

# Larchwood Care Homes (North) Limited

## Wordsworth House

### Inspection report

Wordsworth Street  
Hapton  
Burnley  
BB12 7JX

Tel: 01282778940

Date of inspection visit:  
13 March 2019  
14 March 2019  
19 March 2019

Date of publication:  
17 April 2019

### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service: Wordsworth House is a residential care home and is registered to provide accommodation and personal care for up to 40 older people and people living with dementia. At the time of our inspection, 27 people were using the service.

People's experience of using this service: We found improvements had been made since our last inspection.

People told us they felt safe at the service. There were enough staff available to provide care and support; staffing arrangements were kept under review. The provider followed safe processes were in place to make sure appropriate checks were carried out before staff started working at the service.

Staff followed some good processes to manage people's medicines safely. Some improvements were made during our visit and the registered manager agreed to ensure checking systems were developed.

The provider had arrangements in place to promote the safety of the premises, this included maintenance, servicing and checking systems. People were protected by the prevention and control of infection.

Staff were aware of the signs and indicators of abuse and they knew what to do if they had any concerns. Staff had received training on safeguarding and protection matters.

People's needs were being assessed, planned for and reviewed. Each person had a care plan which was designed to ensure their needs and choices were met. People were supported with their healthcare needs. Changes in people's health and well-being were monitored and responded to. Where necessary, people received appropriate medical attention.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems at the service supported this practice.

People made positive comments about the caring attitude of staff. They said their privacy and dignity was respected. We observed staff interacting with people in a kind, pleasant and friendly manner. Staff were respectful of people's choices and opinions.

There were opportunities for people to engage in a wide range of group and individual activities. Visiting arrangements were flexible, relatives and friends were made welcome at the service.

There was a suitable standard of décor and furnishings to provide for people's comfort and well-being.

People said they were satisfied with the variety and quality of the meals provided at the service. Their individual needs and preferences were catered for. People were supported to enjoy the mealtime experience.

People had an awareness of the service's complaints procedure and processes. They indicated they would be confident in raising concerns. Some complaints records were unclear and lacked detail. We have made a recommendation about complaints management.

Arrangements were in place to encourage people to express their views and be consulted about Wordsworth House. They had opportunities to give feedback on their experience of the service and suggest improvements.

Improvements had been made with checks on quality. A variety of systems and processes were in place, to regularly monitor and improve the service. There were management and leadership arrangements in place to support the effective day to day running of the service.

Rating at last inspection: Requires Improvement. (6 March 2018) At this inspection the overall rating has improved to Good.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will plan a follow up inspection as per our inspection programme. We will continue to monitor the service and if we receive any concerning information we may bring the inspection forward.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

# Wordsworth House

## Detailed findings

### Background to this inspection

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

**Inspection team:** This inspection was carried out by one adult social care inspector, a specialist advisor (medicines management) and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Wordsworth House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. The service provides personal care and accommodation for older people and older people living with a dementia. Nursing care is not provided.

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

**Notice of inspection:** We inspected the service on 13,14 and 19 March 2019. The first day was unannounced.

**What we did:** Before the inspection, we reviewed the information we held about the service, including notifications and previous inspection reports. We contacted Lancashire County Council contract monitoring team, the local authority safeguarding team and Healthwatch. We used information the provider sent us in the Provider Information Return. This is information providers give us annually about the service, it includes what the service does well and any improvements they plan to make. We used our planning tool to collate and analyse all the information, to help us plan our inspection.

During the inspection we spent time people who used the service and observed how they were supported. We talked with eight people who used the service and two relatives. We talked with three care workers, two team leaders, the deputy manager, chef, activity coordinator, housekeeper, maintenance person, registered

manager and area manager. We also spoke with two visiting healthcare professionals.

We looked around the service and reviewed a sample of records, including three care plans and other related care documentation, two staff recruitment records, complaints records, staff meeting records, and quality assurance records and various audits.

After the inspection; we received additional information to confirm improvements with medicine management and ongoing refurbishment.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection on 30th and 31st January 2018 there were shortfalls in providing safe care and treatment. We asked the provider to make improvements in safely supporting people with medicines and infection prevention and control. At this inspection we found improvements had been made.

### Using medicines safely

- Improvements had been made in managing people's medicines safely and properly.
- We observed people were given their medicines in a very caring way and staff were knowledgeable about them.
- People told us that their medicines were well managed. They said, "I only get medication when I need it, for example if I have a headache. They always give it to me if I ask for it" and "I get them [medicines] more or less at the same time every day." A relative commented, "He does get [medicine] at night time. I have been here when he has been given them."
- Clear and accurate medicines management records were kept and medicines were safely stored.
- Staff providing support with medicines had completed training. Their competence had been assessed. Medicine management policies, procedures and recognised guidance was available.
- The registered manager ensured there were regular audits of medicine management practices.
- We noted some improvements were needed. Including ensuring records confirmed the application of eye drops and topical creams. We discussed these matters with the registered manager who took immediate action to make improvements. We were assured audits would be updated to ensure continued progress.

### Preventing and controlling infection

- Improvements had been made in the prevention and control of infection.
- People said, "It's very clean no smells, I just take it for granted because it's always clean," "My bedding is clean and so is my room" and "Yes, very clean, my bedding and laundry is always nice and clean and fresh."
- All the areas we saw appeared clean and hygienic. There were domestic and laundry staff and cleaning schedules, recording and checking systems to maintain hygiene standards.
- Staff had access to and used, personal protective equipment, including disposable gloves and aprons. Infection control and food hygiene training was provided.
- The housekeeper was an infection prevention and control 'champion' and regular audits had been completed to maintain hygiene standards.

### Systems and processes to safeguard people from the risk of abuse

- Safeguarding incidents had been reported in line with local protocols. Records and discussion showed there had been fewer safeguarding incidents since our last inspection.
- People's told us, "I have my walking frame to keep me safe from falling and staff are kind and friendly so

yes I am safe," "I feel I am safe living here" and "I couldn't manage at home I am safer living here." A relative said, "He has a lot of health problems so staff keep an eye on him all the time. So yes, he is safe living here with the staff that look after him."

- We observed people appeared relaxed and content in the company of staff and managers. Staff supported people safely with their mobility needs.
- Staff were aware of safeguarding and protection matters. They described what action they would take if they witnessed or suspected any abusive practice.
- Staff had received training on adults at risk and positively supporting people's behaviours.
- A visiting health care professional told us they had never seen anything untoward, no shouting or abusive practice.

#### Assessing risk, safety monitoring and management

- People's individual well-being and safety was risk assessed, risk management plans guided staff on minimising risks to keep people safe.
- Individual risk assessments included: falls, nutrition, skin integrity, moving and handling, support with medicines and behaviours. Risk assessments had been regularly reviewed and updated in response to changes. People had individual evacuation plans for emergency situations.
- Processes were in place to maintain a safe environment for people who used the service, visitors and staff.
- Maintenance checks were completed and fire drills and fire equipment tests had been carried out. We noted some matters in need of attention, including a lack of suitable bedroom door locks and the floor covering in one toilet. These were rectified during our visit and we were assured progress was ongoing.

#### Staffing and recruitment

- Staff recruitment procedures protected people who used the service and there were enough staff deployed to meet people's needs safely.
- The required checks had been completed prior to staff commencing work.
- The provider had disciplinary procedures to manage unsafe and ineffective staff conduct.
- There were sufficient numbers of staff to support people to stay safe and meet their needs. Most people had no concerns about the availability of staff. They said, "I think [there are enough staff] so, I am not often kept waiting," "There is always staff around. When they walk passed and you ask for help you get it," "Yes there is always someone around" and "I find there is enough staff." One relative said, "I think there could be more staff in the lounge, but I am so happy with the way they look after him."
- The provider had processes to monitor, review and adjust staff deployment, in response to people's dependency needs. Staff told us staffing arrangements were satisfactory and that the staff rotas were covered.

#### Learning lessons when things go wrong

- Lessons were learned and improvements made, when things went wrong.
- Staff kept records of accidents and incidents. Managers and staff were aware of their responsibility to report and record untoward incidents.
- The provider had processes to monitor incidents, share outcomes and improve the service, to help prevent similar incidents and reduce risks to people. The provider had recently developed their systems to further promote a 'lessons learnt' approach.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed and their care and support delivered to achieve effective outcomes.
- The registered manager described how people's needs and abilities were initially assessed to ensure the service could meet their needs.
- Care records included the person's initial assessment and information from health and social care professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to make specific decisions had been assessed as required. The support they needed with making decisions was reflected in their care plans.
- The registered manager had taken appropriate action to apply for DoLS authorisations through local authorities in accordance with the MCA code of practice. Conditions on authorisations were being met.
- We observed staff were patient and encouraging when supporting people to make decisions. They involved people and got their agreement before providing care and support.
- Staff understood the importance of gaining consent and promoting the rights and choices of people. One staff member said, "We explain everything and we ask them. It's their dignity, all the staff are very good on that."
- There were signed agreements on consent. Including consent to care, support with medicines, night time checking and contracts of residency.

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

- People's health and well-being was monitored and they had access to healthcare services. They were

offered activities to promote their well-being, including gentle exercises.

- People said, "If they think I need a doctor they would send for one," "I will tell the staff and they would get the doctor if necessary," "I would ask to see my own doctor if I was unwell." A relative told us, "They check his temperature heart rate and blood pressure. They will get the doctor if necessary."
- The care planning process included people's medical histories and health and wellbeing needs.
- Visiting health care professionals told us the service had improved. They confirmed they were appropriately made aware of people's health concerns and plans for treatment were followed through.

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

- People were assisted to receive care and attention from healthcare professionals and mental health teams.
- The service was part of a scheme, to promote the effective sharing of information when people moved between services. People had 'emergency health care plans' for sharing relevant information.
- Advanced nurse practitioners visited the service twice per week. The service had access to remote clinical consultations; this meant staff could seek professional healthcare advice at any time.

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

- People were supported to eat and drink enough to maintain a balanced diet.
- People made positive comments about the food and catering arrangements. They told us, "No complaints. I wouldn't say there is a great choice, but they come and ask what we would like in a morning," "I enjoy the fishcakes we are having today. I have plenty of drinks in my room" and "They do accommodate me well with vegetarian food and I get enough choice." A relative told us, "I sometimes have my tea here; the food is very good. They will make [my relative] anything he wants."
- At lunchtime we observed people were offered choices and given time to eat. They were sensitively supported to be independent with their meals and enjoy the mealtime experience.
- Records were kept of people's specific dietary needs, likes and dislikes. Staff monitored people's food consumption as required. Weights were checked and recorded at regular intervals and healthcare professionals liaised with accordingly.
- People had access to drinks in their rooms, in lounges and dining rooms. Staff frequently asked people if they would like a drink or a refill and encouraged people to drink. There 'snack boxes' so people had access to food between meals.

Staff support: induction, training, skills and experience

- The service made sure staff had the skills, knowledge and experience to deliver effective care and support.
- People said, "From what I have seen, staff are always on top of things I haven't seen any staff struggling to look after people properly" and "Yes they are well trained because they know how to do certain things."
- Staff said they had completed training. There were induction programmes for new staff. There was ongoing training to help ensure they understood people's needs and were able to provide effective support.
- Staff had, or were supported to achieve nationally recognised qualifications in health and social care. They had regular one to one supervision meetings with their line manager and an annual appraisal.

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

- People's individual needs were met by the adaptation, design and decoration of premises.
- People were happy with the accommodation. They had been supported to personalise their bedrooms and keep them as they preferred.
- There was a good standard of furnishings. People had access to the enclosed garden area. A 'family room' had been introduced, for people to meet and relax with their visitors.
- The provider had given consideration to providing a suitable environment for people living with a

dementia, including colour schemes, floor coverings, signage and reminiscence.

- We found some areas would benefit from review, including bathing facilities and some general decoration. The provider had processes to monitor and support a program of ongoing refurbishment which showed these matters were in hand.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness, respect and compassion and that they were given emotional support when needed.
- People told us staff were very caring and helpful and support was always there. They said, "They look after me how I like and they are kind," "No complaints about attitude they are all very friendly," and "They treat me very well and are kind to me." A relative said, "They love him and he loves them they are kind to him. Not only the carers but the kitchen staff and the cleaners."
- We observed respectful and sensitive interactions between people using the service and staff. Staff showed empathy and consideration, when responding to people's needs and providing reassurance.
- Staff and managers knew people well. They were aware of their individual preferences and personalities. One staff member described how they supported people living with dementia to have a good quality of life. They said, "We have to go to their world to help them make the best of their time."
- Staff were aware of protecting and respecting people's human rights. People had 'life story books' which included their background histories, experiences, lifestyles choices, religion and cultural heritage.
- A visiting healthcare professional described staff as warm, caring and empathetic.

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

- People were consulted and involved with day to day matters.
- People described how they made decisions about their care and lifestyle choices. They said, "They do explain things to me" "I talk to staff and we discuss things" and "I sometimes have disagreements with them I talk to them and we sort it out."
- People made mixed comments on involvement with their care plans. They said, "I have heard about a care plan, but I don't know," "I do know about my care plan it is around here in my room somewhere" and "I look after myself I don't know about a care plan." However, we found where possible, people had been involved and consulted about the content of their care plans and with ongoing reviews.
- Staff had time to spend talking with and listening to people. We observed people were offered choices and involved in discussions. One staff member explained, "We sit with people and ask them about their life story. We explain things and involve them in their monthly evaluations."
- There was an information guide to the service. There were leaflets available from services providing health and well-being advice, also details of local advocacy services. Advocates can speak up for people and provide support with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was upheld. They told us how they were supported with their appearance

and personal care needs. One person commented, "They are kind and polite. Nine times out of ten they knock on my door before coming in."

- Staff explained how they promoted privacy and encouraged independence, in response to people's individual abilities, needs and choices. One staff member said, "We aim to support people to be independent. We encourage them to do things for themselves or get them to try."
- We observed people doing things independently. They told us, "They do know I am independent so I look after myself," "I don't need help but they would know what to do if I did," "I am independent, but if I ask for help they help me" and "I have dementia, but I can make my own decisions."
- Positive relationships were encouraged. Visiting times were flexible and people told us of the contact they had with families and friends. We observed several visitors at the service, all were greeted in a welcoming and polite manner. There were 'family tree' displays to recognise and celebrate relationships with families and friends.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- We found improvements with the planning and delivery of care. People received personalised care that was responsive to their needs. One person said, "They look after me how I like" and a visitor commented, "They are excellent and definitely do know how to look after [relative]."
- Each person had a care plan which was designed to meet their needs. People's individual needs and choices had been assessed. Person-centred details described how care and support was to be provided.
- Staff regularly reviewed people's care plans and updated them when necessary, to respond to people's changing needs. Daily monitoring records were kept of people's well-being and the care the support provided to them.
- Staff had ongoing access to people's care plans. There were regular staff 'hand over' discussion meetings to communicate and share relevant information.
- A visiting healthcare professional told us, the managers and staff were always onto things and they were not afraid to ask and share information.
- The service understood and had responded to The Accessible Information Standard. People's sensory and communication needs were assessed and their individual support needs responded to. Some written information had been produced in a 'user friendly' style, menus included photographs and information had been read to people.
- The provider offered a range of activities and opportunities for stimulation and engagement. An activities coordinator organised events in response to people's needs and preferences.
- People had mixed views about activities, they said, "They keep me occupied there is plenty to do," "We could do with a bit more to do. I am an outdoor person I would like to go out more," "There are activities after lunch, but I will go back to my room. I like my own space," "No I am bored, I would like to go out for a walk more often" and "I do like playing skittles."
- Plans in place to improve the programme of activities. We observed various group and one to one activities.
- People's interests, life experiences and skills were sought and recorded. There were social interaction care plans. Records were kept of people's participation and experiences with activities.
- The service held resident's/relatives meetings. The records of meetings showed various topics, had been discussed. We discussed with the registered manager and staff, ways of promoting activities and involvement, to help empower people and promote their rights and choices.
- Technology was used to respond to people's needs. There were call and alarm systems for peoples well-being and safety.
- The managers used the internet to promote good communication, access relevant information and staff training.

#### Improving care quality in response to complaints or concerns

- People's concerns and complaints were listed to and acted upon to make improvements.
- People spoken with said they would feel confident in speaking up, if they had concerns or wished to make a complaint. They told us, "I would tell the staff if I was unhappy about something."  
"I would talk to the manager" and "The manager would sort it out."
- One person told us they had recently made a complaint and this was ongoing. A relative described how they were happy with the way a concern was handled. We received some concerns relating to care and support during the inspection. The registered manager proactively responded to the issues raised and commenced an investigation.
- The provider's complaints procedure was on display in the service. This provided directions on making a complaint and how it would be managed, including timescales for responses.
- The complaints log showed the number and nature of concerns received at the service. The provider had a tracking system for monitoring complaints. The complaints recording process was inconsistent. Although we could see complaints had been received and dealt with, some records did not clearly show how the concerns were investigated, managed and resolved.
- We recommend the provider seeks advice and guidance from a reputable source, about the management and learning from complaints.

#### End of life care and support

- End of life care was provided when necessary, in response to people's preferences and changing needs.
- Any advanced decisions were sensitively obtained, agreed and recorded, to ensure care was delivered in line with the person's wishes.
- The service worked with other agencies as appropriate, when responding to people's specific end of life needs.
- The registered manager had introduced ways for people to express their feelings and condolences by writing discreet messages. The 'family room' offered relatives overnight accommodation should they wish to remain close by.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

At our last inspection on 30th and 31st January 2018 there were shortfalls in monitoring and governance processes. The provider was asked to make improvements in ensuring the service complied with regulations. At this inspection improvements had been made.

Continuous learning and improving care

- The service had improved the quality of the care and support provided to people.
- Processes were in place to regularly check medicine management, control and prevention of infection, care planning, accidents, falls, staff training, health and safety, refurbishment and people's mealtime experience. Although we found some matters for development, we were assured progress would be made.
- Regular provider quality monitoring visits were completed. Any shortfalls were identified and an action plan for development implemented to make improvements to the service.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Wordsworth House had a very welcoming, friendly, homely and inclusive atmosphere.
- People said, "They look after the residents well," "It's lackadaisical at times, but with a comfortable, caring, friendly and a homely feel" and "It's friendly and people are kind."
- At our last inspection there was low staff morale. At this inspection progresses had been made. Comments from staff included, "Staff morale is good most of the time," "It's getting better, staffing has improved, we have some really good carers," "Teamwork on nights is really good" and "The management have made a lot of changes. I have seen a huge improvement."
- The registered manager had organized a staff teambuilding project, to promote improve working relationships and well-being. The provider had incentives to give recognition to staff for performance and conduct. A 'keyworker system' linked staff with specific people, to promote a more personalised service.
- The registered manager and area manager were proactive in their response to the inspection process. They expressed a genuine commitment to progressing the service and fulfilling their legal responsibilities, including if something was to go wrong.

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

- Leadership and direction was strengthened by the improved management arrangements.
- People commented, "The manager is called [name] she talks to me all the time. She does run it to a good standard," "[Name] is in charge. We have lots of chats you can talk to her. She is approachable and has banter with me" and "The manager is very nice." A relative said, "They do a good job. I haven't seen anything



untoward from management they are approachable."

- At our last inspection the previous registered manager had left the service. A new manager had been appointed and they were now registered with CQC to manage the service.
- There was an established management team. Rotas were arranged to ensure there was always a senior member of staff on duty to provide leadership and direction.
- Staff had been provided with job descriptions and contracts of employment which outlined their roles, responsibilities and duty of care. They had access to the service's policies and procedures for guidance. There were designated staff 'champions' with responsibilities for aspects of care provision.
- The service's vision and philosophy of care was reflected within the service's written material including, the statement of purpose, publicity material and policies and procedures. The registered manager was proposing to define an overall 'mission/vision statement' with the involvement of people who used the service and staff.

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

- People were consulted on their experiences of the service and could influence improvements.
- People's opinions and experiences of the service were considered in care reviews and resident's meetings. A computer tablet in reception enabled people and visitors, to send feedback on their experience of the service direct to the provider.
- The provider carried out an annual quality assurance consultation for people who used the service, their families and staff. A survey had been carried out in August 2018. The responses had been reviewed, collated and shared.
- Action had been taken to develop the service, as a result of responses in consultation surveys.
- Regular staff meetings were held; various work practice topics had been raised and discussed. Staff said they could voice their opinions and make suggestions for improvement. One staff member said, "The manager has made a lot of changes here. I have seen a huge improvement. If the residents have asked for things, she has pushed and pushed to make improvements."

Working in partnership with others

- The service worked well with relatives and other agencies, including health care professionals and social services.
- The provider had procedures for reporting events to the CQC and other organisations, such as the local authority safeguarding and deprivation of liberty teams.
- The service's CQC rating was on display at the service and their internet website.