Dryband One Limited

Cloverdale Care Home

Inspection report

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Ratings

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

Overall summary

We undertook this unannounced inspection on the 18 & 21September 2015. The last full inspection took place on 27 August 2013 and the registered provider was compliant in all the areas we assessed.

Cloverdale Care Home is registered to provide accommodation and personal care for 40 older people, some of whom may be living with dementia. The home is a purpose built, single storey service situated on the edge of Laceby village and has access to all local facilities. On the day of the inspection there were 24 people using the service.

The service did not have a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The previous registered manager/provider had resigned two weeks before the inspection visit when the new acting manager commenced their role. The acting manager confirmed they would be submitting their application for registration.

Summary of findings

We found the quality monitoring system had not been effective in highlighting some areas to improve and action had not been consistently taken in order to address shortfalls. Delays in renewal of the premises were evident however a major refurbishment programme was due to start the following month. The new regional manager had recently completed a full audit of the service and produced an action plan which they were working through. New quality monitoring systems were being introduced.

Efforts had been made to improve the standard of cleaning throughout the service since the new management team had taken over, however not all equipment was found to be clean. The acting manager took action to address this during the inspection.

We found staff ensured they gained consent from people prior to completing care tasks. In the main, staff worked within mental capacity legislation when people were assessed as not having capacity to make their own decisions. However, we found instances when best practice had not been followed; records to support decisions about active resuscitation were not in place to reflect capacity assessments and decision-making. The acting manager told us they would address this straight away.

People told us they felt safe living in the service. We saw staff interacting with people and they did so in a kind, caring and sensitive manner. Staff showed good knowledge of safeguarding procedures and were clear about the actions they would take to protect people.

We saw there was enough skilled and experienced staff on duty to meet people's needs. We found staff had been recruited using a robust system that made sure they were suitable to work with vulnerable people. They had received a structured induction and essential training at the beginning of their employment. This had been followed by regular refresher training to update their knowledge and skills.

People received a well-balanced diet and were involved in choosing what they ate. The people we spoke with said they were happy with the meals provided. We saw specialist dietary needs had been assessed and catered for.

People's needs had been assessed before they moved into the home and they had been involved in formulating and updating their care plan. The three care files we checked were individualised and reflected people's needs and preferences in good detail. Care plans and risk assessments had mostly been reviewed and updated on a regular basis.

People told us in-house social activities were available, as well as occasional trips into the community. They said they also enjoyed going out with relatives.

People told us they had no complaints but would feel comfortable speaking to staff if they had any concerns. We saw the complaints policy was readily available to people who used or visited the service.

There were systems in place to enable people to share their opinion of the service provided and the general facilities at the home.

People's healthcare needs were met. People told us that they had access to their GP, dentist chiropodist and optician should they need it. The service kept clear records about all healthcare visits and appointments.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires improvement

The service was not consistently safe.

Standards of cleaning had improved throughout areas of the service but further efforts were needed to ensure equipment was kept clean. Risks to people's safety were generally managed well but improved auditing processes around accidents and incidents would better ensure timely action was taken where necessary.

Staff knew how to recognise and respond to abuse and understood the processes and procedures in place to keep people safe.

The registered provider had recruitment and selection processes in place to make sure that staff employed were of good character. People were supported by enough staff to meet their needs.

People received their medicines safely and effectively.

Is the service effective?

Requires improvement

The service was not consistently effective.

The legal requirements relating to Deprivation of Liberty Safeguards [DoLS] were being met. Where people living with dementia were unable to make decisions about their care, we found capacity assessments and best interest meetings had been completed in some cases but not all.

There had been a lack of renewal in relation to the premises. A comprehensive refurbishment programme was due to commence the following month.

People received the assistance they needed with eating and drinking and the support they needed to maintain good health and wellbeing. External professionals were involved in people's care so that each person's health and social care needs were monitored and met.

Is the service caring?

Good

The service was caring.

People and their relatives were positive about the way in which care and support was provided.

People were involved in making decisions about their care.

People told us they were happy living at Cloverdale and that staff treated them with kindness, dignity and respect.

Is the service responsive?

Good

The service was responsive.

People were involved in their care planning.

Summary of findings

People were supported to follow interests and hobbies they may have had before moving into the service and to develop new ones.

There was a system in place to tell people how to make a complaint and how it would be managed. People told us they would feel comfortable raising any concerns with the management team.

Is the service well-led?

Requires improvement

The service was not consistently well-led.

The new regional manager had started to make improvements to the quality monitoring programme to ensure all areas of the service were properly assessed and any shortfalls addressed within acceptable timescales.

The manager was new in post and had a clear vision about what was required and the standard of service they wanted the home to deliver to people. Staff reported a supportive leadership with the emphasis on openness and good team work.

Meetings were held to enable people who used the service, their relatives and staff to express their views about the service.

Cloverdale Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection was carried out by one adult social care inspector and took place on 18 and 21 September 2015.

Before the inspection, the registered provider completed a Provider Information Return [PIR]. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

Prior to the inspection we spoke with the local authority safeguarding team, and contracts and commissioning team about their views of the service. They told us there were no concerns about the service.

During the inspection we spoke with six people who used the service; we also observed how staff interacted with them. We also spoke with the acting manager, regional manager, a senior care worker, two care workers, a domestic, laundry assistant, kitchen assistant and the cook. We also spoke with four visiting health professionals.

We looked at the care records of four people who used the service including assessments, risk assessments, care plans and daily recording of care. We looked at other records relating to people who used the service; these included accidents and incidents and medication records for 14 people.

We also looked at a selection of records used in the management of the service. These included staff rotas, training and supervision records, quality assurance audit checks and minutes of meetings with staff and people who used the service.

Requires improvement

Is the service safe?

Our findings

People we spoke with told us they felt safe. One person said, "I didn't feel safe at home on my own, now I know there are staff around to help me" and another person said, "Yes I do feel safe, I like to lock my door at night and staff do regular checks." A relative told us, "I have no doubt my mother is safe here, staff are very attentive and kind."

People who used the service told us they received their medicines safely and on time. One person told us what their medicines were for and that they received them at the right time. They said, "Staff make sure I take them."

The regional manager explained how they had recently arranged for external contractors to carry out a 'deep clean' process of the kitchen and laundry areas of the home following the findings from their internal audit. When we completed a tour of the premises we found the standard of cleaning in these areas was satisfactory, although we identified issues around some moving and assisting equipment not being maintained to a clean standard. We found there were no cleaning schedules or records in place for the cleaning of equipment. The regional manager confirmed they had identified these improvements were needed and were in the process of developing cleaning schedules and including this area within the monitoring programme.

The staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They were aware of any risk people may be vulnerable to and what action to take if necessary. Staff described how they encouraged people to stay as mobile as possible while monitoring their safety.

Care and support was planned and delivered in a way that promoted people's safety and welfare. The care plans we looked at showed records were in place to monitor any specific areas where people were more at risk, and explained what action staff needed to take to protect them. Overall these had been reviewed and updated when necessary. However, we noted that although staff were providing the correct support for someone who had recently experienced a fall from their chair, the person's care plan and risk assessment had not been updated to stipulate that extra care and attention was needed when seated and to provide the person with an appropriately designed chair.

Records showed accidents and incidents were recorded and appropriate, immediate actions taken. An analysis of the cause, time and place of accidents and incidents was completed each month but this analysis was only reviewed at six monthly intervals which meant there could be a delay with the identification of patterns or trends. The regional manager confirmed they had identified improvements were needed with the management of risk and safety in the service and new incident monitoring systems would be introduced in the near future.

Policies and procedures were available regarding keeping people safe from abuse and reporting any incidents appropriately. Staff we spoke with demonstrated a good knowledge of safeguarding people and could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. They told us they had received initial training in this subject during their induction period, followed by periodic refresher training. This was confirmed by the training records we sampled. There was also a whistleblowing policy which told staff how they could raise concerns about any unsafe practice. We saw people who used the service responded in a positive way to staff in their gestures and facial expressions. This showed people were relaxed and at ease in the company of the staff who cared for them.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. These included ensuring a Disclosure and Barring Service [DBS] check and two written references were obtained before staff started work. We looked at three staff recruitment files and saw all of the necessary checks had been completed. This meant prospective staff were being properly checked to make sure they were suitable and safe to work with older people.

Our observations, and people's comments, indicated there was enough staff on duty to meet people's needs in a timely way and keep them safe. Staff told us, "Levels are okay at the moment" and "Generally they are good, we could always do with more for one to one time with people." We looked at the number of staff on duty during our visit and checked the staff rotas to confirm the number was correct. We saw call bells were answered promptly and people did not have to wait long to receive assistance.

Requires improvement

Is the service safe?

There was a staff presence in the communal areas. The acting manager confirmed they would be reviewing all staff hours to ensure adequacy and this would include catering and domestic hours.

We found medicines were ordered and stored appropriately. All staff who administered medicines had received the training needed to ensure they knew how to do so safely. We looked at how medicines were managed and saw people received their medicines as prescribed. The medication administration records were well completed. We found people's independence was promoted where possible and two people were self -medicating at the time of the inspection. Some of the systems in place to support self-administration such as the assessment and monitoring processes would benefit from review. Also some people were prescribed medicines to be taken 'when required' [PRN], but clear guidance for staff on when to administer these was not in place. These points were mentioned to the acting manager to address.

Equipment used in the service, such as hoists, fire alarm, call bells, gas and electrical items were maintained and checked by competent people. Contingency plans were in place for emergencies.

Requires improvement

Is the service effective?

Our findings

People told us they liked the staff and had confidence in them. One person said, "The staff are good." Another person said, "They're marvellous. I could ask them for anything. They definitely know their stuff." Relatives were positive that staff had the right skills and experience in meeting their family member's needs. One relative told us, "They [staff] know residents well."

People who used the service and relatives were generally complimentary about the food. They told us, "The food is very good", "I like the food, some of the evening meals could be more varied", "I've no complaints. I'm eating better than I did at home. We get lots of drinks and snacks." Relatives told us, "The meals are excellent. Some thought goes into the meals. There's soft food and always a good choice", "The food looks very good and meal times are very pleasant" and "My relative usually has their meals on a tray in their room. The food arrives hot and is very nice. They get egg and bacon for breakfast."

The Mental Capacity Act 2005 [MCA] sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including balancing autonomy and protection in relation to consent or refusal of care or treatment. Staff had an awareness of the MCA and had received training in this area. Staff were clear that when people had the mental capacity to make their own decisions, this would be respected.

We found Do Not Attempt Cardio Pulmonary Resuscitation [DNACPR] forms were in place to show if people did not wish to be resuscitated in the event of a healthcare emergency, or if it was in their best interests not to be. Each of the DNACPR forms seen had been completed appropriately, were original documents and were clearly available at the front of the care file. Where some of the forms indicated the person lacked capacity to make this decision for themselves we did not always find that capacity assessments and best interest meetings with families and appropriate clinicians had been recorded. The acting manager confirmed they would follow this up.

We found the service to be meeting the requirements of the Deprivation of Liberty Safeguards [DoLS]. DoLS are part of MCA 2005 legislation and ensures that, where someone may be deprived of their liberty, the least restrictive option is taken. The staff had a basic knowledge of this and said they would talk to the acting manager for further advice if needed. We spoke with the acting manager who told us that 19 DoLS applications had been submitted to the supervisory body, but not yet been processed. We saw documentation to support this.

People were supported to maintain good health and had access to healthcare services. They were assisted to access professionals such as the chiropodist, GP, dietician, podiatrists and the district nurse team. Records were made of when the professionals visited and what treatment or advice they provided. In discussions, staff described how they recognised the first signs of pressure damage, chest infections and urine infections, and what action they took to ensure health professionals were made aware. We found people had received timely support from professionals when needed. Health and social care professionals we spoke with during the inspection were complimentary about the care their patients received. They described how care plans were put in place promptly after admission; they said staff supported their visits well and had a good understanding of people's health needs.

At lunchtime, the atmosphere was relaxed with people chatting and music playing in the background. The menu for the day was displayed on a whiteboard in the dining room. We saw people were offered a choice of meal and staff spoke reassuringly and kindly to people as they supported and encouraged them to eat. Staff were attentive to the needs of people who required assistance.

The cook explained how they provided people with a balanced diet. They catered for diabetics and prepared fortified foods for people who were at risk of losing weight. They also provided soft and textured diets for people with swallowing difficulties. They confirmed the menus needed review and updating, and they would consult with people who used the service about new menu options, especially to improve the tea-time choices. Records showed people's weight had been monitored regularly and the provision of fortified diets for people at risk of malnutrition helped ensure they maintained a healthy weight.

Staff had attended training to ensure they had the skills and competencies to meet the needs of people who used the service. The records we looked at confirmed staff had attended regular training which included: moving and handling, health and safety, safeguarding vulnerable adults from abuse, infection prevention and control, dignity,

Requires improvement

Is the service effective?

medicines management, dementia care, MCA 2005, pressure damage prevention, stroke awareness and basic food hygiene. Records showed staff had not attended an annual fire safety prevention course in the last two years; the acting manager confirmed there had been delays in arranging this but all staff were now booked to attend the course within the next four weeks.

Most of the care staff who worked at the home had also completed a nationally recognised qualification in care to levels two and three. The acting manager was aware that all new staff employed would be registered to complete the 'Care Certificate' which replaced the 'Common Induction Standards' in April 2015. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings.

Staff we spoke with said they received formal and informal supervision, and also attended staff meetings to discuss work practice. Records we checked showed some staff had received more regular supervision sessions than others and many staff had not yet received their annual appraisal. The acting manager had been in post for two weeks and confirmed she was reviewing the supervision and appraisal programmes and would ensure these were properly implemented.

We found limited adaptions at the service to support people living with dementia. Some people's room door had pictures or photographs to aid orientation, some bathroom doors were painted yellow to aid recognition and two of the corridors had a street sign in place. But the highly patterned carpets in the communal areas could compromise people's safety due to the increased risk of falls.

Much of the décor and furnishings were tired and required renewal. We noted odours in some bedrooms that were occupied and some that were empty. The regional manager confirmed the decoration programme was scheduled to start within the next four weeks and new flooring and furnishings were to be provided throughout the home. Some of the wooden under flooring would be replaced to eradicate the odour problems. They told us people and their relatives were being consulted about the decorative improvements and would be able to make choices about paint colours and other décor. During the inspection new lighting was provided in one of the corridors with positive results. The regional manager also shared their plans for providing more dementia themed facilities at the service.

Good

Is the service caring?

Our findings

People spoke highly of the home and the care provided. They were very complimentary about the care staff. Comments included, "They're marvellous, all of them", "Very kind group of staff, they are always willing to help" ,"The carers treat me the way I want to be treated they are very kind, very good and very polite" and "You couldn't wish for better carers."

Relatives and visitors told us there were no restrictions to the times when they visited the home. One relative said, "My family visits regularly and it is always the same. Staff are kind and considerate. They always ask how I am and tell me how my relative is." Another person said, "I am always made welcome here and it is such a friendly place."

People told us that staff supported them to live the lifestyle they wished and that their routines, preferences and what was important to them were known and understood by staff. Comments included, "I can get up and go to bed when I want to, I choose to spend most of my time in my room watching the television or doing crosswords, that's how I like things and they all respect that"

and "They understand perfectly what my requirements are and are always very helpful and willing."

We found the home had a friendly, relaxed atmosphere which felt homely. Staff approached people in a kind and caring way which encouraged people to express how and when they needed support. We overheard a member of staff asking one person if they needed support to go to the dining room for lunch, they said, "Are you okay to walk or would you like a set of wheels?"

People were actively supported to be involved in their care and making decisions. We asked people if they had been involved in their care plan and they told us staff discussed their care with them. People said they were asked if they liked a bath or a shower, and if they preferred this in the morning or evening. They were asked about their choice of food, their sleep arrangements, if they liked a milky drink before bedtime and how many pillows they liked to have, if they liked to be addressed by a special name and how they liked to spend their time. People were able to make choices about their daily routines. Some people chose to spend time alone and others liked to spend time in the communal lounge and hall areas. A relative said they had been involved in their relative's care plan and they were invited to reviews of care.

Some people chose to have their bedroom doors open and others closed. People were encouraged to bring ornaments, items of furniture and photographs into the home to make their bedrooms more personal to them. We observed staff kept people's rooms tidy and respected their possessions. Relatives told us they were encouraged to help personalise their family member's bedrooms. They said there were private areas where they could visit their family member and speak without being overheard.

People's privacy and dignity was observed and respected. We saw staff knocked on people's bedroom doors and waited for an answer before they entered their rooms. Personal care was undertaken in private. Staff told us how they promoted important values such as privacy and dignity. Comments included, "We keep people covered during personal care tasks, call them by their preferred name, respect their privacy, knock on doors and close the curtains."

People were generally well groomed and cared for. We observed some of the men were not shaved on the first day of our inspection but on the next day they had been supported with this aspect of their personal care. We mentioned this to the acting manager to follow up. One person said, "I like to look nice and wear my jewellery and staff help me with this."

We observed that staff spoke to people in a kind and respectful manner and clearly knew them as individuals. We observed that staff regularly consulted with people about what they preferred to do, whether they were comfortable or needed anything. We saw people were offered blankets or were assisted to ensure their clothing protected their dignity. One person required assistance to transfer from their chair to a wheelchair at lunchtime; they preferred to use a turntable and not a hoist. We observed the person experienced difficulties with this manoeuvre and staff gave lots of verbal and physical reassurance talking to them about what they needed to do in a patient, encouraging and reassuring manner and they achieved the move in the way they preferred.

Good

Is the service caring?

We saw staff kept people's personal information private and confidential. We observed telephone conversations with health and social care professionals or with relatives were made in private in the staff office. Care records were held securely.

Good

Is the service responsive?

Our findings

People told us they were happy with the care they received. They told us they were satisfied with the activities on offer and felt supported to take part when they chose to. Comments included, "Sometimes I join in a bit with things but usually I prefer to spend time in my room and watch TV. I have a choice though and they always let me know what's going on", "I like having my nails done and singing, it would be nice to do more singing" and "The girl is nice who does the activities; we do games and make things; there's enough to occupy us."

People told us they could raise any concerns they had with staff and they would resolve the issue. One person said, "I don't have any problems. We only have to ask and they do things for us." Another person said, "If I've got a problem, I just ask staff, you can talk to them about things like that." A relative told us, "I mentioned things before to the staff and they sorted it straight away, you can do that here, never made to feel you shouldn't." All the people we spoke with told us they had never had to make a formal complaint.

Care records showed needs assessments had been carried out before people had moved into the home and further developed on admission. Staff told us information collated had been used to help formulate the person's care plan. We found assessments had been fully reviewed and updated regularly which ensured people's changing needs were being monitored closely. Staff had completed the 'All About Me' records and some files contained pen pictures which had been completed by families. This life history information gave staff some understanding of the values and preferences of people they supported. People who used the service, and the relatives we spoke with, confirmed they had been involved in formulating care plans and this was evidenced in the care files we sampled.

Care files contained detailed information about the areas the person needed support with and any risks associated with their care. The care plans were person-centred and included what was important to the person, how best to support them, likes, dislikes and preferences. For example, one care plan specified the person preferred to spend large amounts of time in bed and chose to wear their dressing gown most of the time. Another person's care plan detailed they liked to have a glass of sherry before retiring to bed in the evening. We found care plans had been evaluated on a regular basis to see if they were being effective in meeting people's needs, and changes had been made if required. Daily records had been completed which recorded how each person had spent their day and any changes in their general condition. We saw records were in place to monitor any specific areas where people were more at risk and explained what action staff needed to take to protect them.

There was a good staff presence in all areas of the service. We saw staff were responsive to people's needs and worked well together as a team. In discussions, staff confirmed this. One member of staff told us, "It's a good team here; we work well together and receive the support we need from the senior staff and manager."

People were able to access activities. The activity coordinator had developed a weekly plan of activities. We saw there had been regular visits from entertainers and some trips out into the village. People could also access religious services which were held periodically at the home.

Records showed people had participated in games of cards, dominoes, sing-a-longs, bingo, had hand massages, manicures, and taken part in pet therapy and arts and craft sessions. Staff told us how one person enjoyed meaningful activities such as laying tables, folding laundry and pushing the drinks trolley. The activity coordinator was not present during the inspection and we observed people watching television, listening to music and some played dominoes with the care staff. One person told us they enjoyed knitting blankets for animal shelters and staff helped them get the wool.

There was a complaints procedure on display in the entrance. The complaints policy and procedure informed people of who to speak with if they had any concerns and timescales for actioning complaints and responding to people. Staff were aware of the complaints procedure.

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Requires improvement

Is the service well-led?

Our findings

People told us they felt confident in the way the home was managed. One person told us, "There is a new manager, I've met her and she seems very nice." Comments from relatives included, "From what I have seen it is well-managed and they do keep me informed" and "We had a meeting recently and met the new area manager and home manager. They asked us about improvements and we made suggestions about the décor and gardens. The place is looking tired in places and does need new carpets and furniture."

The service was undergoing significant changes in the senior management team, management systems and quality improvements to the environment. A new regional manager had been appointed in June 2015 and the acting manager had been in post for two weeks. The regional manager told us they had recently carried out an audit of the service against the five key questions published by Care Quality Commission [CQC]: are they safe, effective, caring, responsive and well led? They shared their action plan which prioritised issues under a traffic light ratings system of red, amber and green. Both managers told us they had a clear vision of how they wanted the home to improve and had shared this in meetings with staff, people who used the service and relatives. Those who we spoke with during the inspection were positive and enthusiastic about the proposals.

Staff said they liked working in the service and felt well-supported. Staff confirmed the acting manager was approachable and spent time on the floor talking with staff, people who used the service and visitors. They said they felt it was important to have a visible presence and an open-door policy. Staff considered they provided a good standard of care and improvements planned by the new management team would build on this and give the home the recognition it deserved. One member of staff said, "They value my opinion and listen to suggestions that I make or the suggestions I make on behalf of people." Another member of staff said, "I like working here, we are a good team. They have started to make changes and these are good."

The service had a basic quality monitoring system in place, with themed audits completed monthly, bi monthly or quarterly. We found some gaps in areas that were not monitored, such as care records and standards of cleaning.

We also found some areas of the monitoring system had not been effective in highlighting areas for improvement. In the main this concerned the environment and there was evidence of significant delays in decorative improvements. However, during the inspection the regional manager confirmed a major refurbishment programme was due to commence the following month and this would include new flooring throughout the main areas of the service, new furniture, lighting, furnishings and all areas were to be redecorated. Improvements were also planned for the garden areas to make them more attractive, accessible and safe.

The regional manager told us they were to develop a more structured approach to quality monitoring and a new more comprehensive system would be introduced in the near future. Manager's meetings for all the registered provider's services would be held regularly to provide support for each manager, share good practice and provide a more consistent management approach throughout the group of services.

The acting manager confirmed satisfaction surveys had been issued in August 2015 to people who used the service, relatives, staff and stakeholders. In general the results were positive with the majority of areas scoring 100% satisfaction. Areas for improvement included: activities, information, décor, staff appreciation and respect. We found action plans had been developed to address the shortfalls and the acting manager confirmed they had started to work through these and would publish the findings to people.

We saw several meetings had taken place with staff and people who used the service. The meetings provided people with opportunities to express their views.

The registered provider had procedures in place for reporting any adverse events to CQC and other organisations such as the local adult safeguarding team and the health protection agency. Our records showed that the registered provider had appropriately submitted notifications to CQC about incidents that affected people who used services.

The service had undergone assessment by North East Lincolnshire Clinical Commissioning Group in 2014 and 2015 where quality standards were reviewed within the

Requires improvement

Is the service well-led?

authority's Quality Framework Award. Overall, the service had met the criteria for a 'Silver' rating which was a positive achievement. The service had also gained a five star rating for it's food hygiene standards in 2014.