

Dixon Dunn Care Solihull Limited

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Dixon Dunn Care Solihull Limited is a domiciliary care agency. It provides personal care to people living in their own homes. There were 19 people using the service at the time of this inspection.

Dixon Dunn Care Solihull Limited is part of the Home Instead Senior Care national franchise. A franchise is when a franchisee (the provider) has bought the right to sell a specific company's (the franchisor's) products in a particular area using the company's name.

This announced inspection took place on 28 June 2018. We told the provider 48 hours before the visit we would be coming so they could make sure they would be available to speak with us and arrange for us to speak with care workers.

The service is required to 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 and associated Regulations about how the service is run. A registered manager was in post.

The service was last inspected on 11 May 2017 when we rated the service as 'requires improvement'. The provider had learnt lessons since that inspection and had taken action to make improvements.

People felt safe with the staff that provided their care and support. Risk assessments contained up to date information to support staff to provide safe care. Staff understood the risks associated with people's care and knew how to manage risks.

Procedures were in place to protect people from harm. The registered manager was aware of their responsibilities to keep people safe. All staff had received 'safeguarding adults' training to support them to understand what constituted abuse.

The provider's recruitment procedures minimised the risks to people's safety. Enough care workers were available to support people at the times they preferred and people confirmed care workers arrived at the times they expected them. An electronic system was used by the provider to check people had received their care. The provider had systems to record and review any accidents and incidents that occurred.

The management of people's medicines had improved since our last inspection. We checked and found people had received their medicines as prescribed. The system for recording medication errors meant action could be taken in a timely way to keep people safe if errors occurred.

People told us staff had the right skills and knowledge to meet their needs. New staff received the support and the training they needed to be effective in their roles. Staff spoke positively about their training and a

programme of regular updates supported them to keep their skills and knowledge up to date.

Staff knew how to manage people's nutrition and hydration which included encouraging them to eat to maintain their health. People felt confident care workers would support them if they needed to attend any health appointments. Staff followed good practice and understood their responsibilities in relation to infection control.

People told us all of the staff were kind and caring. Relatives supported this viewpoint and told us they would recommend the service to others. Staff thought the service was caring because they provided consistent care to the same people which meant meaningful relationships had developed. People were supported to develop friendships which had a positive effect on their wellbeing.

People received care and support that was responsive to their needs. People and their families were involved in the planning and review of their care. People's care plans were written in a personalised way and included a brief life history and information about their preferred routines and lifestyle choices from their perspective.

People chose how they spent their time and staff knew the importance of people being involved in making decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people to maintain their independence. People confirmed care workers treated them with respect and maintained their dignity. Staff understood the importance of maintaining people's confidentiality.

People and staff spoke positively about the way the service was managed. Staff felt cared for and supported by their manager because they received regular supervision and observations of their work performance. They also attended team meetings where they discussed ideas for improvements.

Audits and checks to assess and monitor the quality of the service were effective which assured us improvements had been made since our last inspection.

People felt assured that complaints would be taken seriously and acted upon. People were encouraged to share their views on the service they received. The feedback gathered was used to drive forward improvement.

Since our last inspection the provider had increased their community links and the service was an active part of the local community.

The registered manager understood their responsibilities and the requirements of their registration.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe. Risks associated with people's care were identified and staff knew how to manage risks safely. There were enough staff to meet people's needs in a timely way. Staff recruitment processes reduced the risks of employing unsuitable staff. Staff were aware of safeguarding procedures and knew what action to take if they suspected abuse. People received their medicines as prescribed. A system was in place to monitor and review accidents and incidents that happened.

### Is the service effective?

Good ●

The service remained good.

### Is the service caring?

Good ●

The service remained good.

### Is the service responsive?

Good ●

The service remained good.

### Is the service well-led?

Good ●

The service was well-led.

People spoke positively about the management of the service. Staff felt supported by their managers. People had opportunities to put forward their ideas and suggestions to improve the service they received. Effective systems were in place to monitor and review the quality of the service.

# Dixon Dunn Care Solihull Limited

## **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 checked whether the 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.

The inspection took place because we rated the service as 'requires improvement' at our last inspection in May 2017. Therefore, it was time for us to return and check improvements had been made. The office visit took place on 28 June 2018 and was announced. We told the provider 48 hours before our visit we would be coming so they could make sure they would be available and so they could arrange for staff to take to us.

This comprehensive inspection was carried out 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.

Prior to our inspection visit we reviewed the information we held about the service and reviewed the statutory notifications that had been sent to us. A statutory notification is information about important events, which providers are required to send to us by law.

The provider had sent us a list of people who used the service before our inspection. We sent questionnaires to 12 people who used the service and received 4 responses back, 12 were sent to people's relatives and we received 4 responses. We looked at the feedback from the questionnaires and reviewed the information to form part of our judgements.

The registered manager had completed a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service at least once annually to give us some key information on what the service does well and improvements they plan to make. The information reflected

the service we saw and we considered it when making our judgement.

Before the inspection visit we reviewed the information we held about the service. We looked at the information received from our 'Share Your Experience' web forms and the statutory notifications the provider had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at two staff records to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits and records of complaints.

Following our visit we spoke with three people who used the service and six people's relatives via the telephone to give them the opportunity to share their views on the service and the care and support they received.

## Is the service safe?

### Our findings

At our last inspection in May 2017 we rated the key question of 'safe' as 'Requires Improvement.' This was because risk assessments which helped to keep people and staff safe when delivering care were not always in place. Also, some risk assessments did not contain up to date information to support staff to provide safe care. At this inspection we found risk management had improved. The rating has changed to Good.

The provider told us they had learnt lessons since that inspection. They said, "After your last visit we improved risk assessments. This was to make sure we know and can manage if people are at risk of choking on food or drink."

We reviewed a sample of risk assessments and found they contained the correct information and had been reviewed in line with the provider's timescale which supported staff to minimise and manage risks. For example, one person had a health condition which caused them to feel pain whenever they moved. Their risk assessment instructed staff how to move the person in a specific way to reduce their pain. Staff we spoke with understood the risks associated with people's care and described how to manage risks. For example, one said "We read risk assessments; by following them we manage risks to keep people safe."

People and their relatives told us they felt safe with the staff that provided their care and support. Comments included, "I feel safe and relaxed when they [carers] are here." and, "Its safe, [person] had no falls so there is nothing for the family to worry about, they [carers] keep a close eye on her and inform me if anything happens."

At our last inspection the management of medicines was not always safe. This was because a medication error had not been reported and investigated correctly in line with the provider's procedure. Also, no action had been taken to support the staff member who had made the error to make sure they were competent to continue to administer medicines safely. The provider assured us they would take action to address the issue.

During this inspection we found action had been taken and improvements had been made and sustained to benefit people. A new system for recording medication errors had been implemented which meant errors could be identified quickly and action could be taken in a timely way to keep people safe.

A new medication administration record (MAR) was in use which care workers told us was easier for them to use which reduced the risk of errors happening. We checked and found no errors had occurred since the MAR chart had been in use. The deputy manager told us they were a 'medication champion'. The new role had been created since our last inspection to continually support staff to administer medicines safely.

Where care workers supported people to take their medicines it was recorded in their care plan. Only trained competent care workers supported people to take their medicines and all care workers confirmed they had received medication training and their competency to do so had been assessed by a manager.

At our last inspection we could not be sure people who had been prescribed creams to maintain their skin health had received them consistently. This was because body maps were not in use to inform care workers where to apply the cream to a person's body. We checked and found body maps were now used which meant staff knew where to apply the cream. Also, information was not always available to inform care workers how to administer medicines on an 'as required' basis (PRN). We checked and found this information was available.

People told us they received their medicines when they needed them. One said, "No problems with tablets I get them." A relative told us, "They [care workers] check the MAR against the blister pack. There have been no mishaps, and no missed doses." We reviewed four people's completed MARs for the two months prior to our visit which showed medicines had been administered correctly. This assured us people had received their medicines when they needed them.

Procedures were in place to safeguard people and protect them from harm. A copy of the provider's safeguarding reporting procedure was provided to everyone who used the service which advised them how to report and who to tell if they felt unsafe. For example, they could tell the registered manager, the police or the Care Quality Commission (CQC). Our discussions with the registered manager assured us they were aware of their responsibilities to keep people safe. They knew how to correctly report any safeguarding concerns which meant any allegations of abuse could be investigated.

All staff had received safeguarding adults training to support them to understand what constituted abuse and the action they needed to take if they were concerned a person was at risk. Staff told us if they had any concerns they would inform their managers. One said, "If I was worried about anyone I would report it to the office. They would take action to make sure the person was safe." Another told us, "We are trained to report abuse, it's not tolerated here. I am confident managers would take action. If they didn't I would phone CQC."

Enough care workers were available to support people at the times they preferred. People told us their care workers arrived at the times they expected them. One person said, "They call three times a day and are always on time." All people and relatives who responded to our survey confirmed care workers completed all of the care and support tasks they should do during each visit.

An electronic system was in use which monitored the arrival and departure times of care workers at people's homes which meant the provider was assured people had received their care. We checked records of the care that had been provided to four people in the three weeks prior to our visit. These records confirmed all scheduled calls had taken place.

People told us care workers followed good practice in relation to infection control. For example, one person said, "They use gloves and an apron and they wash their hands and put used items in the bin." Our discussions with care workers assured us they understood their responsibilities in relation to infection control which protected people from the risks of infection. Records showed care workers had completed infection control training in-line with best practice recommendations.

The provider's recruitment procedures minimised risks to people's safety. Prior to staff starting work at the service, the provider checked their suitability by contacting their previous employers and the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. One staff member said, "I had to wait for all checks to be completed before I could start work."

The provider had systems to record any accidents and incidents that occurred. The registered manager completed reviews of accident and incidents to identify any patterns or trends, so appropriate action could

be taken to reduce the likelihood of them happening again.

## Is the service effective?

### Our findings

This key question was rated as 'Good' at our last inspection. It continues to be rated as 'Good'.

People told us care workers continued to have had the right skills and knowledge to meet their individual needs and preferences. Comments included, "Carers are well trained, and they are fabulous." "They are a very professional and skilled workforce." and, "I've seen them move [person] in and out of bed, they know what they are doing."

New staff received the support and training they needed to be effective in their roles when they started work at the service. This included being assigned a mentor who was an experienced staff member. A new care worker described this support as 'excellent' and said, "It was great to have someone to talk to and show me what was expected of me." Staff also received an employee handbook which included the provider's policies and procedures and outlined the standards and behaviours expected of them.

New staff completed the Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. This demonstrated the provider was acting in accordance with nationally recognised guidance for effective induction procedures to ensure people received good care.

Records showed a programme of regular training updates supported staff to keep their skills and knowledge up to date. Care workers spoke positively about their training. One explained they had been trained to use a piece of equipment called a 'slide sheet'. They said, "The training was great it made me feel more confident and improved my practice. It means [person] feels more comfortable when they are repositioned in bed." Care workers confirmed they had opportunities and were encouraged to work towards nationally recognised qualifications in health and social care.

We spoke with the learning and development coordinator who was responsible for staff training. They explained they used different styles of training, for example 'role play' which supported staff to understand what it was like for people who lived with health conditions such as Arthritis. They said, "Care givers are given tasks such as undoing buttons whilst wearing a pair of woolly gloves. It's so simple yet effective. It puts them in 'people's shoes' and helps them to understand why people become frustrated with simple tasks."

Care workers told us they felt supported by their managers because they received regular supervision and observations of their work performance. Supervision is an opportunity for staff to discuss their roles with their manager and to identify any training needs. One staff member described their supervision meetings as a, 'good experience which helped them to improve'.

People and their relatives told us communication between them and the service was always good. Comments included, "Communication I would score 10 out of 10." and, "Communication is supportive for us as well as for [person] ... the office let me know of anything even if it's very minor and I keep other family

members informed."

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

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager and the provider understood the relevant requirements of the Mental Capacity Act (2005). For example, they knew applications must be made to the Court of Protection. Some people using the service did lack capacity to make all of their own decisions. Records showed those people had somebody who could support them to make decisions in their best interest, such as a relative. This meant the rights of people who were unable to make important decisions were protected.

People told us care workers always asked for their consent before providing them with any assistance. Care workers understood the principles of the MCA and knew they could only provide care and support to people who had given their consent.

People were assisted with the preparation of meals and drinks if this was agreed in their care package. Most people we spoke with prepared their own food or had relatives that supported them with this. Care workers knew how to manage people's nutrition and hydration which included encouraging people to eat to maintain their health. For example, one person was losing weight because they refused to eat food alone. In response to this care workers ate their lunch with the person so the person no longer ate alone. This had had a positive effect on the person and had resulted in them gaining weight.

Most people told us they managed their own healthcare or had relatives that supported them with this. However, people felt confident care workers would provide support if they needed it. One person commented, "If I needed to see the doctor or if I had an appointment I know they would support me, they are flexible in that way." Records confirmed the service involved other health professionals with people's care when required including district nurses, occupational therapists and GPs.

# Is the service caring?

## Our findings

At our last inspection this this key question was rated as 'Good'. At this inspection we found the rating continues to be 'Good'.

One hundred percent of respondents to our survey told us care workers were kind and caring. People confirmed this when we spoke with them. Comments included, "My carers are lovely, so caring, patient and kind to me." They are like friends, very respectful. I look forward to them calling." and, "Lovely people with such kind and caring natures." This demonstrated that the provider's aim of 'looking after loves ones with care and compassion was being achieved'.

Relatives spoke positively about the care provided to their family members. One said, "I'm delighted with the care because it helps me too. I know all of the carers. It's the same ones that come which is really good." Another told us, "Care is brilliant. We have gone from being in a crisis to us having a really nice life now because of the care they give. I'm not anxious when I go to see (person) anymore as I know they are so well looked after." Everyone told us they would recommend the service to others.

Staff told us they thought the service provided was caring. One commented, "The customer is king, we are all committed to providing excellent care." All told us they would recommend the service to others because they provided care and support to a small number of people which had gave them the opportunity to build meaningful relationships.

A fundamental aim of the service was to promote people's quality of life and we saw people were encouraged to develop and maintain relationships. For example, two people had shared with the provider they had felt lonely. In response to this the service had arranged for both people to attend a community coffee group together each week. A relative said, "[Person] had joined groups and joined activities which the staff take them to. It's really good for them." Another said, "They are reducing her loneliness... her husband and friends are no longer alive and we live some way off, so it's her lifeline."

Staff told us they felt cared for by their managers and the provider. One said, "I love working here, it feels like a family." Another told us, "The managers care about us. We get birthday cards and little presents and Easter eggs at Easter. It's little things but it makes me feel appreciated which is good for my wellbeing and morale."

People, where possible, made choices about how they spent their time with their care workers. One person said, "I do what I want in my own home. Sometimes we go out for lunch or we might just go out somewhere in the morning together, it's always my choice, it's nice." Another told us, "Carers check what they need to do when they get here. Its good company for me, sometimes we stay in and other times we go out."

Staff knew the importance of people being involved in making decisions to ensure they had as much choice and control over their lives as possible. For example, one explained they always showed a person the different food options in their fridge which supported them to decide what they wanted to eat.

People told us care workers supported them to maintain their independence. One explained they wanted to get out of the house more to visit different places. In response to this care workers had supported them to go and look at a range of mobility scooters that they could purchase to achieve their desired outcome. Another person found it difficult to unscrew the tops off bottled drinks and care workers 'loosened' the bottle tops which meant they were able to have a drink whenever they wanted one.

All staff who responded to our survey confirmed the care and support they provided helped people to be as independent as they could be. Care workers told us they were committed to supporting people to maintain their independence wherever this was possible which meant they continued to live in their own home in line with their wishes. For example, we saw a referral had been made to a physiotherapist which had resulted in one person being provided with a walking frame. Physiotherapists work with people to help with a range of problems which affect movement. This meant the person had regained their level of independence as they were less reliant on care workers to help them.

People confirmed care workers treated them with respect. One said, "They are very polite and listen to what I say, in my eyes that's respectful." Another told us, "Very respectful, they tidy up after themselves." People's care and support was provided in a dignified way. One person told us, "Everything is done in private, and I'm covered up with towels when I'm having a wash."

Staff understood the importance of maintaining people's confidentiality. They told us they would not speak with people about other people they supported and ensured any information they held about people was kept safe and secure. People's personal information and records were kept in locked cabinets at the office. Only authorised staff had access to this information. Since our last inspection the provider had partitioned off a part of the office. This meant a 'private area' had been created where confidential telephone calls and meetings could take place.

## Is the service responsive?

### Our findings

This key question was rated as 'Good' at our last inspection. It continues to be rated 'Good' because people received care and support that was responsive to their needs and personalised to their preferences. One person said, "I've always had an active lifestyle and they (care workers) keep me young. They are just what I need." A relative told us, "I think they [service] are excellent because they tailor the service to [person's] needs. She has dementia. They make [person] feel less anxious which has eased her condition."

The provider shared many examples of how the service was responsive to people's individual needs. For example, one person was unable to open their front door. We saw immediate action had been taken by the provider to make arrangement for a 'keysafe' to be fitted which meant care workers could gain access to the person's home to provide their care.

Another person was a keen gardener but due to a health condition they were unable to continue with their hobby which care workers told us had had a negative impact on their wellbeing. In response the service had been creative and 'bought the garden to the person'. This had including planting pots of fruit indoors which the person had really enjoyed.

People received information about the service in a format they could understand. This included information about the service, its fees, values and purpose. This was in line with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they need in a way they can understand.

We looked at the involvement people, or those acting on their behalf had in contributing to planning people's care and support. We saw people had been involved in an assessment of their needs before the service started. This was to make sure their needs and expectations were met. Assessments included people's mobility, likes, dislikes and mental health needs. From the initial assessments care plans were devised to ensure staff had information about how people wanted their care to be provided.

People's care plans were written in a personalised way and included a brief life history and information about their preferred routines, culture, religion and lifestyle choices from their perspective. Since our last inspection staff had completed 'care plan' training to support them to write care plans in line with the provider's expectations. Information contained within care plans had been reviewed in the month prior to our visit to make sure it was correct. This had improved since our last inspection when we found some people's care plans had not been updated when their needs had changed.

People were involved in the review of their care. One person said, "They are coming round next week to do a review. They phone me too to make sure everything is going okay." A relative commented, "We all agreed a care plan together. [Person's] needs had increased over time so we meet frequently to discuss any changes that need to be made."

People felt assured that complaints would be taken seriously and acted upon. People knew how to make a

complaint and felt comfortable doing so. A copy of the provider's complaints procedure was provided to people when their service started. It included information about how to make a complaint and what people could expect if they raised a concern. The service had received two complaints in the 12 months prior to our inspection. Both complaints had been resolved to the complainant's satisfaction.

Records showed the provider had received a number of compliments about the staff and service provided. For example, one relative had written 'Thank you for all your kindness over the last few years. You have been truly invaluable.'

## Is the service well-led?

### Our findings

At our last inspection in May 2017 we rated the key question of 'Well Led' as 'Requires Improvement.' This was because audits and checks to assess and monitor the quality of the service were not always effective.

At this inspection we found improvements had been made. The rating changed to Good.

The new system for recording and monitoring medication errors meant any issues could be identified quickly and action could be taken in a timely way to keep people safe. Also, incidents that happened were analysed to identify patterns and trends reduce the risk of reoccurrence. The provider said, "We were disappointed with our last inspection rating, we have all worked hard to make governance better."

Everyone we spoke with was positive about the management of the service they received. One person said, "[Provider] is very hands on. He is very good and leads by example." A relative told us, "Its well run, they [managers]all have high standards and are flexible which is good for us."

The service had recently been rated on a care comparison website as one of the most recommend home care provider's in its local area with an average rating of 9.4/10. This comprised of 10 reviews made up from people who used the service and their families in the last 12 months. We looked at a selection of these comments which included, 'The care team have been providing outstanding care for both of my parents for two years.' and, 'Their approach is quite incredible. They are dealing with difficult circumstances and yet have been unfailingly patient, understanding and professional'. The service had also been rated as a 'top 10' provider in its region during 2017.

The service had a registered manager. 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 registered manager told us they felt supported by the provider and the deputy manager.

Care workers told us the communication between them and their managers was always good. The provider operated an 'on call system' so staff had access to a member of the management team outside normal office hours. Care workers told us having the 'on call' system made them feel supported. We saw daily managers meetings were held each morning to share information which included reviewing the 'on call' notes from the previous evening to gain an overview of any issues and to make any changes that needed to people's care.

Staff provided positive feedback about their managers. One explained they felt valued because their hard work was recognised. For example, they had recently been given a small gift as a 'thank you' for their commitment. Another told us, "Managers are lovely, I can pop in whenever I want to, their door is always open." The provider had a staff awards scheme that recognised contributions from staff, and recognised outstanding skills in caring for people. This showed the provider had a way of identifying good care and

encouraging all staff to develop their skills to improve the service. Staff also told us the provider encouraged them to get to know each other by arranging social events which had a positive effect on team work.

Staff told us they had regular opportunities to attend meetings with the management team which were positive because they felt able to discuss their concerns or ideas for improvements. One staff member explained they had requested training to support them to care for people who were nearing the end of their lives. In response to this the provider had introduced an accredited End of Life training course for all staff.

One hundred percent of people who responded to our questionnaire confirmed they had been asked what they thought about the service they received. People told us they were encouraged to share their views through a system of telephone calls and home visits from office staff. The deputy manager told us the feedback gathered was used to drive forward improvement. The provider also gathered people's feedback collected by an independent organisation. Analysis of a recent survey showed people were happy with their care and could not think of anything that would make it better.

At our last inspection the provider told us they planned to focus on expanding partnership working and to widen community links. We saw this had happened. The provider had recently attended training provided by a specialist dementia charity to become a 'dementia champion'. They told us, "I am passionate about good dementia care. I want to develop dementia friendly communities." They utilised their links with the charity to train their staff and staff working for other providers in the local area to develop their skills and raise awareness of the condition.

The provider continued to be active in their local community. They told us this was important to them in order to help people living in the locality. For example, they had organised and taken part in local fund raising and events and charity fetes. The provider also used social media and had a dedicated 'page' which was a way of effectively communicating with people, their relatives, staff and the local community.

The registered manager understood their responsibilities and the requirements of their registration. They told us which notifications they were required to send to us so we were able to monitor any changes or issues within the service. We had received the required notifications from them. They understood the importance of us receiving these promptly and of being able to monitor the information about the service.