

Healthcare Homes (LSC) Limited

Tenchley Manor Nursing Home

Inspection report

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West Sussex
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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

Tenchley Manor Nursing Home is a residential care home providing personal and nursing care to up to 37 people in one adapted building. The service provides support to people with nursing and health care needs, people living with dementia, Parkinson's disease, neurological conditions and frailty of age. At the time of our inspection there were 28 people receiving a service.

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

People were positive about the care and support they received. A person told us they had chosen Tenchley Manor because their family were close by, adding, "I think I made a good choice, It's lovely".

People were happy and told us they felt safe. Risks to people had been fully assessed and mitigated to help keep people safe. People received their medicines safely. Robust infection control processes protected people from the risk of infection.

People had person-centred care plans and were involved in planning and reviewing their care. People's care plans were individualised and reflected their needs and personal preferences. The service worked together with healthcare professionals to ensure people's health, care and wellbeing needs were met.

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.

Staff were suitably trained and had their competencies assessed regularly. There was enough staff to safely support people. A person told us, "Staff are really helpful, there's plenty of them and I never have to wait long for care."

Quality and assurance processes were in place to monitor and improve the quality and safety of the care provided. The provider sought feedback to help drive service improvement. We received positive feedback about the registered manager and how the service was managed.

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 the service under the previous provider good. (Published on 15 May 2019)

Why we inspected

This inspection was prompted by a change of provider name. 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.

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 safe.

Details are in our safe findings below.

Good ●

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 section below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive section below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led section below.

Good ●

Tenchley Manor 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

The inspection was undertaken by two inspectors 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

Tenchley Manor 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. Tenchley Manor Nursing Home 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included any statutory notifications received. Statutory notifications are specific pieces of information about events, which the provider is required to send to us by law. We sought feedback from the local authority and professionals who work with the service. 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 reviewed documentation, inspected the safety of the premises and carried out observations in communal areas. We spoke with 11 people who used the service and eight members of staff including the registered manager, regional clinical lead, nurses, the chef and care support staff. We reviewed the care and medicine records for nine people and the recruitment records for three members of staff. We received feedback from 11 relatives about their experience of the care provided. We looked at a range of records. This included staffing rotas, training records, meeting minutes, policies and procedures, environmental safety and information relating to the governance of the service

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. 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 discrimination. Staff had received safeguarding training. Staff were aware of their responsibilities and understood how to report any concerns they had to relevant professionals. Staff worked in line with the local authority safeguarding policy and procedures. Concerns raised were investigated and where required, the local authority and Care Quality Commission (CQC) had been notified.
- People told us they felt safe and were supported to keep themselves and their belongings safe. One person said, "I have to admit I am safer here than I was at home, so that has to be a good thing. And it's less worry for my family too". Another person said "I have no concerns; I am looked after very well. Its lovely not having to worry about being on my own if I were to take a tumble". Relatives had no concerns about their loved one's safety. One said their loved one was, "In a safe place and in very safe hands".

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people, staff and the environment were managed.
- Risks to people were assessed. People told us they were consulted about risks to them. This included how people moved and any equipment they needed to do this safely. Bed rails and pressure mats were in place for people who were at risk of falling, and people had falls prevention care plans. One relative said of their loved one, "He is very safe, he has had fewer falls since he came here."
- Staff undertook regular safety checks of equipment and the premises to ensure these were safe. People had personal evacuation plans which guided staff to support them safely in case of emergency.
- Lessons were learnt when things had gone wrong. Records were kept of accidents and incidents. Information was used to identify trends and drive service improvement. Action was taken where needed to mitigate future risk. This included referrals to other professionals for advice and support; such as falls prevention. Systems were in place to record the outcome of investigations and measures put in place to learn from these.

Staffing and recruitment

- There were enough staff to meet people's needs. The provider used a staffing dependency tool to ensure there were enough staff on duty to keep people safe and meet their needs. Some people felt there were times when there appeared to be less staff on duty, and this affected the time they had to wait for support. One person said, "Call bells appear to be answered slower in the evening and night". We reviewed rotas and these evidenced safe staffing levels were consistently maintained.
- We observed call bells being answered promptly during the inspection. A person said, "There are times that are busier than others, but generally I never have to wait too long before someone comes to help". Another said, "It's a care home not Downton Abby! Some people make such a fuss, when really none of us

have to wait that long". People consistently told us they felt assured staff would always answer a call bell.

- Safe recruitment processes protected people from the recruitment of unsuitable staff. Appropriate recruitment checks were undertaken to ensure staff were safe to work with people. This included undertaking appropriate checks with the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Checks were made to ensure nurses were registered with the Nursing and Midwifery Council (NMC) and were fit to practice. Agency profiles were in place to ensure agency staff were safe to work at the service and had the right training and skills.

Using medicines safely

- Medicines were managed safely. Medicines were administered by nurses who received refresher training in the safe administration of medicines. People's medication administration records (MAR) were audited regularly, any omissions or errors identified, and appropriate action taken.
- Medicines were stored safely and there were robust processes in place for ordering and disposal of medicines.
- People told us that their medicine needs were managed well. We observed people were asked if they needed 'as and when required' (PRN) medicines such as pain relief before it was dispensed. People received their medicines on time and in line with their prescribed requirements. This included medicines for people who were living with dementia and time specific medicines for people with Parkinson's disease.
- People's preferences for how they received their medicines was known. For example, one person's care plan reflected their preference to receive medicines one at a time with water. People were encouraged to maintain as much as independence as possible with their medicines. For example, one person told us they were able to self-manage their inhalers. A person's care plan reflected they liked to take each tablet into their fingers and place one at a time in their mouth.

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

Processes were in place to welcome visitors to the care home. People told us their friends and loved ones were able to visit the service and they welcomed these visits. To maintain good infection control and reduce the risk of Covid 19 in the service, visitors were asked to wear face coverings, and these were provided. There was plenty of hand sanitiser and visitors were encouraged to use this. During times of a Covid19 outbreak in the service the provider implemented safe visiting processes in line with government guidelines

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.

This is the first inspection for this newly registered service. This key question has been rated 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 had comprehensive assessments prior to receiving a service to ensure their needs could be met. Protected characteristics under the Equality Act such as disability, ethnicity and religion were considered in the assessment process. This ensured people's diverse needs were considered and promoted within their care.
- Assessments were clear and gave details of people's needs and preferences. People told us they had been fully involved in the assessment process and felt they had been listened to. One relative said, "[Name] told them on admission that she only felt safe to get out of the bed on a certain side, and they moved the bed to accommodate".
- A range of assessment tools were used to ensure people received care and support appropriate to their needs. This included assessments to assess the risk of malnutrition and pressure sores. The service followed good practice guidance on oral care and hygiene. People's oral health care needs were comprehensively assessed and reflected within their support plan.

Staff support: induction, training, skills and experience

- Staff told us they felt supported. Staff received regular supervision which they said was constructive and conducive to their personal development and wellbeing. Staff felt valued and supported by the registered manager and provider.
- There was a comprehensive range of training opportunities and development opportunities to ensure staff had the skills and knowledge to carry out their role. Staff new to care undertook the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- People told us they were supported by competent staff. One said, "They know what they are doing, I have no worries there." People told us their health care needs were met by trained staff, one said "It's a huge relief knowing you have nurses on hand". A relative said "Night staff seem good; staff know how to deal with and are attentive about caring for her catheter and leg ulcers".

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

- Staff had a good understanding of people's individual nutritional requirements and supported people to eat and drink well. Food was home cooked and there was plenty of fresh produce. The chef spoke to people daily about their menu choices and any special requests and there was a pictorial menu in the dining room. People had unlimited access to drinks from drink stations around the building which provided hot and cold beverages.

- People told us they had plenty to eat and drink and the food was of a good standard. People had a choice of where to eat and told us they had a positive mealtime experience. Feedback included, "The food is lovely, I can't fault it". And "I am asked every day what I would prefer". We observed a person chose to have a tray in the lounge as they were watching a film, other people chose to eat in the dining room or in their bedrooms. Staff provided people with appropriate levels of support consistent with their assessed needs and care plan.
- People who had difficulty swallowing or were at risk of choking had been assessed by the speech and language therapy team (SaLT). People's support plans identified what types of food they could eat and what support they might need to eat and drink. We observed a person having a pureed meal and another having one prepared to a 'soft bite sized' consistency. Nutritional supplements were provided to people whose nutritional intake required a boost.

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

- People told us that they had good access to health services and records confirmed this. People were supported to attend routine medical and hospital appointments. Staff sought medical advice and support in a timely manner when people needed to be seen by a doctor or specialist healthcare practitioner. For example, staff arranged a medicine review for a person who was struggling to take medicines orally. The doctor arranged for their medicine to be administered via injection.
- A relative said, "The home has been really helpful. I do not live locally, and they have arranged and managed all appointments including eye check-ups, doctor and hospital". Another relative told us their loved one was supported to attend hairdresser, chiropodist and optician appointments.
- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records were kept about health appointments people had attended. Care plans and daily notes confirmed guidance provided by health care professionals was implemented.

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

- The service design met people's needs. The building was fully accessible. We observed people moving around the building independently assisted by ramps and a lift to the first floor. The premises and design took into consideration people's orientation and sensory needs. It was bright and spacious with wide corridors and plenty of opportunity to connect with the outdoors. Furniture, equipment and decoration were in a good state and looked after. There was an effective maintenance schedule.
- The lounge, dining room and some of the bedrooms overlooked the sea and the garden had direct access to the beach. People told us this made the service extra special. Binoculars were freely available for people who wanted to look at the ocean and people told us staff took them to sit in the garden to breath in the sea air and for walks along the promenade and ice cream. One person told us staff had repositioned their bed and sourced a higher table so they could sit up in bed and look out to sea.
- People had access to assistive technology. Over head hoists were provided in people's bedrooms and bathrooms to aid mobility and transfers. Bathrooms were fully accessible with wet rooms and specialist baths. Peoples bedrooms were personalised with furniture and personal affects from home.

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 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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was working within the principles of the MCA. Staff had received training in MCA and demonstrated a good understanding of their responsibilities. Staff spoke of the need for presuming that people had capacity to make decisions and to ensure that people were supported in the least restrictive way. People told us that staff checked with them before offering and providing care and our observations confirmed this.
- Appropriate applications had been made to the local authority to deprive people of their liberty in line with DoLS procedures. Best interests' meetings had been held with appropriate people when decisions needed to be made in people's best interests. This included where people required bed rails and where medicine were being crushed and given covertly. Covert administration is when medicines are administered in a disguised format such as in food or drink without the consent of the person receiving them. This means the person does not know they are taking them.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with kindness and were caring. Feedback about staff was positive and included, "I could not ask for more. They are super and so very kind". And, "Nothing is too much trouble, you are never made to feel a burden. They genuinely care about us here". Relatives said, "We are delighted with the care. Warm, helpful and courteous staff. It feels homely." And, "No issues just stunning care".
- Relatives told us staff had time to care for their loved one's in a personal way. We were provided with examples, such as providing a person with a specific china cup and saucer and supporting a person to make funeral arrangements for their spouse. A relative told us they were encouraged to phone at any time, and another said, "[Name] loves having her own furniture within her room. It reminds her of her old home."
- People told us they had been involved in developing their support plans and were involved in decisions about their care and support. People told us staff treated them as individuals and knew them well. Independence was promoted and maintained as much as possible. One person said, "It's important for me to still do things myself and staff understand that. I know they are on hand if I get in a muddle". A relative told us, "Staff encourage [name] to be independent. She likes to get undressed early evening but not go directly to bed and likes to select her own clothes."
- People's privacy was respected. Confidential information was held securely, and information was shared appropriately and sensitively. People were treated equally, regardless of age gender or disability. People were encouraged to make decisions and people told us that they were free to do what they wanted throughout the day. A relative said, "[Name] loves it, he goes down to the office every day and has a cuppa and banter with the staff on duty."
- People were supported in a respectful and dignified way. We observed staff were very compassionate when supporting people. People told us that staff were very respectful and felt staff had time for them, explaining things and giving information.
- We observed staff reassuring people and being very sensitive to their feelings. A staff member told us "It's my job to make each day the best it can be for people". Staff took time to listen to people, and we saw that people's communication needs and preferences were being respected. A relative said, "I can't fault their caring approach."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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 person centred care. Care and support was planned and centred on people's individual and specific needs. Support plans were personalised and provided guidance to staff on the level of care and support each person needed, and in the way they preferred. These were reviewed regularly to ensure they were up to date and reflected any changes in people's needs or preferences.
- People were involved in the planning and review of their care. People and visitors told us that the service was very responsive to people's needs and wishes. Feedback included, "[Name] is left to her own devices and calls for help if she needs it. Staff are still open to letting her live her own life". And, "The staff actually encourage independence."
- We observed positive interactions between staff and people. Staff were respectful and promoted dignity, privacy and independence at all times. Relatives told us that staff knew their loved ones really well. A relative described their loved one's care and support as, "Wonderful, better than hospital, people orientated with friendly staff".

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 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.

- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in support plans.
- Information was displayed around the service in a range of formats, for example a pictorial menu and information posters were in the main lounge and accessible complaints information was on display in the reception area.
- The registered manager and staff told us, information was available in large print and could also be produced in other languages if needed. We observed staff using a white board to aid communication with a person who had hearing loss.

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 supported to stay in touch with people who mattered to them. Visitors to the service were welcomed and throughout the inspection we observed family members visiting their relatives. Technology

was used to help people to communicate and connect. People had access to WIFI which supported the use of 'smart' mobile phones, laptops and voice activated devices. People could use video calls to keep in contact with friends and family.

- People were supported and encouraged to pursue individual interests. People told us they were supported by staff who knew them well. For example, a person who loves animals was unable to get outside to see a visiting petting farm. To ensure the person didn't miss out a small pig was taken to the person's room. We saw photos of the person smiling and cuddling a pig.
- Activity programmes were displayed around the building and special events were promoted on posters which were given to each person. People told us they enjoyed a range of activities, one person told us they liked the quizzes, and another said they preferred the old movies. One person told us, "We have a chat every day about the activities I'd like to do."

Improving care quality in response to complaints or concerns

- The service was proactive at responding to concerns or complaints. People and their relatives were given information about how to make a complaint and a relative said that they were confident that any complaints they made would be listened to and acted upon in an open and transparent way. A relative told us they had received a prompt and satisfactory response to a concern they had raised.
- People knew how to provide feedback about their experiences of care. The service provided a range of ways to do this through monitoring visits, surveys and meetings. One person said, "I know they (registered manager) would listen, I am always being asked what I think." Another person told us they had no concerns but if they did, they would raise matters with the registered manager.
- Complaints and concerns were investigated. In order to learn lessons and drive service improvement learning from complaints was shared with the whole team and provider.

End of life care and support

- People were supported to plan for end of life care. Where people had made advance decisions, these were recorded in the person's end of life care plan. People's wishes, and any cultural needs were recorded to ensure staff were aware of people's personal preferences and could plan for appropriate care.
- We reviewed a care plan for a person who was receiving end of live care and support. Their care needs and preferences were clearly documented, and staffing had been adjusted to ensure these were met.
- Anticipatory medicines were available to people nearing receiving end of life support. Anticipatory medicines are prescribed by a GP in advance so that the person has access to them as soon as they need them. This meant people would have access to the medicines they needed to manage symptoms such as pain should their condition deteriorate quickly.
- The registered manager and staff had received many cards and letters from bereaved relatives complementing them on the support they had provided to them and their loved one during the most difficult of times.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Governance processes were robust and effective. There was a strong governance framework in place, with clear lines of accountability and processes to drive quality.
- The registered manager and provider undertook regular quality assurance audits and checks to monitor the service and keep people safe. These included checks on people's medicines, care plans, health and safety and the way risks were managed. Any issues identified were cascaded to the team and prompt action was taken to address these. This demonstrated robust management oversight of the service by the registered manager and provider.
- The registered management was visible in the service. People and staff told us the registered manager was approachable and took a genuine interest in what people, their families and staff had to say. We observed some very warm engagement between the registered manager, people and staff. People told us they liked the registered manager. Staff told us that they had confidence in the registered manager.
- The ethos of person centred care ran throughout the organisation. There was a clear vision and strategy to provide people with the very best care and support. People were valued and treated with compassion and kindness by a committed staff team who put people's needs and wishes at the heart of everything they did.
- Staff delivered good quality support consistently. There was a clear staffing structure. Staff demonstrated an understanding of their roles and responsibilities and contributions to the service. The staff team worked effectively together and were truly focused on meeting the needs of people.

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; Continuous learning and improving care

- The registered manager understood their responsibility to be open in the event of anything going wrong. They apologised to people, and those important to them, when things went wrong. Relatives told us they were informed of incidents involving their loved ones and were kept informed of any matters arising as a result.
- The registered manager understood their responsibility to notify CQC of significant events, as they are required to by law. Notifications had been sent to CQC in a timely manner and were completed in line with requirements. Records showed the local safeguarding authority had been notified of concerns in line with safeguarding guidance.

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

characteristics

- People's views had been sought on the care provided, and people and relatives told us they were listened to. The registered manager worked collaboratively with people, relatives and staff to continuously improve safety and people's care experiences. Relatives told us they experienced transparent communication with the registered manager. A relative described the registered manager as "Very caring, lovely lady, who goes the extra mile."
- Staff performance was observed to check policies and procedures were being followed. Staff had one to one 'supervision' and had opportunities to discuss their learning and development needs. Staff told us that they felt valued and listened to by the management team and they were encouraged to share ideas.

Working in partnership with others

- Records showed that staff had contacted a range of health care professionals. This enabled people's health needs to be assessed so they received the appropriate support to meet their continued needs. For example, staff were liaising with the physiotherapist to support a person's rehabilitation and their goal to move back home. Another person was being assessed by wheelchair services for a specialist wheelchair to aid their mobility.
- The service had good links with the local community. Some community links had been restricted due to the global Covid19 pandemic, such as visits from local schoolchildren. The service had begun to rebuild some of these links by holding a summer fete which was open to the local community. Celebrations had been held for Queen Elizabeth's diamond jubilee and families and friends had been invited.