

Sanctuary Care Limited

Briggs Lodge Residential and Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Briggs Lodge Residential and Nursing Home is a care home providing accommodation with personal and nursing care for up to 66 people. The service provides support to people over 65 years and people living with dementia. At the time of the inspection there were 52 people using the service.

Accommodation is provided on 3 floors accessed by stairs and a lift. People have their own room with en-suite facilities. There are also communal toilets, bathrooms, lounges and dining areas. There is a cinema room, café, bar and a hairdressing salon. People can access the garden from the ground floor. Some rooms on the ground floor also have access to the garden.

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

Prior to our inspection we received concerns about staffing numbers being too low. During this inspection, we found there were not always enough staff to support people in a timely way. People and relatives told us weekends were times when they noticed lower levels of staff. Whilst there was no impact seen to people's safety, people noticed their call bells took longer to be answered. Relatives noticed the front door took longer to be answered at a weekend.

The registered manager told us recruitment had been successful, but staffing had been a challenge. They used agency staff to fill gaps in rotas but had not needed to use them as often in the month prior to the inspection. Staff calling in with short notice sickness had been a concern, but the registered manager was addressing this with support from the provider.

Staff had been recruited safely and received training when they started employment. Training covered a range of topics including safeguarding, infection prevention and control and manual handling. Staff we spoke with understood their role in safeguarding and how to report any concerns. The service reported any concerns to local authority safeguarding teams and notified CQC when needed.

People had a personalised care plan which was regularly reviewed. All records were held electronically and only accessed by staff with the required log in passwords. Information about people's life history and guidance on how they wanted their care delivered was recorded.

Overall risks to people's safety were assessed with risk management plans in place for staff to follow. We found behaviour support guidance for 2 people was not in place. This was addressed during our inspection. Additional monitoring to mitigate risks had taken place and was recorded. We found conflicting records for 1 person; their notes were not consistent with a record on an accident form. The registered manager took immediate action to address this shortfall.

People's medicines were safely managed. Staff had training on how to safely administer medicines and their competence was regularly checked. There had been issues with obtaining medicines stock from the

pharmacy, but the registered manager was reviewing suppliers to make improvements.

The service was clean throughout, and staff had cleaning schedules in place to cover all areas of the home. Staff wore personal protective equipment (PPE) when needed and there were specific areas identified to store, put on and take off PPE. People had COVID-19 risk assessments in place which helped to identify people more at risk of catching COVID-19.

People were able to have visitors when they wished. We observed family members visiting all times of the day and in the evenings. Activities were taking place which anyone was welcome to join. Special events were planned for national celebratory days such as Easter and the new King's coronation. Information about activities people enjoyed was recorded in their care plans.

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 at the end of their life had their wishes recorded. Staff worked with local healthcare professionals to make sure people had medicines they needed to be comfortable at this time in their lives. Local GPs visited weekly and other healthcare professionals could be called if needed.

There was a registered manager in post. Staff told us they were approachable and visible in the service. Staff told us there was good teamwork amongst staff and good communication. Systems were in place to manage complaints and information about how to complain was available. Quality monitoring was regularly carried out by the management team and the provider. This meant the provider had a good oversight of how the service was performing. Any actions identified were added to an overall service improvement plan.

Meetings were held regularly. People could attend weekly 'residents meetings' and staff had opportunity to also meet to discuss changes and ideas. Systems such as keyworker, named nurses and resident of the day were in place. These helped people to discuss their care and make sure their preferences and wishes were known.

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 requires improvement (published 12 August 2021).

Why we inspected

We received concerns in relation to low staffing numbers and the impact on people's care and the approach of the registered manager. As a result, we undertook a focused inspection to review the key questions of safe, caring, responsive and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We found some evidence that improvement was required for staffing but found no evidence during this inspection that people were at risk of harm from these concerns. Please see the safe, caring, responsive and well-led sections of this full report.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Briggs Lodge Residential and Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Briggs Lodge Residential and Nursing Home

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 Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors and 2 Experts 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

Briggs Lodge Residential and Nursing Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Briggs Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced and the first day of the inspection started at 7.45pm.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, and we used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 12 people and 4 relatives about their experiences of care received. 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 spoke with 16 members of staff, the registered manager and the regional support manager. Following our site visit we also spoke with a further 9 relatives on the telephone.

We reviewed care records for 14 people, multiple medicines records, health and safety records, 4 staff recruitment files, cleaning schedules, accidents and incidents, complaints, compliments, safeguarding records, personal emergency evacuation records, staff training data, service improvement plans, dependency levels, staff rotas for 4 weeks, quality monitoring audits, meeting minutes, analysis for falls, accidents and safeguarding and various policies and procedures.

Is the service safe?

Our findings

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

At our last focused inspection, we rated this key question requires improvement. At this inspection the rating has remained 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.

Staffing and recruitment

- This inspection was carried out due to concerns we received about low staffing numbers. During the inspection, we found there were times when staff numbers had been inconsistent.
- For example, at nights the provider had assessed 6 staff were needed. On our first day of inspection, we observed there were 5 members of staff working the night. One member of staff had called in sick prior to the night shift and staff had not been able to cover the shift. The registered manager was in the building and told us they would help staff if needed.
- People told us at times there was not enough staff and weekends were difficult. Whilst people were not impacted by any shortages, they told us their call bells, or the front doorbell took a bit longer to be answered.
- Comments from people included, "Staffing is much worse at weekends, and this has been going on for a while" and "I do feel safe when I am being looked after but there are never enough staff. There are long waits for the call bell to be answered sometimes and at weekends it is much worse."
- The provider used a call bell system which could not be monitored. This meant the provider was not able to monitor call bell response times in response to specific feedback or concerns. The registered manager told us they could set off a call bell and time the response, which they did. However, this did not enable the provider to check response times on specific shifts when any concerns were raised.
- People, relatives and staff told us they had noticed an improvement with staffing but further improvement was needed. One person said, "There didn't used to be enough staff a while ago, but it is getting better." One relative said, "[Registered manager] has held her hands up to staff shortages. She is truthful and upfront. She told us, 'We're hoping it will get better' and, at the last client and family meeting we were told they were fully staffed."
- Staff we spoke with told us there were enough staff, but short notice sickness could be difficult to cover. Comments from staff included, "Yes, there is enough [staff], it used to be bad, but fine now" and "I think there is [enough staff]. Sickness lets us down but there are enough staff hours. I think the manager is doing what she can, she will come out and help and we get agency where we can. We manage ok."
- The registered manager told us the service was fully recruited now but staffing had been difficult. In the month prior to the inspection, for the first time the home had used minimal agency. The registered manager said she was addressing unplanned absence with support from the provider. This would help address the levels of short notice sickness and provide people with consistent numbers of staff available to meet their needs.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe. Comments included, "Yes, I feel safe but nothing special,

just the staff are around when I need help", "There are very good facilities here, [relative] is safe and well looked after" and "They [staff] are absolutely wonderful there and they have learnt of [relative's] little ways and have made [relative] feel completely safe and relaxed. It is lovely to see how [relative] is now compared to before."

- Systems were in place to help safeguard people from the risk of abuse. Staff had safeguarding training and opportunities to talk about this in meetings and supervisions.
- Staff we spoke with were knowledgeable about abuse and knew how and when to report any concerns. Staff were also aware of the whistleblowing process.

Assessing risk, safety monitoring and management

- People who experienced distress reactions did not always have guidance in place for staff to follow. This meant staff would not use a consistent approach to respond to incidents of distress. We raised this with the registered manager during the inspection who took action to put guidance in place.
- We found one person had guidance in place for staff to check on them hourly as they had experienced a potential seizure. Records did not demonstrate hourly checks had taken place. The registered manager told us this was a record keeping concern, the checks had taken place but not been recorded. They would address this with staff concerned.
- We reviewed risk assessments relating to different aspects of people's care, including the risk of falls, malnutrition, and skin damage. All assessments had been reviewed regularly.
- Some people had been assessed as being at risk of malnutrition or dehydration and were having their food and fluid intake monitored. Records in relation to food and drink monitored had been completed in full. There were daily targets recorded and there was a process in place for targets to be monitored during the day.
- Some people had been assessed as being at risk of pressure ulcers. Care plans detailed any pressure relieving equipment in place and informed staff how often they should support people to change their position. All the air mattresses we looked at were set correctly.
- Health and safety checks for the premises and building were taking place and being recorded. Regular checks on areas such as fire safety were being carried out internally and by external contractors.
- We found for 1 week, safety checks had not been recorded as the maintenance person had not been at work. The registered manager assured us the checks were carried out but not recorded in the correct logs. They would make sure they were recorded in the right place in future.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Using medicines safely

- At our last inspection we found medicines were not well managed. At this inspection we found medicines

were managed and stored safely.

- At our last inspection we found there were issues obtaining stock from the pharmacy. At this inspection, whilst the pharmacy still had issues with some stock, staff were using a local pharmacy to make sure people had their medicines. The registered manager told us they were in the process of changing pharmacies to improve stock availability.
- People had their medicines administered by staff who had completed training and had their competencies assessed.
- Some people were prescribed additional medicines on a 'as required' basis. There were protocols in place informing staff when people might require these medicines.
- People who were prescribed topical medicines such as creams and lotions had records in place informing staff where to apply these. Staff had signed to indicate they had applied creams as prescribed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People could have visits from friends and family at any time. There were no restrictions with visiting arrangements.

Learning lessons when things go wrong

- Accidents and incidents were recorded on the provider's electronic recording system. All accidents had to be reviewed by management and any lessons learned were identified and recorded.
- We found one incident form which recorded different information to what was recorded in the person's notes. We shared this with the registered manager who took immediate action to address the conflicting information.
- The registered manager told us she shared lessons learned with the staff via meetings or by asking them to complete a reflective learning account.
- The provider also monitored incidents and identified patterns and trends. Not just for this service but for all the services they managed. This meant learning could be shared across all their homes.

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 our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to 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 and relatives told us the staff were kind and caring, not just to people living at the service but to visitors as well. Comments included, "They [staff] do look after me well and they look after [relative] as well when [they] comes to visit" and "The staff are lovely, you can talk to all of them and that includes [registered manager] and [deputy manager]."
- At our last inspection, we found records for people living with dementia did not always have information about their life histories. Life histories can be helpful for staff to try and understand people's needs where people are living with dementia.
- At this inspection we found this had improved. People with and without dementia had information recorded about their lives including significant events.
- We observed people being treated with care and respect by staff who knew them well. Staff we spoke with all enjoyed working with people. Comments included, "I do enjoy it, I love spending time with the residents" and "I love it, I like the fact every day is different, I like the interaction with the residents and the staff."

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

- At our last comprehensive inspection, we found staff did not have time to sit with people and involve them in their care. At this inspection we found this had improved.
- Staff told us they had time to do 1-1 work with people and talk with them about a range of areas such as activities, food and their preferences.
- The service had a review system called 'resident of the day' which rotated so people had their care reviewed every month. This meant all the heads of department would take time to speak with the person to check if they were happy with that area of their care. For example, the chef would speak with them about food and maintenance would visit them to make sure their room was ok.
- At our last inspection, people did not know who their key worker was and there was a lack of evidence in people's care plans they had been involved in the care planning process.
- At this inspection we found this had improved and the key worker system was better established. People with nursing needs also had a 'named nurse' who took responsibility for their clinical and health needs. One member of staff said, "When we review the care plans, we sit down with resident and the family. We notice subtle changes, we have monthly reviews, we can sit with them [person] and discuss any changes."
- For some people, relatives were involved in care planning and were included in reviews. One relative said, "I am involved in her care plan and meet with the manager a minimum of once every 2 months to review this and discuss any issues that I feel need to be talked about. I do think that those reviews are worthwhile. I feel listened to and believe that I am updated with any changes to [relative's] care plan."

Respecting and promoting people's privacy, dignity and independence

- At our last comprehensive inspection, we found people's records were not always being stored securely. At this inspection this had improved, and people's personal records were stored securely. Only those with authorisation were able to access care records.
- At our last inspection, we found one person's privacy and dignity had not always been respected. At this inspection we found staff were respectful of people's privacy and dignity. We observed staff knocking on people's doors before entering and making sure doors were closed before carrying out any personal care. We observed staff interacting with people and supporting them in a dignified way.
- People with specific preferences had shared this and recorded their wishes in their care plans. For example, if people wanted a specific gender of care staff, or if people had religious needs, these were recorded and shared with staff.
- Staff spoke about encouraging people to be independent as much as they could, involving people in their care. One member of staff said, "We have lots of people who are independent, we ask them what they can do themselves, encourage them to be as independent as possible."

Is the service responsive?

Our findings

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

At our last comprehensive inspection, we rated this key question requires improvement. At this inspection the rating has changed to 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

- The service used an electronic care planning system and staff used handheld devices to access information and to record interactions with people.
- Care plans were personalised, for example, plans around personal care described in detail what people liked to wear. Plans in relation to nutritional needs included details such as people's preferences for what they liked to eat and drink, whether they need additional support and whether people preferred to eat in communal areas or in their bedrooms.
- We looked at the wound plan for one person. This showed when the wound was noted by staff, and there was a dressing plan in place. Photographs had been taken of the wound which meant staff could easily assess if the wound was improving or deteriorating.
- Some of the language used by staff when documenting interactions with people was not person-centred. We shared this with the registered manager who told us she had already identified this issue. Due to the numbers of new staff who had started, more mentoring and training was planned to improve record keeping.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded in their care plans.
- The provider was meeting the AIS; information could be made available to people in different formats when required.

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

- At our last comprehensive inspection, we found people living on the first floor had little opportunity for meaningful activities. At this inspection we found this had improved and people were able to engage with a range of activities.
- There were 2 activity workers available in the home who planned activities with people. We found the plan for the week was available on a notice board and this was both in text and pictures. Activities planned were varied and included both group and 1-1 opportunities.

- Activities were recorded in people's notes, and we found activities such as arts, quizzes, exercises and a cheese and wine evening had taken place during and prior to our inspection.
- People told us they were able to spend time doing activities they enjoyed. Comments included, "I enjoy reading and I watch some TV", "I can join in the activities if I want to and like them" and "The mobile library comes once a month, and we go out to the van and choose our books." One relative said, "My [relative] tries to get it involved in most things including the entertainment that is put on in the lounge and the cinema there. There are activities available like quiz shows, flower arranging and making things. They also do some art which are put on the walls."

Improving care quality in response to complaints or concerns

- At our last comprehensive inspection, we found the complaints process was not visually available around the home and people told us they were not confident about the complaints process.
- At this inspection, we found this had improved. We observed information about how to make a complaint or share feedback was available on notice boards. One person told us, "If I had a concern I would talk to the nurses."
- Complaints were logged, investigated and an outcome sent to the complainant. They were also logged on the providers electronic system which enabled the provider to keep an overview of themes.

End of life care and support

- People's end of life wishes were recorded in their care plans. People had the opportunity to record how they wanted their end-of-life care provided and who should be involved.
- Staff received training from the provider on providing end of life care. Nursing staff received additional training to enable them to provide specific clinical support.
- Staff worked closely with healthcare professionals when people were at the end of their life. People's pain relief needs had been considered and where appropriate, additional medicines had been ordered.

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 our last focused inspection, we rated this key question requires improvement. At this inspection the rating has changed to good. 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

- This inspection was carried out due to concerns we received about the registered manager's approach. We were told people, relatives and staff were not able to easily approach them with any concerns.
- Prior to our inspection, we shared the concerns with the provider. They told us they investigated the concerns and found there was no evidence to substantiate the concerns. The provider was assured by the registered manager's approach.
- During the inspection, people and staff we spoke with told us the registered manager was approachable. Staff talked to us about how supportive the registered manager had been and gave examples of how they felt valued.
- Some staff described the registered manager as "firm but fair". Staff told us they could see the registered manager was working to improve the service and wanted good care for the people living there. One member of staff told us, "I appreciate [registered manager], she works till midnight. She helps us on the floor, she does the washing up, or if we struggle, she does personal care, even [deputy manager] does everything. They are supportive."
- The registered manager told us they had addressed poor performance with staff and poor attitudes towards colleagues. They said they would not hesitate to address concerns raised and understood this did not always make them popular.
- People and relatives told us they felt care was good and they were well supported. They told us they thought the service was well managed and they would recommend it to others. Comments from relatives included, "I have had brilliant support since coming here and would recommend it", "This home tops the lot, very happy with everything" and "[registered manager] is very professional and kind and is certainly easy to approach."
- Staff we spoke with told us they all thought there was good teamwork at the service, and they all got on well. One member of staff said, "I think there is fantastic teamwork. I have not felt uncomfortable since I have been working here. It is an amazing place to work, it is an amazing team. I have never had a day where I have not wanted to go in."

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

- There was a duty of candour process in place which the registered manager understood. Letters of apology had been sent for notifiable incidents.

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

- The registered manager in post understood their responsibilities to inform us of incidents and events as required by law.
- There was a clear staffing structure in place which staff knew and understood. In order to help visitors, there was a guide around the building informing them of which role wore which colour uniform.
- The registered manager told us they were proud of the team and the care they were delivering. They said, "I am really proud of the team. We are not getting it all right, but we are striving for that, we are aiming for 100%. I am very proud they are striving to do that."

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

- People could attend a weekly 'residents meeting' which was chaired by the registered manager. There were also joint meetings for people and relatives. People's views were sought about areas of the home and activities being planned. Minutes were recorded so they could be shared with people who could not attend.
- Other systems in place for people to engage in to provide feedback were 'resident of the day', care reviews and they all had an allocated keyworker and/ or named nurse. One relative told us, "I want to be involved with my [relative's] care and sorting out my concerns is important to me. So far it has been good."
- Staff could attend meetings to share their views or talk about any concerns. Minutes were kept recording any discussions and shared with all staff.

Continuous learning and improving care

- Quality monitoring systems were in place to help identify improvements needed.
- Regular audits were carried out for all areas including medicines, infection prevention and control and care planning. Actions identified were added to the home's service improvement plan and monitored by the registered manager and the provider.
- During our inspection we met a registered manager from another home. They had been asked to come and help with care plan quality. The registered manager told us they could request support from other managers for specific areas. In return the registered manager would go to another home to support them with any improvements they had identified.

Working in partnership with others

- Staff worked with healthcare professionals to meet people's health needs. Local GPs visited the home on a weekly basis to carry out appointments.
- There was a new service in place set up by the local council with a support helpline which staff could access. The registered manager told us a senior paramedic or GP would visit the service and review people following a fall or in an emergency, rather than people having to transfer to hospital and potentially having to wait in the back of an ambulance.
- They also told us about a team of rehabilitation practitioners who visited the service to assess and provide support and guidance for people with mobility issues and concerns. This helped to make sure people got the support they needed in a timely way.