

Hamberley Care 1 Limited

Caddington Grove

Inspection report

175 London Road
Dunstable
Bedfordshire
LU6 3DX

Tel: 01582320750
Website: www.hamberleycarehomes.co.uk

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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:

Caddington Grove is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 66 people. Caddington Grove accommodates people across three separate floors. One floor specialises in providing care to people living with dementia.

People's experience of using this service and what we found:

People and their relatives were positive about their care. One relative told us, "All the staff are natural carers, compassionate and keen to do a good job. I can go home and not worry and know that [family member] is perfectly safe and being cared for."

Risk assessments around people's nutrition and hydration did not always clearly state how much food and drink people needed to be safe. We have made a recommendation to the service about reviewing and updating people's risk assessments.

People were supported with kindness, respect and compassion. Staff had taken the time to get to know people and knew how to communicate with people in their preferred communication methods and encouraged people's independence. People were supported to make choices about their care and how they would be supported by staff members.

People received personalised care which met their needs. There were a variety of activities both in the service and in the community which people could choose to take part in. People were supported to try new things which may interest them or help them to maintain skills which were important to them, such as their mobility.

People were protected from harm and abuse by systems and checks in place at the service including areas such as the premises and medication. There were enough staff to support people safely.

People were supported by a knowledgeable staff team who received training and supervision which supported them to be effective in their job roles.

People gave mixed feedback about the food at the service. However, the registered manager and staff team were responsive to people's requests in this area and were constantly working to meet people's wishes and needs. People were supported to visit or be visited by health professionals when this support was needed.

The premises had been adapted to support the needs of people. Signage and decoration on the top floor of the service supported people living with dementia to orientate themselves and understand the facilities at

the service.

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 had access to a complaints policy and complaints had been responded to and actioned in a timely manner. People had been supported to discuss plans for the end of their life if they chose to do so.

The registered manager was very visible at the service and promoted a positive culture for people and the staff team. The registered manager and the providers representatives completed audits and checks to monitor the quality of the service.

People were put at the centre of the service and were encouraged to take part in all aspects of the development of the service. The registered manager and staff team had a passion for working with others and this promoted and ensured good outcomes for people. People told us, and we saw that people benefited from these outcomes.

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

Rating at last inspection:

This service was registered with us on 25 July 2018 and this is the first inspection.

Why we inspected:

This was a planned inspection based on when the service registered with the Care Quality Commission.

Follow up:

We will continue to monitor information 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Caddington Grove

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by two inspectors, an assistant inspector 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:

Caddington Grove is a 'care home'. People in care homes receive accommodation and nursing or 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 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:

This inspection was unannounced.

What we did before the inspection:

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return. 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 used all this information to plan our inspection.

During the inspection:

The two inspectors, the assistant inspector and the expert by experience visited the service on 11 July 2019. One inspector visited the service on 12 July 2019.

We spoke with 11 people who used the service and five relatives about their experience of the care provided. We spoke with three care staff, one registered nurse, the clinical lead, the wellbeing and lifestyle coach, the chef, the registered manager, the provider's head of commissioning and the provider's quality lead. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included three people's care records which included all aspects of care and risk including medication records. We looked at two staff files in relation to recruitment, staff supervision and training. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

After the inspection:

The registered manager sent us further evidence in relation to training data and quality assurance records.

Is the service safe?

Our findings

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

At this inspection this key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- On the first day of our inspection we observed lunch. One person was assessed as needing their food prepared for them at a certain consistency. A bowl of salad was placed in the middle of the table for people to help themselves. This person picked up a tomato and ate it. We alerted staff to this and they confirmed that this type of food was not safe for them. This person came to no harm from this incident on this occasion.
- The registered manager took immediate action and the procedure at lunch time was changed. On the second day the registered manager had asked for more support from a speech and language therapist (SALT) and had reviewed and updated the persons care plans and risk assessments. The registered manager told us that they would discuss this incident as an agenda item in staff supervisions. We were satisfied that action had been taken to prevent this incident from re-occurring.
- People had risk assessments in place for areas such as mobility, eating and drinking and the administration of medicines. Some of these risk assessments did not give a lot of detail about how to support people. For example, eating and drinking risk assessments did not identify how much food or fluid a person needed to eat to be safe.

We recommend that the registered manager review and update people's risk assessments to ensure that they contain the required information necessary to monitor people and to keep them safe.

- We observed staff supporting people with moving and handling and with eating and drinking according to their risk assessments. One person told us, "I cannot walk without the help of two staff. They walk with me on the frame and make sure there is always a chair nearby in case I get tired and need to sit down."
- People had risk assessments in place for what to do in the event of a fire. There was a fire risk assessment in place at the service.
- The registered manager and the staff team completed health and safety checks to ensure that the service was safe.

Preventing and controlling infection

- We saw an agency member of staff using a tablecloth to dry their hands and use this same tablecloth to dry up plates after people's lunch. This was not good practice regarding infection control. Staff addressed this with the agency member of staff following our observation.
- We observed that the service appeared fresh and clean in all areas during our inspection. One relative told us, "I visit a lot and it is always clean and tidy here."
- Staff had training in infection control and told us that they had enough equipment to keep the service

clean.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel so safe because the staff are so attentive, and they work so hard." A relative said, "Everything is as promised and [person] is as safe as can be. Staff are always about and observing."
- Staff had training and a good understanding of safeguarding people from abuse. One staff member said, "If I saw something was wrong I would report it to the registered manager straight away. In extreme cases I can whistle blow to the local authority or the CQC."
- Staff had access to a safeguarding policy which detailed actions to take if there were any concerns.
- The registered manager showed us that potential safeguarding incidents were reported to the correct authorities and investigated. This meant that measures were put in place to keep people safe.

Staffing and recruitment

- People and their relatives told us that there were enough staff to support them. A relative told us, "There are enough staff although I think there will need to be more as more people come in."
- The registered manager put more staff on shift at busy times of the day following feedback from people. One person said, "We did not think there were enough staff in the evening. [Registered Manager] has appointed a couple more staff for the evening and this will make it better."
- Staff members told us that there were enough staff on shift to support people safely.
- People's requests for support were dealt with by staff promptly. For example, if a person wanted a drink then they did not have to wait for this.
- Staff answered people's call bells in a timely manner. The registered manager showed us call bell logs. These showed that call bells were answered promptly when people needed support.
- The registered manager had robust recruitment procedures and checks in place to ensure that staff were suitable to work at the service.

Using medicines safely

- People felt well supported with their medicines. People told us, "I don't have any problems with medicines. That is all handled by the staff for me." and, "I take my medicines by myself. The staff help me record and check it to make sure I have taken them properly."
- Registered nurses administered all medicines at the service. The registered manager told us that they were in the process of training other staff to complete these responsibilities as well.
- We observed medicines being administered and this was completed in line with best practice.
- The registered nurses and some of the staff team had training in medicines administration. Staff had a good knowledge of what was important to remember when supporting people with their medicines.
- People who required as and when (PRN) medicines had protocols in place which told staff when these were needed.
- Registered nurses and the registered manager completed weekly and monthly audits of medicines. We saw that these were effective at monitoring medicine stock levels and correct storage temperatures.

Learning lessons when things go wrong

- The registered manager showed us that when incidents had happened, action was taken to prevent them from re-occurring. For example, following a person having several falls, a falls prevention plan was put in place for the person. The falls policy and electronic systems were going to be updated so that staff could record falls for separate monitoring.
- The registered manager showed us that where errors happened in areas such as medication, these were recorded and investigated. This prevented the errors from happening again and we saw that errors had

reduced.

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.

At this inspection this key question has been rated as good. 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

- People's needs were assessed before they began using the service. Detailed assessments included people's emotional and social needs as well as information about their likes, dislikes and preferences. These assessments were used to create people's care plans.
- A person who had recently moved in to the service told us that the experience had been positive. This consisted of a visit to the service and a discussion to ensure that they were happy with the support they would be receiving.
- The registered manager told us, "We only accept new admissions if we can meet people's needs. For example, we have asked for one person to see the SALT before they come and live here to make sure we can support them safely."

Staff support: induction, training, skills and experience

- Staff members received an induction when they started working at the service. One staff member said, "The induction was good and gave me everything I needed. I had training for a week and then I worked with experienced staff until I felt confident." Staff members also completed the Care Certificate, a nationally recognised qualification, which prepares them for their job role and duties.
- Staff members received training in areas such as moving and handling, safeguarding and health and safety. Some staff members training needed refreshing. The registered manager showed us that this was in the process of being organised.
- Staff members had a good understanding of the areas which they had been trained in. We observed staff supporting people with tasks such as moving and handling and saw that staff were confident in doing this. One person told us, "The staff are all well trained. They all appear to be very helpful."
- Staff members told us that they felt supported and were able to request additional supervision from the management team if they needed this.
- Formal staff supervisions had not been recorded according to the provider's policy. The registered manager told us that this was an area that needed improving and showed us that formal supervisions were now taking place regularly.

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

- People gave us mixed feedback about the food that was prepared at the service. People told us, "The food here is excellent." and, "We always get a decent meal here. My belly is never empty!"
- However other people told us, "It is the repetition of the menu which is disappointing. Chicken five times a week sometimes!" and, "I like a nice piece of cake, but I am allergic to eggs. [Staff] seem to have problems producing cakes without eggs."

- Despite these comments we saw that a variety of food was provided to people based on their choices and preferences. The registered manager had involved people in choosing menus and meal ideas and these were put in place by the chef.
- We observed people being supported at lunch time. Food served looked and smelled appetising. However, we did notice that some people waited longer for their meals than others and noted that staff did not appear to work and communicate well to serve the meals. Although this did not impact on the temperature or quality of food provided, we reported our findings to the registered manager.
- The registered manager told us that they would work with the staff team to improve the meal time experience for people based on this feedback. On the second day of our visit we saw that improvements were already underway, and that people were not waiting for their meals.
- People's dietary needs and preferences were clearly recorded in people's care plans. One person told us, "I am allergic to wheat but [Chef] knows that. They make a point of telling me they know."
- Where necessary, people's food and fluid levels were recorded and monitored to prevent the risk of malnutrition and dehydration.
- People had access to food and drink at all times of the day and night and were regularly prompted to eat and drink by staff members.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access health professionals. One person told us, "I was not feeling well so [Staff] called the doctor out. I have medicine to use twice a day now." A relative said, "[Staff] arranged for a [health appointment] for [person] and this has made a big difference to them."
- A registered nurse was contacting a GP to support a person. This meant that the person would receive the support that they needed.
- Records of visits from health professionals were recorded and used to update people's care plans and risk assessments. The registered manager showed us evidence that people were being supported by health professionals such as SALT's, physiotherapists and chiropodists.
- People were encouraged to exercise in organised activities and during the day.

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

- The second floor of the service was being used by people living with dementia. There was appropriate signage to help people find their way around the service.
- The service had a hair salon, a cinema room, a large garden and a sensory room. People enjoyed using these facilities during our inspection.
- People were encouraged to personalise and decorate their own bedrooms. People's bedrooms were spacious and well decorated. This meant that people could be independent in areas such as personal care due to the space available to them.
- Adapted bathrooms were available for people to use. This meant that people had a choice of whether to have a bath or a shower.

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.

- People were asked for consent before staff supported them. One person said. "The staff are very polite and always ask before they help with good intentions." People were being supported in areas such as meal times and activities. Staff clearly asked people if they could support them and informed people of the reasons for the support.
- The registered manager complete assessments of people's capacity where this was necessary. Decisions were made in people's best interests if they lacked capacity.
- Some people using the service had a DoLS in place. These had been put in place using the correct legal procedures.
- Staff received training in the MCA and had a good understanding of how to apply this in their job roles.

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.

At this inspection this key question has been rated as good. 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

- People were positive about the care they received. People told us, "The staff are brilliant here." and, "I am absolutely happy here and would not go anywhere else. Nobody has ever been rude or unhelpful to me."
- A relative said, "The staff are always kind and polite and very respectful. More like friends really."
- Staff knew the people they were supporting well and had a good understanding of people's likes and dislikes. We observed caring interactions between people and staff throughout the inspection. For example, one person who was upset spent time with various staff members speaking about topics which interested them. This helped the person feel better.
- People were happy and relaxed in the presence of the staff team. Staff spoke to people in a kind and friendly manner. One person did not communicate verbally, and we saw that the staff understood the gestures that this person used to indicate that they would like more food.
- People's care plans and daily records completed by staff were written using respectful language.
- People had been supported to write down a fact about their lives and place this on a 'memory tree.' This was then used by the staff team to get to know the person and engage them in conversation.

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

- People told us they could make choices about their care. One person said, "I have had tea and toast and juice for breakfast. [Staff] always give me a choice of jam or marmalade. I can choose when to get my hair done. Brilliant."
- People's choices were respected during our inspection. People made choices in areas such as what to eat and what activities to take part in during the day. Staff members supported people to make choices in their preferred communication methods.
- It was unclear if people and their relatives had been involved in the creation of their care plans. One person said, "I don't think I have a care plan as such." A relative told us, "I think [Person] does have a care plan here but I have not seen it."
- The registered manager showed us that they were updating the care planning software and policy. This would clearly record how people were involved in their care plans and the reviews of these.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person said, "Staff always knock on my bedroom door and ask if it is okay for them to come and help me. "Staff knocked on people's bedroom doors before supporting them throughout our inspection.
- People's independence was promoted. One person told us, "I do not mind asking the staff for help but I

like to be independent and I can do that here." We saw one person being supported to drink independently following minimal staff support. Another person was supported to mobilise independently with staff offering only verbal prompts.

- Staff members had a good understanding and knew how to promote people's privacy, dignity and independence.

Is the service responsive?

Our findings

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

At this inspection this key question has been rated as good. 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 received personalised care which met their needs. People's care plans detailed how to support them with their specific needs such as living with dementia or catheter care. A relative said, "[Person] was discharged from hospital with a catheter which caused some problems at first but [staff] were very responsive. [Staff] are excellent in that respect."
- Staff had a good understanding of each person's individual care needs, likes and preferences. For example, how a person liked to have their drink or how to talk to a person when they were unhappy or feeling anxious.
- People told us that the registered manager and staff were responsive to their needs and requests. One person told us, "I found the banging doors very alarming at first. We told [registered manager] and he got maintenance to adjust the doors. [Registered manager] is very responsive like that."
- Staff members had received training and had a good understanding of person-centred care. One staff member told us, "It is about individualised care. Approaching people in a personal way and adapting to their needs."
- The service had been decorated with photos and pictures of events and famous people from the past. We saw staff using these to engage people in conversation and people appeared happy to reminisce and talk about their history.

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.

- People were communicated with in their preferred communication methods. Staff supported people to make choices using short and clear sentences. Where people did not use verbal communication, staff had a good understanding of the signs and gestures that people used to communicate.
- The registered manager showed us that they were continuing to adapt to people's changing communication needs. Menus and activities were being produced using symbols and pictures to help people understand their choices more easily. These were displayed on noticeboards and on dining tables.

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

- People were positive about the variety of activities on offer. People said, "There is always something going on or somewhere to go out. Even yesterday staff asked me if I wanted to go and buy some craft supplies

because they thought I might enjoy it." and, "I do get out to various events. I went to an inauguration of a vicar which I found very interesting."

- One person living with a health condition had been supported to make and sell greetings cards to raise money for others living with the health condition. This person told us that they were very proud of this.
- People were taking part in several activities during our inspection. This included an exercise class, a cinema showing and an activity where people completed well-known phrases. People told us, and we saw that these activities were enjoyed. People who chose not to take part in activities were given one to one support to discuss topics which interested them.
- The registered manager and staff team were passionate about organising events at the service. These included bringing in live reindeer at Christmas. Staff were arranging a seaside event. This involved sand, an amusement act and coconut shy's being brought to the service to give people the experience of being by the beach. People told us they enjoyed and were looking forward to these activities.
- The registered manager employed a wellbeing and lifestyle coach and they had trained the care staff to support people with activities as well. This meant that the whole staff team were able to engage people in activities.
- Several pieces of technology were used to support people. This included a large table on the second floor which allowed people to play games or complete memory exercises. One person enjoyed using this and was visibly very happy in their interactions with the staff member supporting them. The wellbeing and lifestyle coach was working with an outside organisation to use technology to help people understand exercise more easily.
- The registered manager had ensured that there were dedicated areas of the service where people could meet with family members and friends in private.

Improving care quality in response to complaints or concerns

- People told us they knew how to make a complaint. One person said, "I've never had the need to complain but I would if I needed to. I can't think why I would because [staff] always tell me to speak up if there is something I do not like."
- There was a complaints policy in place at the service. Complaints were responded to in a timely manner and that actions were put in place to ensure that the reason for the complaint did not re-occur.

End of life care and support

- People where they had chosen, were supported to put plans in place for the end of their life. One person had recently started to receive end of life care. The clinical lead showed us that a detailed end of life plan was being discussed and put in place for this person.
- The registered manager told us that they would be addressing end of life care plans with people and their families again when care plans are reviewed.
- Staff had training in supporting people at the end of their life and had a good understanding of this subject.

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.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager and the staff team had a clear understanding of their roles and the impact that this had on people's lives. One staff member told us, "Dignity, empowerment and creativity is what we promote for people living here. This is their home and we want it to feel like one."
- The registered manager and staff team completed regular checks and audits to monitor the quality of the service. These covered areas such as care plans, medicines, and health and safety checks. Actions were taken depending on the findings of these audits.
- The registered manager reported all notifiable incidents to the correct people such as the local authority safeguarding team. Outcomes of these notifications were shared with the people they concerned. A relative said, "[Person] had a few falls recently and [registered manager] contacted me very quickly to explain. Very open to discussion and gave me all the information I needed to help understand the changes they needed to put in place."
- Staff had clear plans in place and understood what to do in the event of an emergency situations such as a fire.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and the staff team were passionate about supporting people as individuals. During our inspection there was a positive atmosphere at the service and staff were positively engaging with people at all times throughout the day.
- The registered manager was very visible in the service throughout the inspection and it was clear that they knew people and the staff team well.
- People were engaged at all levels of the management of the service including menu planning, staffing interviews and activities offered at the home. This meant that good outcomes were achieved for people.

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

- The registered manager had strong values about supporting people to be involved in the running of the service. Meetings were held with people in all areas of service management and clear records and actions of these meetings were completed based on people's requests. For example, staff now wore name badges as people had asked for this. A 'residents' shop' had also been set up based on feedback from people.
- People were kept up to date with changes made at the service with a newsletter called the 'Caddington

Times.' People told us that they liked this as it reminded them of what was happening and of activities which they had taken part in.

- People were positive about the management of the service. One person said, "[Registered manager] is very good and I have had plenty of management training (in my past) to verify that."
- Staff were equally positive about the management of the service. One staff member said, "[Registered Manager] promotes new ideas. I have freedom in my role and I am empowered in my role to create new activities."
- Meetings and regular surveys regarding the quality of care also took place with relatives of people using the service.

Continuous learning and improving care

- The registered manager was committed to improving the service. The registered manager was trialling several new pieces of technology to improve the way that information was recorded. This would make it easier to identify trends and put support in place for people if needed.
- The registered manager kept clear records to show how the service had been improved based on audits and feedback from people and relatives.

Working in partnership with others

- The registered manager and staff team had a strong commitment to working with the local community. There were links with other care homes and people living with dementia in the community who were able to come and use the facilities at the service and socialise with people. The registered manager and staff team had links with local schools. Children from the schools came and completed activities with people. People told us that they enjoyed this.
- The well-being and lifestyle coach had linked with a company which helped people with limited mobility needs. People using the system that the company provided had shown to improve their mobility.
- The registered manager told us that he was well supported by the provider.
- The head of commissioning and quality lead told us how they worked with the registered manager to monitor the quality of the service.