

Woodrow Retirement Home Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Woodrow Retirement Home Limited is a residential care home for up to 18 older people with including people living with dementia. At the time of this inspection there were 17 people living there. A manager is registered for the service, and they are also the provider. 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.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good

Staff were attentive, understanding and kind. People praised the caring manner of the staff. Comments included "Lovely caring bunch" and "I have always found them lovely. A member of staff told us "We do get very attached to people." They also told us "We treat people like they are our own parents". The staff team spoke with fondness of people who had received end of life care. A relative praised the care given to her mother and all the family at the end of her mother's life, saying "They were lovely with me". They went on to say "They kept her as comfortable as possible."

People continued to live in an environment that was well maintained, comfortable, clean and safe. People were encouraged to bring items of furniture to personalise their rooms and make them feel homely. Equipment was regularly serviced and maintained. The provider had placed a high priority in ensuring the home met current safety standards to reduce the risk of fire.

People were supported by sufficient staff to meet their needs. People living in the home and relatives told us there were, "Plenty of staff, whatever the time of day." The provider had taken care when recruiting staff to carry out checks to ensure they were entirely suitable for the job. People and relatives told us the staff were competent. Staff training records showed many of the staff held relevant qualifications and had received training and regular updates on a wide range of topics relevant to the needs of people living there. Staff were well supported and supervised. There was a stable staff team. A member of staff told us there was a happy atmosphere and it was a "Good place to work".

Medicines were stored and administered safely. Records of medicines administered were well maintained. The provider and staff had worked closely with the local pharmacy and health professionals to ensure people's medicines were safe and met their health needs.

People were offered a variety of meals and drinks to suit their preferences and dietary needs. People praised the food. Their comments included "The food is very good". A relative told us "She eats very well. She enjoys lots of different foods." The staff had information about each person's dietary needs, and sought specialist

input and guidance where necessary.

Each person was carefully assessed before they moved into the home. People and relatives were involved and consulted in drawing up and reviewing their care plans. There were systems in place to help them identify risks and risk assessments were regularly reviewed. Where care needs changed, care plans were updated to ensure staff had up-to-date information about each person's needs. Staff were observant and noticed changes in people's health. They sought medical advice and treatment promptly when needed. A health professional told us "They follow our advice."

There was a strong emphasis on treating each person as a valued individual. All staff had received training on Equality and Diversity. The registered manager had sought information, support and training from local organisations and reputable internet resources on topics to help staff understand the effects of disabilities such as partial sight, and dementia to enable staff to offer positive support to people. People were supported to make choices and decisions about their lives. Where people lacked capacity to make important decisions, staff ensured decisions were made in accordance with the principles of the Mental Capacity Act 2005 (MCA).

People were involved and consulted in the home. Residents' meetings were held and people were encouraged to offer suggestions and makes choices about the things they wanted to do. A range of activities were offered to meet each person's individual social needs. Since the last inspection there had been no formal complaints received by the provider. People told us they were confident they could speak to the provider or a senior member of staff at any time if they had any concerns or grumbles. People were encouraged to speak out in a variety of ways including "You said, we did" forms, questionnaires, and through informal daily conversations with the provider and staff. A relative told us "We have no concerns but would not hesitate to speak with any member of staff. We couldn't have chosen a better place."

Since the last inspection the provider has made a number of changes and improvements to ensure all aspects of the service are regularly monitored and the service is now entirely well-led. They had worked closely with the local authority Quality and Improvement Team to implement audits and checks and to take action promptly when any improvements were needed. People, relatives, staff and professionals told us the home was well-run. The registered manager had many years of experience as a home owner and manager. He had kept his learning up to date to ensure people received care that met current legislation and good practice.

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 remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service has improved to Good

Effective systems are now in place to monitor and improve the service

Woodrow Retirement Home Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 comprehensive inspection took place on 4 January 2018 was unannounced. It was carried out by one inspector.

Before the inspection we looked at the information we had received from, and about the service since the last inspection. This included notifications about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We had also received some positive information from a relative.

During the inspection we spoke with the registered manager, the Head of Care and two members of staff. We met all of the people living there, and spoke with five people and seven relatives at length. After the inspection we spoke with one relative and three health and social care professionals. We also received emails from two staff.

During the inspection we looked around the home, including bedrooms, laundry, lounge and dining areas, bathrooms and toilets. We looked at the storage and administration of medicines and observed medicines being administered at lunch time. We looked at menus, three people's computerised care plans and daily records. We also looked at recruitment, supervision and training records, and records relating to the management and quality monitoring processes.

Is the service safe?

Our findings

People continued to receive a safe service.

People and relatives told us they felt safe. A relative said "I feel confident she is safe here". They felt the staff were supporting the person to remain safe. The staff kept the relatives updated with any changes and they said "That reassures us."

Staff received training and information about safeguarding adults and knew how to raise any concerns or complaints. A member of staff told us that all the staff team knew each person well, and they were confident staff would recognise signs of any possible abuse, including those people who were unable to express any concerns. They were confident they could speak with the registered manager or head of care and action would be taken promptly. They knew how to contact relevant authorities if necessary.

There was a stable and happy staff team and staff turnover was low. The registered manager took care when recruiting new staff to follow safe recruitment procedures which ensured staff were suitable for the job. A relative told us "The staff don't change much. It's good for mum."

There were sufficient staff employed at all times to meet people's needs safely. Daytime staffing levels were usually three care staff plus the registered manager, cook, cleaner and maintenance person. People, relatives and professionals told us they were confident there were enough staff employed. One relative told us they visited at different times of the day and evenings and said "There are plenty of staff, whatever time of day." Another relative told us they felt there were enough staff and said, "I have always found them lovely!" The provider assured us additional staff would be provided if needed. A professional told us people all had access to call bells when they visited and calls were answered quickly. They said they were "always able to get hold of staff quickly" if needed.

Risks to people's health and safety were assessed, and where risks were identified, these were regularly reviewed. Staff were given information and instruction on measures to be taken to reduce the risks. Risks such as allergies were clearly recorded in care plans. Where people were at risk of developing pressure ulcers, equipment was in place and measures taken to reduce the risks for example, by regular repositioning. Where people were at risk of dehydration or malnutrition, records of food and fluid intake were recorded, daily totals noted and actions taken where necessary. People were weighed regularly as needed. Staff had sought advice and guidance from health professionals where necessary. Where people had difficulties eating or swallowing specialist advice was sought. A health professional told us staff were very quick to seek advice and said "They follow our advice".

Medicines were stored and administered safely. Most medicines were supplied in weekly monitored dosage packs supplied by a local pharmacy. The head of care told us they had a very good relationship with the pharmacy who were happy to provide advice and guidance if requested. Each person's medicines had been reviewed by the pharmacist in recent months. Medicines were securely stored. Records of medicines were well maintained and there was a clear audit trail to show medicines received into the home, administered,

and any unwanted medicines returned to the pharmacy. The records were checked regularly to identify any possible problems. No errors had been identified in the last year. Staff had information on medicines prescribed on an 'as required' basis and knew when to offer these. There were no medicines held in the home at the time of this inspection that required additional security. However, the security facilities for these medicines did not meet current legislation. The registered manager took immediate action to order suitable storage.

People lived in an environment that was clean. Measures were in place to ensure people were protected from the risk of infection. The laundry room was clean, tidy and well organised. There were safe systems in place to ensure soiled laundry was handled and washed following good practice guidelines. There were supplies of gloves and aprons around the home. Staff had received training on infection control, Control of Substances Hazardous to Health (CoSHH) and food hygiene. All areas of the home we looked at were clean, safe and free from odours. People, relatives and professionals told us the home was always very clean. Laundry was washed, ironed and returned to people promptly. Staff took a pride in ensuring personal items of laundry were carefully washed and returned to the correct owner. A member of staff told us "There are no odours here. [Registered manager] is very fussy. It's a big 'No, no'". The kitchen hygiene had been rated level 5 by the Environmental Health department, indicating kitchen hygiene was entirely satisfactory.

The building was well maintained. At the last inspection we had noted some steps and staircases may place people at risk of falls. The provider had taken action to reduce the risks by installing sensory lighting along the edge of steps that may be a trip hazard. A security key pad had been installed on the door to the basement. The provider had also taken specialist advice on the fire safety of the building following the Grenfell Tower fire. The fire safety system had been upgraded to meet current legislation. Personal emergency evacuation plans were in place for each person (PEEPs). Fire safety equipment was regularly checked and serviced. They had also replaced gas cooking equipment with electric to provide greater safety. All equipment was regularly serviced and checked.

The registered manager and staff had a positive approach to learning from mistakes. Systems were in place to monitor incidents and accidents such as slips trips and falls and actions taken where necessary to prevent recurrence. People were encouraged to speak out with any concerns or suggestions, for example by completing a 'You said, we did' form available in the hallways. We saw examples of completed forms and actions taken.

Is the service effective?

Our findings

People continued to receive an effective service.

People's needs and choices had been discussed with each person and their relatives. Their care plans contained information to staff on how to meet each person's assessed needs. Staff understood each person's health and personal care needs and staff worked closely with health and social care professionals to ensure best practice was followed. A health professional told us a member of staff always accompanied them when they visited people. They said staff knew each person well and said, "If I have any questions, they know the answer. People were supported to attend regular health appointments, with staff escort if required.

There was a strong emphasis on treating each person as a valued individual. All staff had received training on Equality and Diversity, and the provider had sought information, support and training from local organisations and reputable internet resources on topics such as developing an inclusive environment for lesbian, gay, bisexual and transgender and intersex older people. They had provided training for staff to help them understand the effects of disabilities such as partial sight, and dementia to enable staff to offer positive support to people. People were supported to make choices and decisions about their lives.

People received care from staff who had received training, support and supervision to ensure they met people's needs effectively. All staff had received induction training at the start of their employment. Where new staff had no previous experience of care they were supported to complete a qualification known as the Care Certificate to ensure they had the basic knowledge necessary to meet people's needs. The registered manager gave us a copy of their training matrix which showed all staff had received training and updates on a range of important topics such as moving and handling, safeguarding, and infection control. Staff received regular updates on these topics. A member of staff told us "I attend a lot of training sessions. The last being my food hygiene. I also have a first aid course coming up next week." The registered manager had recently been advised by the local authority of their expected frequency of training on essential topics such as manual handling and infection control. They told us they had plans in place to ensure staff completed this training in the near future. They had recently been given access to the training provided to local authority and health professionals which meant they were confident the training would be of a good standard. People, relatives and professionals we spoke with said they were confident staff were well trained and competent.

Staff received regular, structured supervision, monitoring and appraisal. A member of staff told us they were well supported and could always seek advice or support at any time, saying "There is always someone to ask." They told us the training was good, and they were given training on any additional topics relevant to people's health and personal care needs. For example, they told us "Staff are very 'keyed up' on pressure care." They went on to say, "any sign of soreness we get the district nurses in." They also told us they were encouraged to take on any additional training they felt necessary, including relevant qualifications. Information we received from the provider in the PIR, and the training matrix, showed that 11 out of 14 staff held a level 2 or above diploma or National Vocational Qualification (NVQ) in Health and Social Care.

People were offered a choice of foods to suit their dietary needs and preferences. Staff were aware of likes, dislikes and special dietary needs. Allergy guides had been drawn up so that staff could explain to people the ingredients used in each meal and help people identify any foods they may be allergic to. Menus had been drawn up in consultation with people, and were frequently reviewed and adjusted. For example, some people had asked for less sauces on the meals, and following discussion they had adjusted the menus to provide roast meals three or four times a week. During the morning of our inspection we heard a member of staff speaking with each person to let them know the meals on the menu that day and asking what each person wanted.

People told us they enjoyed the meals. Comments included "The food is very good" and "The food is (home cooked) and of a very high standard". During the inspection we sampled a delicious homemade cake, and we heard people regularly enjoyed homemade cakes at tea time.

One relative told us their relative's food was puree'd as required and said the person was eating very well and received plenty of fluids. Another relative told us their loved-one was usually able to eat normal meals independently, but when they had been poorly the meals had been puree'd and staff had helped the person to eat. They told us "They are very good". They also said the person was offered "endless drinks". Another relative said they had been surprised and delighted at the range of foods their loved-one regularly enjoyed. They told us in the past the person's choice of foods had been quite limited but since moving to Woodrow they had tried many new foods such as pizzas, lasagne and curry and really enjoyed them.

People were supported by staff who had received training on the Mental Capacity Act 2005 (the MCA) and the associated Deprivation of Liberty Safeguards (DoLS). 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). Records showed people's capacity to make decisions had been assessed. Staff understood the procedures they must follow where people were unable to make important decisions. For example, where bed rails were used, best interest decisions had been made through discussions with relatives and health professionals who supported the person. A relative told us "Yes, the bed rails had been discussed and agreed with us." We saw staff offering choices and people and relatives confirmed they were involved, consulted and their decisions sought on all aspects of the person's daily life.

Records showed that where people were unable to make decisions for themselves, the registered manager was aware of legal authorisations in place for relatives and representatives to make decisions on their behalf. Where people had been restricted the provider had sought and obtained DoLS authorisations.

People lived in a home that was spacious, comfortable, and adapted to suit their needs. People had been encouraged to bring items of furniture and possessions to make their rooms feel homely. There were large windows and good lighting which was of particular benefit to people with poor eyesight. Furniture and furnishings were of a good quality, comfortable and attractive. Equipment was provided such as hoists, bath hoists and handrails to help people move around safely. A stair lift had been installed from the ground floor to a mezzanine floor and a further stair lift was planned from the mezzanine floor to the first floor in the near future. If people were unable to use the stairs or stair lift safely they were offered a ground floor room.

Is the service caring?

Our findings

People continued to receive a service that was caring. All the people we spoke with, their relatives and friends praised the staff for their kindness and caring manner.

People were treated with kindness, respect and compassion by staff who knew each person and cared about their happiness and well-being. A member of staff told us "I look at every person as if they were a member of my family." We heard examples of how staff went 'above and beyond' to make sure each person was comfortable, happy and had everything they needed. For example, a member of staff said they knew one person wanted a particular type of calendar and so they were planning to purchase one for the person in the next few days.

People living in the home, relatives and professionals praised the staff for their exceptional care and support. A relative told us the staff had been "Unbelievable". The staff had supported not just the person, but the whole family. They said, "The staff care about us just as much as they care about Mum". Before the person moved in they had been concerned they may not be able to visit whenever they wanted. However, they had been completely reassured. The staff were welcoming and made them feel entirely at home. They told us, "We come to Mum's home to see Mum, just as we did before." They felt able to visit at any time, day or night, and they were always welcomed. They said, "They have made everything so good for us. We can't thank them enough."

Staff understood the reasons why people were sometimes sad or upset. Where people had experienced loss and bereavement the staff offered compassion and understanding. They had sought input, advice and counselling from specialist organisations with the person's consent. Where these services had long waiting lists the staff had researched guidance from reputable sources on the internet to help them gain an understanding of the person's needs and to help them consider any other ways of supporting the person. Staff treated each person equally, and respected and understood differences in people's backgrounds, beliefs or sexual orientation.

People and relatives told us staff were attentive, and spent time with each person to suit each person's individual needs. We saw staff chatting to people, and supporting people in a relaxed, friendly and attentive manner. Relatives told us people were able to choose where they spent their day. Where people chose to stay in their bedroom, staff frequently checked to see they were alright, and spent time with them whenever possible. A relative told us the staff were, "A lovely caring bunch."

Staff took a pride in ensuring people were well dressed in clean, comfortable and attractive clothing of their choice. A member of staff described how they hand washed a person's delicate jumpers to ensure they always retained their shape and appearance. Where people had been previously resistant, relatives told us how staff had gently and patiently gained people's confidence to allow them to support people to have a bath or have their hair washed.. One relative told us the person was, "Always well-dressed – better than when she was at home." Another visitor told us about the person's appearance, health and happiness, saying, "I have noticed a difference (since the person moved in). Much better." A member of staff explained

how they had gently coaxed a person to have a bath by offering to have a 'sing along'. They told us there was a lot of friendly fun and banter throughout the home. A relative also talked about the happy atmosphere in the home saying there was "Lots of fun!" We saw staff knocking on doors before entering, and respecting people's privacy and dignity.

People, relatives and staff told us they had been involved and consulted about all aspects of the person's care and support needs. Staff understood each person's daily routines and preferences. A relative told us their loved one could be "quite provoking" and sometimes displayed behaviour that could be difficult towards staff. They told us staff were always kind and understanding and had not taken offence. We also heard how a person could choose when they wanted to get up, and often decided to have a lie-in. The relative said, "I can visit at 10.30 and she is having breakfast." At other times the person may choose to get up much earlier. They told us, "The staff are very good. I couldn't ask for anything better."

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their needs.

People received a personalised service. At the last inspection we found that improvements were needed to ensure people did not become socially isolated. Care plans also needed to be reviewed and updated when people's needs changed. At this inspection we found the provider had taken action to improve the care planning system. They had researched care planning systems and had put in place a new computerised care planning system. Before people moved into the home their needs had been discussed and agreed with them, and with their relatives (with the person's consent). A care plan had then been drawn up and agreed with them. The care plans covered a wide range of health, personal care and social needs and contained sufficient information to ensure staff knew exactly how each person wanted to be supported. The care plans were regularly reviewed and updated. People, relatives and professionals told us they were satisfied staff understood each person's needs fully. A relative told us, "They wanted to know everything about her. Background and interests. So they are familiar with her likes and dislikes and her medical history." Daily records completed by staff at regular intervals throughout the day showed that staff had provided care in accordance with the care plan. The records provided good information about the person's daily routines, health and well-being. People told us the care they received was completely in line with their needs and wishes.

Before the inspection a relative contacted us to tell us about the care provided by the staff. They told us, "Our Mum has dementia and has lost the ability to walk and communicate. The staff here are able to know what she wants and fill her needs. They do this in the utmost caring and professional manner."

People's social needs were well met. In the entrance hallway there were posters showing some of the activities offered, including games and quizzes. People were invited to make suggestions for future activities during residents' meetings. For example, minutes of the meeting held in September 2017 showed suggestions for activities such as a 'memorable day', storytelling, and celebration of days such as Halloween. Some people had wanted to attend an All Saint's day service at a local church and this was arranged. We heard how all suggestions had been acted upon. Local organisations visited the home to provide activities such as exercise classes, art and crafts and visiting animals. A pantomime was held in the home for people and their families. Where people were unable to go out, or did not want to join in group activities, staff spent time with people, doing things the person was interested in. For example, a relative told us, "Staff sit and go through her photo albums with her". They also said the person liked watching horse racing and staff knew this and made sure they watched the racing when it was on television. Staff also knew the person liked listening to music, and put music on for them. Families and friends were encouraged to participate in activities and stay for meals.

People and relatives told us they knew how to make a complaint or raise a concern. They told us they would have no hesitation speaking with a member of staff or the registered manager. People told us they had no complaints. Where there had been minor problems these had been acted upon quickly and without any fuss. One relative told us there had been "Odd bits and bobs that had soon been sorted out". Another

relative told us they had no complaints at all. They had a number of conversations with a senior member of staff over minor queries and these had all been quickly resolved.

We noted there were few signs to help people find their way around the home easily, or to identify their own bedroom. The registered manager told us they recently contacted the local Communication and Dementia project to gain advice and guidance from them on improving the signage in the home. They planned to review and improve their documents and information given to people to ensure it is accessible to everyone.

The registered manager and staff placed a high priority on providing people with compassionate care at the end of their lives. They had worked closely with people, their families and professionals involved in their care to ensure people experienced a comfortable and dignified death with the least pain possible. Nine staff had received training on end of life care. The registered manager had sought input, training and advice from a local hospice. They also worked closely with people's doctors and the community nursing team to ensure best practice was followed. A relative praised the care given to a person before they died. They told us the staff had noticed a change in the person's health quickly and had made every effort to contact the relative promptly. The staff had given the family lots of support, and they said, "They were lovely with me." They went on to say, "They stayed with her. She always had someone with her until the end." They described the care given to the person and how staff had recognised and understood the person's needs and wishes, saying, "They did what they could without causing her too much distress. Her care was exactly what I had wanted."

Is the service well-led?

Our findings

At the last inspection we rated this section as 'requires improvement' because there was a lack of effective systems in place to regularly monitor and improve the service. This was a breach of Regulation 17 of the Health and Social Care Act: Good governance. At this inspection we found they had made significant improvements to the quality monitoring systems and were now fully compliant. We have therefore rated this section as Good.

The provider is also the registered manager of the service. 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. They had kept their knowledge and learning up to ensure people received care in line with current good practice in various ways including researching best practice on the internet and attending meetings and events. They worked in partnership with commissioners, Health Watch, training providers and other health and social professionals to ensure they kept up with current good practice. Health and social care professionals we spoke with told us the home was well managed. Comments included (the provider) "runs a 'tight ship'", and (the provider and Head of Care) "are always there and clearly in charge." People we spoke with and their relatives praised the provider and the Head of Care for the management of the home. A member of staff told us "I find [Provider] to be fair, approachable and supportive."

The provider told us in their Provider Information Return (PIR) "We have a transparent and open culture and support each other to promote a clear vision and a set of values that includes involvement, compassion, dignity, independence, respect, equality and safety." People, relatives and staff confirmed this. We heard there was a warm, welcoming and happy atmosphere in the home. The provider and Head of Care were always available and willing to listen, answer queries, offer support and sort out any problems. Staff were regularly supervised and well supported. A member of staff told us "Staff are happy here." Another member of staff said "I am happy with my work and enjoy looking after the elderly residents who I've got to know over the years." They went on to say "The manager is good to work for and easy to approach."

The provider had reviewed the environment and made improvements where necessary for example, by improving the fire safety systems, sensory lighting and kitchen equipment. Further improvements were planned such as a further stair lift to improve people's mobility between the ground and first floors. A member of staff told us "[Provider's name] is very good. If staff think something is needed he will get it straight away".

People, relatives and staff had been involved and consulted to seek their views and suggestions on the quality of the service. Questionnaires had been sent out, and the results had been collated and considered. Improvements to the menus had been made as a result of people's comments. We saw the completed questionnaires indicated a high level of satisfaction in the service. People's views were also sought through resident's meetings and through 'You said, we did' forms. Suggestions such as a movie afternoon, and art afternoons had been acted on.

The provider had received advice and support from the local authority Quality and Improvement Team to help them implement a range of quality monitoring systems. There were regular audits of medicine administration procedures, cleaning and infection control. There was a quality improvement plan in place covering all aspects of the service in detail which identified where improvements were needed. The plan was regularly reviewed to ensure there was a continuous system of monitoring and improvement in place.

The provider promoted an ethos of honesty and learned from mistakes. This reflected the requirements of the duty of candour. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment and apologise when something goes wrong. There was an emphasis on learning from mistakes and taking action to improve the service. The provider notified the Commission of any significant events or incidents in line with their legal responsibility.

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