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Mill Lodge Residential Care Home

Inspection report

Belmont Road
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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

We carried out an unannounced inspection at Mill Lodge Residential Care Home on the 23 August 2016.

Mill Lodge Residential Care Home is situated in a residential area towards the outskirts of Great Harwood, Lancashire. The accommodation includes a small lounge and a dining room with a conservatory. There is one double bedroom and 14 single bedrooms over two floors. A passenger lift provides access to the first floor. The home accommodates older people who may also have dementia.

At the time of this inspection there was a registered manager who had been in post since December 2010. 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 was supported in her role by the home's assistant manager.

The service was last inspected on the 18 June 2014. We found it was meeting all legal requirements applicable at that time.

During this inspection, we found the service was meeting the current regulations.

People indicated they felt safe whilst living at the service. People also added they were happy with the care they received and felt the care received was delivered by professional, caring and compassionate staff.

The provider ensured processes were in place to maintain a safe and appropriate environment for the people using the service, their visitors and staff members. Training was in place for staff to ensure they were competent in recognising the signs of abuse and could appropriately and confidently respond to any safeguarding concerns and notify the relevant authorities when required.

The service conformed to the requirements of fire safety by ensuring fire audits were up to date and relevant checks were carried out on a weekly basis to fire equipment and lighting. People using the service had personal evacuation risk assessments in situ and an additional contingency plan provided direction about what to do in the case of an emergency or failure in utility services or equipment.

The service had sufficient number of staff to support the operation of the service and provide people with safe and personalised care. People told us they never felt rushed and staff were responsive to their needs. A suitable amount of training was offered to all staff to ensure staff were equipped with the correct skills and knowledge to effectively support people in an informed, confident and self-assured manner. Recruitment processes were suitable and designed to protect people using the service by ensuring appropriate steps were taken to verify new employee's character and fitness to work.

The service had processes in place for appropriate and safe administration of medicines. Staff were

adequately trained in medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

Staff displayed an awareness of the Mental Capacity Act 2005 and had completed appropriate training. Appropriate referrals had been submitted to the local authority by the home's manager and a good audit trail was seen.

The provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. This was done by providing a detailed plan covering essential information care staff needed to follow, each plan was individual to the person's need and were kept under regular review. Effective systems were implemented to maintained people's independence with daily living skills.

Staff interacted and engaged well with people. Staff were caring, respectful and understanding in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted upon by means of questionnaires enabling them to influence the service they received. Feedback we received from people during the inspection supported these observations.

Positive feedback was received from people using the service, visitors, and staff about the management structure. People described the registered and assistant managers as caring and approachable. Staff informed they felt well supported and that they could approach either manager with any concerns.

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 told us they felt safe. Staff demonstrated an understanding around their roles and responsibilities to protect people from harm. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Safe and robust recruitment procedures were followed to ensure suitable staff were employed at the service. Staffing levels were sufficient on the day of the inspection to meet the needs of the people who used the service.

Processes were in place for the safe administration of medicines and staff were appropriately trained to safely support people with their medicines.

Is the service effective?

Good ●

The service was effective.

The service was effective. Staff were subject to a formal induction process and probationary period and there was a staff supervision schedule in place.

Staff were aware of how to seek consent from people before providing care or support. The service ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

A robust training schedule was in place to ensure all staff had completed and were up to date with essential training. This helped to assure they had the correct skills and knowledge to meet the needs of the people using the service.

Is the service caring?

Good ●

The service was caring.

The service was caring. Staff spoken with had a good understanding of how to ensure dignity and respect and staff

showed patience and encouragement when supporting people.

Staff had developed positive and caring relationships with the people using the service. And supported people in a way which was kind and compassionate.

People's independence and inclusion was a key factor in the ethos of the service. People's views and opinions were actively sought.

Is the service responsive?

Good ●

The service was responsive.

Each person had a detailed care pathway, an assessment of possible risks and a description of the person's needs for support and treatment.

People told us they enjoyed living at the service and referred to it as 'their home'.

The home had procedures in place to receive and respond to complaints.

People expressed confidence in the registered and assistant manager to address their concerns appropriately. People knew the process to follow should they wish to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

Staff told us they felt well supported in their role by the registered manager and felt able to approach them with any issues.

Audit systems were in place to monitor the services standards and develop identified areas of improvement. □

Surveys were carried out and information was used to improve the quality of service.

Mill Lodge Residential 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 provider was 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 inspection took place on 23 August 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 9 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held such as safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with eight people who used the service and three relatives. We spoke with three members of staff, two visiting health care professionals, the registered manager and the assistant manager.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People indicated they felt safe and were happy with the level of care and support they received at the service. One person said, "Oh I feel very safe, the staff are wonderful and look after me very well." Another person told us how they have, "Never felt safer." Relatives/visitors we spoke with also voiced their satisfaction with the way their relatives were cared for. One relative said, "[My relative] is very safe here. I trust all the staff implicitly." Care staff we spoke with also gave examples of how they would ensure people were safely supported with their daily routines and highlighted the importance of promoting positive risk taking and maintaining people's safety.

Throughout our inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction which was caring and patient. People appeared comfortable, content and happy in staff presence.

We looked at what processes the provider had in place to maintain a safe environment to aid the protection of people using the service, visitors and staff from harm. Environmental risk assessments were seen which covered areas such as gas/electrical appliances and communal areas. Water temperature checks and legionella testing were also completed in line with current guidance. The documentation we saw was in date and completed in full with dates and signatures.

The provider employed a maintenance person. This would ensure any maintenance issues would be resolved within an acceptable time scale. External contractors were also used when necessary. The registered manager told us that physical and visual checks of the premises were done on a daily basis and that it was the responsibility of all staff members to report any identified areas of risk.

Compliance with fire audits was noted and each person using the service had an assessment of their ability to respond in the case of a fire. Risk assessments were evident along with a record of fire systems, emergency lighting and fire alarm checks. All staff had received fire training and could evidence what to do in the case of a fire. Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We looked at how the service protected people from abuse and the risk of abuse. Staff were aware of the provider's safeguarding procedures and the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the service would be appropriately dealt with. Safeguarding training was in date and we noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people.

We looked at the entries made over the past year in the accident/ incident record book and noted that there were no incidents which were reportable to the Commission.

People who used the service and their relatives/visitors felt confident that any concerns they wished to raise

would be dealt with appropriately. People indicated they were encouraged to raise any concerns and demonstrated a good understanding of how to do this. Staff we spoke with also told us they felt confident that any concerns would be addressed. One staff member said, "I have had a couple of complaints and they have all been dealt with appropriately."

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. All people had individualised risk assessments in their care files which covered areas such as, falls, pressure areas, mental health, personal hygiene and nutrition. The registered manager told us people's risk assessments were reviewed every month and more often if required. The risk assessments we viewed were in date and detailed relevant information.

We looked at how the service managed staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection. All staff we spoke with indicated there was enough staff on each day and night. One staff member told us, "Usually the days go smooth, it is a very relaxed atmosphere and I always have the time to sit and talk to people." People using the service also indicated there was enough staff to support them effectively. Comments included, "There is always somebody around to help me whenever I need it," "Staff respond very quickly to my buzzer even during the night" and "I have the freedom to get up in the morning or go to bed whenever I wish. Sometimes I will stay up late to watch a film." One visitor told us, "There is always enough staff around when I visit. I don't think staffing is an issue here." Another visitor stated, "There is always plenty of staff about and they are always very attentive and responsive to people's needs." During the inspection we observed appropriate response times when responding to people's requests. The registered manager told us that staffing levels were kept under review and were flexible in response to the needs and requirements of the people using the service.

The service had recruitment procedures designed to protect all people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application and attending a face to face interview. We looked at the recruitment records of three staff members including one who had been recently employed and found references were obtained along with a police check from the disclosure and barring service (DBS). This meant the registered manager only employed staff after all the required and essential recruitment checks had been completed. We noted the provider had a recruitment and selection policy and procedure which reflected the current regulations.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively. We looked at one disciplinary record and noted this had been followed in line with the service's disciplinary policy.

We looked at the way the service supported people with their medicines. People spoken with indicated they were satisfied with the arrangements in place and that they always received their medicines on time. We observed a lunchtime medicines round and noted this was done safely and in line with procedural guidance.

We found there were specific protocols for the administration of medicines prescribed, "As necessary" and variable dose medicines. These were important to ensure staff were aware of the individual circumstances in which this type of medicine needed to be offered.

Medicines were kept securely and only handled by trained staff. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines administration records (MARS) and loose medicines such as painkillers and antibiotics were spot checked during the inspection. We found errors in the number of tablets counted for three of the medicines and occasional entries on the MAR records which did not have a signature or code. We spoke with the registered manager about this who informed us that the medicines audit was due that week and the errors would have been identified and dealt with accordingly. The registered manager told us she would look at this as a matter of priority and address with the carers involved. We looked at past medicines audits and noted that errors had been identified and actioned appropriately.

Is the service effective?

Our findings

People using the service and their visitors/relatives indicated that staff were well trained and carried out their caring role as carers in a professional and understanding way. Comments from people using the service included, "All staff are fantastic, very caring," "Staff are very helpful when you need them and nothing is too much trouble," "They are all very nice to me and other people living here." One relative told us, "I have no worries what so ever. All the staff are very good at what they do; they are brilliant with my [relative]. At times [my relative] can display difficult behaviours but the staff know exactly what they are doing and are able to manage [my relative] very well."

The provider had developed an induction programme to train and support its new staff. This included the completion of an induction checklist for new staff which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company, whilst 'shadowing' experienced staff. Comments from staff supported the robustness of the induction programme. Comments included, "The induction was good, I feel it equipped me well to do my job" and "I have been a carer for many years but it always good when you come to a new place to learn how they do things and get to know the people living here."

Staff indicated they had received a suitable amount of training and this was valued for their own professional development. We saw the service offered a good range of training which was appropriate to the people using the service and in line with their procedural guidance. All mandatory training such as moving and handling, safeguarding, Mental Capacity Act and first aid was offered and completed within date. Additional training such as the management of aggression and behaviour, dignity in care and equality and diversity had also been received. One staff member said, "The training is very good and very thorough. After we have completed the training session we are then required to fill out a booklet to test our knowledge and we get marked on it." During the inspection we saw an external trainer enter the service to provide one to one training for a member of staff.

The registered manager informed she felt proud of the training schedule. She stated, "The service training is very good. I feel we have come a long way in the past few years where training is concerned. I feel the service is very big on training and personal development and will support all our staff in achieving extra qualifications whilst working with us." She added, "We support all our staff to attain recognised qualifications in health and social care and some of our staff are also currently at University." We noted that all staff had attained a Level two or three (National Vocational Qualification) NVQ, now known as a Health and Social Care Diploma.

Staff told us they received regular supervision sessions and that they were a useful arena to discuss any concerns or areas of improvement. Staff also told us additional training would be discussed as part of the supervision meeting. Actions were documented and followed up at the following supervision meeting. The staff files we looked at confirmed that regular supervision sessions were being completed in line with the provider policy and procedure.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals 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 demonstrated effective systems to manage DoLS applications. We found that the service was complying with the conditions applied to the authorisations.

In instances where people were deemed not to have capacity to consent to living at the home, the registered manager had completed standard authorisation forms which had been submitted to the local authority. There was a current policy in place detailing the procedures to follow. All the staff we spoke with had an understanding of DoLS. We saw people were supported by staff throughout the day of the inspection to go outside and access homes grounds if it had been deemed unsafe for them to leave the building alone and unaccompanied.

We looked at how the service supported people with their nutritional needs. Meal times were relaxed and people had the freedom to choose what they wished to eat. We saw people had a choice of hot and cold drinks throughout the day and snacks such as cakes and biscuits. People indicated the food offered was of a good standard and temperature. We observed staff supporting people with their meals in a dignified way. We saw all meals were prepared daily from fresh produce. Staff we spoke with and the registered manager informed that the provider did not employ a designated cook but used two members of care staff who had obtained catering qualifications to work alternate days in addition to their caring role to cook the meals. People using the service, staff and the registered manager informed this worked well due to the small size of the home.

The care files we looked at considered people's dietary needs, food preferences and likes and dislikes. We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out when appropriate. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary.

Is the service caring?

Our findings

We observed care delivery which was compassionate and caring. People we spoke with told us they had good relationships with all staff and were treated in a dignified way. Comments included, "Everyone is very kind. Of course we would all rather be in our own homes but this is the next best thing," "This is a smashing place. They are all like brothers and sisters to me." One relative said, "Staff are very helpful, I have never come across any staff that are unkind." The registered manager prided herself on the home being a small and homely environment. She stated, "As a small home we cater for people who want a home from home. I think it is a family atmosphere where everybody knows everybody including all relatives. Everybody knows everybody else by name not job title." During the inspection we observed positive examples of staff/ person communication to support this.

Staff routinely spent time with people and supported them effectively when needed, offering choices and involving them in routine decisions. Staff displayed a clear knowledge and understanding of the needs and vulnerabilities of the people they cared for and were well informed about people's individual needs, backgrounds and personalities. They were also familiar with the content of people's support plans. We saw examples of the best approaches to take in order to uphold people's right to dignity and respect and staff understood their role in providing people with person centred care and support.

The environment supported people's privacy and independence. Some people told us they held keys to their bedrooms. We noted confidentiality was a key feature in staff contractual arrangements. We saw examples of staff promoting people's independence and choices. Staff induction covered the principles of care such as independence, privacy and dignity, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded. The service also had robust policies and procedures to support the delivery of care around these key aspects. People using the service told us they were able to express their views about the service on an on-going basis by having conversations with the staff, the assistant manager and the registered manager and completing satisfaction questionnaires.

People were encouraged to take pride in their appearance to help promote independence and boost self-esteem. People told us staff would assist them with any tasks relating to this should they require it. The registered manager told us that the ethos of the service was to, "Encourage people to maintain their independence as much as possible." Comments we heard from people supported this statement.

We saw the service had a policy around advocacy. Although people were made aware of advocacy services at the time of the inspection we did not see any evidence that advocacy services were being accessed by people.

Is the service responsive?

Our findings

We observed staff were patient, respectful and friendly towards the people who lived in the home. People we spoke with indicated they were happy with the care and support they received at the service. People told us they felt listened to and were always given time by staff to express their opinions, wishes and feelings. Comments included, "It's such a lovely place. Its home from home," "If I ever need help it's there, I have no worries about that" and "The staff are very patient with me, sometimes it takes me a bit to get going but I never feel I am being rushed. The staff here have got me better there is no doubt about that." One visitor stated, "[My relative] was a frequent faller when they lived at home; however, since living here they have only had one fall. That should show you how well looked after they are."

People referred to the service as, "Their home," and living with, "Brothers and sisters," People's body language appeared relaxed and settled around care staff. We observed lots of 'chit chat' and 'banter' between people and staff and lots of laughter. Staff dealt with any altercation people had in a professional manner and deescalated the situation appropriately.

People told us they felt comfortable raising any concerns and were assured they would be dealt with suitably. Comments included, "[The registered manager's name] is very approachable. I feel I can speak with her at any time and she is always very polite and caring in her approach" and "All staff are approachable, they will help me sort any issues out." Visitors also expressed their satisfaction with how the registered manager and assistant manager dealt with any concerns and questions. One visitor stated, "I have always found both managers to be very approachable and because of the small nature of the service they are always around and visible to ensure things are being done properly."

The provider had processes in place to assess and plan for people's needs, choice and abilities prior to admission. We saw completed, 'pre-admission' documents in the care files we looked at. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required.

We looked at three people's care files and other related records. It was noted that the provider had considered and implemented adequate documentation to support the development of the care planning process and support the delivery of care. Each plan was individual to the person's needs and considered areas such as maintaining a safe environment, mental health needs, medication and tissue viability. These plans captured essential information required for the person to maintain their independence and provided a detailed breakdown on how this was to be achieved. The plans had been agreed with people wherever possible. The care files also contained a 'this is me document' which highlighted essential information about the person such as likes/ dislikes, preferred method of communication, hobbies and past life history. These documents were updated monthly to ensure a true reflection of the person's need and aid assessment of any on-going progress or issues.

The provider did not have an employed 'activities coordinator'. However the registered manager informed

that carers were tasked with the responsibility of arranging activities on a daily basis. People we spoke with informed activities were a daily occurrence. During the inspection people enjoyed a visit from two riders with their horses. People confirmed this was a regular occurrence and enjoyed petting and feeding the horses in the garden area. We noted a number of pictures around the home of various activities including, baking, cake decorating, animal therapy and film nights.

We saw evidence of detailed information recorded when the staff had liaised effectively with other agencies such as the community mental health team and local authority. We also saw evidence of liaison with health care professionals such as the dietician and district nurses. Relatives we spoke with confirmed they were always kept up to date with health appointments where consent had been given to do so.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. The registered manager told us she had received one formal complaint in the past year. We noted this had been dealt with in line with the provider's procedural guidance.

Is the service well-led?

Our findings

People using the service, visitors and staff we spoke with told us they were happy with how the service was managed. Everybody spoke positively about the registered manager and assistant manager referring to them as, "Approachable" and "Fair". People confirmed that there was a presence from either the registered or assistant manager on a daily basis to support the delivery of care.

There was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager had been employed since December 2010. 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.

Throughout all our discussions it was evident that the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care, as well as issues pertaining to the staff team.

Staff spoken with indicated the service was well run. They felt they could approach the management team at any time of day and night and felt well supported to carry out their caring roles effectively. Staff told us they felt assured that any concerns raised would be dealt with appropriately. One staff member said, "We are a good team and I think it helps because we are a small service. We are supported well by the managers."

Staff meetings were infrequent. We spoke with the registered manager about this who informed that due to the small nature of the service she felt that meetings had not been productive and had a low turnout of staff due to them not being mandatory. She added that if something needed addressing a meeting would be held but this was not a frequent occurrence. We spoke with the registered manager about the importance of bringing a team together to discuss issues and new ideas. The registered manager told us this would be something she would re-introduce and make it mandatory for staff to attend.

The service had a range of policies and procedures which provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the registered provider had effective governance audit systems in place covering areas such as accidents and incidents, care plan, infection control, safe guarding alerts, communal and bedroom areas. These were designed to ensure different aspects of the service were meeting the required standards. The registered manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires and ensuring time was allocated to speak with people on a daily basis.

People's care records were clear and up to date. They were stored securely and only accessible by staff to ensure people's personal information was protected. The records we requested were promptly located and well organised.

Staff were aware of their roles and responsibilities and what was expected of them and displayed comprehensive knowledge of how to care and support a person safely and effectively. Staff indicated that they had received appropriate training to assist them in effectively caring and supporting people who used the service. This was corroborated with the comments we received from people using the service and their relatives/visitors during the inspection.

We looked at feedback questionnaires sent to people who used the service. These questionnaires covered areas such as cleanliness of service, meals, ability to discuss complaints and do people feel listened to. Eight had been completed and all were satisfied with the service provided on all levels. Relatives/ visitor questionnaires were also sent, these covered areas such as are people treated with respect and dignity, satisfaction of overall care provided and are people treated with courtesy and respect. Seven had been completed and were all satisfied. Comments included, "You all treat [my relative] with dignity and respect" and "You all do a marvellous job."

The provider had a statement of purpose outlining the ethos and principles of the service and in addition to this a 'business action plan' which stated, "We work together with staff and clients alike to deliver the highest quality service and to attain the best outcomes for all."