Rochdale Metropolitan Borough Council

Short Term Assessment and Re-ablement Service

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

The Short Term Assessment and Reablement Service (STARS) provides short-term support of up to six weeks to help people recover or cope after a decline in health, injury or an illness (such as a hospital admission or becoming unwell in the community to prevent admission to hospital). The service encourages people to achieve maximum independence, health and well-being. Services include supporting people to manage their personal care (washing and dressing), other daily tasks
such as meal preparation and advice and referrals to other services as needed. The local authority is the provider and the service is situated in Rochdale Infirmary. At the time of the inspection 75 people were using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected in July 2016, and rated Requires Improvement. There were four breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. Some policies and procedures were out of date, there was no record of people giving their consent to care and treatment, support plans did not show how people had been consulted to develop their plans in an individual way and medicines administration was not always safe. The service were asked for and provided an action plan to make improvements. We saw that at this inspection the necessary improvements had been made.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

The administration of medicines was safe. People were encouraged to manage their own medicines.

Staff were robustly recruited, received a suitable induction, had access to a lot of training and received support and supervision which helped them carry out their roles.

Staff were described as reliable and trustworthy. People felt safe with the staff who looked after them.

We observed staff had a professional and friendly attitude with people who used the service and we saw some good natured exchanges between them.

The office the service worked from was fit for purpose and provided staff with a place to meet.

People were supported to take a nutritious diet.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of

Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and could recognise what a deprivation of liberty was or how they must protect people's rights.

People who used the service were consulted about their care and signed their agreement to the plans of care they helped develop.

People who used the service were supported to be independent. Plans of care were developed around gaining independence and we saw how people were supported to achieve their goals.

People had access to a complaints procedure if they wished to raise any concerns.

People who used the service and staff thought management was approachable and supportive.

Policies and procedures were reviewed and gave staff the information to equip them to work in a care service.

Management conducted audits and gained feedback from people who used the service and staff to improve the quality of service provision.

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.

The service used the local authority safeguarding procedures to report any safeguarding issues. Staff had been trained in safeguarding topics and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration and managers audited the system and staff competence.

Staff were recruited robustly to ensure they were safe to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

Staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained in the MCA and DoLS and should recognise what a deprivation of liberty is or how they must protect people's rights.

The service worked from a well-equipped office with rooms for training, private meetings and staff facilities.

Induction, training and supervision gave staff the knowledge and support they needed to care for the people who used the service.

Is the service caring?

Good

The service was caring.

We saw that staff had a kind and caring attitude with people who used the service.

We saw that people were offered choice in many aspects of their lives and told us they felt they were treated with dignity.

People were supported to become independent.

Is the service responsive?

Good

The service was responsive.

There was a suitable complaints procedure for people to voice their concerns.

Plans of care were regularly reviewed and contained sufficient details for staff to deliver their care.

Is the service well-led?

Good

The service was well-led.

There were systems in place to monitor the quality of care and service provision at this care home.

Policies, procedures and other relevant documents were reviewed regularly to help ensure staff had up to date information.

People and staff told us managers were approachable and they were happy with their support.

Short Term Assessment and Re-ablement Service

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 inspection and was conducted by two adult social care inspectors on the 03 January 2018. We announced our visit in line with our guidance to ensure there was someone in the office on the day of the inspection.

We requested and received a provider information return. This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. We used this information to help plan the inspection.

Before our inspection visit we reviewed the information we held about the service. This included notifications the provider had made to us. Notifications tell us about any incidents or events that affect people who use the service. We also asked Rochdale Metropolitan Borough Council and Healthwatch Rochdale if they held any information about the service. They did not have any concerns.

We spoke with three people who used the service in their homes (with their permission), the registered manager and four care staff members.

During our inspection we observed the support provided by staff in their homes. We looked at the care and medicines administration records for five people who used the service. We also looked at the recruitment, training and supervision records for four members of staff, minutes of meetings and a variety of other records related to the management of the service.

Good

Is the service safe?

Our findings

People who used the service told us, "They are very reliable. They come every day. I trust them and feel safe."; "The staff are trustworthy and well trained. They are also very reliable." and "I can trust the staff who come and look after me." A member of staff said, "I understand safeguarding practice, I've not had to report anything but I know who to report to and what issues to look out for. We do refresher training every three years in safeguarding."

From looking at four staff files and the training matrix (this is a record of all staff training) we saw that staff had been trained in safeguarding topics. The safeguarding policy informed staff of details such as what constituted abuse and reporting guidelines. There had been one safeguarding concern raised by a family member which was not founded and had not involved staff from this service. The service had a copy of the local social services safeguarding policies and procedures to follow a local initiative. This meant staff had access to the local safeguarding team for advice and the contact details to report any incidents. There was a whistle blowing policy available for staff to report any genuine concerns with no recriminations. This meant staff at the service knew how to help keep people safe.

We saw that any financial transactions were recorded by staff and audited by management. Receipts were retained if any money was spent. This included shopping for a person if required. This ensured people's finances were secure. The people we visited had family/friends who did their shopping for them.

We asked staff if they thought there was enough staff to meet people's needs. Staff we spoke with said, "We have had a lot of sickness recently, but we still have enough time to complete our calls, we don't have to rush" and "We are not rushed on calls, staffing levels are much better than anywhere else I have worked." There had not been any complaints about missed visits and staff told us they supported each other to attend people if they were held up with someone else. On the day of the inspection we saw the personal assistant (this is what the service call their care workers) who accompanied us contact a person to say they were on their way. The registered manager said they were able to cover shifts with the staff they had even though the numbers of people who used the service may change on any given day.

We asked staff if they thought they had sufficient time when they made their calls. Staff we spoke with said, "The rota works so well as we have lots of time to spend with people, if we have an hour we will spend it talking to people or helping people with extra bits they may need"; "The call runs are well organised, so lots of people have consistent care" and "We have generally got enough time for calls, people get the care they need." Staff had sufficient time to complete their tasks.

A member of staff we spoke with said, "I know of the procedures for reporting incidents, I know any issues are taken seriously." Any accidents or incidents were recorded and a permanent record retained on the on the local authority intranet. We saw management analysed the details, made recommendations, gave feedback to staff, people that used the service and families and monitored the situation to prevent further incidents. We saw risk assessments were reviewed when an incident or accident occurred. This helped to protect the health and welfare of people who used the service.

The service completed a risk assessment on the safety and suitability of people's homes. This assessment would highlight any possible hazards to the person, their care or staff. The service employed an occupational therapist who was available for advice or would visit a person's home to minimise any risks. Individual risks, such as a risk of falling was highlighted in the plans of care. This meant that as far as possible and risks to a person's safety was minimised.

People were referred to use the service by a wide range of professionals including GP's, nurses, social workers and hospital staff. Each person was assessed using the information provided, would be visited by a member of staff and with their agreement a plan was developed. Only people who needed help to stay at home rather than be hospitalised or need some support to get back to being independent are referred to the service. The assessment process ensured this was the right care package for people who used the service.

We looked at four staff files. We saw that there had been a robust recruitment procedure. Each file contained at least two written references, an application form with any gaps in employment explored, proof of the staff members address and identity and a Disclosure and Barring Service check (DBS). This informed the service if a prospective staff member had a criminal record or had been judged as unfit to work with vulnerable adults. Prospective staff were interviewed and when all documentation had been reviewed a decision was taken to employ the person or not. This meant staff were suitably checked and should be safe to work with vulnerable adults.

Staff were trained in the prevention and control of infection. However this service provided care to people in their own homes. The registered manager said that although they would point out any infection control risks people had the right to live as they wished. When we visited people we saw staff wore gloves and aprons (personal protective equipment - PPE) and washed their hands before and after any personal care. PPE was available when required. The use of PPE and handwashing helped prevent any possible spread of infection.

At the last inspection the policy and procedure for the administration of medicines did not fully provide the relevant guidance to staff. We saw at this inspection the policy had been reviewed and included information around controlled drugs. Controlled drugs are medicines which are stronger and more open to abuse. We did not see anybody who required these types of medicines at this inspection. The policies and procedures now gave staff the correct guidance to administer medicines safely.

At the last inspection two staff did not always sign the medicines administration records (MAR). This is especially important if the medicines are hand written onto the MAR. Quite often only one member of staff is assigned to a person. The service had changed their procedure and two staff checked the MAR record to check for accuracy. If a person only required one personal assistant at a time the next member of staff checked the times and dosage were correct and signed the record. This provided a safe system and helped eliminate any errors. We looked at three MAR in people's homes with their permission and two at the office. We saw where staff administered or prompted medicines two staff had signed the chart. However it is the aim of the service that people administer their own medicines and we saw in the plans of care who they were supported to achieve this. There was a daily record which showed how people progressed and when they had achieved independence in relation to self-administration.

All staff were trained in the administration of medicines and we saw records that showed their competency was checked to ensure their practice remained safe. The service had access to the National Institute of Clinical Excellence guidelines for managing medicines for adults receiving care in the community. This is considered to be the best practice guidelines for this type of service.

A person who used the service told us, "I have had my tablets reviewed. I am getting better with the support I am receiving." The service liaised with other professionals, for example a person's GP to have medicines reviewed and had access to all of the local authorities staff including a pharmacist should one be required for advice.

People were supported to obtain their own medicines and although they could store them where they wanted to we were told staff would advise them to keep their medicines safe.

We asked the manager what lessons they thought had been learned at the service to help improvement. The manager said more consultation with people about the care they wished to receive, gaining consent for care and support, updating policies and procedures to match practice and the safer administration of medicines. The manager also said a new tier of management (three new staff) that was planned would also improve the service, allowing more time for managers to visit people who used the service to audit what was happening, improve plans of care and meet some of the people who used the service, which was restricted at this time.

Good

Is the service effective?

Our findings

People who used the service told us, "I get one regular girl and she knows what she is doing. We sometimes get different staff but they have to have a day off." The service used a system to track when a personal assistant arrived at a person's home and how long they stayed for. When we accompanied a member of staff we saw that the person 'signed in' when they arrived and 'signed out' when they left. This gave managers and Rochdale Metropolitan Borough Council (RMBC) a means of checking that people received the care and support they needed.

The office was located within Rochdale Infirmary which is part of the Pennine Acute Hospitals Trust. The office contained all the necessary equipment to provide good support to staff and people who used the service including email access and telephones. There were rooms for administration staff, training, private meetings and refreshment areas for staff. The upkeep of the building was provided by the Trust but we saw that portable electrical items had been tested to ensure they were safe. There were regular fire drills to ensure staff knew how to safely evacuate the building and we saw fire extinguishers were serviced yearly.

The service had a business continuity plan which would ensure the service could continue whatever the emergency such as fire, loss of utilities or bad weather affecting staff. The registered manager said that they were able to run the service from their own homes if they needed to, using the internet and telephones. This meant people would receive the care they needed in crises.

People who used the service told us, "My appetite has changed. I am eating better now." People were supported to live independently and people were only supported to make meals if required. We saw how a member of staff supported people to make their own choice of meal and the guidance and support they gave them. For one person this was putting eggs on to boil. This person then completed the rest of their meal. Another person was encouraged to eat and settled for a milk pudding. This person had not been eating well but with staff support was improving.

A staff member said, "Part of our induction is to spot problems such as dietary problems. We liaise with a speech and language therapist (SALT) and dieticians. We have been received training around nutrition and special diets. We may also talk to the district nurses but we cannot force anybody to eat healthily."

All staff had been trained in safe food hygiene practices. However staff looked after people in their own homes and people could eat what they wanted to. A staff member said they would only intervene and seek help should a person's nutritional intake be poor. The registered manager confirmed this was correct and that they had in the past required the advice of a (SALT) or dietician. The abilities of a person to support their own nutritional needs was recorded in the daily notes and what progress they were making towards independence.

New staff received an induction and were employed on a six month probationary period. The induction included the codes of conduct, corporate plan, grievance and complaints procedures, disciplinary procedures, equality and diversity, health related absence policy, risk management, whistleblowing and

confidentiality policies. Staff new to the care industry were enrolled onto the care certificate which is considered to be best practice. One person was completing the care certificate. All new staff were then mentored by an experienced member of staff until they and management thought they were competent.

People who used the service said, "The staff are well trained. They all seem to know what they are doing" and "They are well trained. They know what they are doing. They have got me better." Staff we spoke with told us, "I am doing some training to support with behaviour that can be challenging at the end of the month"; "The training is comprehensive, and we can request bespoke training in areas that we think we need it"; "Training is always kept up to date, we refresh our knowledge regularly" and "I feel well trained, managers do the in house training, so we get to know each other well." We saw from staff records and the training matrix (this is an organisational record of all staff training) that staff received regular training and updates on all key topics. This included first aid, fire safety, safeguarding adults, mental capacity and DoLS, moving and handling, food safety, health and safety, infection control and medicines administration. Most staff had completed a recognised course in health and social care such as a diploma or NVQ.

Other training staff could undertake included effective communication, personal development planning, palliative and end of life care, epilepsy awareness, domestic abuse, privacy and dignity, diabetes awareness, person centred working, information protection, assistive technology, personal safety for lone workers, the role of the health and social care worker, equality and diversity, tissue viability and asthma awareness. From the records we saw staff had completed all of the training which ensured a well trained staff team.

A staff member we spoke with said, "There is a very open culture, we have regular team meetings and supervision to address any concerns we have and highlight any extra support that we need." Supervision sessions or 'one – one' with staff were regular. New staff were given a monthly opportunity to talk to managers and discuss how they felt or what they needed. There was a weekly staff meeting which was also regarded in part as group supervision. Staff also received supervision to discuss their careers and training needs. Supervision included medicines competency checks. Staff were able to bring up their training needs or thoughts of the service at supervision sessions.

Staff we spoke with said, "I understand about the mental capacity act and work to those principles, we have done some training about the MCA, we give people as much choice and control about their care as possible." and "I understand that we always assume people have capacity and support them to make choices, if we think people do not have capacity we take this to out managers so they can support us."

We looked at what consideration the provider gave to the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Most staff had completed training in the Mental Capacity Act and DoLS.

This is a rehabilitation and short term service that provided care to people who due to their incapacity needed some support to get back to independent living. Another role of the service is to provide care and support to people who may otherwise be hospitalised. Part of the remit is to get them back on their feet before the service withdraws. It is therefore highly unlikely that people would need any capacity

assessments or this would be done prior to a person using the service. All three people we spoke with had capacity to make their own decisions. If a person was unlikely to achieve the goal of independence the service had access to other services to decide what would be the next stage in their care. The service had good links with GP's, the local authority and health service.

At the last inspection there was no evidence to suggest people had agreed to their care and treatment. We saw at this inspection people had signed their consent to care and treatment, where required agreement for staff to support with medicines administration and for personal assistants to have access to keys to a person's home. This ensured people received the care and support they wanted.

Good

Is the service caring?

Our findings

People who used the service told us, "I get nurses as well as personal assistants. They are all very kind and caring"; "The service is marvellous. The staff I get are all very nice. The staff are a very close knit team and very helpful." and "I have used the service before. They are brilliant. They are like a family. They work well as a team. The staff are very kind." People we spoke with thought staff were caring.

Staff we spoke with said, "People love the service and wish we [STARS team] could stay on to support them" and "STARS came in to support my relative. They gave her really good care, which is how I learnt about the job"; "Staff are in consistent teams where possible" and "Honestly, it's amazing here. I've recommended STARS to friends who now work here."

We visited three people in their homes with their permission to talk to them about their care and support. All three were happy with the service they received from STARS. We saw two members of staff working with people. There was a good rapport between personal assistants and people who used the service. There was some friendly banter between staff and people who used the service. We also saw staff were professional in their manner and knocked or let people know they were coming into their home which also protected people's privacy. Staff were careful to leave properties secure.

A person who used the service told us, "The staff encourage you and are very helpful. They help you but encourage you to do things for yourself." One person we visited knew they had improved and the service would soon withdraw because they had recovered sufficiently well to be independent. This person said it was a shame they could not continue she had enjoyed their help that much. We saw from plans of care that independence was the goal and many people who used the service achieved it. We saw the daily records in particular gave a good account of how a person had been and how they were improving. If a person did not improve sufficiently the service arranged with other professionals for another care agency to take over and liaised with the agency to ensure a smooth transition from one service to the next. This helped with the continuity of care to the individual.

We did not see any breaches of privacy during our visits. One person spoke with the personal assistant out of earshot of the inspector and went into another room to receive the care needed. People told us staff were careful to protect their privacy and dignity.

Any records stored in the office were secure and only available to staff who needed to have access to them. All staff were taught about the importance of confidentiality and the protection of data. This included not using social media for any work related issues.

We did not see any people who used the service who had any ethnic or cultural needs. However the service is part of the local authority and health service and had access to a wide range of professionals within the organisations who could provide advice and support for any person who did have and specific needs. This would also include any person who had a problem with communication.

There were many thank you cards and compliments from people who used the service. Comments made in the cards included, "Thank you to all the smashing ladies who cared for me. I miss you all"; "The care staff were kind and efficient as they enabled me to do things for myself again. Independence with dignity"; "Thank you for all you have done for our relatives. It was really appreciated we would never have managed without you" and "Thank you for the help and generosity you gave me. Keep up the good work in all you do." This was a small selection from the many positive comments the service received.

Good

Is the service responsive?

Our findings

People who used the service told us, "I understand the staff sometimes have to come at different times but they always turn up. They let me know. They have helped me get lots of equipment" and "I was referred to this team because I felt so ill I wanted to go to hospital. The doctor referred me. I am so grateful for this service. It is very good and it has helped me with my fears. They have helped me stay in my own home." The service provided people with the equipment they needed to become independent. We saw one person had equipment provided to aid their mobility. Other technology the service used was minimal, mobile phones to track visits although the service did have access to a wide range of professionals who may advise or arrange for the use of any technology but this would not normally be in place before they left the service. Assistive technology training was also available for staff.

A person who used the service told us, "I have not had a look at my care plan. I get the care I need." At the last inspection plans of care did not show that people who used the service had helped to develop them. We looked at five plans of care during this inspection. The plans had been developed with people who used the service to ensure the care was delivered in an acceptable way to them. The plans showed us how the staff and the person who used the service discussed what was needed. The plans were divided into headings. For one of the plans this was personal care, medicines, meals and activities. It told us what care the person needed at the start of the care package. Daily notes recorded what staff found on each visit and if any improvements were made. Plans were updated to reflect any changes. We saw one person had improved so was self- administering medicines and doing more cooking for themselves. Another person had improved and aware that the support was likely to end. We saw that the plans of care reflected a person's needs and how staff supported them to achieve the goal of independence.

A staff member we spoke with told us, "We do a lot of end of life care and the palliative care training is called 'finding the words', it really prepares you for the reality of the work we are doing." Staff were able to be trained in end of life care but this service is highly unlikely to have referrals for palliative care. It is for short term care and reablement only.

Each person received a copy of the complaints procedure when they used the service in a document called a service user guide. This told a person how to complain, who to complain to and the timescales which the service would respond to any concerns. The complaints procedure gave people the numbers of Rochdale Metropolitan Borough Council (RMBC) and the CQC if they wished to take a concern further. The service had not received any complaints since the last inspection. The people we spoke with, questionnaires and comments we read did not have any concerns, only compliments about the service. There was a system to record and respond to complaints if required.

The service is part of the RMBC initiative to support people in their own homes to prevent hospital bed blocking or admissions. The service therefore had a wide range of services and professionals they can liaise with to ensure people get the right care and support. The service won the Health and Social Care Chronicle award in March 2017 for service provision at home which has reduced bed blocking and hospital admissions. Staff were rewarded with a meal. The registered manager ensured any compliments about

specific staff were sent to the staff member with a letter of thanks and congratulations.

The service did not provide activities as part of the service. The service may assist with shopping if it was a part of a person's care package.

Good

Is the service well-led?

Our findings

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager was first registered with the service in 2015.

We asked people who used the service if they were satisfied with their care and management. People told us, "I am very happy with all the help I get, like the proverbial pig in muck. You can talk to all the staff who come here."; "Overall I am very, very happy with the service I have received from STARS." and I can contact the office if I need to and speak to anybody. I am very happy with the STARS service."

Staff we spoke with said, "We work well as a team, communication is good across the board"; "Managers are very supportive, I feel I can report anything I need to"; "I'm very happy working here, my manager is always approachable." and "My manager is approachable and open, I feel listened to, their door is always open."

We asked what support staff got when out working with people who used the service. They told us, "I found someone had passed away recently and have been really well looked after by the managers, getting good post incident support and de-brief."; "The out of hours support is excellent, we can contact a manager any time to ask questions and they will come out to help us."; This is an excellent service, provides great support for people coming out of hospital and more often than not it prevents readmissions to hospital." and "All the managers are great. On call support is good out of hours."

This is a service that provides support to people on a short term to either help people back to independent living or to try to prevent hospital admission. We were told the average was 16 days where care and support was provided. When the person was assessed as being able to manage on their own they were asked to complete a satisfaction survey. We saw that the results were very positive. People were very satisfied with the service they received, the attitude and time staff spent with them, they had no concerns, people thought they were treated with dignity and respect and people thought the overall service was good with no comments for improvement. Comments made included, "All the ladies were wonderful and caring a credit to your organisation Thank you"; "Keep up the great work, each and every one of the workers have shown a high level of care. Thanks to you all"; "All staff were great, could not ask for better care" and "It was brilliant. I will miss the girls and guy."

We looked at some policies and procedures during the inspection. They included induction, handling service user's money, safeguarding adult's protocols, medicines administration, infection control, DoLS, the MCA, safer handling of people, safe use of hoists and slings, dignity challenge, a dementia guide, a diabetes guide, a stroke guide, confidentiality and lone working. All the policies and procedures had been reviewed in May 2017 and updated where necessary. This ensured staff had access to up to date policies and procedures.

The registered manager conducted audits to help monitor service provision. This included all aspects of a person's care and care plan, medicines, consent, staff training and supervision, staff visit and duration times and any feedback from people who used the service. This ensured the manager could maintain standards or point out to staff any shortfalls.

There was a staff meeting each week which was part meeting but also an opportunity to undertake group supervision topics. We looked at the records of the meeting held on 28 December 2017. Items on the agenda included any specific care needs a person may have, out of hours names and numbers of on call staff, asking people to complete the questionnaire, the importance of logging in and out, health and safety, use of work mobile phones, training, annual leave and ensuring people had enough medicines to cover the New Year. Staff were able to socialise and bring up topics if they wished and have their say in how the service was run. The meeting was produced as a newsletter and distributed to staff who had not attended to ensure they were included and kept up to date.

The registered manager was aware of the responsibility and what to report to the care Quality Commission. The latest ratings and current certificates were displayed in a prominent place. The local authority or Healthwatch Rochdale did not have any concerns about the service.