Dearnevale Health Care Limited

Dearnevale

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

Overall summary

We carried out this inspection on 07 April 2015 and it was unannounced.

Our last inspection of the service took place on 23 December 2013 and we found the service was meeting the requirements of the regulations we inspected at the time.

Dearnevale was registered on 29 July 2011. It is a nursing home registered to provide accommodation and nursing or personal care to 40 people, aged 18+ years, in four separate units. On the day of our inspection, the home was fully occupied, with 40 people using the service.

It is a condition of registration with the Care Quality Commission that the service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. The registered manager was present on the day of our inspection.

People and their relatives told us they felt the service was safe, effective, caring, responsive and well led. Comments included; “It’s great here. They look after me well.”, “I know that if there is anything my relative needs, the

Summary of findings

home sorts it for them.", "All the staff are really nice. I'm going on holiday with some of them and I can't wait." and "[The registered manager] is brill. I love her. She's really nice and always manages to find time to chat to me."

We found the service ensured people were protected from abuse and followed adequate and effective safeguarding procedures. We found care records were personalised and contained relevant information for staff to provide person-centred care and support.

We found good practice in relation to decision making processes at the home and in line with the Mental Capacity code of practice, with the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards being followed.

Medicines at the home were managed well and the registered manager told us they would carry out medication competency assessments on an annual basis.

We found supervision of staff had been carried out on a regular basis. Annual appraisals had not been completed on an annual basis. The registered manager told us they would ensure this was done in future.

There were good quality-monitoring systems in place at the home that were carried out on a regular basis. We saw that, where issues had been identified, the registered manager had taken (or was taking) steps to address and resolve them.

Staff were up to date with their training requirements and a new training matrix identified areas where additional training would be undertaken by staff.

During our inspection, we found the service was fully compliant with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

People were protected from bullying, harassment, avoidable harm and abuse that may have breached their human rights.

Risks to people and the service were managed and protected people and their freedom.

There were enough staff on duty per shift, including staff who were adequately trained to ensure medicines were managed so people received them safely.

Good

Is the service effective?
The service was effective.

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities.

Consent was sought in line with legislation and guidance relating to the Mental Capacity Act 2005.

People were supported to have sufficient to eat, drink and maintain a balanced diet and good health with the involvement of healthcare services, where required.

Good

Is the service caring?
The service was caring.

People who lived at the home and staff had built positive, caring relationships, where they were able to express their views and be involved in making decisions about their care, support and treatment.

People had their privacy and dignity respected.

Good

Is the service responsive?
The service was responsive.

People received care that was personalised and responsive to their needs.

The service routinely listened to people's experiences, concerns and complaints and took any action required.

Good

Is the service well-led?
The service was well led.

There was a positive, person-centred, open, inclusive and empowering culture at the service.

There was good leadership at the service, with management visible at all levels, enabling the service to deliver high quality care.

Good

Dearnevale

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 checked whether the provider was 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 07 April 2015 and was unannounced. The inspection team was made up of two adult social care inspectors and one Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We had requested and received a Provider Information Return (PIR) from this service prior to our inspection. 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.

Prior to our inspection, we spoke with six stakeholders from local authority commissioning teams and Clinical Commissioning Groups (CCG). Stakeholders told us about previous safeguarding incidents at the home, which we checked during our inspection. Stakeholders told us they had no current concerns for people's safety.

Before our inspection, we received some concerning information regarding the care and welfare of a person at the home. We checked this during our inspection.

During our inspection, we spoke with the registered manager, nine staff members, 15 people who lived at the home and the relatives or visitors of five people. We also carried out observations throughout the day across all four units.

We looked at documents kept by the home including the care records of four people who used the service and the staff personnel records of six staff members. We also looked at records regarding the management and monitoring of the service.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe and if they knew what it meant to keep safe. Everyone we spoke with told us they felt they were protected at the home and felt their safety was maintained. One person told us; "This is the safest place in the world."

We asked people and their relatives if they felt there were enough staff at the home to ensure people were safe and had their needs met. Everyone we spoke with told us there were enough staff on duty at all times and they always had their care and support needs met. One relative we spoke with told us; "Our relative was in another care home and it was nowhere near as good as here. We have no concerns at all about their care." Another relative told us; "I am [family members] next of kin and staff are very good at keeping me in touch about [family member]. There are plenty of staff and they communicate really well." We also asked staff members if they felt there were enough staff on each shift at the home. Every staff member we spoke with told us they felt they had enough staff for every shift, including nights.

We carried out observations throughout the day and saw that people were treated well, with the safety of the person and others being accounted for at all times. We spoke with staff about safeguarding at the home and asked them if they knew of different types of abuse, how to report concerns and who to report them to. All staff we spoke with were able to tell us different types of abuse. One staff member told us; "Safeguarding is to make sure people are not abused or neglected. Abuse can be physical, mental or financial." Another staff member we spoke with told us; "If I saw a colleague doing or saying anything inappropriate, I would definitely intervene. I might feel uncomfortable but my main priority is for the client. Then I would report what I had seen or heard." This demonstrated staff were aware of safeguarding procedures and what to do if they saw any actual or suspected abuse.

We asked staff if they would know who to report concerns about the manager to, if they had any. All staff were able to tell us what company procedures they would follow. One staff member told us; "If I was concerned about anything the manager was doing, I would get in touch with our head office and ask them to look into it". This demonstrated staff were aware of procedures to follow regarding the safe management of the home.

We looked at the safeguarding log kept at the home and found each safeguarding concern or alert had been recorded in this log. We also saw evidence that each concern had been fully investigated and any actions had been recorded and signed off by management when completed. This demonstrated the service had appropriate procedures in place to ensure safeguarding concerns were appropriately dealt with.

The 'adverse events log' at the home had details of any accidents and incidents that had occurred at the home. We saw investigations into accidents and incidents were questioning and objective and details of these investigations were recorded. We saw action plans were developed from investigations carried out and a record kept demonstrating actions taken and the outcomes. Each month, a summary of adverse events at the home was completed to identify the trends or patterns. This demonstrated the home carried out adequate monitoring of accidents and incidents to identify any themes and take any necessary action to reduce the risks of the accident or incident occurring again.

We spoke with staff and asked the registered manager about restraint at the home and how they dealt with behaviours that challenged others. All staff we spoke with told us they did not use restraint at the home and that they adopted distraction techniques instead. We spoke with the registered manager about this. We asked, considering the needs and complex issues of some people at the home, including people with acquired brain injuries, how they prepared staff members to restrain someone, should distraction techniques not work. The registered manager told us there was no plan in place in this event. Following this conversation, the registered manager told us they would look into providing basic restraint training to all staff at the home.

We looked in care records and saw that risk assessments were in place to appropriately manage risks that people who lived at the home may have taken. These included risk assessments for mobility, nutrition and medicines. Information on these risks was present throughout care records, including in daily logs, where staff recorded the day-to-day living of the person.

Each file we looked in contained a Personal Emergency Evacuation Plan (PEEP), with information on what to do in an emergency. The PEEP's in people's care files contained information on the person's mobility and what assistance

Good

Is the service safe?

they would need in the event of an emergency at the home. We saw each PEEP was reviewed on a monthly basis to ensure it was still relevant. This demonstrated the home had plans and procedures in place to safely deal with emergencies.

We looked at staffing rota's for the home and found there were adequate numbers of staff present each shift. One the day of our inspection, on duty there was the registered home manager, the deputy home manager, 20 care assistants, four nurses, one administrator, one chef, one kitchen assistant, two skills co-ordinators, one physiotherapist, four domestic assistants and two maintenance people. We found staff were adequately deployed throughout the home, across the four units. On each unit, there was a senior member of staff, such as a nurse to ensure staff had an adequate mix of skills, knowledge, qualifications and competencies. This demonstrated the home ensured staffing levels were adequate throughout the home.

We looked in six staff files to see if the home carried out adequate pre-employment checks. We found all pre-employment checks had been carried out including reference checks from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant the home followed safe recruitment practices.

We checked to see if the home followed clear staff disciplinary procedures, when it had been identified that a staff member was responsible for unsafe practice. We saw where necessary, full investigations had been carried out by the registered manager and an outcome had been recorded. We also saw that, where the registered manager was not the most appropriate person to carry out these investigations, a member of the providers senior management team had conducted these investigations to ensure there was no conflict of interest.

We looked at the medication administration records (MAR) on two of the four units at the home and found they were completed adequately. We saw MAR charts had been audited in January 2015 and, where actions had been identified, these had been addressed. We found evidence that competency assessments for staff had been carried out. However, we also noted that some nurses had not received competency assessments for up to five years. We spoke with the registered manager about this, who told us these medication competency assessments would now be undertaken on an annual basis. This demonstrated the home had procedures and documents in place to ensure medicines were safely administered to people and that the registered manager would ensure all procedures would be followed in future.

Good

Is the service effective?

Our findings

We asked people if they had choices about their care. Everyone we spoke with confirmed they were able to choose how they received their care and who by. People told us they could go to bed when they wished and that there were no unnecessary restrictions at the home.

People who lived at the home told us the food served was good and that they enjoyed it. One person said; "The food is very nice. I would eat anything they served." Another person told us; "I told [staff] what I like and don't like and I can choose what I want." Everyone we spoke with told us they were provided with an adequate amount of good quality food.

We looked at the training matrix held at the home and found that staff had received adequate training and were up to date with training updates. On the day of our inspection, the home had just received a new training matrix with details of the new training courses to be undertaken by all staff at the home. This demonstrated staff had up to date skills and knowledge in all mandatory areas.

Staff files we looked in evidenced that staff received regular written supervision from managers, with (at least) two written supervisions taking place each year. However, we found no staff member had received an annual appraisal. We spoke with staff members about this who told us they felt supported at the home and, should they require or request any additional training, the home supported them to undertake this. We spoke with the registered manager about this, who told us they would ensure annual appraisals were undertaken from now on. This demonstrated that, although annual appraisals did not always take place, staff had support at the home from the registered manager and senior members of the staff team.

We looked at the policy the home had for volunteers. We saw this policy contained details of what would be expected of volunteers at the home, what support the home would provide and the training the home would provide. The policy also stated; "A member of trained staff should supervise all volunteers and the relationship between the volunteer and supervisor is both clear and unambiguous." This demonstrated the home had policies in place to ensure volunteers were adequately supported.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act (MCA) 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We spoke with staff at the home about the Mental Capacity Act 2005 (MCA), to establish their understanding of this. All staff were able to explain to us the basic principles of the MCA and what this meant for people who lived at the home.

We asked the registered manager if there was anyone living at the home who had a DoLS authorisation in place. The registered manager told us there were several people at the home who did, and provided us with information of this. We saw applications for DoLS had been made to the local authority and a clear record of the outcome of these applications had been kept. This demonstrated the home carried out relevant procedures in order to lawfully deprive someone of their liberty.

We looked in care records to see how people's mental capacity to consent to care and treatment was assessed and recorded. Mental capacity refers to a person's ability to make a decision. We saw there were task-specific mental capacity assessments present in all care records looked at, detailing whether the person had capacity to make decisions. This meant people's capacity was assessed and recorded appropriately.

In care records we looked at, we found that, where people had been assessed as lacking mental capacity to make decisions, a best interest decision had been made with the involvement of relevant others. This included healthcare professionals and the persons family, where possible and appropriate.

Care records demonstrated that people were supported to have enough to eat and drink and that people were supported to have a balanced diet, including people with complex dietary needs, such as diabetes. We saw that people were involved in decisions about the food and drink and care records demonstrated that people were asked for their preferences, likes and dislikes regarding nutrition and hydration.

In one care record, we saw it had been recorded that the person had diabetes. The home had involved other relevant healthcare professionals and monitored the

Good

Is the service effective?

persons food and fluid intake to reduce the risks surrounding this and to avoid the person becoming nutritionally compromised. Assessments of the persons needs and risks were undertaken and included a Malnutrition Universal Screening Tool (MUST), which raises awareness of the person's risk of malnutrition which was reviewed monthly and the persons weight was taken on a monthly basis to monitor and identify any changes in need.

We saw evidence that the service had identified, recorded and monitored risks to people with complex needs in their eating and drinking. This included people who were fed through a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. PEG feeding is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate. We saw information in care records stating how to adequately care for the PEG, including the entry site and how to support someone who was PEG fed. This demonstrated the service provided information to staff to ensure people with complex needs with their eating and drinking were able to be adequately supported.

We carried out observations at lunch time on three of the units at the home and saw that mealtimes were not rushed and people received the support they needed in order to meet their nutritional needs.

Care records we looked at evidenced that people were involved in decisions about their care and support and, where required, referrals were made quickly to relevant health services when people's needs had changed.

Good

Is the service caring?

Our findings

We spoke with people who lived at the home and asked them if how they felt they were treated by staff members. Everyone we spoke with said staff treated them with kindness and compassion, always taking into consideration their wants and needs. One person told us; "The staff here are brilliant. I love them all."

When asked if they were able to make choices about their day-to-day living, everyone we spoke with who lived at the home told us they could make choices in every aspect of their care and support. One person told us; "I can choose what I want to do and [care staff] do it with me." Another person told us; "I go on holidays with [staff from the home]. We've been to Amsterdam and Paris."

Our observations throughout the day demonstrated to us that people were shown respect. We saw people were asked for their consent, by staff, whilst receiving care and support with verbal prompts such as; "Is it ok that…" and "Can we just…" One person we saw was unable to communicate verbally and we saw that staff observed the persons response from nods or shakes of the head and were quick to respond if the person seemed unhappy. Staff also gave the person choice by asking if they would like a wet or dry shave and we saw the person was able to indicate they wanted a dry shave, to which staff responded. This demonstrated staff gave people choice and showed them kindness, compassion and respect when providing care and support.

Every staff member we spoke with was able to tell us about people who lived at the home, including their life histories and personal preferences. This included information ranging from the reasons the person was admitted to the home to the persons' favourite foods. This demonstrated staff knew the people they supported well, in order to be able to provide personalised care and support.

Care records demonstrated that, where they were able to, people were involved in the planning and reviewing of their own care, including people giving their views on what care and support they required and how they would like to receive it. We saw people were given relevant information and explanations they needed, at the time they needed them in order to make these decisions.

We asked the registered manager about advocacy services that were available for people who lived at the home. An advocate is a person who speaks on someone else's behalf when they are unable to do so for themselves. The registered manager told us they worked closely with advocacy services from several local authority areas. We found that advocates were sourced for people, when required.

We wanted to see how people's privacy and dignity was maintained at the home. We saw that staff knocked on people's bedroom doors before entering. We also saw that, where personal care was provided, bedroom doors and curtains were closed to maintain privacy for the person. When personal care was provided, the staff team were compassionate and respectful, always considering the needs and choices of the person.

People were supported to be as independent as possible. There were kitchens on each unit in the home with height-adjustable counter tops so people were able to reach, including people who used wheelchairs. There was a physiotherapy room at the home, where a physiotherapist assisted people with their needs. Equipment in the physiotherapy room included parallel bars, to assist people with learning to walk again. This demonstrated the home enabled people to be an independent as they could be, whilst assisting with any rehabilitation requirements.

We looked in care records to see if there were details of what to do following the death of a person who lived at the home. We saw there were care plans in place for people regarding their end of life care. This included information pertaining to the person's religion, if applicable, the type of funeral service and any other relevant information. For example, in one care record we looked at, we saw information that stated the person was a Roman Catholic and wanted to be cremated. There was also information in this care record about the hymns and songs the person wanted at the service and the clothing that guests should wear. This demonstrated the home had arrangements in place to ensure that the person who had passed away was cared for in a culturally sensitive and dignified manner, in line with the persons own wishes.

Good

Is the service responsive?

Our findings

We asked people if they felt their care was focussed on their individual needs and if they were able to contribute to assessments and care plans for their individual care and support. People we spoke with told us they were able to have input into their care planning and that they were supported to have their care needs met as they wished. One relative told us; "They do a brilliant job. I don't know how they understand what [family member] needs or wants because they can't communicate except by nodding or shaking their head, but they do understand. They get showered or bathed every day and are ever so clean and tidy."

We asked people and their relatives if they were supported to access other healthcare professionals, should they be required. Everyone we spoke with confirmed they could. One relative we spoke with told us; "I know that they quickly fetch a doctor if [family member] needs one."

People we spoke with told us they were supported to maintain relationships with family and friends and that they were supported to maintain their hobbies and interests. One person told us; "I've been on a trip to Paris and the Eiffel Tower and I've been on a cruise. I really liked the Eiffel Tower but the cruise was best." A relative of one person said; "[People who live at the home] get out to the shops and the park and there are plenty of trips to the coast. For [relative]'s birthday last year, they took him to Scarborough and all our family including the grandchildren were able to meet him there and have a great family celebration. We hope to do it again this year." There were two skills co-ordinators on shift on the day of our inspection, who organised and provided activities at the home and in the wider community for people who used the service.

We asked people and their relatives if they knew how to complain, should they need to. Everyone we spoke with told us they knew the procedure for this. We spoke with one person and their relative at the same time. The relative told us; "We were so pleased when [family member] came here. They were in another home before and that wasn't very good. This is really good and the manager is very approachable. If we had any concerns at all we would go straight to her." Another person we spoke with told us; "If I wanted to complain, I'd go to [the manager]. She is so good and I know she'd be kind and understanding." One relative we spoke with told us about ways in which they could raise concerns or complaints. The said; "There's a monthly residents meeting that we can all come to. I used to come in for the meeting from time to time but things are so good here for [family member] that I don't come for them now." Another relative we spoke with said; "I couldn't find anything to complain about if I tried. It's just really good to know that [family member] is being looked after by such kind people."

We looked in care records to see if people were supported to contribute to the assessment and planning of their care. We saw people and their relatives, where possible and appropriate, had been involved in their care and support assessments and planning. People had given their views, thoughts, feelings and preferences on care and support, including how they would like to receive this. We found the personal preferences of people were included in care records. For example, in one care record, we read; "[Person] enjoys horse racing, gambling, football and snooker and watches them on TV." We also read; "[Person] enjoys old films, particularly Westerns." This demonstrated information was provided in care files for staff to provide more personalised care and support. This also enabled staff to support people to follow and partake in their interests and activities.

Care and support plans we looked at were all reviewed on a regular basis, with assessments of care needs being reviewed on a monthly basis. There was equipment available to cater to people's physical, sensory or learning disability needs. For example, we saw a bathroom at the home had been designed as a 'sensory bathroom', with different coloured lighting and a sound system for people with sensory impairments or sensory needs. Sensory impairment is when one or more of your senses; sight, hearing, smell, touch, taste and spatial awareness, no longer functions as it should.

We spoke with the registered manager about the use of pictures to assist in communicating with people who were unable to do so verbally. The registered manager told us they would look into purchasing some Picture Exchange Communication system (PECs). PECs is a system used for developing full communication through the use of pictures and imagery. Following our inspection, the registered manager contacted us to inform us they had purchased PECs and were awaiting their delivery.

Good

Is the service responsive?

We looked in the complaints log kept at the home and found that all complaints had been addressed and responded to in a timely manner. We saw that adequate and appropriate action had been taken in response to complaints received and a mutually agreeable outcome had been reached between the complainant and the provider. We saw complaints had been used to improve the service and their practice, where relevant. This demonstrated the home investigated and responded to complaints in good time and used complaints as an opportunity for learning or improvement.

Good

Is the service well-led?

Our findings

We asked people if they felt able to speak with the registered manager and if they felt involved in decisions made about the home. Everyone we spoke with told us the registered manager was approachable and felt they were able to speak with them. One relative we spoke with told us; "The manager has been brilliant. She really has helped us sort things out for [family member]."

We asked people if they were supported to access facilities, events and activities in the local and wider community. People and their relatives told us they were. One relative we spoke with said; "[People who live at the home] are always going out and about – even if it's down to the local park. They have a better social life than me!" This meant the service provided person-centred, inclusive and empowering care and support to people who lived at the home.

We asked staff if they felt there was a fair, transparent and open culture at the home. All staff members we spoke with told us there was. One staff member we spoke with told us; "We really are a team here. We all have our own roles but if something needs doing then any one of us will just do the job." Another staff member told us; "We are really well supported here and can easily tell the manager if there's a problem or just something we want to say."

We looked at the homes statement of purpose and saw it contained a clear vision for the home and a set of values. These included involvement, compassion, dignity, independence, respect and equality. Staff we spoke with were able to confirm to us what the home values and objectives were.

We asked the registered manager how they kept under review the day to day culture of the home. The registered manager told us they conducted daily walk arounds of the home to carry out observations of staff practice and that they asked for feedback from staff and people living at the home. The registered manager also told us they held regular coffee mornings and quizzes, which everyone at the home was able to join. These coffee mornings and quizzes were used as an arena for informal chat. All staff we spoke with confirmed these meetings took place. The registered manager told us they adopted an open-door policy, where people were able to visit the managers to speak with them at any time. This demonstrated the registered manager kept the day to day culture of the service under review and encouraged open and transparent communication.

It is a condition of registration with the Care Quality Commission (CQC) that the service have a registered manager in place at the home. The registered manager, who was present on the day of our inspection had registered with CQC in June 2011 and had worked at the home for a number of years previous to that, demonstrating ample experience and knowledge of the service.

We looked at the audits carried out at the home. We found housekeeping audits were carried out on an (at least) quarterly basis, which looked at; cleanliness, cleaning chemical stores, linen cupboards, bathrooms/showers, laundry and serveries. These audits also included speaking with people to get their comments. We saw these audits were not always signed to say that identified actions had been completed. We spoke with the registered manager about this, who told us they would ensure this was done in future.

We found a monthly quality monitoring visit was carried out, which looked at; recruitment, occupancy of the home, weights, pressure areas, deaths, adverse events, staff training, safeguarding, risk register, sickness and absence, supervisions and dismissal and health and safety. We saw these audits had been signed and 'ticked' when actions had been completed.

The home action plan for the home identified areas where improvements were required, the target date for completing the actions, any progress, the date completed and a signature of a senior person who the action was verified by. This demonstrated audits carried out at the home were robust, contained action plans and were 'signed off' when actions had been completed.

We looked at the results of the annual surveys that were sent out by the home to people who used the service, their friends and families and stakeholders. We saw that these surveys asked such questions as; 'Are your personal belongings looked after?', 'Is your privacy respected?' and 'Do you feel part of the home community?' Where any negative responses had been given, the home formulated an action plan to address this. For example, results from the 2014 survey showed 15 out of 22 people surveyed had

Good

Is the service well-led?

never been involved in menu planning and seven people wanted to be involved. The home had implemented an action which read; "More food focus forums to be held." This demonstrated that, where it had been identified that action was required as a result of surveys sent out, the home ensured action was taken to resolve any issues.

The latest 2014 survey results of people who lived at the home showed out of 22 people asked; 100% said they felt part of the home community, 100% said information was provided where required, 100% found staff to be helpful and 100% said they felt safe in the home. Comments made included;

"I am feeling up to date and satisfied with the service and it cannot be improved."; person who used the service;

"Dearnevale is one of the very best home of its type that I have seen. The staff and manager always go the extra mile to ensure clients have the best quality of life possible"; healthcare professional.

"The home is very friendly we are all made very welcome and everybody is very obliging to one another."; relative of someone who lived at the home.

This demonstrated feedback was sought from people who used the service, their relatives and friends and other healthcare professionals and used this feedback as continuous service improvement.