

Meadowview Care Ltd

Priory House

Inspection Report

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Overall summary

Priory House is a care home providing accommodation and personal care for a maximum of three people with learning disabilities. The existing registered manager for this service informed us that their role was changing to become the locality manager for Priory House and three other services in the area owned by the same provider. An existing manager of other services owned by the provider who knows the people living at Priory House and the staff well is taking over management of the service.

There were two people at home when we visited. Both people told us that they felt safe and that the staff were kind and caring. People's care records showed that staff were following effective risk management plans to protect people from the risks of harm, or where people's health and wellbeing was at risk. For example, we saw that detailed crisis behaviour management plans were in place that ensured any behaviour that challenged was dealt with effectively and in a manner that respected people's dignity and protected their rights.

We found that systems were in place that ensured people who used the service received their medicines safely and in a clear and consistent way.

The service had policies and procedures in place that ensured staff had access to guidance on how to promote people's privacy, dignity, independence and human rights. We observed that staff adhered to these principles during our inspection, and recognised the diversity, values and rights of the people that used the service.

We saw that people's preferences and needs were recorded in their care plans and that staff followed the plans in practice. Records showed that people's health was regularly monitored to identify any changes that needed additional support or intervention. This meant that people received care and support that promoted a good quality of life.

People's nutrition and hydration needs were assessed and monitored to ensure that they received a balanced and nutritious diet that maintained their health. People told us that they were routinely asked about their choice of meals and that snacks were always available. One person told us "I am able to go into the kitchen and make myself a sandwich when I want one."

Documents showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. This showed that the service understood the requirements of the Mental Capacity Act (MCA) 2005 and put them into practice to protect people.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 Deprivation of Liberty Safeguards (DoLS), and to report on what we find. (The deprivation of liberty safeguards are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.) We looked at whether the service applied the DoLS appropriately. These safeguards protect the rights of adults who use services so that if there were any restrictions on their freedom and liberty these would be assessed by professionals who are trained to consider whether the restriction is needed. The manager said that while no applications had needed to be submitted by the service, proper policies and procedures were in place. The registered manager understood when an application should be made, and how to submit one. During our inspection we saw no evidence to suggest that anyone who lived at the service had been deprived of their liberty.

We found that the management and leadership of the service assured that staff delivered high quality care which was centred on the needs of the people who lived at Priory House. Our observation of the interaction between people who used the service and staff, and the records we looked at, confirmed that people's care was individually led by well trained staff who demonstrated clear values in relation to involvement, compassion, dignity, respect, equality and independence.

We looked at the staff rotas and saw that there were sufficient numbers of staff, available at all times, to meet the needs of the people who used the service.

We saw that systems were in place that enabled open communication between the people that used the service, their relatives, managers and the staff. Residents meetings took place on a regular basis so that people were able to have their say about how the service was

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run, and talk about things that mattered to them. The minutes of staff meetings showed that staff had the opportunity to discuss issues about the service in an open and transparent way.

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The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Effective systems were in place to manage incidents and accidents, and to learn from them so that they were less likely to happen again.

We saw that the service had a positive attitude towards managing risk. Staff supported people to take informed risks with minimal necessary restrictions. We found that risk assessments focused on what the individual could do, which ensured that they were not discouraged from activities solely because there was an element of risk.

We saw that staff had received safeguarding training. Both the registered manager and member of staff spoken with, had a good understanding of their responsibilities which protected people from abuse and minimised the risk of abuse occurring. One person we spoke with told us, "I feel safe here."

Arrangements were in place to support people with a history of behaviour that challenged. Staff spoken with, had a good knowledge of the people they supported and the triggers that may lead to behaviour that challenged occurring and the action they needed to take during and immediately after the incident had occurred. We saw that where people had been prescribed medicines on an 'as required basis' to help manage their behaviour, detailed protocols were in place that enabled staff to make decisions about the use of these medicines in a clear and consistent way.

We looked at how the service was applying the Mental Capacity Act (MCA) 2005 codes of practice and the Deprivation of Liberty Safeguards (DoLS). We saw that each person who used the service had been assessed to establish if they had capacity to manage their own medicines. These assessments showed that where people had been assessed as not having capacity to self-administer their own medicines that it was in the person's best interests that the staff administered these.

The manager told us that there was no one who lived in the service that currently required a Deprivation of Liberty Safeguards (DoLS) authorisation; however they understood when an application should be made, and how to submit one.

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Are services effective?

We found that care plans included people's views and choices about how their care, support and where required treatment was delivered and managed in a way that promoted a good quality of life. This was confirmed in discussion with a person who used the service who told us, "I was consulted and asked about my care plan."

We saw that people's health was regularly monitored to identify any changes that may need additional support or intervention. We found that people had their own Health Action Plans (HAP) which contained information about how their health was being managed and monitored. One person told us, "I do go to see the optician and dentist and so do all the other people that live here."

We saw that people's nutrition and hydration needs were assessed and monitored so that they received a balanced and nutritious diet that maintained their health. We saw that people were routinely asked about their choice of meals and were informed that snacks were always available. One person told us, "I am able to go into the kitchen and make myself a sandwich."

Training records showed that staff were provided with training that equipped them with the skills and knowledge to meet people's assessed needs, preferences and choices at all times. We found that training had been specifically designed to support the needs of the people who lived at Priory House.

Are services caring?

We observed the interaction between the people who used the service and staff during our inspection. Staff were supportive, kind and caring and engaged positively with the people who used the service. One person said, "My privacy and dignity is respected, because staff knock on the door before they come in." They said, "I am happy here, the staff are kind and caring."

The registered manager and staff had a good knowledge of people's needs and knew the support they needed to be as independent as they wanted to be. We saw that they gave people guidance in a respectful way that helped them to make choices and decisions about how they wanted to spend their day and what they wanted to eat. One person told us, "I can get up anytime and go and make myself a drink".

The service had policies and procedures in place that ensured staff had access to guidance on how to promote people's privacy, dignity, independence and human rights. The registered manager told us that staff had completed training about equality and diversity so that they were clear about the importance of recognising the diversity, values and rights of the people that used the service.

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Are services responsive to people's needs?

Documents showed that mental capacity assessments and best interests meetings had taken place, when decisions needed to be taken on behalf of someone who was deemed to lack capacity. This showed that the service understood the requirements of the Mental Capacity Act (MCA) 2005 and put them into practice to protect people.

We saw that people had been able to express their views and that these had been taken in to account and responded to when they made decisions about their future care, treatment and support. People told us that they had access to a local advocacy service when they needed it.

People were supported to maintain relationships with those who were important to them. One person had been supported to visit their relatives on the day of the inspection. Another person told us that they met up regularly with people who lived in other services owned by the same provider and that they had developed friendships. They told us, "On Christmas we all come together and it's really nice."

We saw that there was a clear procedure on what action would be taken if people made a complaint. One person told us that they felt confident to express their concerns and complaints, if they needed to and said, "I am happy to talk to staff if I don't like something." However we found that where people had difficulties reading information due to poor sight or communication difficulties, the complaints procedure, had not been developed in an easy read format, such as large print, symbols and pictures.

The registered manager told us that although they had not received any formal complaints about the service in the last year, concerns had been raised about the garden. They described the action that they had taken in response to these concerns which demonstrated that they had taken concerns about the service seriously and responded to them appropriately.

Are services well-led?

The registered manager told us that their role was changing and a new manager was taking over the role of manager at Priory House. This member of staff was already a manager at other services owned by the provider and knew the people who used the service and the staff well. The registered manager told us that this had been agreed to provide a level of consistency in the support provided to the people and staff at Priory House.

We found that the management and leadership of the service assured that staff delivered high quality care which was centred on

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the needs of the people who lived at Priory House. Our observation of the interaction between people who used the service and staff and the records we looked at, confirmed that people's care was individually led by well trained staff.

The registered manager told us how they calculated staffing levels. We looked at the staff rotas and saw that there was enough staff on duty with the right competencies, knowledge, skills and experience to support the people who used the service.

The registered manager had systems in place that enabled open communication between the people that used the service, their relatives, managers and the staff. Residents meetings took place on a regular basis so that people were able to have their say about how the service was run, and talked about things that mattered to them, such as accessing activities and holidays. The minutes of staff meetings showed that staff had the opportunity to discuss issues about the service in an open and transparent way.

The provider had asked people's views on the service and we saw that one relative has said, "I have no concerns about the care of my relative, I am very happy with the staff and my relatives key worker, I have no suggestions on how to improve the service." They also said that they "Felt everything was done well and that the overall quality of the service their relative received was good".

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What people who use the service and those that matter to them say

We spoke with two people who used the service. They told us that they liked living at Priory House and that the staff respected their privacy and dignity. One person said, "I have dignity and privacy because the staff knock on my door before they come in."

Both people confirmed that they were given choices about what they wanted to do, including the option of what time they wanted to get up and go to bed. One person told us, "I can get up anytime and go and make myself a drink, I also put my dry clothes away and my wet clothes on the line." Another person told us, "I am able to go into the kitchen and make myself a sandwich."

We asked people who used the service if they felt safe living in Priory House. One person said, "Yes I do feel safe here and if I need to ask a question I will go to the office." Both people spoken with confirmed that they felt confident to express their concerns and complaints. One person told us, "I am happy to talk to staff if they didn't like something."

One person told us that they were consulted about their care plan. They said that they had access to health care professionals when they needed them and said, "I do go to see the optician and the dentist and so do all the other people that live here." One of the people who used the service told us that other people who lived in the house had epilepsy, and said, "If I see them have a fit I will get a member of staff, I don't feel scared."

People told us that they were encouraged to maintain friendships with people that they knew. One person told us that on Christmas day people from the other homes owned by the same provider, "All come together and it's really nice." One person said, "I am well known in the community and people are friendly, they say hello to us when we go out and about."

Priory House

Detailed findings

Background to this inspection

We visited this service on 09 April 2014. Our inspection was announced. We told the provider we were intending to inspect the service two days before our visit, which meant that they and the staff knew we were coming. The inspection team consisted of a inspector and an expert by experience. The expert by experience had experience of using learning disability services.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the Regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1.

Before our inspection we looked at the information we held about this service, which helped us to decide which lines of enquiry to focus on during our inspection. We examined

previous inspection reports by the care Quality Commission. The service was last inspected on 26 November 2013. There were no concerns found at this inspection.

We began by talking with the registered manager about the new inspection process and outlined the key questions that would be inspected during the visit. We explained that we were inspecting against the regulations in the Health and Social Care Act (Regulated Activities) Regulations 2010.

We spoke with the existing registered manager of the service and a member of staff who was in the process of applying to us, the Care Quality Commission to take over the role of registered manager at Priory House.

We spoke with two people that used the service. We looked at their records, which included one person's care records, medication records and records relating to staffing and the management of the service. We also spent time observing the support provided to people who used the service.

Are services safe?

Our findings

We spoke with two out of the four people that lived at Priory House. Both people confirmed that they felt safe living in the service. One person said, “Yes I do feel safe here.”

We found that the service had policies and procedures in place to keep people safe. The safeguarding adults policy and procedure informed staff of their responsibilities to ensure that people were protected from abuse, or from the risk of abuse occurring. Staff told us that they had received updated safeguarding training and the training records we saw confirmed this. Staff had a good understanding of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them.

Where people had been assessed as having behaviour that challenges, we saw that appropriate referrals had been made to the GP, the Community Psychiatric Nurse and the Home Assessment and Treatment (HAT) team. Crisis behaviour management plans had been developed which provided staff with guidance that ensured people's behaviour was dealt with effectively and in a manner that respected their dignity and protected their rights. People's medication records showed that their behaviour was not controlled by excessive use of medicines. We saw that where people had been prescribed medicines on an 'as required basis' to help manage their behaviour, detailed protocols were in place that enabled staff to make decisions about the use of these medicines in a clear and consistent way.

We looked at the policy and procedures dated April 2013, for managing medicines in the service. These provided clear guidance for staff to follow that ensured medicines were managed safely. We reviewed people's Medication Administration Records (MAR) charts and saw that these had been completed correctly, which meant that they were receiving their medicines, as prescribed. Information about people's medicines was held on file, which provided staff with information about the medicine, why it had been prescribed, and the possible side effects the medicine could have on the person taking the medicine. Records were kept which showed that the temperature for storing medication was correct and being checked daily, so that people's medicines remained effective. Staff training certificates were held on file that confirmed staff had

received up to date medication training, ensuring that they had the competency and skills needed to administer medicines safely. We saw that regular medication audits were had taken place to check that medicines were being obtained, stored, administered and disposed of appropriately. These measures ensured that staff consistently managed medicines in a safe way, making sure that people who used the service received their medicines, as prescribed.

We saw that the service understood the requirements of the Mental Capacity Act (MCA) 2005 and put them into practice to protect people. For example we saw that each person who used the service had been assessed to establish if they had capacity to manage their own medicines. These assessments provided a clear rationale to show that each person had been assessed as not having capacity to self-administer their own medicines, for their own protection. We saw that as part of the MCA assessment it had been agreed that it was in each person's best interests that the staff administered their medicines.

We looked at whether the service was applying the Deprivation of Liberty Safeguards (DoLS) appropriately. These safeguards protect the rights of adults who used the service by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who consider whether the restrictions are needed and amount to deprivation of liberties'. The registered manager told us that there was no one who lived in the service who currently required a DoLS authorisation; however they understood when an application should be made, and how to submit one. We saw no evidence to suggest that anyone who lived in the service was being deprived of their liberty.

We looked at the systems in place for recording and monitoring incident and accidents that occurred in the service. We looked at records dated January 2014 to April 2014, which showed that there had been two accidents recorded. The manager had conducted an investigation into both accidents to establish the cause of the injury to minimise the risks of the person sustaining a similar injury. The remaining entries related to incidents of behaviour that challenges. We saw that detailed records had been made which described the event, and what action had been taken to ensure that people were safe. Behaviour monitoring charts were used to ascertain what triggers may have led to the behaviour occurring and the action taken during and immediately after the incident had occurred.

Are services safe?

We looked at the services policy for managing risk. The policy provided guidance to staff around responsible risk taking. This stated that people who used the service were not to be discouraged from activities solely because there

was an element of risk. We saw that the people who used the service had been involved in the development of a range of risk assessments that promoted activities of their choice, but also ensured their safety and welfare.

Are services effective?

(for example, treatment is effective)

Our findings

We looked at the care plan of one person who used the service. We saw that the registered manager had obtained a copy of the person's assessment completed by their social worker, as well as completing their own assessment, before agreeing that they could meet this person's needs at the service. These combined assessments provided a detailed overview of this person's needs, including their medical history, personal and health needs, cultural and religious needs and their views about how they wanted their care, support and treatment provided.

The information from both assessments was discussed with the individual taking into account their views about their care, support and where required treatment. This has been used to form the basis of their care plan. A member of staff told us that they had gone through the person's care plan, with them, so that they understood the information that was written about them. This was confirmed by the individual, who told us, "I was consulted and asked about my care plan." The care plan contained guidance for staff about the level of support required to enable this person to manage their personal care, continence, night needs, and communication, challenging behaviour, mobility and their health. People's needs were assessed and care and support was planned and delivered in a way that respected the individual's needs, choice and preferences.

People told us that they had access to health care professionals when they needed them. One person told us, "Yes I do go to see the optician and dentist and so do all the other people that live here." We saw that each of the people who used the service had a Health Action Plan (HAP). We looked at one person's HAP and saw that they were being supported to maintain their health. For example, we saw that this person had access to the GP, learning disability team, dentists, chiropodist and the opticians, when needed. This demonstrated that people had access to care and treatment that was intended to ensure their health, safety and welfare.

The care plan we looked at contained details about the person's nutrition and hydration needs. The risks associated with their dietary needs, nutritional intake and their weight had been assessed and were being monitored. We saw that people were asked about their likes, dislikes and preferences of meals and were involved in discussions about what they wanted to eat. Two people were going out on the day of our inspection and were observed discussing where they wanted to go for lunch. The registered manager told us that they had tried having a menu, but this had not worked because people had wanted different meals. They told us that people had several choices each day and snacks were always available. One person told us, "I am able to go into the kitchen and make myself a sandwich when I want one". People who used the service were supported to have adequate nutrition and hydration.

We looked at records which showed that staff had attended training that ensured they had the knowledge and skills necessary to carry out their roles and responsibilities. The training records showed that all of the staff had completed a National Vocational Qualification in health and social care at various levels. These records also showed that all staff had completed the organisations own induction programme and mandatory training. Most recent training had included medication, communicating effectively and training specifically designed around the needs of the people who lived at Priory House. A member of staff told us that they been provided with the all the information they needed to carry out their role and felt supported by the manager. The member of staff told us that personal development was encouraged. They told us that if staff identified a gap in their knowledge and it was considered a need for the service, the registered manager would try to find suitable training. Staff had the skills and knowledge to meet people's assessed needs.

Are services caring?

Our findings

Two out of the four people who lived at the service were at home on the day of our inspection. We spent time with the two people at home, the registered manager and a member of staff. We found these staff were warm and welcoming and saw that they were supportive, kind and compassionate towards the people in their care. One person said, "I have dignity and privacy because the staff knock on my door before they come in."

We saw that the service had policies and procedures in place that ensured staff had access to guidance on how to promote people's privacy, dignity, independence and human rights. The registered manager told us that staff had completed training about equality and diversity so that they were clear about the importance of recognising the diversity, values and rights of the people that used the service. Our observation of the support provided by staff confirmed this.

We saw that the registered manager and the member of staff had a good relationship with the people who used the service. They both had a good knowledge of people's needs and knew the support they needed to be as independent as they wanted to be. We observed that people were given choices and guidance in a respectful way. This was demonstrated where one person who used the service was reluctant to talk to us. The registered manager and the member of staff included this person in

discussions about the service so that they felt part of the conversation. We saw that both staff listened to and took into account what each person said, so that they were made to feel that their opinion mattered. Both people confirmed that their privacy and dignity was respected. One person said, "I can get up anytime and go and make myself a drink, I also put my dry clothes away and my wet clothes on the line." This person told us, "I am happy here, the staff are kind and caring."

We saw that people who lived at Priory House were supported to make their views known about their care, treatment and support. One person's care plan contained a 'My review pack'. This included a pre review report completed by the individual with the support of their key worker raising issues that they wanted to discuss at their annual review. A copy of the final review showed that this person had been fully involved in the meeting attended by their social worker, advocate and the home manager. We saw that they had been able to express their views and that these had been taken in to account and responded to when making decisions about their future care, treatment and support. This person had commented at the end of their review that they were happy to remain living at Priory House.

We saw that people's religious beliefs were explored when they were admitted to the service. One person told us that they went to church with their relative and that this had been happening every Sunday for a few years.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

We saw that people were able to express their views and were involved in making decisions about their care, support and where required treatment. People told us that they had access to advocacy support when they needed it. Information in one person's care records showed that an advocate regularly supported them at review meetings and had written to the GP on their behalf to request a referral to a consultant for a reassessment of their needs.

People's capacity to make decisions was routinely included in the assessment and care planning process. We saw evidence in one person's care plan that they were supported to contribute and consent to their care and treatment during appointments with health care professionals, such as the dentist, regular reviews with the learning disability service and at annual reviews. We saw that this person had had their dental treatment explained to them and that they had signed their personal dental treatment plan agreeing to the treatment. This meant that people received personalised care that was responsive to their needs.

We found that steps had been taken to appropriately assess people's capacity in accordance with the requirements of the Mental Capacity Act 2005. Where people may not be able to make particular decisions because they do not have capacity to do so, we saw that measures had been taken to make sure that decisions were made in the person's best interests. For example, we saw that one person had been assessed as not having capacity to recognise the risks of self-neglect and that in their best interest's staff were required to support them to undertake their personal care needs.

People told us that they were supported to maintain relationships with those who were important to them. We saw that one person had been supported to visit their relatives on the day of the inspection. Another person told us that they met up regularly with people who lived in other services owned by the same provider and that they had developed friendships. They told us, "On Christmas we all come together and it's really nice."

We saw that people were provided with information they needed about the service. However one person's sensory needs and communication plan stated that they were able to verbally make their choices and preferences known, but required visual materials to help them to do this and to understand the information presented to them. We saw that information such as the service user guide, complaints procedure and information in their care records was not written in an easy read format, which would have helped the person to have a better understanding of this information.

The service had a complaints procedure which directed people on how to make a complaint and who they should raise their concerns with if they were not satisfied with the outcome of their complaint. One person told us that they felt confident to express their concerns and complaints, if they needed to and said, "I am happy to talk to staff if I don't like something." The registered manager told us that although they had not received any formal complaints about the service in the last year, concerns had been raised about the garden. They described the action that they had taken in response to these concerns which showed that they had taken concerns about the service seriously and responded to them appropriately.

Are services well-led?

Our findings

The registered manager of the service informed us that their role was changing. They were to become the locality manager for Priory House and three other services in the area owned by the same provider. We met with the member of staff taking over the role of manager at Priory House. They were already a manager of other services owned by the provider and knew the people who used the service and the staff well. They told us that they had been fully supported by the current registered manager in making this transition so that there was as little disruption to the service as possible.

We found that the management and leadership of the service supported staff to deliver high quality care which was centred on the needs of the people who lived at Priory House. We observed the interaction between people who used the service and staff. We saw that people's care was individually led by well trained staff who demonstrated clear values in relation to involvement, compassion, dignity, respect, equality and independence.

The registered manager told us that the service was part of the local authority's care consortium, and that they were able to access a range of training. A member of staff told us that these training courses were good, as they were able to share knowledge and experiences with staff from other providers. They told us that they had recently attended training delivered by the consortium which had been designed specifically around the needs of the people who lived at Priory House.

We asked the registered manager what systems they had in place to ensure that there were sufficient numbers of staff on duty, with the right competencies, knowledge, skills and experience to meet people's needs. Although they did not have a written document to show how staffing numbers were decided, they were able to tell us how these were calculated. We looked at the staff rotas and saw that there were enough staff on duty to support the people who used the service. This meant there were sufficient numbers of staff, available at all times, to meet the needs of the people who used the service.

We saw that systems were in place that enabled open communication between the people that used the service, managers and the staff. The registered manager provided minutes of residents meetings. These meetings were held

across the services owned by the same provider in the same area and took place on a regular basis so that people were able to have their say in how the services were run, and talked about things that mattered to them, such as accessing activities and holidays. The last meeting was held at Priory House in January 2014 and showed that the people that lived there were asked to choose what colours they wanted the kitchen, dining room, hallway and their own rooms painted, as part of the refurbishment of the service. We also saw that issues about 'Safety of my home' and about 'Keeping safe' were discussed.

A member of staff told us that they attended staff meetings and had regular supervision where they had the opportunity to discuss any issues they had about the service or their own professional development. They told us that the registered manager treated them fairly and listened to what they had to say. The minutes of staff meetings showed that staff were able to discuss issues about the service in an open and transparent way, including health and safety issues in relation to the people who used the service, training requirements, the budget and maintenance. We saw that policies and procedures, for example the whistle blowing procedure had been discussed at these meetings to ensure that staff were aware of how to use the whistleblowing procedures, should they need to do so.

The manager showed us a quality assurance folder which contained a number of tools they used to monitor and review the quality of the service provided and to drive improvement. These included a monthly management return, which included audits of health and safety, medication, the number of safeguarding, complaints, concerns and accidents and incidents that had occurred in the service, as well as evaluation of staffing levels, including sickness, annual leave, supervision, training and appraisal, and staff meetings. The monthly management returns, were completed on line and submitted to the service manager on the first of each month, where these were reviewed and an action plan developed where improvements were needed. We saw that Action plans were in place, however no date, or timescales had been entered to state when these would be completed by and by whom.

The manager told us that resident and relatives satisfaction surveys were sent out annually. They told us that the surveys for 2013- 2014 had been sent and to date, two

Are services well-led?

relatives had responded. We looked at the returned questionnaires which reflected that they were happy with the care their relatives received. Comments included, “I have no concerns about the care of my relative, I am very happy with the staff and my relative’s key worker, I have no

suggestions on how to improve the service.” They also said that they “Felt everything was done well and that the overall quality of the service their relative received was good”.