Soundpace Limited

Grovewood Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection carried out on 6 and 8 September 2016. Grovewood Residential Home provides personal care and accommodation for up to 32 older people. Nursing care is not provided. At the time of our visit, 24 people lived at the home.

The home is situated in a residential area of Rock Ferry within walking distance of local shops and public transport. A small car park and garden are available within the grounds. The home is decorated to a satisfactory standard throughout with accommodation provided across three floors. A passenger lift and stair lift enables access to the bedrooms located on the upper floors. Specialised bathing facilities are available and on the ground floor there is a communal lounge, dining room and conservatory for people to use.

During the inspection we spoke with five people who lived at the home, four relatives, three care staff, a catering assistant, the activities co-ordinator, the deputy manager and the registered manager.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

Since our last inspection in 2014, the home has experienced a change in owner (the provider). The previous provider retired and a new provider bought the home is now responsible for the service provided. The new provider still operates as 'Soundpace Limited'

During our visit, we found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulated Activities 2014. This breach related to the implementation of the Mental Capacity Act 2005.

We looked at three people's care files. We saw that care plans contained information on people's mental health needs, decision making ability and preferences in the delivery of care. Care plans contained good person centred information on what promoted people's mental well-being and clearly outlined to staff the need to gain people's consent to their care, before it was provided. We found however that people's capacity to make important decisions in respect of their care had not always been properly assessed in accordance with the Mental Capacity Act (MCA).

For example, some people had deprivation of liberty safeguards (DoLS) in place that prevented them from leaving the home on their own but their capacity to do so had not been assessed prior to this decision being made. This meant there was no evidence that a deprivation of liberty safeguard application was required or justified and meant that the principles of the MCA and DoLS legislation had not been followed to ensure people's legal consent was obtained. We spoke to the manager about this. They acknowledged that improvements were required to ensure this legislation was consistently adhered to, in relation to people's

care at the home.

During our visit, we saw that people who lived at the home were relaxed in the company of staff. From our conversations with them, it was clear that people who lived at the home held staff in high regard. Relatives we spoke with also told us they were happy with the care provided and that staff were kind and caring.

We saw that people were able to choose how they lived their life at the home for example, what time they chose to get up / go to bed and what they wanted to eat/drink. A range of activities were provided to occupy and interest people and these activities were well attended. It was clear from what we observed that people enjoyed these activities.

We saw that staff took the time to simply sit and chat to people in addition to supporting them with their personal care needs. Staff were warm, relaxed and kind in all of their interactions with people and their relatives. People were supported at their own pace in a compassionate, unhurried manner which enabled people to be maintain their independence for as long as possible. The atmosphere at the home was homely and social and people's visitors were made welcome. From our observations it was clear that staff knew people well and that people trusted them.

From the care files we looked at, we saw that people's needs and risks were appropriately assessed and managed. Two people's health conditions required further explanation. We spoke to the manager about this and they had already commenced work on this by our second day of inspection. People's care was planned and delivered in a person centred way. This included ensuring staff had access to information about people and their life prior to coming to live at the home. This gave staff an understanding of the person they supported and a means to connect with the person they were caring for. We also saw that care plans contained information about the person's emotional well-being and gave staff guidance how to provide person centred support in times of distress or ill-health.

Relatives we spoke with told us staff were good at spotting people's signs of ill-health, reacted quickly to get people the support they required and kept them fully informed about the person's progress and care. Records confirmed this and showed that people had prompt access to other healthcare professionals as and when required. For example, doctors, dietitians, district nurses and chiropody services.

We observed lunch and saw that people had a choice of suitably nutritious food and drink. People were offered an alternative if they did not like what was on the menu and people's special dietary needs and preferences were catered for. We saw that staff provided people with discreet encouragement to eat and drink well.

Medication was managed safely and people received the medications they needed. Improvements in the way medication was ordered were required to ensure that excess stock did not make it difficult to account for the medication administered.

Staff were recruited safely, suitably trained and supported. There were sufficient staff on duty to meet people's needs. Staff at the home were observed to have a positive relations with both the deputy manager and registered manager, both of whom were 'hands on' and acted as positive role models to the staff in how to deliver person centred care.

Staff we spoke with were knowledgeable about types of potential abuse and what to do if they suspected abuse had occurred. People told us they felt safe at the home and they had no worries or concerns. The manager had responded appropriately to any complaints received. Details of who people should contact in

the event of a complaint needed to be added to the provider's complaints policy.

The premises were safe, well maintained and clean. Some parts of the home smelt unpleasant and we spoke to the manager about this. There were a range of quality assurance systems in place to assess and monitor the quality and safety of the service received and to obtain people's views. For example infection control audits, medication and accidents and incidents audits were all undertaken and a satisfaction questionnaire was sent out to gauge people's satisfaction with the service provided. We saw that people's feedback about the service, was consistently positive and the culture of the home was found to be open and inclusive. This demonstrated good management and leadership.

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 and had no worries or concerns.

Staff were recruited safely and there were sufficient staff on duty.

People's risks were assessed and managed to protect people from harm.

The storage and administration of medication was safe and people received the medicines they needed.

The environment was safe and well maintained but some areas smelt unpleasant.

Is the service effective?

Requires Improvement

The service was not always effective. This related specifically to the implementation of the Mental Capacity Act (2005) at the home.

The Mental Capacity Act 2005 had not been followed to ensure people's consent was legally obtained

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills and knowledge to care for them.

People were given enough to eat and drink and were given a choice of suitable nutritious foods to meet their dietary needs.

Staff were trained, supported in their job role and worked well as a team.

Is the service caring?

Good

The service was caring.

People and relatives we spoke with held staff in high regard. Staff were observed to be kind, caring and respectful when people required support.

Interactions between people and staff were warm and pleasant and it was obvious that staff genuinely cared for the people they looked after.
People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were relaxed and comfortable in the company of staff and the atmosphere at the home was homely and compassionate.

Is the service responsive?

Good

The service was responsive.

People's needs were individually assessed, planned for and regularly reviewed.

Care was person centred. It was clear staff knew people well and understood the things that were important to them.

People had access to range of social activities to promote their emotional wellbeing.

People we spoke with had no complaints and were positive about the service

We found the provider's complaints policy to be unclear with regard to who people should contact in the event of a complaint.

Is the service well-led?

Good

Although the implementation of the Mental Capacity Act at the home required further development. The home was generally well led.

People and staff we spoke with said the home was managed well and the culture of the home was open and inclusive.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service.

People's satisfaction with the service was sought through the use of satisfaction questionnaires. People's feedback was consistently positive.

Grovewood Residential 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 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 6 and 8 September 2016 and was unannounced. The inspection was carried out by an adult social care inspection manager and an inspector.

Prior to our visit we looked at any information we had received about the home and any information sent to us by the registered manager since the last inspection in October 2014.

During the inspection we spoke with five people who lived at the home, four relatives, three care staff, a catering assistant, the activities co-ordinator, the deputy manager and the registered manager.

We looked at the communal areas that people shared in the home and with visited some of the bedrooms belonging to people who lived at the home. We looked at a range of records including three care records, medication records, staff files and training records, premises records, health and safety and records relating to the quality checks undertaken by the service.

Good

Is the service safe?

Our findings

We spoke with five people who lived at the home and four relatives. We asked people who lived at the home if they felt safe. They all replied that they did. One person said "I feel safe here. It's not the same as my own home but much safer".

The relatives we spoke with told us they felt people were safe in the care of staff at the home. One relative told us that they could relax because they knew that their family member was always safe. Another said "It's homely. They (the person) think of this as their home".

The provider had a policy in place for identifying and reporting potential safeguarding incidents and staff knew how to spot potential signs of abuse and who to report this to. We saw that staff had received regular training in the safeguarding of vulnerable adults.

We looked at the care files belonging to three people who lived at the home. We saw that the majority of people's individual risks were assessed and well managed in the delivery of care. For example, risks in relation to malnutrition, moving and handling, skin integrity, falls and the person's emotional health were all assessed with suitable management plans in place for staff to follow. We found that the risks associated with two people's specific medical conditions required further explanation so that staff to had adequate information on how to spot the signs and symptoms of ill health and the action to take. We spoke to the manager about this, and our return to the home on our second day of inspection, the manager had already started to address this.

We saw that where risks in the delivery of care had been identified, people's risk management plans were person centred, promoted independence and were regularly reviewed to ensure staff had the most up to date risk management guidance. People's care files contained individual emergency evacuation plans to provide staff and emergency personnel with information on how to safely evacuate the person in an emergency situation.

The home had an up to date fire risk assessment in place and fire drills were regularly undertaken with staff at the home to practice what to do in the event of a fire occurring. Merseyside Fire Authority had recently visited the home and found the provider's fire safety arrangements to be satisfactory.

We saw that the premises safety was maintained. The provider had recently employed a maintenance person to carry out routine repairs and maintenance. We looked at a variety of safety certificates for the home's utilities and services, including gas, electrics, heating, specialised bathing equipment and small appliances. Records showed the systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced.

On the days we visited the home was clean but parts of the home smelt unpleasant. We spoke to the manager about this. The manager showed us regular cleaning schedules and infection control audits that demonstrated that the home was cleaned daily in order to prevent infection and the build-up of unpleasant

smells. They told us some of the carpets and equipment were old and that new provider had plans in place to refurbish and upgrade the home on a phased schedule of improvements.

We looked at three staff files and saw appropriate pre-employment checks were undertaken prior to staff starting work at the home. These pre-employment checks included job application forms, proof of identity checks, two references and a criminal conviction check to ensure staff were safe and suitable to work with vulnerable people.

We looked at the staff rotas for the previous four weeks. We saw that staffing levels were consistently maintained. During the inspection we saw that there were adequate staff available to, not just respond to people's personal care needs but to also sit and chat with people. This promoted their well-being. We also noted that there was a member of staff on duty each evening until 10pm to give greater flexibility and support for people to be supported to bed when they chose.

Accidents and incidents were recorded appropriately. Where actions had been identified, for example, a referral to the falls prevention was required, or mobility equipment needed, these actions had been undertaken.

We looked at the arrangements for the management of medicines. We saw that on the whole medicines received into the home were stored and administered safely. The medicines were stored in a locked room in locked cupboards at a safe temperature which was checked regularly.

We saw that people's medication administration records held suitable details of each person and their medication including a photograph of each person so the staff could be sure that they were administering the medication to the correct person. There was clear guidance for staff to follow in the administration of people's prescribed creams with body maps in place to show staff how and when to apply. From the sample of medication administration charts we looked at, we saw that there were no gaps in the administration of people's medications which indicated people had received the medication they required.

We did note however that there were surplus stocks of medication stored in the medicines cupboard that were not required. For example, we found one person had 83 tablets in stock in four different medicine boxes. This meant staff had administered this medication from each of the different boxes rather than finishing one box before starting another. This made it more difficult to tally the remaining tablets and made it difficult for errors in medication administration to be spotted. One person had a total of 246 tablets in stock when they only required two tablets each day.

Excess stock makes it difficult to keep track of the quantity of medication at the home, its expiry date and whether the amount administered is correct. The home needed to improve this aspect of medication management. We spoke to the manager about this.

Requires Improvement

Is the service effective?

Our findings

People we spoke with told us they liked living at the home. One person told us "The food is very good and I have a nice room that I share with another lady". We asked this person if they were happy to share a bedroom and they told us that they were very happy with their living arrangements.

When we looked at three people's care files, we saw that people's mental health and ability to consent decisions had been considered in the planning and delivery of their care. Staff had information on people's general day to day decision making for example, what they wanted to wear or what they wanted to eat and people's preferences in the delivery of care were documented for staff to follow. Care plans also provided staff with clear information on what staff could do, to positively promote people's emotional well-being.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that people who lived at the home had given signed consent to their plan of care. We found however that the system used by staff to obtain people's consent for specific decisions about their care required further improvement in order to comply with the MCA.

In two of the files we looked at, people had DoLs in place to prevent them leaving the home on their own. There was no evidence in either of the files looked at, that a mental capacity assessment had been undertaken by staff to demonstrate that the person did not have the capacity to keep themselves safe outside of the home before the DoLS was applied for. There was also no evidence that any best interest discussions had taken place with the person, their family and other healthcare professionals to show this deprivation was in the person's best interest. The manager confirmed that at the time the DoLS were completed, no MCA assessment was completed.

In one of the files we looked at, we saw that person's care plan advised staff that the person was not to leave the home on their own accord. Despite this there was no evidence a capacity assessment had been completed in relation to this decision or evidence that a DoLS was in place to make any deprivation of their liberty legal. When we asked the manager about this, they confirmed the person would not be allowed to leave as they would be unsafe for health and safety reasons. We asked the manager if the manager had the capacity to understand these health and safety risks decide for themselves whether they were safe and able to leave the home. The manager replied that the person did have the capacity to make this decision. This meant that if the manager or staff had deprived the person of the ability to leave the home, this deprivation may not have been legal.

Some people shared a room and although when asked these people told us they happy to do so, there was no evidence that they had formally consented to a bedroom share, had the capacity to consent to such a decision or that a sharing agreement was in place. We asked the manager about this, who told us that people were asked and if they did not want to share a bedroom they didn't have to but acknowledged that there were no formal arrangements in place to assess or record people's consent to this.

These examples were a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to have suitable arrangements in place to obtain and act in accordance with people's legal right to consent to their care and treatment.

The manager told us that they were still in the process of implementing the MCA. They said they had already recognised that further improvements were required to ensure the legislation was adhered to. They showed us a recent capacity assessment they had undertaken to assess a person's capacity to make a specific decision. The assessment conducted was in accordance with the mental capacity two stage test of capacity and showed the beginnings of good practice in relation to the MCA.

People we spoke with told us they were well looked after and the staff were nice. Relatives told us they were very happy with the care the person received and felt their relative was happy at the home. One relative told us "They're happy. I'm happy. I'm so relieved". Everyone we spoke we felt that staff had the skills and experience to care for them effectively.

People told us they got enough to eat and drink and that the choice and quality of the food was good. We observed the serving of the lunch. We saw that people were able to eat their meal wherever they chose, for example, in the dining room, lounge or their own bedroom. The meal provided was of sufficient quantity and served promptly and pleasantly by staff. We saw that there were two nutritious choices on offer for lunch and tea and that people were offered an alternative if neither of these two options were suitable. The atmosphere at lunchtime was a relaxed and people were able to enjoy their meal in a leisurely manner.

We observed that staff checked the progress people made with their meals by intermittent, discreet checks of their intake. A relative we spoke with told us that staff had spotted the person only ate from one side of the plate. This alerted the staff to the fact that the person's eyesight was poorer on one side than the other. The relative told us staff addressed this by ensuring the person's plate was turned around once the one side was eaten, so that the person was aware they had more food on the other side of their plate.

People's risk of malnutrition had been assessed on admission to the home and was regularly reviewed. Some people had special dietary needs and we saw these were catered for. People's weight was monitored monthly and appropriate action taken if staff had concerns about the person's health or well-being. For example, referrals were made to the falls prevention team, dietary services, district nurse teams and chiropody services.

One relative told us that staff had been excellent at picking up signs of the person's ill-health, had taken prompt action to access medical support for the person and had phoned the family "Immediately".

We asked about staff about the training and support they received. They told us that they liked working in the home and felt supported by the manager and the other staff. One staff member said "It's like a family, we help each other."

We looked at three staff files and saw that staff supervision took place fairly regularly. Staff training records showed that staff received regular training to meet people's needs and records showed that staff

participated in an annual appraisal of their skills and abilities with their line manager.

We found that although the home was well maintained, the environment was not dementia friendly to support people who lived at the home to remain as independent as possible. For example, signage throughout the building was limited and heavily patterned carpets were in use in some areas of the home. People who live with dementia may find this confusing as they can sometimes interpret patterns in the carpet as holes or steps. We spoke to the manager and deputy manager about this who acknowledged improvements were needed. They told us that the provider had plans in place to refurbish and upgrade the home over a two year period. They showed us evidence that some work had already begun with regards to this.

Good

Is the service caring?

Our findings

We asked if the staff were caring. One person told us "The girls are very kind to me. I don't like to be in unfamiliar surroundings but I know it here now". Another person said "I'm very happy with the care here".

Relatives we spoke with also held the staff in high regard. One relative said "Our whole family come here to visit and we are made to feel so welcome. The staff are warm and friendly. I'd want to come here if ever I needed to live in a home." Another relative told us "You always feel wanted when you arrive". "Staff talk to you and keep you fully informed".

One relative told us that the manager had ensured the person was able to get in touch with the family as and when they wanted by installing a phone in the person's bedroom at their request. They said "They (the person) have a phone in their room so they can ring us whenever they like. We asked the manager and they arranged it for them." This demonstrated that the manager and staff at the home supported the relationships that were important to people. This promoted people's emotional well-being and autonomy.

During our visit, we saw many positive caring interactions between staff and people who lived at the home. Staff respected people's needs and wishes and supported them at their own pace. There were periods throughout the day when staff took the time to simply sit with people and have a general chat. Interactions were warm, and compassionate and person centred. People looked content and at ease with staff.

The manager and staff we spoke with, spoke warmly about the people they looked after and demonstrated a good knowledge of their needs and preferences. It was clear from these conversations and from our observations of care that staff knew people well and genuinely cared about them. A relative we spoke with confirmed this.

They told us about the person had recently been admitted to hospital. They told us that staff had reacted promptly to the person's signs of ill health, ensured the person received the care they required and kept in touch with the hospital with regards to the person's progress. They said that after a week in hospital, the person who was mobile prior to admission, became immobile. They said staff were concerned about this and organised with the hospital for the person to be discharged back their care. Staff then provided daily support which enabled the person to regain their mobility.

We found that people's dignity was maintained and people were treated respectfully. We saw however that people who shared a bedroom did not have privacy screens available in their bedrooms to promote their privacy. We spoke to the manager about this, who said staff ensured people who shared a room were supported separately to ensure their privacy was maintained but they would ensure suitable privacy screens were made available in future.

Good

Is the service responsive?

Our findings

All three care files we looked at during our visit contained person centred information about the person's needs and preferences. It was evident that people who lived at the home and their families had been involved in discussing and planning their care.

Care files included information about people's personal life histories. Personal life histories capture the life story and memories of each person and help staff deliver person centred care. They enable the person to talk about their past and give staff, visitor and/or and other professionals an improved understanding of the person they are caring for. Personal life histories have been shown to be especially useful when caring for a person with dementia.

The staff we spoke with, spoke warmly about the people they cared for and were able to tell us about people's likes and dislikes in the delivery of care. It was obvious staff had got to know the 'person' they were caring for.

Where people had mental health conditions that sometimes meant they became distressed or anxious, there was person centred guidance in place to help staff manage these behaviours in a person centred way. This included using personal life history information to distract the person and diffuse any potential distress by talking about a hobby or part of their life that they had particularly enjoyed. We also saw that staff had simple guidance how to safeguard people's emotional well-being for example by ensuring that staff knew what personal items comforted people when they required re-assurance. This demonstrated good person centred care. It showed that the manager and staff at the home understood that it was often the little things that really mattered to people when they needed comfort.

People we spoke with said there were a range of social activities at the home for them to participate in. One person told us "We have a lady who comes in to do activities. She is very good and does all sorts but on her days off the staff usually do something to entertain us". A relative also told us "The activities are marvellous. I want to join in. The activities co-ordinator perks everyone up".

We spoke with the activities co-ordinator. They told us about the range of activities offered to people at the home and that they worked a flexible 30 hour week to ensure that activities were accessible to people at the home at the times they wanted them and were most likely to participate.

Activities were promoted on a noticeboard in the dining room and included; balloon games, quizzes, music, chair exercises, coffee mornings, skittles, religious services such as holy communion and trips out to the local shops. The activities co-ordinator told us that they ensured people who did not want to join in with group activities were given one to one time with them to chat and do whatever they enjoyed.

During our visit, we observed both an activity session undertaken by the activities co-ordinator and care staff. Both were well attended. Activities were age and ability appropriate and people were observed to enjoy each activity.

We saw that the activities at the home were reviewed monthly by the manager, the activities co-ordinator and people who lived at the home to ensure that the activities met people's needs and preferences. For example, a meeting had recently taken place to discuss a proposed trip to the cinema in New Brighton. This demonstrated that people's social activities were well planned, encouraged and enjoyed. This promoted people's social and emotional health.

People said they had no concerns or complaints about the care they received. We asked if people knew how to complain if they were unhappy. One person said "I've never had to complain but you ask any of the girls or the manager for something and they sort it out for you straight away."

We saw that the complaints procedure was displayed in the dining area of the home but did not give clear information on who people should contact in the event that they wished to make a complaint. For example, there were no contact details provided for the manager, the provider and no reference made to the Local Authority Complaints Department or the Local Government Ombudsman to whom people could direct their complaint. We spoke to the manager about this. They agreed to ensure the policy was updated accordingly.

We saw that the manager had a complaints and compliments folder in place that contained evidence of any complaints or compliments received. Three complaints had been received since January 2016, all of which were responded to in an appropriate and timely manner by the manager.

We reviewed a sample of compliments and thank-you cards received from people's relatives. One relative had written that the person had been "Without exception treated with dignity and compassion by the people she called her angels".

Good

Is the service well-led?

Our findings

The provider and manager needed to ensure that the service ensured where people's capacity to make decision was in doubt that the legal requirements of the Mental Capacity Act were followed. This aspect of service delivery required improvement. Other than that, we found that the premises, staff and delivery of personal care were well led and managed. People and the relatives we spoke we said confirmed this. One person told us "We are lucky to have a good manager and all the girls are lovely here."

We saw that both the deputy manager and registered manager had a 'hands on' approach to the people's care and during our visit we saw that they acted as positive role models for staff in the delivery of person centred care.

We found that people's needs were met promptly and kindly by staff. The culture of the home was open and inclusive and the staff team had a 'can do' attitude and the running of the service during our visit was smooth and relaxed.

We noted that the manager undertook a range of monthly audits to monitor the quality and safety of the service. This included a regular audit of care planning; medication, accident and incidents infection control, complaints activities audits, cleaning checks and health and safety audits. We saw that where actions had been identified they had been followed up promptly by the manager to ensure any required improvements were made. The audits in place were comprehensive and were effective in assessing and monitoring any potential risks to people's health, safety and risks.

The provider also visited the home once a month and conducted a management audit on the quality and safety of the service provided. This ensured that the provider had a clear overview of the service and the way it was managed and assured us that the quality and safety was objectively checked by the provider. We saw that the provider's audits included speaking to people and/or their relatives, speaking to staff and an audit of records maintained by the service in relation to people's care and safety. For example, the provider last two visits to the home included an audit of the fire book and risk assessment, laundry audits, medication and complaints. Positive feedback from staff and people who lived at the home was noted and ongoing improvement plans to refurbish the home documented. This demonstrated that the delivery of safe and appropriate care was important to the provider.

We saw that a satisfaction questionnaire had been sent out to people and relatives in June and July 2016. We reviewed a sample of the questionnaires returned. We saw that the feedback received was positive and that everyone was happy with the care provided. This enabled the provider to gain an informed view of the quality and safety of the service provided.

One person who had completed the questionnaire had written "The care and attention is excellent and I think the staff are wonderful". This is my home from home".