

# East View Housing Management Limited

## East View Housing Management Limited - 24 Tower Road West

### Inspection report

24 Tower Road West  
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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?	Requires Improvement ●

# Summary of findings

## Overall summary

24 Tower Road West is a care home. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

24 Tower Road West provides accommodation and personal care for up to five people who have learning disabilities and some associated physical and/or sensory disabilities. There were five people using the service at the time of inspection. The building was situated over two floors, with people's bedrooms located on both. Some people had their own bathrooms attached to their bedrooms and there were communal facilities for those that did not. There was a kitchen, dining-room and a large lounge for people to relax in. One person had their own self-contained flat with their own lounge, bathroom and kitchenette. People also had access to outside space. There was a large decking area with table and chairs which we saw people accessing during the inspection and garden space beyond that.

At our last inspection in November 2014, the service was rated 'Requires Improvement' with five breaches to the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. During this inspection, we found significant improvements had been made and the provider is now meeting the regulations.

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.

Since their previous inspection, significant improvements had been made to the quality and quantity of audits. However, we still found some inconsistencies within people's care documentation which suggested quality assurance systems required some improvements. We have made a recommendation regarding this.

People were supported to be safe with person centred risk assessments. Safety checks were completed regularly by the management team and external professionals on equipment and the building. There were suitable numbers of staff to meet the needs of people and absences were covered by other staff who knew people well. People received their medicines safely from suitably trained and competent staff. Staff had a good understanding of how to protect people from potential harm and any incidents were responded to in a timely way, with actions taken to minimize reoccurrence.

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 practise.

Staff had the skills and knowledge to support people and meet all their needs. They received a thorough induction and training that ensured they were up to date with current good practise. Staff also told us they had regular supervision and appraisals to support them in their roles.

People's nutritional needs were met and they were encouraged to be as independent as possible with preparing food. People had regular support from a variety of health and social care professionals to promote their mental health and well-being.

People, their relatives and professionals spoke positively about the caring nature of staff. People's dignity, independence and privacy was promoted and encouraged. Staff knew people, their preferences and support needs well.

Care plans were detailed and person centred with an emphasis on people's preferences and independence. Some people had specific communication needs and staff were very knowledgeable of these. People and their relatives were aware of the complaints procedure and confident any concerns would be addressed by the registered manager or provider. People had choice and control over the activities they wanted to participate in each day.

Although there were areas for improvement in records, people, staff, relatives and professionals told us they felt the service was well-led. The registered manager sought feedback from those involved with the service and used this to improve quality of care. Staff spoke highly of the support they received from the registered manager and felt that an open, transparent and supportive culture was promoted.

Further information is in the detailed findings below.

## 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.

There were robust risk assessments for people and the building that were reviewed regularly.

People received their medicines safely.

Accidents and incidents were analysed and responded to appropriately.

Staff were recruited safely and there were suitable numbers to meet the needs of people.

### Is the service effective?

Good ●

The service was effective.

People were given choice and control over their lives.

Staff had the skills and knowledge to meet all of people's support needs.

People were supported to have good nutrition and were involved in choosing what they wanted to eat and drink.

People's health and wellbeing was maintained with frequent input from a variety of health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

Everyone that we spoke with told us that staff were kind, caring and attentive to people.

People's independence, dignity and privacy was promoted and respected at all times.

Staff had a good understanding of equality and diversity and how this related to the people they support.

### Is the service responsive?

The service was responsive.

People had detailed care plans that reflected all their support needs and preferences. These were reviewed regularly by people and their keyworkers.

A variety of tools were used to support people with specific communication needs.

Activities were varied and tailor-made to people's preferences and goals.

Staff, people and their relatives were knowledgeable about the complaints process and felt comfortable raising any issues.

Good 

### Is the service well-led?

The service was not consistently well-led.

Although there had been improvements to quality assurance systems since the last inspection, there were some inconsistencies in people's care plans that the registered manager had not recognised.

People, their relatives, staff and professionals were unanimous in their views that the registered manager was a strong, supportive role model and that the service was well-led.

Requires Improvement 

# East View Housing Management Limited - 24 Tower Road West

## **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 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 inspection took place on 31 July 2018 and was announced. We gave the service 24 hours' notice of the inspection visit because it is a small service and the manager is often supporting staff or providing care. We needed to be sure that they would be in and that our visit would not disrupt the lives of people more than necessary.

Before the inspection, we checked the information we held about the service and provider. This included previous inspection reports and any statutory notifications sent to us by the registered manager. A notification is information about important events, which the service is required to send to us by law. We also reviewed the Provider Information report. This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make.

One inspector completed the inspection. Due to the nature of people's complex needs, some people were not able to tell us about their experiences, so we also observed the care and support that people received. We observed and spoke with four people who use the service about their day-to-day experiences. We spoke with two staff and the registered manager. We spent time reviewing records, which included three care plans, three staff files, medication administration records, staff rotas and training records. Other documentation that related to the management of the service such as policies and procedures, complaints, compliments, accidents and incidents were viewed. We also 'pathway tracked' the care for people living at

the service. This is where we check that the care detailed in individual plans matches the experience of the person receiving care.

Following the inspection, we spoke with two relatives and two professionals about their views of the care provided at the service.

## Is the service safe?

### Our findings

At their previous inspection, 24 Tower Road West were rated Requires Improvement in Safe, with breaches of Regulation 12 and Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because incidents and accidents had not been reviewed and people did not have emergency evacuation plans. There were also some concerns raised about staff recruitment and photographic identification not being sought as proof of identity. During this inspection we found that improvements had been made and that actions had been taken to resolve issues. The provider is now meeting these Regulations.

People told us they felt safe. One said, "They are nice here – that makes me feel safe." Although others were not able to tell us, we saw people were comfortable and relaxed around staff that knew them well. Relatives and professionals were also confident that people were safe. One relative said, "People are very safe. I don't have to worry at all."

In-depth risk assessments had been completed for people, staff and the building, that were person and task specific. Some people had assessments regarding specific health conditions and how these should be managed. If a risk was related to a particular behaviour, such as a person becoming angry or distressed, this was clearly described and included ways on how to support the person during this time. A professional told us that staff were good at supporting people with behaviours that challenged and this had a positive impact on a person they had worked with. They said, "The culture in the service is so accepting and understanding of challenging behaviour. This person-centred approach has supported the person to trust staff and as a benefit, there have been less incidents."

We viewed incident and accident reports for the home. Each incident was responded to immediately, prioritising the safety of people. Actions were taken to reduce the likelihood of incidents reoccurring with input from other health and social care professionals. An example of this was for an incident between two people. Staff supported both people to find out what had happened and to rebuild their relationship. The community learning disability team were notified and people's behaviour support plans amended to reflect strategies used and actions taken. All accidents and incidents were reviewed monthly by the registered manager to identify patterns and trends.

There were enough staff to support people who lived at the service. The registered manager told us that core staff covered shifts if other staff were unwell or on holiday. Staff from other homes owned by the same provider also provided support so that people received continuity of care from staff that knew them well.

The provider had completed thorough background checks as part of the recruitment process. This included applications to the Disclosure and Barring Service (DBS) that checked for any convictions, cautions or warnings. References from previous employers were sought regarding their work conduct and character and these were evidenced in staff files. Staff also had photographic identification as proof of identity.

People were protected against the risk of abuse because staff knew what steps to take if they believed



someone was at risk of harm or discrimination. Staff were aware of signs of potential abuse and who to report to with any concerns. The registered manager also had clear understanding of safeguarding procedures. We found that all potential safeguarding concerns were reported appropriately and advice sought where needed.

People's medicines were managed so that they received them safely. We viewed Medicine Administration Records (MAR) and found that people were given their medicines as prescribed. Two people were being supported to self-medicate and there were clear assessments and guidance for staff on this. Staff were not able to support with medicines unless they had received relevant training. They also had their competency to administer medicines assessed each time their training was reviewed, through written assessment and observations. Some people took medicines on an 'as and when required' basis (PRN). Records detailed why the medicine was prescribed and the dose to be given. There were good arrangements for the storage, ordering and management of medicines. People had their own medicine cabinets in their bedrooms to promote independence and control.

People lived in a safe environment. Monthly safety checks were completed by the registered manager for the building, which included maintenance checks, water temperatures, fire equipment and emergency lighting. People and staff took part in regular fire drills so they knew what to expect and actions to take in the event of an emergency. This included the use of a 'grab bag'; this is a bag that staff can 'grab' in an emergency and contained all fire protocols, a business continuity plan and emergency phone numbers. Also included were personal emergency evacuation plans (PEEPs) for each person. These were person centred to each individual and included support needs, any relevant medical information and how they had responded to previous drills. Regular checks were also completed by staff and outside professionals on equipment such as electrical appliances.

We saw good practises in relation to infection control. The environment was clean and well maintained. Staff had all received infection control training and had a good understanding of how to prevent the spread of infection. They told us that personal protective equipment (PPE) such as gloves and aprons were readily available and we observed these being used throughout the inspection.

## Is the service effective?

### Our findings

At their previous inspection, 24 Tower Road West were rated Requires Improvement in Effective, with breaches of Regulation 13 and Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people who could not give consent to live at the service had not had formal authorisations made in their best interest. There were also some concerns raised about staff not receiving regular supervisions. During this inspection we found that significant improvements had been made and the provider is now meeting these Regulations.

People, their relatives and professionals all felt that the service was effective because staff were highly skilled and knowledgeable of them and their support needs. One person said, "They help me if I need it", and another told us, "Staff helped me see my doctor and they sorted it all out."

People were offered choice in all aspects of their care. Staff also had a good knowledge of how the Mental Capacity Act applied to people they supported. 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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications were made for those that were deemed not to have capacity and any conditions were met. One professional spoke highly of how people were offered choice and control in their lives. "There is a clear balance of choice and encouraging engagement which the service does very well. People are given time to think and process information and staff are continually talking to them about what they want." Staff continuously asked people about choices, from what time they wanted their medication, to whether they needed support or what time they wanted to do certain activities. For people unable to communicate verbally, we saw staff using objects of reference and people's preferred communication methods when asking them to make decisions.

Staff had the appropriate skills and knowledge to support people living in the home. Staff told us that they received training in health and safety, safeguarding, mental capacity, equality and diversity, medicines management and food hygiene. Staff had also started more specialised training in autism. The registered manager told us that it had been beneficial in supporting some people living at the home as it had developed staff knowledge and skills with providing support. There were opportunities for staff to complete a National Vocational Qualification (NVQ) in Social Care for those who wished to develop their skills and knowledge. An NVQ is a work based award that is achieved through assessment and training. To achieve an NVQ, candidates had to prove that they had the ability (competence) to carry out their job to the required standard.

Staff spoke positively about their induction. They said that as part of the process they met people they would be supporting and shadowed more experienced staff so that they could fully understand people's

care needs. Following induction, staff were supported in their role by receiving regular supervision and appraisals. One staff member said, "I have supervision but to be honest I talk to the registered manager whenever I need to. I don't wait for supervision to talk about concerns I have." Another described supervision as, "A time to talk about how I'm doing, any worries I have and how I can develop skills."

People's nutritional needs were met. Menus were decided by people, were varied and offered fresh fruit and vegetables to encourage healthy eating. Most people planned and prepared their own meals with staff support. There was a menu board with pictures of different foods. This was to support people that required pictures to communicate and make decisions about what they wanted to eat. Throughout the inspection, we saw an emphasis on staying hydrated in the hot weather. There were easy read posters available on how to remain hydrated and a water cooler had been installed in the living room that was frequently used by people. One person told us, "I got very sick once because I wasn't drinking enough. Now I'm much better, staff remind me to drink." One person had also been referred to the Speech and Language Team (SALT). There was a detailed swallowing assessment that identified the consistency of food the person required and other actions to minimise the risk of choking. The overall meal experience was positive and promoted as time for people and staff to sit together and socialise.

The service supported people to maintain good health with input from health professionals on a regular basis. People and their relatives told us that if people were unwell, they were supported to access their GP or other health professionals. Relatives told us they were kept informed of any health changes. One said, "I get invited to all appointments, reviews and meetings and if I can't make it, they ring me straight away to explain what is going on." We saw through people's records that they were supported to access the community learning disability team, mental health team, GP, nurses, dentists, physiotherapists and paramedic practitioners. One professional told us about the support they and staff had given to a person and how this had had a positive impact on their life. "In a short space of time the person has become relaxed and engaged. The registered manager and staff really took on board recommendations. I am very pleased with the person's progress and so is their relative."

The design of the building had been adapted to meet the needs of people. Doors had easy read signage on them so that people could recognise different rooms within the house. Kitchen cupboards were also labelled with words and pictures to enable people to be as independent as possible when preparing their meals. The building itself was spacious; people had large bedrooms and several different communal areas where they could have their own time and space if they needed it. We also saw people sitting outside in a large decking area and back garden.

## Is the service caring?

### Our findings

People told us that staff were kind and caring. We were told, "They are very nice" and "I love it here." One person smiled and said, "My keyworker is lovely. They go out with me all the time." Relatives spoke very highly about the nature of the staff team. Comments included, "Doing everything they can and more", "Wonderful home, wonderful service" and, "I can't fault it. My relative is loved there and well cared for." Professionals also felt that staff were caring and attentive to people's needs. One professional told us, "I think it is remarkable the support the service has given one person. A lot of trust has been built and this has made the person much more settled. It is a real achievement for the person. A success story."

Staff told us they loved their jobs and were passionate about working with and supporting people. One staff member said, "The best thing about my job is being involved with people. Watching them be happy is so rewarding. I wouldn't want to work anywhere else." The registered manager told us they promoted a caring work ethic that was all about people and their happiness. They gave an example of a person who loved a particular holiday but was ill and unable to participate in festive activities. When they became well again, the registered manager said, "They weren't themselves and appeared very unsettled. We realised that it was because they had missed their favourite holiday and not had their usual festive routine." Staff asked other people's permission to redecorate the house and prepared a meal that the person knew and looked forward to every year. The holiday was then re-celebrated so that the person could be part of it. The registered manager told us, "After that, they were happy and went back to their normal self."

Staff demonstrated a good understanding of promoting independence and supported people to do as much on their own as possible. People were given the choice of having their own front door key so they could come and go as they wish. We observed staff encouraging people to prepare drinks and food on their own. One person proudly told a staff member that they had done their own laundry. The staff member smiled, said, "Well done" and high fived them. Staff gave us examples of people who were now managing their own medicines independently or with minimal staff support. When one person moved in they required a lot of support and encouragement in all aspects of their care. A staff member told us, "They are now doing meds independently, going out to appointments and even cooking on their own. Their next goal, is managing their money and bills. We are really proud of how far they have come."

Staff ensured that people's dignity and privacy was respected and promoted. People were addressed by their preferred name and their bedrooms were filled with photographs and personal belongings. They were given choice over the decoration and lay-out of their rooms. Their rooms were considered their own personal space and staff always asked permission before entering and respected that people needed time by themselves. People's care records were stored securely in locked cupboards and online documents were password protected. Staff had knowledge of the home's confidentiality policy and that information should be shared on a "Need to know basis". The provider had policies on the General Data Protection Regulation (GDPR) and staff understood how this applied to the people they supported. General Data Protection Regulation (GDPR) came into effect in May 2018. GDPR was designed to ensure privacy laws were in place to protect and change the way organisations approach data privacy. All staff had also had dignity training and were dignity champions for the service.

People were involved in making their own decisions and encouraged to express their views. People had decided that they preferred individual meetings with their keyworker rather than group residents' meetings and this was respected. The registered manager said that they encouraged people to express their views always, rather than just in a meeting and they had an "Open door policy" for people whenever they needed to talk.

Equality and diversity was respected and all those we spoke to felt that people were treated well and as individuals. Staff were supportive of people's lifestyle preferences. An example of this was for a person who had expressed their relationship choices. Staff discussed with the person exactly what they wanted and at the person's request, sought guidance and support from other health and social care professionals.

The caring principles of the service included the well-being of their staff, who told us they felt well supported and valued as team members and individuals. The registered manager told us, "I strive for a happy staff team. If they are happy in their job and getting job satisfaction, this has a positive impact on the people they're supporting. In the end, we all need to support each other."

## Is the service responsive?

### Our findings

At their previous inspection 24 Tower Road West was rated Requires Improvement in Responsive. This was because people's preferences and goals identified in key-worker meetings, were not reviewed or progressed. During this inspection we found that significant improvements had been made.

Relatives told us they thought the service was responsive to people's changing needs and communication was, "Very good." Professionals agreed, one telling us, "We always know what is happening. The registered manager keeps us well informed and as a result we have a good working relationship."

Each person had a care plan that was specifically designed around their needs, goals and aspirations and reviewed regularly by people and their key-workers. People had their needs assessed before they moved into the home and the information gathered was used to develop their care plan. Care plans were detailed and emphasised what the person did independently and their preferences for support. Each person had a "My life plan", which contained all their support needs and a "This is me" document which contained lots of personalised information about people's history and preferences. Key worker reviews sought people's views on the care they received and their short and long-term goals. These were then reviewed at the next meeting.

From August 2016, all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively.

Staff were very knowledgeable of people's communication needs and used a variety of tools to support them with this. Two people who required pictures to support with communication, had pictorial support plans as well as written ones, with photos, symbols and large font. One person had a pictorial timetable, with photos of people, activities, days of the week and their family. The person pointed at these pictures when communicating with staff about their day. Another person used their own form of Makaton, a type of sign language, and we saw staff communicating with them in this way. Important documents were available in an easy read format and displayed on a notice board. This included the home's statement of purpose and information on equality and sharing information. There was also an easy read document about how to contact the care quality commission if people were unhappy with the care provided. People's communication plans were detailed and reflective of the support needs we observed.

People took part in activities that encouraged social involvement and wellbeing and had choice and control over what they wanted to do each day. Some people preferred to plan ahead, whilst others chose what they wanted to do on a daily basis. If they changed their minds, this was respected by staff. One person was still being supported to access a day service out of county as this was their preference. Other people had voluntary jobs. People told us about other activities such as going to clubs, shopping, out for dinner, and seeing concerts such as Mamma Mia and tribute shows. One person told us they saw family regularly and discussed plans for holidays and events. Staff also took an interest in and encouraged people's hobbies. For

example, one person had expressed an interest in photography and the deputy manager had emailed a professional photographer to teach the person how to use their camera.

People's views were listened to. When people expressed they did not like something, this was documented and respected. There was a clear complaints policy available and easy read documentation for people in expressing their concerns. Although there had been no formal complaints received within the last year, people and relatives were aware of who to speak to if they had any concerns. One relative said, "I don't think I would ever need to complain about this service. But I know I could speak to the registered manager or provider if there were any issues."

At the time of inspection, no one received end of life care. However, end of life plans had been discussed with people and those that wanted to, completed them with support from staff. The registered manager told us these plans included information such as preferences for the type of service, who would be involved and what music they would like played. For those that did not want to discuss end of life care, this was detailed in their support plan.

## Is the service well-led?

### Our findings

At their previous inspection, 24 Tower Road West were rated Requires Improvement in Well-led, with a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. There were numerous concerns raised regarding checks of safety equipment lacking consistency and some staff training out of date. Other areas identified as requiring improvement such as a lack of DoLS applications for people and irregular staff supervision had not been identified in quality audits. During this inspection we found that improvements had been made and the provider is now meeting this Regulation. However, there were still some areas that required improvement regarding consistency within people's care documentation.

There were several quality audit tools in place. Every month, the registered manager, deputy manager and senior reviewed people's care plans, staff files, health and safety of the building, medicines audits and incidents and analysis. Additional audits were completed by the quality assurance lead for the company and we could see actions identified were responded to immediately.

Although quality assurance audits had been completed regularly, these audits had not identified some inconsistencies that we found during the inspection. For example, one person who was unable to give consent to living at the home, had a detailed supported decision form. This included views of the person, their relatives and other health and social care professionals. However, this assessment had been completed when they lived at another service owned by the same provider and had not been reviewed since moving into 24 Tower Road West. Another person who lacked capacity, did not have a supported decision for living at the home. This was completed immediately following the inspection. The registered manager and staff had very good understanding of mental capacity and how it related to the people they support. Relatives and professionals felt that choice and control was promoted well. We also observed people being given choice in all aspects of their care. Therefore, we considered the impact on people to be low. We discussed quality audit tools with the registered manager and they agreed that this was something that could be developed so MCA documentation was not missed.

We recommend that the provider reviews their audit system to ensure they are monitoring and identifying inconsistencies.

People spoke highly of the registered manager and it was clear that strong relationships had been built. We saw one person touch the registered manager's arm and sign, 'Friend' in Makaton. Another told us, "Oh yes, I like them a lot." Relative's agreed that the service was well-led. They described the registered manager as, "A lovely lady, always there and very concerned about my relative's wellbeing" and, "Very accommodating and supportive." Professionals felt that the registered manager was very good at managing the service. We received positive feedback, including, "Very passionate, professional and responsive" and, "Good leadership, extremely caring and knows people very well." One professional told us, "In my opinion, the registered manager is an exception because they not only run this service but others from the same provider. Not many people can manage more than one home successfully but they do. They are very good at their job."



Staff told us they felt supported in their role by the registered manager and deputy manager. Comments included, "They are absolutely brilliant", "They are so down to earth, knowledgeable and professional" and, "They support me all the way." This made them feel valued and appreciated.

The registered manager was passionate about people and the service provided. They told us, "In a nutshell, I want people to have a good life with freedom, choice and control." The registered manager felt supported by the provider. They had regular supervisions and could phone or email them at any time if they needed to. The registered manager also talked about the importance of remaining up to date with current legislation and best practise guidelines. They attended regular training related to learning disabilities and the support needs of people at the home. They had recently completed 'Train the trainer in safeguarding'. This meant that they could provide safeguarding training to their staff at the home. They had also attended a safeguarding conference on self-neglect and mental capacity and shared their knowledge with staff.

Staff said handovers were very informative and they had regular staff meetings where they could discuss anything they wanted to. We viewed meeting minutes and could see that staff were able to bring up any concerns they had about people and discuss ways these could be resolved as a team.

The provider sought out views about the quality of care and valued feedback given. Surveys were given to people, staff and relatives once a year feedback analysed to improve service provision. We viewed the latest surveys that were sent out in 2017 and all feedback was positive. When asked, "What do you like best?", one person had written, "It's hard to decide because everything is pretty good." Comments from relatives included, "Staff give first class care – it is like a family unit", "The home is excellent in every way" and "People's needs could not be met better anywhere else."