

Devon County Council

Social Care Reablement - St Georges Road

Inspection report

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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

Social Care Reablement - St George's Road is registered to provide personal care to people in their own homes. It is one of four reablement services provided by Devon County Council. The service provides reablement support to people for up to four weeks following an illness, injury or hospital admission to help them regain independence and confidence. The focus of the service is to enable people to maximise their potential to manage their own care without further support, or with minimal assistance. The ethos of Social Care Reablement stems from the Care Act 2014. This sets out the general responsibilities of local authorities to promote individual wellbeing, prevent need for care and support, provide information and advice and promote integrated services.

This inspection took place on the 26 and 29 June and 4 July 2018, and was announced. The provider was given short notice because the location provides a domiciliary care service and we needed to be sure that managers and staff were available to speak with us and able to contribute to the inspection. This was the first inspection of the service since a change of location in October 2016.

At the time of this inspection the service was supporting 27 people to work towards their individual goals and regain independence.

The service had been without a registered manager since October 2016. A senior Devon County Council manager was in day to day charge of the service and was in the process of applying to be registered with the Care Quality Commission (CQC). 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.'

Feedback from people using the service was positive and they were keen to tell us how they valued the service. Comments included, "They have been marvellous helping me through difficult times..."; "Without them I wouldn't have managed at all..." and "They (staff) have all been so great, so helpful. I am feeling more confident now..." All said they would recommend the service.

People said they were safe using the service because it was reliable; staff were well trained and caring. There were sufficient numbers of staff employed to provide people with their planned service. People said they had never experienced a missed visit and visits were never rushed.

People were protected by safe recruitment practices that ensured appropriate checks were carried out prior to staff starting their role and that only suitable staff were employed by the service.

People benefited from a service where staff understood their safeguarding responsibilities and they knew how to keep people safe from avoidable harm. Risks to individuals had been identified and there was guidance for staff on how to keep people safe. There were systems in place to report and monitor any

accidents and incidents.

People's right to make decisions for themselves was respected and staff sought consent when delivering care and support. People received support from staff who understood and responded to their support needs.

People were supported by a staff team who received regular training and support for their role, which ensured people received safe and effective care and support.

Support plans were developed with each person and clear achievable goals were set. Support plans contained information about people's needs and preferences to enable staff to deliver the care and support needed to achieve their goals.

There was an emphasis on promoting people's independence and enabling them to achieve their individual goals. Staff were kind, caring and professional offering support and encouragement. People were able to express their views and be actively involved in making decisions about their care and the goals they set.

Reablement offered short term support for usually up to four weeks. However, should people need continued care and support once the period of reablement had been completed, they were assisted to access other services. This helped to ensure any gaps in service provision were prevented and a safe handover of care between services could take place.

Any complaints or concerns were taken seriously and investigated, responded to and resolved to people's satisfaction.

The service was well managed by the manager and team leaders. The provider had robust quality assurance systems which monitored the safety and quality of the service and ensured any shortfalls were addressed. People using the service and staff felt listened to and felt able to speak with the manager or team leaders at any time.

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.

People felt safe when being supported by the staff team, who were knowledgeable about how to respond to safeguarding issues.

There were sufficient numbers of staff available to deliver the planned service.

Risks were identified and planned for to reduce avoidable harm.

People were supported to manage their medicines independently.

Staff recruitment procedures were in place to help ensure only staff suitable to work with vulnerable people were employed.

Arrangements were in place to protect people from the risk of acquired infections.

Is the service effective?

Good ●

The service was effective.

People were supported effectively by staff who received training and supervision for their role.

People's rights were protected. Systems were in place to help ensure that people's consent to care was established.

People's health needs were managed well and they were supported to maintain a balanced diet.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were caring, respectful and compassionate.

There was an emphasis on promoting people's independence

and enabling them to achieve their individual goals.

People were supported to set their own goals. They were involved in making decisions about how their support needs were met.

People's privacy and dignity was respected and staff were respectful of people's wishes and preferences.

Is the service responsive?

Good ●

The service was responsive.

The service responded to people's needs at short notice in order to support them in their homes and maximise their independence.

Staff worked in a person-centred way that encouraged and enabled people.

People felt confident they could raise concerns and these would be listened to and dealt with promptly.

Is the service well-led?

Good ●

The service was well-led.

The manager was in the process of registered with the Care Quality Commission. The manager had established clear leadership and the safe management of the service.

People using the service and staff expressed confidence in the management of the service. Staff were committed to providing a good service.

Systems were in place to review and monitor the care and support people received from the service.

Social Care Reablement - St Georges 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 was planned to check 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 was an announced comprehensive inspection carried out by one adult social care inspector on 26, 29 June and 4 July 2018.

Prior to the inspection the manager had completed a Provider Information Return (PIR). This is a form that asked the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information we held about the service. This included previous contact about the service and notifications we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we visited two people who received a service in their own homes with their permission. We also spoke with one relative. We spoke with 10 people by telephone to hear their experience of the service. The manager was available throughout the inspection and we also spoke with three team leaders and met eight staff during a team meeting. We spoke with one social care professional who worked closely with the service.

We looked at the care records and risk assessments of four people using the service. We also looked at records relating to staff recruitment and training and the quality monitoring of the service.

Is the service safe?

Our findings

People confirmed they felt safe with the staff and were very happy with the service they received. They described how staff had worked with them to promote their safety and independence. For example, by providing equipment to help them mobilise and keep them safe. Comments included, "They (staff) have been so helpful. They have made me safer at home with the equipment..."; "I am very happy with the service. It is just what I need. I do feel safe with staff...they are very professional" and "Without them I wouldn't have managed. Their support has been wonderful and I am safe."

The service aimed to achieve positive outcomes for people and promote their ability to carry out aspects of daily living safely. Risks associated with people's support needs were identified and planned for. Identified risk were discussed with each person to enable them to be involved in the decision about managing risk. The manager explained the service would not impose changes to people's homes. They said, "It's is their home and their choice..." Support staff completed risk assessments during the initial visit to find out what people were able to do safely and what they may need support with and assess any environmental risk. Risk assessments included; moving and handling, nutrition, infection control, risk of fire, and slip, trip and fall hazards. Where risk had been identified they had been addressed with the use of various equipment. For example, walking aids; hand rails; raised toilet seats and perching stools.

There were systems in place to report and monitor any accidents or incidents and staff were aware of the reporting process. The provider had a system which enabled them to monitor accidents to help them look for any trends. Accidents and incidents recorded in the past 12 months showed no significant or notifiable injuries had been sustained by people using the service.

The provider ensured sufficient staff were on duty at all times to meet people's needs safely. The service was not time specific or time limited as staff were responsive to people's needs at each visit. Therefore specific visit times were not allocated. This was explained to people during the initial assessment of their needs. People said they were happy with this arrangement. Visits were flexible and responsive to people's needs. Where a person's needs increased or decreased, visits were adjusted accordingly.

People said they had never experienced a missed visit and that staff did not rush their visit but ensured people had plenty of time to achieve their daily goals. One person said, "They (staff) give me all the time I need..." Another said, "My visits are never hurried. They do what they can to help me."

A computerised system was used to plan the daily/weekly timetables. The system had features which avoided the risk of planned visits being missed. It also matched staff skills and competencies to each person and alerted team leaders to any potential error or omissions. The capacity to accept new referrals fluctuated from week to week. This was because it was dependant on individuals' progress and the reduction of their visits. The manager explained new referrals were only accepted if the service had the capacity and if they were sure they could provide a consistent and effective service.

Staff confirmed they had sufficient travel time in between visits. They generally covered a geographical area

which reduced travel time and helped to ensure visits were planned effectively.

There was an out of hours 'on call' system in place. People using the service and staff were aware of who to call should there be an emergency or should they need to change the time of their visits when the office was closed.

Arrangements were in place to safeguard people from harm and abuse. Staff had completed training to help them understand and recognise the various forms of abuse and their responsibility to report any concerns. Staff were confident that any concerns reported would be addressed by the manager or team leaders. The manager and team leaders were aware of their responsibility to report any concern to the local authority safeguarding team. There had been no safeguarding concerns reported in the past 12 months.

Staff supported people to be independent when managing their medicines. The manager and team leaders said the service did not support people with the administration of their medicines as the aim of the service was for people to be independent. Staff provided support by prompting and reminding. Staff were trained to the relevant level (level 1 Reablement) to prompt medication as per the services' medication policy.

The recruitment and selection process was robust and ensured people were supported by staff with the appropriate experience and character. This included completing an application form about their experience and skills, and a formal interview process. References were obtained and a Disclosure and Barring Service (DBS) check was carried out. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

All staff were provided with Personal Protective Equipment (PPE) including, uniforms, plastic aprons, disposable gloves, overshoes, hand sanitary cleaner and where required face masks. All staff were trained in infection control. To embed the staff understanding, their practice was monitored via observations by team leaders and fed back into infection control audits. Social Care Reablement had an infection control lead that produced, in conjunction with the service manager, an annual statement which was shared to promote good practice and learning.

Is the service effective?

Our findings

Everyone we spoke with praised the staff and the service they received. Comments included, "I was completely traumatised by events to my health. The staff have been so supportive and reassuring to me and my family"; "Staff are a good lot. Really helpful to me..." and "They have been marvellous helping me through difficult times."

People were fully involved in the assessment of their needs and preferences and were supported to develop achievable goals. The service obtained additional information from referring professionals prior to accepting a referral. Team leaders attended regular 'tactile bed meetings' with the local district hospital to share information about imminent discharges and possible referrals to the service. This helped to relieve the pressure on beds at the local hospital and support timely discharges. Individual assessments were completed by support staff at the initial visit and the service was discussed in full with people, so they might understand what to expect. Team leaders visited people within 48 hours of the service commencing to discuss and record people's individual goals. People confirmed they felt fully involved in the process.

People received individualised care from staff who had the skills, knowledge and understanding needed to carry out their roles. New staff received a comprehensive induction to help them understand the job and how to work safely with people. This included completing the 'Care Certificate', a nationally recognised qualification for care staff. All new staff undertook a period of shadowing, where they worked alongside experienced staff until they were assessed as being competent and confident enough to work independently.

Staff had undergone a variety of training, such as infection prevention and control, food hygiene, fire safety, first aid and moving and handling. Additional training relating to people's health needs was also completed. For example, training had been arranged with a speech and language therapist to raise staff's awareness of communication and swallowing difficulties. District nurses provided training relating to catheter care and skin care. All staff attended behaviour as communication training. This training provided them with the skills to carry out their roles effectively. Where training refreshers were due the system in place highlighted this and reminders were sent to staff.

Staff development and learning was encouraged and supported by the provider and manager. The majority of staff held a nationally recognised qualification in health and social care. Team leaders had been supported to complete level 5 management qualifications and clerks within the service were supported to a complete level 3 qualifications. Staff said the support and learning opportunities were very good. Comments included, "We have great line management, our managers are brilliant. Very supportive. We can request any training that might be useful to us..."; "I can't fault the support. We have good training and supervision..." and "If we were struggling or needed any training we just say in supervision. The managers are very approachable..."

Staff and records confirmed they received supervision on a regular basis; this was through one to one meetings and observations that were completed when team leaders accompanied them on visits.

Supervision enabled staff to discuss any concerns or training and support needs. They also received feedback about their performance. Annual appraisals were also completed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who 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.

People who used the service had capacity and were able to consent to their care and support. The manager explained that as the service was goal orientated and aimed at promoting independence, people needed to have capacity to participate fully to achieve their goals.

People had consented to their care; they had signed a consent form and had agreed to the goals set for their reablement. People confirmed they were always asked for their consent before care and support was provided. During home visits we observed staff involving people in decisions about the care and support they received. For example, asking people which clothes they wanted to wear and how they wanted support with their personal care that day. One person explained how staff had discussed their aims and goals. They added, "It is a very good service and I need it just now. Staff listen and care and worry about me. They are not just doing a job..."

Some people required support to regain skills related to meal preparation. This was clearly documented as part of their goals. One person explained how their confidence and ability had increased over a couple of weeks and that they were now able to manage their meal preparation independently. They said, "It's an achievement for me. I would recommend this service. It is like convalescence at home..."

Staff assisted people when they felt someone was not managing their nutrition effectively. For example, helping people access regular food deliveries and continuing with enabling support to make their own drinks and meals. It was very hot the day we visited people at home. Staff were alert to this and with one person noticed immediately that their mouth was very dry. Staff ensured the person had a drink and left another drink with them to ensure they did not become dehydrated.

The provider worked well with other professionals. For example, collaborating with the local district hospital to facilitate timely discharges. They also worked in partnership with Devon County Council Care Direct Plus (CDP) and Community Health and Social Care Teams. A manager from one of the teams described "excellent" working relationships. Weekly meetings were held to discuss individual cases and people's 'journey' through services. They added, "This is an excellent service. Putting the service user at the centre..."

The service worked alongside the rapid intervention service and this enabled the service to have access to healthcare clinicians if required. Staff worked closely with health and social care professionals, such as the community nursing service, physiotherapists and occupational therapists, to ensure people received the necessary support to regain their independence. For example, occupational therapists were accessed by the service to seek input into, check and moderate goal plans. Reablement team leaders were able to 'prescribe set items' of basic independence equipment following training. This meant delays in obtaining equipment were reduced. Where more complex equipment was required, for example the use of hoist for moving and handling, occupational therapists completed assessments and prescribed appropriate equipment. One person said staff had made a referral to a physiotherapist to enhance her recovery. They said they always received "gentle support and encouragement" and as a result they were making good progress with their

goals. They added, "They (staff) pre-empt my needs. It's hard to explain just how much they do to help me get back on my feet..."

Is the service caring?

Our findings

People were supported by caring, respectful and compassionate staff. Everyone we spoke with spoke highly of staff and appreciated their care and support. Comments included, "Staff are always friendly, polite and respectful...I couldn't praise them higher..."; "Very nice ladies...can't fault any of them. Always had time for me, to chat and reassure me..." and "They (staff) have all been so great, so helpful and kind. I am feeling more confident now and happy..."

The focus of the service was to provide short term support for people to enhance their daily living skills and build confidence and independence. Achievable goals were identified in consultation with people and they were supported to achieve them. Importantly staff said they had time to spend with people offering support, encouragement and suggestions. Staff explained people were encouraged to be as independent as possible. The service was able to provide or suggest a range of equipment to promote people's safety and independence. Other interventions included rearranging a person's kitchen area appliances to make it easier to transfer around the kitchen. This supported their independence through using less effort to complete tasks such as meal preparation and making hot drinks.

People were keen to tell us how valuable the service had been to them and they described the overall improvements to their confidence and independence. One person explained, "I have made great strides with their help and encouragement. Couldn't have done it without them. The aids and adaptations have transformed things for me..."; "I was very happy with the service. They gave me the help I needed. I would recommend this service..." and "To start with they had to help me a lot, but now I can get in and out of bed. They fitted a shower rail and got my shower working so I've been able to shower. I am meeting my goals... They see something I don't to help me...it has given me a real boost."

Staff showed concern for people's wellbeing. People were given emotional support when needed and staff recognised when people's mood was low and responded in a compassionate way. For example, one staff member described how one person's mood was very low. The person explained they would like to see their grandson but that he lived overseas. To support the person and help enable them to see their grandson staff spent time with them showing them how to use the computer function to be able to have a visual and spoken conversation over the internet. As a result, the person was able to make a call every week to their grandson. This had a positive impact on the person's mental health and general wellbeing. It also reduced their isolation and enabled them to have effective and meaningful communication with loved ones.

During our visits to people's homes we observed staff were polite, friendly and professional; they greeted people cheerfully. Staff were consistently considerate and sensitive in their approach. Staff treated people with dignity and respect, ensuring personal care was provided in private and that people's personal care was delivered to a high standard, which improved people's self-esteem. For example, following a hospital admission one person had been unable to wash their hair for some time but this was important to them. Staff used dry shampoo as a temporary measure, which a relative explained had made the person feel much better about their appearance.

People were involved in planning the support they required and identified their own goals. Staff regularly reviewed people's progress with them and support plans and visits were reviewed and adjusted as people made progress in achieving their goals. One person said, "I have done so well with their help the service will finish soon..."

People were given information about what they could expect from the service. The manager confirmed this could be provided in different formats, for example Braille, British Sign Language video for hearing impaired people, audio and other languages.

Is the service responsive?

Our findings

People received person centred care that was reliable, flexible and responsive to their needs. One person said, "This was just what I needed. I am very appreciative of the service. It gave me confidence to know they were coming in." Another described how staff were willing to help in any way. They said, "Nothing was too much trouble. They helped with extra jobs like carrying my washing basket. It's little things like that make a difference and show they (staff) care..."

Care and support was planned and delivered in a way each person wished. The referring health or social care professional provided the service with an assessment of people's health and care needs. Team leaders reviewed these assessments to determine if the service could meet the person's needs and preferences. If suitable, an initial visit was planned to the person to discuss their needs, explain the service and complete a detailed risk assessment. Within 48 hours clear goals were established with the person and recorded in the plan of care. Records we reviewed showed individual goals had been set by each person. The manager explained a new care record format was being developed to further personalise information about people's preferred routines. Staff worked with people in a flexible way, working at the person's pace and undertaking tasks as needed.

People's progress was reviewed regularly and support plans were revised as people's needs changed and they made progress in achieving their goals. For example, when a person became independent with their personal care, the support the staff provided concentrated on other goals, such as their meal preparation skills or mobility. The number of visits reduced as people's independence and confidence grew, showing the service was responsive to people's needs. One person said, "The service helped me to get up and get organised in the morning; they showed me how to use the walker and helped with my confidence and stamina. Now I am able to do more for myself..."

Staff completed daily notes at each visit, which showed people's progress or any other areas of care where they might require support. Staff regularly photographed and emailed progress records to the office. This meant team leaders, the manager and other health professionals were able to monitor people's progress.

The service ensured people were supported to access other services, for example should they need continued care and support once the period of reablement had been completed. This helped to ensure any gaps in service provision were prevented and a safe handover of care between services could take place.

We looked at how the provider complied 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 sensory loss can access and understand information they are given.

Care records contained information about people's communication needs. Records ensured staff knew what aids people needed to help them communicate well and stay involved in their daily care. Information was shared with people both verbally and in a written format. Staff recognised the importance of effective communication and worked to ensure people were supported to express views and ideas. For example, a

member of staff told us how they supported one person with a speech impairment. Staff spent time learning how to communicate effectively with the person. They spent time on the internet researching the persons condition and communication techniques. This supported conversations with the person. This continued throughout their period of reablement and made a big difference regaining more of their independence.

The provider information return (PIR) confirmed the provider (Devon County Council) had an Equality and Diversity Policy. The PIR stated 'The Culture and Ethos of this policy is embedded into staff training and their daily practice.' Our conversations with people using the service and with staff and our observations throughout the inspection confirmed staff engaged with people as individual's and took account of what was important to them.

People were aware of how to raise complaints or concerns, and these were acted upon. A copy of the complaints procedure was included in the 'welcome pack' provided to people when they started to receive the service. Two complaints had been received by the service in the past 12 months. Both complaints were fully investigated. Where necessary the manager met with the complainant to discuss and resolve their concerns. Both complaints had been fully responded to and resolved. No concerns were raised with us during this inspection.

The service had received many 'thank you's' from people who had used the service. Comments included, "Without exception everyone provided a caring and efficient service, without which I would have had great difficulty coping" and "As a result of the help and advice I am now capable of managing myself..."

Is the service well-led?

Our findings

Everyone we spoke with said the service was well managed. They gave examples of well organised visits; a reliable service, with no missed visits; well trained, helpful and kind staff and a valued and effective service. Comments included, "It's been a marvellous service for me...I am more able and confident thanks to them..."; "I hope it all continues as it is a very valued service. It has been wonderful for me..." and "It is very well managed. No criticism at all..."

The visions and values of the service were understood by all staff. The PIR stated, 'Promoting independence, working with and motivating individuals to achieve positive outcomes and increase confidence is part of meeting delivery and the service standard.' Staff demonstrated this by providing an enabling environment where people received appropriate and timely support to meet their goals. The manager described the effectiveness of the service, with 97 per cent of people requiring no further care or support following reablement intervention. The service had supported 690 people in the past year.

The provider had a clear strategy to continue to deliver good quality support to people. The service had recently undertaken a demand management exercise. This had demonstrated an increased need for the service. To achieve this rotas were reviewed and any gaps had been identified. The gaps had been converted to posts. During the inspection interviews were in progress to appoint new staff to meet the increase in demand.

There was a clear management structure in place at the service. The team structure ensured there were clear lines of accountability. The manager was supported by four team leaders and two clerks. Staff were supported and valued and provided with good progression and development opportunities. Most staff had achieved a recognised qualification in care. Team leaders had achieved or were working to complete leadership and manager qualifications. The manager explained that part of developing team leaders was to delegate some responsibilities for monitoring the service. Some team leaders were responsible for completing audits, for example the annual infection control audit and some of the monthly quality audits. One team leader explained how these opportunities had improved their knowledge and confidence and potential progression to be a manager.

The manager created and promoted an open culture. Complaints were seen as learning opportunities and were investigated thoroughly. Where necessary the manager displayed their duty of candour and apologised where things could have been better. People using the service were confident that any concerns or suggestions would be acted on. Staff said the manager and team leaders were approachable and available when needed. One comment from the 'listening session' showed the manager and team leader's approach was inclusive; "Improved working relationship between the support workers and team leaders as the service dynamics has changed for the better which fosters better relationships..."

Staff were motivated and enthusiastic about the service. The manager was keen to ensure they had opportunities to engage with staff and hear about any ideas or suggestion to improve the service or any concerns they might have. A listening event was held for staff, which provided them with an opportunity to

give collective feedback and discuss how to improve things. The outcome of their feedback was put into an action plan and given to them with timeframes for improvement and action. As a result of staff feedback new team meeting schedules were introduced, offering two monthly staff meetings instead of one. This meant more staff could attend and were more engaged. Amendments to the home based record were made which made them easier to read and more user friendly. Staff appreciated this.

The provider had developed robust systems to monitor the safety and quality of the service. The manager completed a monthly audit that was tailored to the CQC five key questions, safe; effective; caring; responsive and well-led. These audits checked each area of service delivery and captured what was working well and what needed improvement. Any shortfalls identified formed part of the on-going improvement plan.

As part of monitoring the quality and safety of the service, team leaders undertook observation visits in people's homes to ensure staff work safely. The observational supervisions also ensured staff worked with a person-centred approach, were non-discriminatory, respectful, promoted choice, independence and maintained a person's dignity. Any issues identified were followed up during individual supervisions. Where additional training was identified this was arranged. These visits also provided an opportunity for people to feedback their experiences of the service.

People were able to share their views about the service through conversations with staff and through the regular reviews undertaken by the team leaders. In addition, questionnaires were given to people to complete once the service had come to an end. The provider collated a report for all of their reablement services across the county. Information in the report was not specific to the service provided from St George's. The manager explained the number of responses had been disappointing. The provider had included stamped addressed envelopes to encourage a better response. However, the manager reported that satisfaction levels were high. The manager was looking at additional ways to obtain feedback from people. Feedback we received and a review of the many thank you cards and letters confirmed people were happy with the service and found it beneficial and effective.

The registered manager was aware of their responsibility to submit statutory notifications to CQC as required by law, relating events at the service, such as changes or allegations of abuse. This enables CQC to monitor the service and how these incidents were dealt with.