

# Indigo Care Services Limited

## Island Court

### 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

This inspection took place on 15 February 2017 and was unannounced. The service had previously been inspected in June 2015 when it was owned by another provider and on that occasion was rated as 'Good'. This was the first rating inspection under the new provider, who took over the service in October 2015.

Island Court Nursing Home provides accommodation and personal care for up to 55 people with a range of conditions related to old age which may include dementia. There were 51 people living at the service at the time of our inspection.

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.

People were supported by staff who had received training on how to recognise the signs of abuse. Staff were confident that if they did raise any concerns they would be listened to and acted upon.

Staff were aware of the risks to people and how to keep them safe from harm. Staffing levels had been reviewed in line with the changes in care needs of the people living at the home and additional staff had been appointed when the need was identified. People were supported to safely take their medicines and regular audits were in place to ensure medicines were administered correctly and safely.

People considered the staff who supported them to be well trained. Staff were supported by management and where additional training was required to meet people's needs, this was put in place. People's human rights were respected by staff because staff applied the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards in their work practice.

Staff were aware of people's dietary needs and for those people who were at risk of losing weight, referrals were made to the dietician and any guidance they provided was followed. People had access to a variety of healthcare services to assist them to maintain good health. Positive working relationships were in place with the local GP and a number of healthcare professionals.

People were supported by staff who were caring and supportive and treated them with dignity and respect. People were supported to make their own decisions on a daily basis by staff who respected their wishes.

Staff were aware of people's preferences as to how they wished to be supported and how they liked to spend their time. People were provided with the opportunity to take part in a number of activities that were of interest to them and had warm, friendly relationships with the staff who supported them. People were listened to and their views acted upon. Where complaints had been raised, they were investigated and responded to appropriately.

People spoke positively about the registered manager and the staff who supported her. People considered the service to be well led. The registered manager had a good working relationship with the new providers of the service and felt fully supported. Systems were in place to obtain feedback on the service from people and there were a number of audits in place which enabled the registered manager to review the quality of 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?

Good ●

The service was safe.

People were supported by staff who were aware of the risks to them on a daily basis and who had been trained to recognise signs of abuse. People were supported to safely take their medicines.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who had received training that provided them with the skills to meet people's needs. Staff felt supported and listened to and were aware of people's dietary requirements and healthcare needs. People were supported to maintain a healthy diet and access healthcare services.

### Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect by staff who they described as kind and caring. People benefitted from being supported by a stable staff group, many of whom had worked at the home for a number of years.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in the development of their care plans and were supported by staff who were aware of their likes and dislikes. There was a system in place to investigate and act on, any complaints that had been received.

### Is the service well-led?

Good ●

The service was well led.

People were complimentary about the service and the registered manager and considered it to be well led. Staff felt supported and listened to. The registered manager had established a good working relationship with the new providers. There were a number of audits in place to assess the quality of the service provided. People were provided with the opportunity to feedback on their experience of the service.

# Island Court

## 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 15 February 2017 and was unannounced. The inspection was carried out by one inspector and an expert-by-experience. 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 provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we held about the provider, in particular, any notifications about accidents, incidents, safeguarding matters or deaths. We asked the local authority for their views about the service provided. We used the information that we had gathered to plan what areas we were going to focus on during our inspection. We spoke with 5 people who lived at the service and 6 relatives. We spoke with the registered manager, the team leader, the clinical lead, a nurse, two members of care staff, the cook and two visiting healthcare professionals.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk to us.

We reviewed a range of documents and records including the care records of four people using the service, five medication administration records, two staff files, training records, complaints, minutes of meetings, surveys, quality audits and action plans.

# Is the service safe?

## Our findings

One person told us, "We are alright, you're looked after and that makes it safe. It's very clean" and another person said, "I am safe. It is well organised". Relatives spoken with agreed with these comments. One relative said, "[Person's name] is safe here because there are people around here and the staff are friendly" and another commented, "We would say that [person's name] is safe, the staff all love him to bits. All the staff talk to him. They take their time with him and don't rush him".

Staff confirmed they had received training in how to safeguard people from abuse and knew how to recognise the signs of abuse and how to report their concerns. Staff were confident that if they or their colleagues did raise any concerns, they would be listened to and acted on appropriately. One member of staff told us, "I have raised a safeguarding in a previous role. If I thought something was wrong I would tackle the person and then report it to [registered manager's name] and do a witness statement". We saw where safeguarding concerns had been raised, they had been reported appropriately, investigated and acted upon.

Staff were aware of the risks to people and how to manage them. One person described to us how staff supported them whilst they were being hoisted, they told us, "They [staff] treat me very well. They say 'stand straight, lean your head away from the bar'". A member of staff told us, "One lady we need to keep an eye on, she's at risk of falls" and another member of staff said, "When I was giving someone personal care, I noticed some very light marking [which would have indicated a breakdown in skin integrity] and I reported it to the registered manager and she put a plan of care in place straight away". The provider told us in their Provider Information Return [PIR] that where accidents and incidents took place they were documented, investigated and analysed for any trends and we saw evidence of this. A member of staff told us, "The accident book is held in the office, anything that happens you report it to [registered manager's name]. You make sure she is aware of everything".

One person told us, "They could do with more staff, they are really on their toes here. They try to be quick to attend to you, they are busier in the mornings when everyone is getting up. I worry, but they always come on time" and another person said, "Generally there are enough staff, you have to wait longer at busy times, like meal times so you have to be organised if you want to go to the toilet. They are usually quite quick, about 5 or 10 minutes". Relatives told us they felt there were enough staff on duty, comments received were; "There seem to be plenty of staff on duty", "I think the staffing levels are good. You don't hear the buzzers going off" and "When we are here there are plenty of staff to look after them". We observed that people were responded to in a timely manner.

We discussed staffing levels with the registered manager. She told us that she had worked some shifts herself and had noticed at times that things were rushed. This resulted in her applying for additional staffing hours in the morning which had been agreed. She told us, "Some people's needs changed, they have been with us a while. I asked for additional hours and there was no problem in getting them. I'm really pleased". A member of staff commented, "It's made a difference getting the extra staff on". This meant that the registered manager was able to respond to changes in people's care needs by increasing staffing levels

where appropriate, to ensure care and support were provided in a timely manner.

One person told us, "I don't have any problems with the medicines, the nurses are good" and another added, "If you ask about the medicine they will explain it to you". A relative said, "[Person's name] is on loads of medicines. We are not worried about it. We trust the staff, we have never had a worry, we have got peace of mind".

We saw that people were supported to safely take their medication and that medication was stored and secured safely. We looked at the medication administration records for five people. We saw that the amount of medication given tallied with what was in stock. For those people who required their medication to be administered 'as and when required', protocols were in place providing staff with details of the circumstances in which these medications should be administered. However, for one medicine, the protocol was missing. Staff spoken with were able to tell us the circumstances in which this medicine would be administered and arrangements were made for the protocol to be written and in place on the day of the inspection.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (which provides information about people's criminal records) had been undertaken before they started work and we saw evidence of this. A member of staff told us, "I tracked my DBS on the computer, everything was in place before I started".



## Is the service effective?

### Our findings

We received many positive comments from people regarding the skills of the staff who supported them such as, "You can tell they [staff] are trained, they get me up of a morning, get me dressed and washed. They get my breakfast and cut up my food. You call them and they do it for you", "You watch them [staff] and you can tell they know what they are doing. They are quite good at the moment" and "Generally they [staff] are very good, very efficient with all of it, washing you, doing the dressing and undressing. They are well trained and very helpful in many ways". A relative said, "I should say the staff know what they are doing. They always know what is going on".

Staff told us they benefitted from an induction that prepared them for their role and provided them with the skills and knowledge they required in order to meet people's needs. One member of staff described their induction which included shadowing more experienced staff and being introduced to people. They told us, "It was a couple of weeks before I went on shift and when I did, I knew most of the people by name. I was ok. I met with [registered manager's name] every few days and she kept asking me if I was ok and if I had settled". Arrangements were in place to ensure that any new staff to the home completed the Care Certificate as part of their initial induction. The Care Certificate is an identified set of standards that care staff should adhere to when carrying out their work.

The provider told us in their Provider Information Return [PIR] that the registered manager made herself available for staff to speak to in private on a weekly basis, to discuss any issues or concerns they may have. Staff spoken with confirmed this, one member of staff commenting, "[Registered manager's name] is really nice. She is approachable and she has a room upstairs we can go to speak to her if we need to". People were cared for by staff who felt supported and well trained. Where required, specialist training was sought for staff, in order to meet people's needs. One member of staff told us, "I received training in catheter care and PEG care [equipment that is used for people who receive food and fluids through a tube in their stomach] before I started. This was set up very quickly. I was then talked through the process and was aware of what to do". We saw that staff received regular supervision with the registered manager, which provided them with the opportunity to discuss their training needs and raise any concerns they may have. One member of staff told us, "[Registered manager's name] is lovely. I can raise things with her, even if it's not about work. Sometimes she'll just ask you if you are alright. Just knowing she is there makes a difference". The registered manager told us that she used staff supervisions to discuss training that had been received and also assess staff knowledge against the five key questions asked during inspections. She told us, "I will ask staff 'how do you know people are safe?' and get them to give me examples". We saw that there was a system in place that alerted the registered manager when staff had training that needed an update, she told us, "I'm very pleased with the training system and the trainer who supports us is very good".

We saw that there were systems in place to ensure information was communicated to staff in a timely manner. Handovers took place at the end of each shift and were given verbally, with additional information in writing in order for staff to refer to. A member of staff told us, "If you've been on holiday they [management] will give you more in-depth information and they do".

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 MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

People told us that staff obtained their consent prior to supporting them and we observed this. We saw for those people who were deprived of their liberty, best interests meetings had taken place and their care plans detailed how to support them appropriately and in-line with the requirements of the authorisation. Staff spoken with were aware of who was being deprived of their liberty and what this meant for them on a daily basis. For example, one member of staff told us, "[Person's name] has a DoLS in place because they cannot communicate and you can't be 100% they have capacity. We are making those decisions for them in their best interests". We saw that staff had received training on MCA and DoLS but some staffs understanding of the subject was limited. The registered manager told us she had recognised more work was needed to be done on this subject in order to address staffs understanding.

People were supported to maintain a healthy diet. One person who had previously lost weight told us, "I know that I am a heavier weight here than before I came in". Where people were at risk of weight loss, we saw they were weighed on a weekly basis and referrals were made to the dietician. For those people who required support at mealtimes, it was provided by staff in a sensitive and respectful manner. One saw one member of staff chat to the person they were supporting, describing what they were eating and encouraging them to eat a little more. Pictorial menus were on display to assist people when choosing what they would like to eat. We saw in one dining room, people were kept waiting for their meals as the list of people's preferences hadn't accompanied the plated meals. Some people complained that the food was cold by the time it was served to them and staff arranged for it to be reheated. Once this was done, we observed people enjoyed their food. One person told us, "The food is very good, we have it in the dining room" and another said, "The food is amazing, occasionally ordinary". A relative told us, "The food is lovely in here. They have got lots of choices of food; they have snacks, biscuits and afternoon teas". People told us and we saw that drinks and snacks were readily available throughout the day. We spoke with the cook who was aware of people's individual dietary requirements and preferences and confirmed that they were kept informed of any changes in a timely manner.

One person told us, "We have seen them all, doctors, chiropodist, dentist and opticians. He [optician] came in and gave me drops for my eyes. I had a blood test this morning. If you ask to see a doctor they do it. They take you to your room so it's all private". A relative told us, "I don't know how they manage [person's] diabetes, I think they check their bloods. We have faith in the staff". Staff spoken with were aware of people's healthcare needs and how to support them to maintain good health. We spoke with a healthcare professional who had been visiting and working with staff at the home for over 10 years. They told us, "They [staff] are very proactive, any worries or concerns they always contact me and ask me to speak to families. It's lovely here and they have a stable staff group. I have a lot of poorly patients here who we manage quite well and we don't have to admit to hospital".

The registered manager informed us that staff had been trained on using a 'telemedicine service' (a way of accessing health advice via a secure video link). The registered manager told us, "We have used it a couple of times and it's been good so far". This meant staff were able to obtain medical advice for people without

them having to leave the comfort of their home.

## Is the service caring?

### Our findings

On the whole, people talked positively about the staff who supported them and they told us staff were kind and caring. We received the following comments from people; "The staff are very pleasant. They know me well. They ask about our life but they haven't really got the time to chat, they are too busy", "Staff are very kind" and "Some staff are very nice and to some it's just a job". A relative told us, "They [care staff] care and it goes a long way with us. None of the carers pass [person] by" and another relative said, "The staff are friendly; I can always talk to them. [Person] is content, happy, washed and fed", "Can't say anything bad about the staff. When [person] is well they are in the lounge and the staff are all friendly with them" and "The caring is good". We observed staff speak kindly and respectfully to people, they addressed people as they entered rooms and passed the time of day with them.

Staff spoke warmly of the people they supported. They described people in a positive light and told us they enjoyed working in the home. One member of staff described a person as, "Such a lovely man" and went on to tell us of the conversations they had with them regarding their favourite football team. Many staff had worked at the home for a number of years and had developed positive relationships with the people they cared for. We saw one group of people playing dominoes and there was lots of raucous laughter as people and staff joked about who was going to win the game.

Relatives told us they were always made to feel welcome and they could visit at any time. One relative told us, "You can make yourself a drink if you want one in the kitchen area" and another told us, "There is a fantastic community spirit. Since [person's name] moved into the bigger lounge he loves it in there. They [people living in the home] care about each other. If anything happens they soon tell you". We observed the registered manager's office at the front of the building and visitors regularly popped into to see her when visiting their loved ones, for a chat and an update.

People told us staff treated them with dignity and respect and we observed this. We observed staff speaking to people respectfully, asking about their welfare and treating them kindly. Staff described how they maintained people's dignity when supporting them with their personal care. For example, one member of staff told us, "If you're hoisting someone, you make sure they are covered properly, you always close the bedroom door [when providing care], just respect what they want. I will always walk in and say good morning and explain what I'm doing. It can be quite daunting for people otherwise".

People told us they felt listened to and were involved in the planning of their care. They told us they could get up and go to bed when they wanted and were offered the choice of male or female carers to support them. We saw that people were asked this question on a monthly basis to establish that they were still happy with the existing arrangements. A relative told us, "They [staff] shower [person], wash them, but they dress themselves. They are capable of doing that. They are as independent as possible".

Staff were able to describe to us how they communicated with people who were unable to communicate verbally. We observed staff take their time to explain things to people in order to ensure they understood what was happening.

We saw that one person in the home currently used the services of an advocate. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes. There was information on display to inform people of this and staff were aware of how to access these services on behalf of people.

## Is the service responsive?

### Our findings

Prior to people being admitted to the home, a pre-assessment was carried out to ensure that their needs could be met. People told us they were involved in this initial process. A relative told us, "There was an initial care plan but there hasn't been anything since [person] has been here. If we were worried about anything we would speak to [registered manager's name]". We saw that people's care needs were reviewed on a monthly basis. A member of staff told us, "Care plans are reviewed monthly and we will sit with the person and ask if there is anything they want us to add. We will invite the family too". We discussed with the registered manager the lack of evidence available to demonstrate that people were involved in their care plans. She told us that work was currently ongoing to transfer people's information onto new paperwork, adding, "It has been a lot of work transferring to the new paperwork. We want to get things in place and then discuss with people and families. Not everyone has time to sit with us so we plan to grab families as they come in and ask if we can have ten minutes with them to go through the file". We saw that dates had been planned in for reviews of people's care plans.

People were supported by staff who knew them well. Staff were able to describe people, what their interests were and what was important to them. We witnessed a number of group conversations with people and staff, there was a lot of hilarity, joviality and laughter in the home. We saw that there was a variety of activities that people could participate in, if they wished. Comments received from people regarding activities included; "I have got CDs and the staff know how to use it (CD player), I can have hours of music", "I used to go to the pub. I have been a couple of times. They do ask if you want to go shopping, I've been the cinema too", "They do bingo, play darts; we throw balls in a net" and "I made biscuits yesterday for St Valentine's Day".

We saw that information was on display regarding upcoming activities and relatives spoke enthusiastically regarding these events. Comments from relatives were; "[Person] can't do much but they'll give them a newspaper as they like that and they play bingo with help. There always seems to something going on", "A few weeks ago we came in and all the residents looked tired. It turned out they had a party. They wouldn't go to bed until 1:30am. They were having a sing song and a good time", "There is a lovely atmosphere when they are having a sing song. It is very good here. [Person] does all the dancing and doing exercises in chairs. They do have a lot of things in here. They do loads of stuff with them. They have parties for them and go out for Christmas parties. They do so much for them. They have good shows on Friday afternoons".

The provider told us in their Provider Information Return [PIR] that 'surgeries' were being set up on a monthly basis with the registered manager, to provide relatives with an additional opportunity to speak to her regarding any issues or concerns they may have, outside of office hours. The registered manager told us that people living at the home and their relatives had highlighted at a recent meeting, the need for more activities. She told us she had applied to increase the number of hours the activity co-ordinator worked and this had been agreed. People spoke positively about the activity co-ordinator and the impact she had on the home. We saw her asking people to choose a film to watch [from a selection she had with her], another person asked her about a book she was interested in and the activity co-ordinator offered to get it for them from the library. These were just a small number of examples we witnessed of positive interactions

between people living at the home and the activity co-ordinator. A number of relatives told us she had taken their loved one out to the local pub for a meal and how much they had enjoyed the experience. One person told us, "[Activity Co-ordinator's name] is a pal" and a relative said, "[Activity Co-ordinator's name] is golden".

People told us that if they raised any concerns with the registered manager, they were listened to and their concerns were dealt with appropriately. One person told us, "I don't need to make a complaint, if I did I imagine it would be to [registered manager's name]" and a relative told us, "We've got no complaints. We have never made a complaint because [person] is happy that's why we haven't". Another relative told us they had raised a complaint in the past and it was dealt with promptly and discreetly by the registered manager. We saw where complaints had been received, they were responded to appropriately. For example, some people had complained that the garden could be improved upon and we saw that plans were in place to address this in the Spring.

We saw that people were provided with the opportunity to give feedback on the care they received, by attending meetings or completing questionnaires. For those who required this information in a pictorial format, this was provided. The registered manager told us, "One person had raised that their plate was hot [to touch] at mealtimes, so I make sure I regularly check this".

## Is the service well-led?

### Our findings

People were complimentary about the home and the care they received. They told us they considered the home to be well led. One person said, "It's good here. I am happy here. I've got friends here". We received a number of positive comments from relatives, such as; "I am happy with what goes on and it's a homely place", "We have got faith in the place. [Person] is happy" and "The atmosphere is lovely and friendly. All the girls [staff] get on".

Although the home had been taken over by new providers, there were little changes to the staff group which meant people continued to be supported by a stable group of staff who knew them well. The changes in management had had little impact on the people living at the home. It was clear that the new providers valued the experience and the judgement of the registered manager. They had asked her to assist in supporting another home and her work during this difficult time was acknowledged and praised. The registered manager told us that the new owners had introduced new care plan paperwork into the home. She told us that when new medication paperwork was introduced she had raised concerns as she felt there was no need to change a system that was working well. She told us she was listened to by the new providers who took on board her comments. She said, "They do tend to listen to me, they are open to your views". This meant that the registered manager felt supported but confident that if she did raise any concerns with the new providers, that she would be listened to. We saw that the registered manager had recently been awarded the company's 'Five Star Award' in recognition of her work. She told us, "I called staff in the next day and said this is what we had won together, so well done".

Staff told us they felt supported in their role by the management team and their colleagues. Staff understood that they could whistle blow if they had any concerns about the conduct of colleagues and told us they were confident they would be listened to. Staff knew that they could rely on the registered manager and members of her management team for any support they needed. One member of staff said, "[Registered manager's name] said, if you're ever stuck on anything, just give us a call". They told us they received regular supervision and attended meetings which provided them with the opportunity to discuss any concerns or their ongoing training needs and we saw evidence of this. A new member of staff told us, "The first two weeks, I thought, this isn't for me. But getting to know the people here and the staff, I changed my mind. The staff are very, very caring. I can spend chatting with people and I don't feel stressed which I constantly felt in my last role". Another member of staff told us, "Everyone works as a team and we chip in and help each other". Another member of staff told us, "If anyone [staff] leaves, they always come back, [registered manager's name] is so lovely".

The registered manager had forged positive relationships with other healthcare professionals which meant people living at the home benefitted from their input and expertise. A visiting healthcare professional told us, "They [staff] are always organised when I arrive for rounds. I don't have to find people to help me. I have a good relationship with them". We saw when a person required their medication to be administered using a different method not familiar to staff, additional training was provided for them in a timely manner. The registered manager told us, "They will do the training and support us until we know we are ok. We have a really good rapport with the GP and the nurse practitioner. They visit every two weeks. We have a good



relationship and it makes it so much easier to ring and ask them questions, it's lovely to have that support". ;

Efforts were made to ensure people living at the home and their relatives and staff, were made aware of any changes or improvements and their opinion of the service was sought through meetings and questionnaires. One relative told us, "I have been told that they are going to do the floor. We have been told that there will be a new refurbishment. There have been quite a few changes and we have been told everything". We saw a number of surveys completed by relatives, all of which were very positive. One written response received from a relative described the registered manager, "Her personality is second to none. Time is of no concern to her as she is always there in times of need and all areas and always puts everyone before herself".

There were a variety of audits that took place to gather information on the quality of the service and identify areas for improvement. For example, on a daily basis, visual checks were completed of a number of bedrooms to ensure they provided people with a clean and safe environment. The provider told us in their Provider Information Return [PIR] that a 'Resident of the Day' system had been implemented which enabled each person's care plan to be reviewed. This process included members of the full staff team taking time to speak to the person on an individual basis to ensure they were happy with the care they received. People were given the opportunity to discuss their needs, activities they liked to participate in and their likes and dislikes, such as what they liked to eat. The cook told us, "It's their special day, we will ask them, what would you like to eat today? Anything you fancy in particular?" There were also a number of audits in place which included bed rail checks, infection control, pressure care, medication and ensuring people were weighed regularly. Any issues raised during the audits were incorporated into an action plan which was sent to head office on a weekly basis. Systems were in place to ensure the actions identified were reviewed and completed in a timely manner. At a recent compliance visit conducted by the organisation, the overall rating for the service was good. The registered manager told us that they benefitted from these compliance visits as it helped keep ahead of things and provided her with another opportunity to feedback positives to staff.

The registered manager told us her biggest challenge was keeping up with standards and ensuring people living at the home were looked after. She told us the audits that were in place helped her to achieve these goals. She felt her biggest achievement was the good rapport she had with families and the support she received from them. She told us, "I'm here most Sundays, I can get so much done and I can sit down and look at the action plans and see where we are. I still love being here and enjoy the job".

The registered manager had informed us of important events that had happened in the home, as is required by law.