister-in-law".
- People's independence was promoted. For example, one relative had written, "In summary I believe that [the person] has made significant progress since he moved into Cippenham. He is more active than he was before...this includes moving around within the home as well as outdoor trips and more expressive. I am so

pleased with the care and development [of the person]."

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans and support they received was personalised.
- Care plans showed individualised information was recorded. We saw this was comprehensive and specific. It included information about all the person's needs, such as moving and handling, personal hygiene, faith and culture preferences and behaviours that challenge.
- The management team explained the decrease in some people's challenging behaviour when they moved into the service. For example, one person who initially required additional support workers was cared for with everyone else. They no longer required additional staff to support them. Staff had found the reasons to care for the person in the right way.
- Each person had a key worker who was responsible for the person's care planning and reviews. We saw minutes of people's meetings with their key worker, which often included their family member or advocate. Items discussed included people's health, emotional and behavioural needs, diet and menu planning and activities. People life goals and objectives were documented, and progress was measured.
- One person who moved in had not used stairs, would not sit at the table for meals or engage with other people. Staff had used 'positive risk taking' and the person was encouraged to use a set of stairs and sit at a table for their meals. The 'positive risk taking' and working in partnership with other professionals resulted in the person gaining more independence and control over their life.
- Staff supported people to stay in touch with a person who formerly lived at the service. Supporting those individuals with being able to stay in touch had a positive effect, because they were able to continue to communicate with their friend despite living apart.
- One person had visited their relative within the local area regularly, but the relative eventually moved away. Staff enabled the person to stay in contact with the relative via phone and Skype, however the relative passed away. Staff used a 'social story' to help the person understand the death. A 'social story' is an individualised short story that depicts a social situation which a person with a learning disability may encounter. With staff and family support, the person was supported to understand the death of their relative and to manage their bereavement.

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 were provided with information in the way they could understand. This included photographs,

pictures and signs.

- For the recent election, people were provided easy-read information about voting, staff sat with people and explained the election and videos were played to help understanding.
- Staff were trained in Makaton (a type of sign language) and were able to use it with people. One person used objects of reference (such as an item) to help them communicate with staff. The service also offered training to staff in communication techniques.
- Many staff could speak languages other than English and were able to accommodate people's communication needs. For example, staff members could speak with one person and their family in another language. The staff member could support the person when they visited their family and spoke in their native language.

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

- People were offered and took part in an active daily lifestyle. This meant they were socially engaged and actively involved in the local community.
- People took part in cultural and faith based celebrations. We noted that the house was decorated for Christmas with a tree and presents. Christmas music was playing in the background.
- People went on short breaks, stayed with their family or went on holidays when supported by staff. We saw one person's care plan stated they liked to visit Eastbourne for their holidays.
- There was a bus which helped with people into the community more often. One person went to a day centre and enjoyed the activities. The service was liaising with a local college about education courses people had expressed an interest in.
- An art therapist attended the service every fortnight. We noted that some people were undertaking drawing when we completed the inspection. People went to various parties and events, such as the cinema, zoo or local farm, Halloween and pantomime.
- The management team explained they realised the risks of people without social support networks. They explained they supported one person to visit their partner in another care home, fostering their personal relationship and encouraging friendship. The staff explained that the relationship between the two people had helped prevent behaviours that challenge. Both homes arranged opportunities for them to meet. The two people went out for meals, celebrated their birthdays and Valentine's day and went on an overseas holiday to a theme park. The registered manager said, "[The person] has someone other than us in his life."

Improving care quality in response to complaints or concerns

- The service had an effective complaints management system in place.
- The service did not have any complaints in the last year. However, concerns that were received such as feedback from family members was well-managed. Relatives and others received verbal and written feedback regarding any concerns and the outcomes.

End of life care and support

- No one received end of life care at the time of the inspection.
- Staff had received general information and training about the end of life process.
- The operations manager explained that end of life care had commenced being discussed at reviews with family members. End of life care planning was in place, including people's preferences such as burial, cremation and funeral directors.
- There was evidence that people's and their relatives' refusals to discuss end of life care were recorded.
- A do not resuscitate order were in place for one person following a recent hospital admission. This required review because it was prepared by the hospital and the person could not express their views. The registered manager took action to ensure that a new order was in place, specific to the care home

environment.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was focused on empowering people and treating them in an empathetic, professional manner. This ensured people could enjoy the best life possible.
- A person had been supported to place a memorial on the riverside when their family member had passed away. Staff supported the person to visit the memorial regularly to pay tribute and remember the good times with their family member.
- Staff researched a person's family history as they did not have any relatives actively involved in their life. They were able to support the person to find their family roots and identified the resting place of their family member. Every month the person went to visit their grave to say 'hello' to their relative.
- A person's condition deteriorated and needed to move to a nursing home. People who lived at the service had a good relationship with the person. The service supported people to keep in contact with the other person, including taking them to the nursing home to visit their friend.

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 service was open and transparent and took responsibility for anything that went wrong.
- The registered manager understood the requirements for transparency and how to be open and receptive to feedback. They took all feedback constructively and used it to improve the operation of the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Managers ensured that the service provided good care and the quality was good.
- Audits of care quality and governance were regularly completed. Examples included environmental and infection control, mattress checks, health and safety and food hygiene. The registered manager and deputy manager also completed staff file audits, accident and incident analysis reports, medicines audits and provided results to the operations manager and provider's directors.
- There was evidence that the provision of support was having a positive effect on people's everyday life. For example, in the manager's monthly report, we noted one person had started allowing their skin cream to be applied and another person had gained weight

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

- People were offered the opportunity to engage with their family and the local community.
- One person's family was in Scotland, and staff supported the person to communicate via Skype using a laptop supported by staff. Another person was transported to their brother's house a distance away and was supported in seeing their relative regularly. They were also offered the opportunity of support with a telephone by the staff members.
- There was a very positive workplace culture amongst the staff. They stated they liked working at the service and felt supported. There were regular team meetings where care workers and the management team could openly discuss matters.

Continuous learning and improving care

- The service had encouraged people into different activities to help them live an active life as possible. For example, people and staff had started swimming lessons together. This had increased their emotional and physical wellbeing. They also attended a sensory centre nearby.
- Positive feedback was provided by health and social care professionals we contacted. One wrote, "...staff were supportive, there was high level of person centeredness in staff working with [people], the home manager was also very mindful...in working collaboratively with other professionals involved..."

Working in partnership with others

- The service worked with various agencies to ensure joined up care for people.
- Partnerships included with the learning disabilities team, commissioners for quality monitoring and neighbours who would come and visit people. The service also worked with staff at the local hospital and the paramedics when people required support with their healthcare needs.
- One example was a that person required regular blood tests. Staff had the nurse at the hospital explain to the person how the blood test would take place, and the person was able to take part in a positive way.
- A reflexologist provided positive feedback about people's care. They offered individual massage sessions with people and used essential oils. Staff reported that people were often so relaxed they would fall asleep.
- One person's mobility rapidly deteriorated, and staff realised that this may require the use of a hoist. The service worked in close partnership with a physiotherapist, mobility clinic and occupational therapist and the person commenced attending hydrotherapy. This prevented the need for hoisting and ensured the person's functional ability has been promoted.