

Alexandra Nursing Home Limited

Alexandra Nursing Home - Poulton-le-Fylde

Inspection report

Moorland Road
Poulton Le Fylde
Lancashire
FY6 7EU

Tel: 01253893313

Date of inspection visit:
22 August 2017
24 August 2017

Date of publication:
18 October 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

This inspection visit took place on 22 and 24 August 2017 and was unannounced.

At the last inspection in July 2015 the service was rated Good. At this inspection we found the service Required Improvement.

The Alexandra Nursing Home is a listed building and stands in its own grounds on the outskirts of Poulton-le-Fylde. The service has their own car parking facility within the grounds. The service has three separate units that provide nursing care and support for people who live with dementia. There is lift access to the two floors in the main building. Alexandra Nursing Home is registered to provide care for 117 people.

During this inspection we made recommendations for the management team to improve people's safety and welfare. These issues related to safe medication recordkeeping, care plan information for people who lived at the home and recruitment procedures. In addition we recommended the management team continued to develop their quality assurance systems to ensure the home was continuously monitored.

When we undertook our inspection visit the manager had applied to be registered with the Care Quality Commission. 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 manager informed us the process was ongoing and the registration team at CQC was processing the application. The manager is already a registered manager with another location within the organisation.

We found medication procedures at the home were not consistently safe. However the new management team was in the process of implementing more robust systems in relation to medication procedures. Medicines were safely kept with appropriate arrangements for storing in place. However recording systems required improvement to ensure people received their medication correctly and on time.

We have made a recommendation about safe medicine procedures.

Care plans had changed and were altered by staff. However they were not identified as to who changed and updated the care plan. This could cause concerns if problems occurred in a person's care and the management team were unable to identify the staff who changed the caring support. Although care plans were up to date we saw gaps in information which put people at risk of unsafe care. The management team had started to implement new care plan documents to ensure all care and nursing information was in place for staff to support people with their assessed needs as required.

We have made a recommendation about record keeping.

Recruitment procedures required improvement and this had been identified by the management team and additional administration staff were now in place. However one record had not explored gaps in employment and two records did not contain photographs of the new staff member. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people.

We have made a recommendation about recruitment.

New auditing systems had recently been introduced and improved. However audits had not identified issues that had we had highlighted during this inspection visit. For example care plan audits did not always identify any mistakes and ensure people who lived at the home were kept safe.

We have made a recommendation about efficient monitoring and quality assurance systems.

Staff told us the management team were supportive in their work and approachable should they wish to discuss any issues. They felt part of the team to improve the home for people who lived at the Alexandra Nursing Home.

Staff spoken with had received safeguarding training and understood their responsibility to report unsafe care or abusive practices.

We looked around the building and found it had been maintained, was clean and hygienic and a safe place for people to live. We found equipment had been serviced and maintained as required

We observed staff providing support to people throughout our inspection visit in all three units. We saw they were kind and patient and treated people with dignity and respect.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. A staff member said, "We are getting there with care and risks assessment plans, the new ones are much better."

People who lived at Alexandra Nursing Home told us they had choices of meals and there were always alternatives if they did not like what was on the menu. We observed at lunchtime in all units people who required support were attended to in a sensitive, caring manner. Comments about the quality of food included, "The food is very good. " And, "The food is good we do get a choice."

People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People who lived at the home told us staff were all caring, kind and respectful. Relatives also commented in surveys how caring staff were.

Staff knew people they supported and provided a personalised service in a caring and professional manner.

The service had a complaints procedure which was made available to people on their admission to the home and their relatives. People we spoke with told us they were happy and had no complaints.

The manager used a variety of methods to assess and monitor the quality of the service. These included, staff and resident meetings. In addition relative surveys were collected to seek their views about the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

Information in people's care plans required improvement to ensure the correct information was in place and up to date.

The service needs to review medicines procedures to ensure they comply with national guidelines.

Recruitment procedures need improvement to ensure the correct information was obtained prior to staff starting their employment.

Staffing levels were sufficient to meet the needs of people who lived at the home. People received support they required when needed.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

Is the service effective?

Good ●

The service was effective.

People were supported by staff that were sufficiently trained, skilled and experienced to support them.

The manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had the knowledge of the procedure to follow if applications were required to be made.

The manager contacted other healthcare professionals as required, if they had concerns about a person's health.

Is the service caring?

Good ●

The service was caring.

People who lived at the home were treated with kindness, respect and compassion in their day to day care.

Care and support had been provided in accordance with people's wishes and needs.

Staff were respectful of people's rights and privacy.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's support needs.

The manager and staff worked with other agencies such as healthcare professionals, to make sure people received care in a coherent way.

People knew their comments and complaints would be listened to and responded to.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable. However systems required improvement to ensure the service continued to improve.

The service had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

Alexandra Nursing Home - Poulton-le-Fylde

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.

The inspection team on the day consisted of two adult social care inspectors, a pharmacist inspector, an expert by experience and a specialist advisor. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisor on this inspection visit had a nursing care background with expertise in nursing and care of older people.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Prior to our unannounced inspection on 22 and 24 August 2017, we reviewed information we held about Alexandra Nursing Home. This included notifications we had received from the provider. These related to incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people supported had been received. We used this information as part of the evidence for the inspection. This guided us to what areas we would focus on as part of our inspection.

We walked around the three units which made up the home and spent time observing interactions between people who lived at the home, visitors and staff. We spoke with a range of people about Alexandra Nursing Home. They included 17 people who lived at the home, five relatives/friends, two health professionals who were visiting, the manager, deputy manager and 13 staff members. We did this to gain an overview of what people experienced at the home.

We looked around the building to check environmental safety and cleanliness. In addition we looked at a range of records. These included documents in relation to six people who lived at the home and staff recruitment files. We reviewed records about staff training, medication, as well as those related to the management and safety of Alexandra Nursing Home. We also spoke with the other health and social care professionals such as the commissioning departments at Blackpool council and Lancashire county council. In addition we contacted Healthwatch Lancashire. Healthwatch is an independent consumer champions for health and social care. This helped us to gain a balanced overview of what people experienced who lived at the home.

Is the service safe?

Our findings

We spoke with people who lived at the home and relatives who all told us they felt safe and secure and had confidence in staff and management team to keep people safe. Comments included, "I always feel safe because lots going on and plenty of people around checking everything is alright." One relative said, "I come here and feel [relative] is kept safe probably because there are a lot of staff around."

We looked at care planning for people who lived in the three units. Following a new management team in place they had made changes to documentation in relation to information contained in care plans. This was to ensure all details about people's care was accurately recorded to make sure the right care, treatment and support was given.

Overall the six care plans we looked at were informative and up to date. For example, new 'handover' sheets had been put in place. In one unit that meant if staff had something to comment on about a person's care, this would be seen when the manager looked at the handover sheet and acted upon straight away. Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support and what nursing input was required.

However not all information was correctly recorded or detailed. For example we saw conflicting information in relation to monthly weights of people who lived at the home in risk assessments. Care plan nutritional assessments stated weights for people were undertaken weekly. However later in care records we saw evidence these were done monthly. This was not consistent recording and meant records were not accurate so that staff delivered the correct care. In addition we saw risk assessments had changed and were altered by staff, however they were not identified as to who changed and updated these. This would cause concerns if problems occurred in a person's care and the management team were unable to identify the staff who changed the caring support. We discussed this with the manager who informed us all care planning was being reviewed to simplify systems and ensure all information is contained in records of people who lived at the home. One staff member said, "Care plans are so much better now."

We recommended the manager seeks advice to ensure all information is correct and up to date to ensure people were not at risk of unsafe care.

We looked at the storage and handling of medicines as well as a sample of Medication Administration Records (MARs), stocks and other records for six people. We observed part of the medicines round in the three units. The nursing staff completed the medicines administration records at the time of administration to each person, helping to ensure their accuracy. Safe procedures were being followed to administer medication. We looked at 15 MARs records across the three units. Records were legible, complete and accurate.

However we saw discrepancies. For example administration records for thickeners and topical administered medicines were missing. In addition nursing staff administering medicines were aware that people had

medicines that should be given at certain times with respect to meals such as, 'before food'. In addition arrangements were not always recorded to help ensure this always happened in practice.

We recommend the registered provider reviews the services medication procedures to ensure people were kept safe.

There was evidence of the management team completing medication audits. Also a full medication audit had been completed by the local pharmacist. We found there was an obvious commitment to improve the medication systems and evidence safer medication administration processes were taking place.

The controlled drugs cupboard in the clinical rooms were locked and secured. Controlled drug records were inspected in the main house, Brambles and Brooklands and no discrepancies found.

We looked at the recruitment of four staff members including registered nurses. We found appropriate checks had been undertaken before they had commenced their employment. These included Disclosure and Barring Service checks (DBS), and references.

However one record had not explored gaps in employment and two records did not contain photographs of the new staff member for identification purposes. These checks were required to reduce the risk of employing unsuitable staff to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. One of the management team said, "We have recently employed new staff that will be responsible for recruitment processes in their role."

We recommended the manager seek guidance to ensure correct procedures were followed when recruiting staff and all checks were completed.

We walked around the building and found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these delivered water at a safe temperature in line with health and safety guidelines. People who had chosen to remain in their rooms had their call bell close to hand so they could call for assistance when they needed to. We spoke with two members of the staff maintenance team and checked records completed. This confirmed equipment including wheelchairs and moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Legionella checks had been carried out.

Staff we talked with demonstrated a good awareness of how to protect people against potential abuse or poor care. This included what procedure to follow and who to contact to report any safeguarding concerns. They also discussed with us the whistleblowing processes. "I would not hesitate in contacting outside organisations if I felt I needed to use the whistleblowing procedure. Another said, "We have had lots of safeguarding adults training so I am aware of how to report concerns."

Before our Inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority and Clinical Commissioning Group (CCG). A number of safeguarding referrals had been received by the local authority and had been investigated by their safeguarding team. The service had cooperated with the safeguarding team during their investigations and had worked with the local authority and CCG to make improvements to their services. In addition the local

contract monitoring team had visited the service and made some recommendations. We found the management team had addressed the issues since their visit.

Checks had been completed for recruiting nurses that they were registered with the nursing and midwifery council (NMC). These checks had been repeated regularly to ensure nursing staff were still registered with the NMC and therefore able to practice as a registered nurse.

Care plans of people who lived at the home had risk assessments completed to identify the potential risk of accidents and harm to staff and people in their care. The risk assessments we saw provided instructions for staff members when delivering their support and what nursing input was required.

Staffing rotas we looked at evidenced there were consistent staff numbers with good levels of skill mix to assist people safely. This included staff designated within different roles, such as nurses, management staff, care, kitchen and domestic personnel. During our inspection, we observed staff were patient and responded to call bells quickly. When we discussed staffing levels with staff, one said, "A lot better now and the reduction in agency staff has really helped." A visiting healthcare professional told us they had visited the home on numerous occasions and found no issue with staffing levels and care they provided they were attending to.

We had a walk around the three units and found the premises were clean, tidy and cared for. One staff member said, "We do ensure the building is kept clean and treat infection control vigorously." We observed staff made appropriate use of personal protective equipment such as disposable gloves and aprons. Hand sanitising gel and hand washing facilities were available around the building and were in operation. These were observed being used by staff undertaking their duties. This meant staff were protected from potential infection when delivering personal care and undertaking cleaning duties.

Is the service effective?

Our findings

We looked at training records and talked with staff and found personnel were provided training and access to courses in order to develop their skills. This was to ensure they had the knowledge to care for people. People who lived at the home and relatives found staff to be effective and competent in what they were doing. For example a relative said, "The carers all seem to know the residents well." Staff confirmed access to training courses were good. One staff responsible for training said, "Miles different now, any training they need I can source."

Care records of people who lived at the home contained evidence consent to care had been obtained. Each area of their support planning evidenced agreement to how they wished to be assisted. Staff documented where the individual was unable to sign or did not wish to be involved. We observed they consistently offered choice to those who lived at Alexandra before supporting them with their requirements.

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). The staff working in this service make sure that people have choice and control of their lives and support them in the least restrictive way possible; the policies and systems in the service support this practice.

The manager, nurses and staff we spoke with demonstrated an understanding of the legislation as laid down by the MCA and the associated DoLS. Discussion with the registered manager confirmed they understood when an application should be made and how to submit one. Staff did not restrict their liberty or movements. This showed the manager and staff followed the Code of Practice and legal processes associated with the MCA. We noted the MCA assessments were very good. For example one care record contained separate assessments relating to MCA for behaviour, communication, cognition, mobility and medication.

We had a look around the kitchen areas of all the units and the main kitchen. We found it was clean and cleaning schedules were in place for staff to follow to ensure the kitchen areas were maintained and kept clean. The Food Standards Agency had awarded Alexandra Nursing Home their highest rating of five stars following their last visit. This graded the service as 'very good' in relation to meeting food safety standards about cleanliness, food preparation and associated recordkeeping. Fridges and storage areas were well stocked with food supplies and fresh produce was available and being used for lunch on the day of the inspection visit.

We found people were supported to eat their meals when and where they chose. For example, those who lived at the home who preferred to get up later had their breakfast when they wanted it. This was confirmed by talking with people. The cooks had a list of people's meal requirements and this was changed when required. This included each person's likes and dislikes, fortified diets and allergens. This meant the cook was fully informed about people's nutritional support and how best to protect them from the risks of malnutrition. Staff recorded in care records each person's food preferences. This ensured people were

provided preferred meals in order to increase their nutritional intake.

We observed breakfast served in one of the units. We found staff were assisting with breakfast where necessary and they were familiar with people's names. We observed staff were very patient with one person who was displaying behaviour that challenged and shouting. We also observed a carer handing out drinks offered tea to one person. They asked for coffee instead of the tea and she was given that. The staff member changed it straight away. The same person kept throwing her coffee on the table and the floor but the staff member cleaned it up very quickly.

Comments from people who lived at the home about the quality of meals provided included, "The food is very nice. You are given something else if you don't like it." Also, "The food is very good. And, "The food is good we do get a choice."

Staff told us they had not had regular supervision to support them in their roles. However some sessions had just started and this was confirmed from discussion with staff members. Supervision was a one-to-one support meeting between individual staff and their line manager to review their role and responsibilities. The manager explained they were now in a position with senior staff and management in place to catch up with supervision session as a priority. Staff we spoke with told us the manager was supportive and was available any time. One staff member said, "I have not yet had a session of supervision but it has been scheduled. However [management team] are great and all have an open door policy and will talk at any time if you had a concern."

Staff and the management team worked with other healthcare professionals to maintain continuity of people's care. They recorded involvement with for example GP visits and appointments. We saw they contacted professionals in order to meet each person's needs in care records we looked at.

Is the service caring?

Our findings

Staff were observed approaching people who lived at the Alexandra Nursing Home on all units in a kind, polite and dignified manner. People who lived at the home and relatives told us they experienced good standards of care and support. During the inspection visit we witnessed staff being caring and supportive to people. For example one person started to undress themselves in a communal area. A staff member quickly noticed this and sensitively helped the person dress themselves again. They talked with them in a gentle manner explaining why they should be dressed during the day. We received comments about how caring and respectful the staff were they included, "The staff are very good. I am well looked after." Also, "The care is marvellous." A relative we spoke with was very complimentary about how caring the staff were and said, "[Relative] is very well cared for. I couldn't ask for better."

The manager and staff had a good understanding of protecting and respecting people's human rights. Training had been provided by the management team for guidance in equality and diversity. We discussed this with staff, they described the importance of promoting each person as an individual. One staff member said, "A really good home that respect people and treat people as individuals."

Care records we looked at showed people and their relatives were involved in their care planning. For example comments from relatives visiting the home were. "I am very well informed if he falls they ring me." Also, "My sister is involved in [resident] care planning." A person who lived at the home said, "I am not involved in my care planning. [Relative] is a barrister so she looks after all my affairs."

Nurses, staff and manager demonstrated an understanding of people's needs. For example we discussed care of people at the home. Staff were able to discuss their needs and any nursing input required. A staff member said, "Since we have less and less agency staff it is much better. We are given time to get to know people and understand their needs."

We observed examples of staff respecting people and showing sensitivity when supporting people with care needs. For example we observed staff knocked on people's bedroom doors before entering and addressed people in their preferred name. A person who lived at the home said, "They are very patient and respectful."

The management team were able to describe end of life care of people and ensure people were comfortable and well cared for. For example this included discussions and consultation with professional health teams. Discussion with staff confirmed they had an understanding people who received end of life care were treated with dignity and sensitively. Staff confirmed to us end of life training was provided. Training records we looked at confirmed this.

Visitors were welcome at any time with visitors coming in at mealtimes to support their relatives. One relative said, "I can call anytime I live 15 minutes walk away and I can come night or day." Another relative said, "I sometimes come and feed [relative] at lunch time the staff are so supportive with me."

When we walked around all the units we saw people who lived at the Alexandra were supported to

personalise their bedrooms. They had family and friends pictures and photographs on their walls. The manager and staff encouraged people to make their personal space like their own home. For example having their personal belongings brought in was encouraged. One staff member said, "We encourage families to bring things in to make people feel at home."

The manager made available information about advocacy services to people who lived at the home. This included details about what support advocacy provided and their contact details. Therefore people could access this if they required support to have an independent person to act on their behalf.

Is the service responsive?

Our findings

People and relatives said staff were responsive to their needs and requirements. One person who lived at the home said, "If anything is wrong they respond straightaway with me. I have to be honest they are very good at spotting if people don't feel good." Relatives we spoke with told us they kept them informed and responded to any health needs that may occur for example one relative said, "[Relative] is kept well informed. He has been here 4 weeks."

Records we looked at contained an information sheet and pre-admission documentation. The management team used this information to assess if they could meet the person's needs. They checked, for example, nursing needs, health issues and mental and physical health.

We had some mixed responses when we asked if people who lived at the home and their relatives if they were involved in the review of their care. For example one relative said, "Yes we come and go through care with the staff." Another said, "Not always involved we would like to be." The manager informed us they would endeavour to contact all relatives where required to be involved especially when changes occurred.

A programme of activities was available for people in all three units. Also for example if any entertainer were on in the main building they would bring people from the other units to enjoy the activity. Activities included board games and remembrance sessions such as films and music. One person who lived at the home said, "We do dominoes and bingo I like doing all of them." On the day of our visit we saw a gentle exercise class and people taking part in one of the units. People told us they liked that activity.

The service employed designated activity co-coordinators however one unit was short of a staff member. They were in the process of recruiting an additional activity co-ordinator. Comments from people who lived at the Alexandra about activities and social events included, "I am not keen but they do them." Also, "Not at the moment they haven't got a lady. The last one used to come and play things with us." The manager told us they were recruiting an additional activity coordinator for the unit.

Staff told us generally they had time to sit and talk with individuals who lived at the home. One staff member said, "We are now encouraged to sit and spend some time with people." We observed if people required one to one support this was provided. A senior staff member said, "We have the staff if we need one to one support for someone who wants to go out as an activity."

The manager had a complaints procedure and related information provided for people and their relatives. This outlined how they could comment about the service and care they received. This included timescales to resolve the concerns and how this would be managed. People who lived at the home told us they felt confident if they had a complaint they would be listened to and action taken. A relative we spoke with about the complaint processes said, "We have no complaints but know the procedure should we need to."

We looked at the complaints log and saw the service had recorded and responded to complaints received. At the time of the inspection a complaint was being investigated by the management team. They were

following their procedure in terms of communication with the complainant and timescales. One of the management team said, "We take complaints seriously and as a learning experience and respond accordingly."

Contact details for external organisations including social services and the Care Quality Commission (CQC) had been provided should people wish to refer their concerns to those organisations. This demonstrated there was a procedure in place, which staff were aware of to enable complaints to be addressed.

Is the service well-led?

Our findings

Alexandra Nursing Home did not have a registered manager in place. However the organisation had acted quickly and appointed a person to go through the process to be registered as the manager with the Care Quality Commission (CQC). The process was ongoing.

The management team had systems in place to monitor the quality of service. At the time of the inspection they were implementing more robust auditing systems to ensure they could continue to monitor and improve the service. We found there not always identifying and addressing the areas of concern we noted during the inspection visit. For example medication audits had not identified issues that had been identified during this inspection visit. In addition care plan audits should be more robust to identify any mistakes and ensure people who lived at the home were kept safe and the up to date care was provided for them.

We recommend the management team improve their quality assurance systems to ensure the service is monitored efficiently and continues to improve.

Comments received from staff and people visiting their relatives were positive about the new management of the home. One relative said, "Much improved and what we like is there seems more permanent staff around which is good." A staff member said, "Things are now much more positive and vastly improved."

The home had clear lines of responsibility and accountability with a structured management team now in place. The manager and deputy manager had vast experience of managing care homes. They were knowledgeable and familiar with the needs of people they supported. We found new management structures were evident in all three units which people told us was much better. For example a relative said, "It is much better now and the new management team in place makes me feel that I could approach someone in charge if I had any issues."

We observed the manager and management team throughout the day were visible about the home and constantly supported staff and talked with people who lived at the home. They demonstrated an in-depth knowledge of those who lived at the Alexandra Nursing Home and engaged with them and their relatives in a caring approach. One person said, "Yes the manager is always floating about, not one of those who sits in the office all day."

Staff and 'residents' meetings had been held to discuss the service provided. We looked at minutes of the most recent 'residents' meeting and saw topics relevant to the running of the service had been discussed. These included discussing menu planning and people's satisfaction with the social activities programme.

We found the management team had sought the views of people about their care and the service provided by a variety of ways. These included 'resident' and relative surveys completed in July and August 2017. They received mixed comments about the service provided. For example out of 23 returned so far from relative's surveys, comments included, 'I can only praise the staff that look after [relative].' And 'lots better much improved'. However negative comments were received about laundry systems and clothing missing. The

management team reacted to these comments and increased laundry staff by employing a laundry supervisor. People we spoke with told us this had improved the laundry service. Other comments from surveys included, 'Staffing levels are much better.'

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.