Active Prospects

18 Wolverton Gardens, Horley (Active Prospects)

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

About the service
18 Wolverton Gardens is a care home providing accommodation and personal care to up to five people living with profound learning disabilities and complex physical health needs. The home is a purpose-built bungalow. At the time of the inspection five people lived in the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The service applied the principles and values of Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. These ensure that people who use the service can live as full a life as possible. People using the service received person-centred support that was appropriate and inclusive for them.
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People's experience of using this service and what we found
People's well-being was enhanced as a result of the way staff cared for them. People were encouraged to be as independent as possible and to be involved in decisions about their care. People were treated with consistent respect and dignity and staff valued people's individual characteristics. They had personalised care plans that guided staff on how to meet their care and communication needs in a person-centred way.

Family members told us their relative was safe. Staff understood their roles in safeguarding people from harm. Risks to people were assessed and identified. There was guidance for staff on how to manage these risks safely. There was a process to identify learning from accidents, incidents and safeguarding concerns. There were enough staff to meet people's needs and safe recruitment practices were in place. Medicines were safely managed. Staff were supported to ensure they had suitable skills and knowledge to meet people's needs.

People were asked for their consent before care was provided. People's nutritional needs were assessed and monitored. There was access to health and social care professionals as required. There was an accessible complaints system and there had been two complaints since the last inspection. These were resolved in a timely manner.

Family members and staff told us the manager promoted an open culture of communication and staff confirmed they felt well supported by him. The provider used effective systems of quality assurance and governance which improved people's experience of care.

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

Rating at last inspection
The last rating for this service was GOOD (published 03 October 2017).

Why we inspected:
This was a planned inspection based on the previous rating.

Follow up:
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Well-led findings below.

18 Wolverton Gardens, Horley (Active Prospects)

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
Two inspectors carried out the inspection.

Service and service type
18 Wolverton Gardens is a 'care home'. People in care homes receive accommodation and personal care as 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 did not have a manager registered with the Care Quality Commission at the time of the inspection. The home's manager had recently applied for registration with the CQC and their application was being processed at the time of this inspection. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

Before the inspection
We used the information the manager sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed the evidence we had about the service. This included any notifications of significant events, such as serious injuries or safeguarding referrals. Notifications are information about important events which the provider is required to send us by law.

We used all of this information to plan our inspection.

During the inspection
We spoke with two people who lived at the home and one visiting health professional. Some people were unable to tell us about their experience. We observed the support they received and their interactions with staff. We spoke with five staff including the home's manager, the provider's service manager and care staff.

We looked at care records for two people, including their assessments, care plans and risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed. We checked medicines management and recording and accident and incident records.

After the inspection
We spoke with two relatives for their comments on the service. We also received feedback from two professionals who regularly visit the service. We continued to seek clarification from the provider to validate evidence found. We looked at training records, staffing schedules and further documents related to people's care.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection, this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
● People were protected from the risk of abuse and unsafe care. People told us they felt safe, one person commented, "Staff make me feel safe." A family member said, "Staff keep my relative safe; I have no doubt about that."
● Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. One member of staff said, "I feel confident about reporting any safeguarding concern; safeguarding is always on the team meeting agenda."
● Records confirmed that staff had regular training in safeguarding. There were established policies and procedures in relation to safeguarding, including information in an easy read format, available to people living in the home.

Assessing risk, safety monitoring and management
● Risks to people's health and well-being were identified, and care plans had been put into place to help reduce or eliminate the identified risks. People had individual risk assessments which reflected their current needs including choking, dietary and financial abuse. Measures to mitigate risks were detailed in the risk assessment; which also considered any safeguarding risks or risk of self-harm.
● Equipment identified in care plans was provided to minimise risks. For example, an occupational therapist recommended installation of a tracking hoist for the bathroom to minimise risk to two people. We saw documentation which showed the hoist was scheduled for installation one week following inspection. There was written guidance in place for staff on the safe use of equipment.
● Risks associated with the safety of the environment and equipment were identified and managed. The manager told us maintenance jobs were quickly dealt with by the provider's maintenance team. We saw documentation which confirmed electrical equipment and fire safety checks were completed, as well as Legionella testing. Regular fire drills were carried out which noted response times and identified any issues which need to be addressed.

Staffing and recruitment
● There were sufficient staff deployed to keep people safe and meet their needs. A family member told us, "There is low staff turnover which means that I have developed a good relationship with the staff team."
● The provider followed safe recruitment systems and processes to protect people from the employment of unsuitable staff. All records were held at the provider's head office. We received staff recruitment records after inspection which included the full range of necessary checks, such as identification, right to work and criminal records checks.
● Staff said on occasions when a shift member rang in sick, they were replaced by bank or agency staff as

soon as possible. One told us, "It is usually only a matter of a couple of hours before a replacement arrives."

Using medicines safely

● People received the right support to take their medicines as prescribed and medicine recording practices were safe. The manager regularly observed and assessed staff to ensure they understood the correct procedures for administering medicines safely. There were appropriate arrangements for the ordering, storage and disposal of medicines. The provider sent us a pharmacy audit following our inspection which did not record any concerns.

● People had their own lockable medicine cabinets in their rooms. Each person had a medication profile which recorded the level of support needed to manage their medicines. Profiles also listed the medicines people took, their purpose and any special instructions for administration. We confirmed that the correct protocol was followed where one person was given a medicine covertly.

● Easy read information about medicines was available to people. This included advising people of their right to refuse medicines and what support to expect from staff. There were individual protocols in place for 'as and when required' (PRN) medicines. These protocols included why, when and how to give PRN medicines and gave clear instructions regarding dosage. Staff we spoke with were aware of everyone's requirements.

Preventing and controlling infection

● There were systems to help prevent the spread of infection and staff had received training in this area. All areas of the home were visibly clean. A visiting professional told us, "There is never an odour here."

● Care staff told us they were responsible for ensuring the home was clean and tidy as part of their daily schedule. One member of staff told us, "I understand the importance of infection control and always wear gloves and aprons." We observed staff removed protective clothing as soon as they finished a task.

● A member of staff was the infection prevention and control (IPC) lead for the home. They told us they were allocated extra work time to meet with other infection control leads in the organisation so that best practices could be shared with each other and the staff team at the home. The member of staff met each month with other IPC leads across the organisation. We saw that information and learning from these meetings was shared at the staff team meeting.

Learning lessons when things go wrong

●The provider promoted an open and transparent culture in relation to accidents and incidents.
Staff told us they were encouraged to report any incidents. One member of staff told us, "I never worry about reporting something, I know I will not be punished for it."

● Staff told us of how an incident which involved one of the people they supported led to a revised care plan. This identified behavioural changes to be aware of and actions to take to ensure their safety which were included in the care plan. An action plan from a debrief and learning record from another incident resulted in a follow-up medicines audit by the manager.

● Team meeting minutes recorded discussions around learning, including from other services within the organisation. A member of staff told us, "This is a great way to feel in touch with the organisation as a whole and understand some of the challenges in other parts of the service."

Good

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● Assessments of people's needs were completed in consultation with them, their representatives and, where appropriate, health or social care professionals. People's protected characteristics and preferences were considered. Staff told us this informed the way in which they supported people.
● Health professionals were consulted to address risks where these had been identified through the assessment process. For example, we saw evidence of contact made with a speech and language therapist for an assessment about concerns of a person's risk of choking. There was contact with a dietitian for nutritional advice for other people in the service.

Staff support: induction, training, skills and experience
● Staff had sufficient training supervision and support to understand how to meet people's needs. A family member told us, "They (staff) all appear to know what they are doing. I think they are well trained."
● Staff received regular training on a wide range of suitable topics to support people's needs. These included safeguarding vulnerable adults, moving and handling, food and nutrition and infection control. They also had training on supporting people's specific health needs such as dementia and mental health. One member of staff told us, "We are reminded when we need to update our training and we can ask for more if there is something extra we would like to do."
● Staff were also supported to grow and develop through regular supervision and appraisal. A member of staff told us, "Supervision helps me reflect on my work and it makes me feel very supported by the manager."

Supporting people to eat and drink enough to maintain a balanced diet
● People's nutritional needs were supported. A family member told us, "[My relative] is very fussy with food and staff manage this very well. They have even managed to support them [relative] to lose weight." Snacks and drinks were freely available and regularly offered to people.
● Healthcare professionals were consulted for advice about dietary needs where needed. We observed staff supported people to eat safely and as independently as they could. This was in accordance with people's specific nutritional and hydration needs documented in their care plans. We saw fluids were thickened according to dietetic guidance.
● Care workers prepared all meals and were trained in food hygiene, diet and nutrition. We noted the meal provided on the day of our inspection did not reflect what was on the menu. We discussed this with the manager, who told us menu planning would be reviewed to include a main meal as well as a range of daily alternatives for people.

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

● People had access to healthcare services when they needed them. People regularly saw their GP, dentist or optician.

● Staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service. One visiting professional told us, "Staff are proactive about calling the surgery. They share relevant information which helps to inform our visits."

● People's care records detailed the wide range of healthcare professionals' advice which staff implemented. Staff we spoke with understood each person's differing health needs. For example, where a person had additional mobility or nutritional needs, they made a referral to physiotherapy or speech and language therapy.

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

● The environment was suitably maintained and adapted to meet people's needs. The home was all on one floor and wheelchair accessible throughout. The lounge and dining area was open plan and spacious. People were able to walk freely between both and staff were able to manoeuvre wheelchairs safely. There was an accessible outside paved area and garden.

● People had personal belongings in their bedrooms which reflected their likes and interests.

● We saw confirmation that a ceiling tracking hoist was scheduled to be fitted following inspection. This was recommended by an occupational therapist to make the bathroom more accessible to meet the specific needs of two people.

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

● People were supported to maintain their health and professionals told us how staff were quick to respond to any decline in their well-being. The provider delivered oral care in line with appropriate national guidance to maintain and improve oral health and ensure prompt access to dental treatment.

● Health action plans were in place for each person. These included details of all the medicines the person took and how staff should prepare these for administration. The health action plans also included support plans specific to each person's healthcare needs, as well as information on the medical condition.

● A visiting professional told us staff ensured there were current blood pressure and weight records available on each home visit. They also said there were no instances of recurrent urinary tract infections or concerns about skin integrity, stating, "Which I take to be a sign of good care."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● Where there were authorised applications to deprive people of their liberty for their protection we found

that the required paperwork was in place, any conditions were being followed and kept under review to consider a reapplication when needed.

● People and their relatives told us staff always asked for people's consent before they provided care. We observed staff consistently sought consent from people before they supported them. For example, they asked a person's consent to enter their room when they were not in it. We also heard staff asking a person if they could support them to wipe their face after eating.

● Staff showed they understood the legal requirements around people's mental capacity. One staff member told us, "I ensure all information is provided to help a person make a decision and know that sometimes this may be an unwise decision.

● There were policies in place which promoted positive behaviour support principles and proactive management of behaviours that may challenge. This was in line with national best practice guidelines and ensured that people were supported in the least restrictive way.

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
● Staff treated people in a kind and respectful manner. One person told us, "Yes, staff are nice." A family member told us, "I don't worry about [my relative's] future care because I know they are in the capable hands of kind staff." Another family member said, "The staff are always so kind and caring."
● Staff demonstrated a caring approach and engaged with people proactively and positively.
People received their care from a consistent staff team, some of whom had worked at the home for several years. When agency staff were used, the provider ensured they supplied staff already known to people.
● People's 'Aspirational Outcomes' document included an exploration of their sexuality and relationships.

Supporting people to express their views and be involved in making decisions about their care
● Staff knew how to recognise people's different means of communication. A member of staff told us, "I know by looking at people's body language what they want. It is very important to understand the importance of what is not said as well as what is said."
● Throughout the inspection, we heard staff offering choice to people and giving them time to respond. One staff member told us, "I speak calmly and ensure the person understands what is being said; given time, they are usually able to make a decision."
● A family member told us they felt they could express their views through conversations with staff and the manager. They said, "I am kept informed of everything, they always tell me what is going on and update me immediately so that I can contribute my view."

Respecting and promoting people's privacy, dignity and independence
● Staff encouraged people to be as independent as possible. They told us this was important, no matter how small the achievement might appear. We observed that staff encouraged people to do things for themselves. For example, they prompted a person to pick a cup, put a teabag in the cup and supported them to boil the kettle. A member of staff told us, "We work as a team to give people all the support they need to be as independent as possible."
● We saw throughout the inspection staff treated people with consistent respect and dignity, in the manner they addressed or approached people and the way they provided care. Care plans reflected people's choices and wishes about how they spent their time, including bedtimes. Relatives confirmed this was the case. One told us, "My [relative] is supported to go out and about a lot and this is exactly how they want to live their life."

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

● People had detailed personalised care plans that described their health care and support needs and included guidelines for staff on how to best support them. This document was called 'This is me' - key information to inform my support.'
There was a one-page summary which give an overview of the person and their needs. Care plans outlined support needs for staying safe, health, nutrition and hydration, lifestyle and cultural needs.

● A relative told us, "[My relative] is well settled and staff understand their high level of needs, wants and demands. A lot of stuff has been put in place to manage all this."

● People had individualised 'aspirational outcomes' developed with them to identify goals and achievements and these were part of their care plan. Staff referred to these when writing daily notes. For example, one person expressed a wish to go out more to local shops. Daily notes reflected that they went to the shops regularly. A family member told us the manager and care staff encouraged them to share views on their relative's care at reviews of care meetings.

● The provider promoted positive behaviour support principles and proactive management of behaviours that may challenge. Positive behaviour support plans focussed on certain aspects of behaviour. For example, to assist a person to get up at a certain time or to ensure a prescribed low-calorie diet was followed.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

● Management and staff understood people's communication needs and preferences. Information was available in a variety of formats to meet people's communication needs. These included easy read and pictorial versions of the provider's complaints procedure, support plan and activity plan.

● People's communication needs were assessed and recorded in their care plans. Staff were aware of people's communication needs and how to offer them support in ways they understood. Each person had a visual timetable and one person, at their own request, had a talking clock to enable them to know what activity they were due to do.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

● Staff enabled people to participate in a range of activities which supported their physical and emotional wellbeing. The manager told us they wanted to increase the range and provision of in-house activities for those who were less able to go out into the community. The provider's activities advisor was booked to meet with people and staff and develop a range of additional activities.
● We saw people's activity plans included days out, cinema and shopping trips, learning independent living skills and engaging in activities which promoted healthy eating and weight loss. A family member told us, "The service has really increased the number of external activities [my relative] does. They are hardly ever in."
● The service placed a high level of importance on helping people to maintain and develop relationships. Family members we spoke with said frequent contact with the home and their relative was actively encouraged by the staff team. One family member told us, "Staff make me feel welcome whenever I visit and always make me a cup of tea as soon as I come in the door." Another told us their relative was encouraged to speak with them on the telephone each week, with support from a member of staff. They said they enjoyed this regular contact and felt included in their relative's life.

Improving care quality in response to complaints or concerns
● The home had a complaints procedure which was displayed for people's reference and was also available in an easy read format. The manager showed us their system to monitor any complaints and identify learning and we saw there had been two complaints since the last inspection. These were resolved according to the provider's complaints policy and we saw photographic evidence of the resolution.
● Family members told us they had not needed to make a complaint but if they did they would speak with the manager or staff first. A relative said, "The new manager is very nice, and he always stops to speak with me. I would feel comfortable to raise anything with him. I don't think the service can be improved on."

End of life care and support
● One person had an end of life care plan which recorded their and their family's wishes and preferences to ensure they were respected. The local authority had undertaken responsibility to complete plans for the remaining four people and these were not yet completed.
● The manager told us there was a current planning process to provide end of life care for people to spend their final months at home rather than in hospital. Preliminary contact was made with the local hospice to discuss staff training needs and support. Discussions were planned with family members and advocates.
● This was discussed at staff meetings and staff were given the opportunity to consider the impact this was likely to have on them. We spoke with a member of staff who was aware of the plan to enable people to die at home. They said, "It's right that people should be able to die in their own home when possible. For sure I would need some training, but I would be happy to be able to provide such care."

Good

Is the service well-led?

Our findings

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

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
● There was a positive culture in the home which placed people at the centre of service delivery. Family members told us, "It's so obvious when I visit that everything the staff do revolves around my relative and others in the home." The manager told us they wanted to create an environment where privacy and dignity were respected and for staff to encourage independence in people.
● A family member told us, "There is a very homely atmosphere here which encourages [my relative] to continue to learn more and more." A staff member told us they were proud to work for the organisation and said, "We all do our best to help people reach their full potential."
● Staff spoke positively about the manager and the support they received from them to do their job well. They told us they worked well as a team and took part in daily handovers and communicated well with each other to ensure good outcomes for people. They said there were opportunities for career progression in other parts of the organisation.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The provider had a duty of candour policy that required staff to act in an open and transparent way when accidents occurred. There were processes in place to help ensure that if people came to harm, relevant people would be informed, in line with the duty of candour requirements.
● The manager told us they had not had occasion to act on the duty of candour but understood the requirement to do so. Staff told us they knew about the duty of candour and the importance of honesty and transparency when something went wrong.
● The manager and staff understood their roles and contributions to service delivery. Where potential safeguarding concerns occurred, they were open and transparent with the relevant authority as well as CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
● The manager had effective quality assurance systems to ensure safety, quality and improvement were consistently monitored. They understood their role and notified CQC of incidents as required. They were aware of the need to display their inspection rating on the provider's website and at the service.
● There was visible leadership and management presence at the service. There was an organisational structure in place and staff understood their roles and responsibilities. There were regular staff meetings

where information was shared to ensure effective communication across the home.

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

● The provider had arrangements in place for gathering people's views of the service and those of people acting on their behalf. The feedback gathered from the 'people we support' surveys was consistently positive. Staff told us the monthly team meeting was, "A good place to raise things and hear information about other parts of the organisation."

● Staff recorded the views of people they supported. One person was supported to attend the provider's 'pro-active committee' and contribute to the organisation's policies and future direction. The manager told us that future surveys would be carried out by people independent of the service for greater transparency.

● Relatives told us they had updates from staff each time they visited. One told us, "There would be no point in having a relatives' meeting as there are not many relatives, I prefer the individual update I always get when I visit." The provider distributed a monthly newsletter with other items of interest and points of information.

● A member of staff attended a 'staff forum' with the human resources manager each month. Information about changes in legislation or policies and how this impacted on people's work was shared. Staff discussed these changes at the next staff meeting.

Continuous learning and improving care; Working in partnership with others

● The provider encouraged continuous learning and development within the service. The manager told us they ensured staff were regularly updated on any new provider policies, procedures and available training.

● The service worked with other professionals, such as healthcare workers and intensive therapists, to deliver a consistent quality of care to people. A visiting professional said, "This service is very sensible about calling us in good time. I never have to worry about staff following my instructions."

● The provider took quality improvement actions. For example, during an unannounced waking night visit, poor care was identified. The manager made further unannounced visits until there was consistent improvement. The manager told us peer audits done by managers from other services was a valuable way to share learning between services. These reviewed people's support, finances, medication and the general day to day management of the home each month.

● A member of the senior leadership team audited the home in December 2019. The focus was to ensure people had all the required support and resources to maximise their physical and emotional wellbeing. The auditor noted that there were no exercise-based activities on the activity plan. The manager confirmed that the provider's activities advisor was booked to audit the current provision in the weeks following inspection.

● People who could go out into the community had links with local shops and resources. Where possible, people maintained their independence through access to community resources such as the local dentist and doctor where it was possible to do so.

● One professional we spoke with after the inspection told us, "Staff always engage well with the person and give a good account of any arising issues since my last visit."