

Regency Healthcare Limited

Abbeycroft Care and Nursing Home

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out an unannounced inspection at Abbeycroft Care and Nursing Home on the 26 and 27 May 2016.

Abbeycroft Care and Nursing Home is registered to provide nursing and personal care for up to 33 people. The home is a purpose built property set in its own grounds in a semi-rural position close to a local bus route to Burnley and Rawtenstall. Accommodation is provided in single and twin-bedded rooms on three floors.

The service was last inspected on the 3rd February 2015. During this inspection we found the service needed to improve its level of quality around the décor of the environment and lack of meaningful activities offered to people using the service. Although these areas did not substitute a breach of our regulations, recommendations were made to the service by the Commission.

During this inspection we found that improvements had been made and were still on-going into the décor of the service. However, we noted more thought and consideration into peoples preferred choices around soft furnishings was needed in people's personal space.

We have also recommended that the service invests more time into the stimulation of people using the service by utilising their newly appointed activities co-ordinator to ensure meaning full activities are offered to people.

At the time of this inspection there was a registered manager employed. 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 indicated they felt safe and happy living at the service. We found people were protected from risk without compromising their independence. Processes were in place to ensure the safety of people using the service, staff and visitors by means of environmental risk assessments and individual risk assessments. Staff were trained in recognising the signs of abuse and displayed appropriate knowledge around how to respond and ensure any safeguarding issues had been notified to the relevant authorities.

We saw evidence that fire audits were up to date and compliant. People using the service had personal evacuation plans (PEEP) in place. Staff displayed a sound knowledge of processes to follow in the case of an emergency.

The service had appropriate numbers of staff to provide people with safe and personalised care and support the operation of the service. We noted the service offered a variety of training to its staff which ensured the

staff team were skilled and experienced in safely and effectively supporting the people using the service.

We found the service had a robust recruitment system in place. The service took appropriate steps to check applicant's previous employment and conduct, identity and any criminal record before being successfully appointed. Thorough induction processes were in place to ensure the correct amount of training and support was given to new staff. Disciplinary procedures were also in place to support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures.

The service had processes in place for appropriate and safe administration of medicines. Staff were adequately trained in medicines administration. Medicines were stored safely and in line with current guidance. People had been consulted about their dietary requirements and preferences and we saw choice was given at every mealtime. We saw appropriate referrals had been made to dieticians and instructions were strictly followed in cases where people had known dietary requirements.

Care plans were in place which were tailored to each person's diverse needs and gave clear information about people's needs, wishes, feelings and health conditions. These were kept under regular review.

Over the two days of the inspection we noted positive staff interaction and engagement with people using the service. We found staff to be caring and respectful in their approach and treated people as individuals. They promoted privacy and dignity and supported people to maintain control over their lives. People were given information about their care and the service to help them make informed decisions. Their opinions were routinely sought and acted on by means of questionnaire's enabling them to influence the service they received.

We received positive feedback from people using the service, visitors and staff about the registered manager. People told us any questions/ issues would be dealt with effectively and professionally. We saw a good audit trail of appropriate responses to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Personal and environmental risk assessments were in place to ensure the safety of people using the service, visitors and staff.

Staff had been recruited safely through a thorough and robust recruitment procedure which meant people using the service were cared for by a staff team that were considered to be of good character.

The service employed an adequate number of skilled care staff to provide a consistent and personalised care approach to the people using the service.

Appropriate processes were in place to effectively and safely support people with their medicines.

Is the service effective?

Good ●

The service was effective.

The service did not always consider preferred choices around soft furnishings in people's personal space.

The service ensured it offered staff an adequate amount of training and supervision which was appropriate to the needs and requirements of the people using the service.

People received care and treatment they had consented to and where consent was not possible the service ensured formal processes were followed and people's rights under Mental Health Act and Mental Capacity legislation were understood and protected.

People's health, wellbeing and dietary requirements were consistently monitored and they were supported to access healthcare services when necessary.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive and caring relationships with the people using the service.

People told us they were treated well and their privacy and dignity was respected by staff.

People were involved in the care planning and review process which ensured care and support received reflected peoples wishes and preferences.

Is the service responsive?

The service was not always responsive.

Although the service employed an activities co-ordinator, people told us the service lacked the promotion of meaningful activities on a daily basis.

People told us they enjoyed living at the service.

Care records were detailed and tailored to meet people's individual needs and requirements.

People felt able to raise concerns and had confidence in the registered manager to address their concerns appropriately.

Requires Improvement 

Is the service well-led?

The service was well-led.

The service had a manager employed who was registered with the Care Quality Commission and was qualified to take on the role.

Staff told us they felt well supported in their role by the registered manager and felt able to approach them with any issues.

Audit systems were in place to monitor the services standards and develop identified areas of improvement.

Good 

Abbeycroft Care and Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 26 and 27 May 2016 and was unannounced. The inspection was carried out by one adult social care inspector. At the time of our inspection there were 23 people receiving care at the service.

Before the inspection we reviewed information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We also reviewed the information we held, including complaints, safeguarding information and previous inspection reports. In addition to this we contacted the local authority contract monitoring team who provided us with any relevant information they held about the service.

We used a number of different methods to help us understand the experiences of people who used the service. This included spending time in the company of the people living in the home. We observed how people were cared for and supported. We spoke with 11 people who used the service and six relatives. We spoke with six members of staff, three visiting health care professionals, the registered manager and the compliance manager.

We looked around the premises. We looked at a sample of records, including three care plans and other related documentation, three staff recruitment records, medicines records, meeting records and monitoring and checking audits. We also looked at a range of policies, procedures and information about the service. We looked at the results from a recent customer satisfaction survey.

Is the service safe?

Our findings

People living at the service indicated they were happy. Comments included, "I like it here, the staff are very nice", "It is better than living on my own. There is someone to speak with all the time and the staff are very nice to me". All people we spoke with including relatives and health professionals told us they did not have any concerns about the way the service cared for and supported people and felt they were safe. Comments from people using the service included, "Oh I feel very safe here and that is thanks to the staff" and "I feel safe. I was a bit worried when I first came here but I have settled in well".

During the inspection we did not observe anything that gave us cause for concern around how people were treated. We observed positive staff interaction with people which was caring and patient. People appeared comfortable and happy in staff presence.

We looked at the processes in place to maintain a safe environment and protect people using the service, visitors and staff from harm. General risk assessments were seen which covered areas such as scolds from hot water, slips, trips and falls and the use of chemicals such as cleaning fluids. The provider's policy guidance indicated the risk assessments should be routinely reviewed every year; however, we noted that risk assessment reviews were out of date by three months. We spoke with the registered manager about this who told us he would look at this as a matter of priority. At the end of the second day of inspection, we saw evidence that all general risk assessments had been reviewed. The registered manager told us the service had recently had an external health and safety audit and was found to be fully compliant.

The service employed a full time maintenance person. The service had a 'general maintenance' log which highlighted areas in need of repair. We noted most maintenance jobs wherever possible had been resolved the same day and if this was not possible a clear plan was evident with time scales for action. Physical and visual checks of the premises were done by the maintenance person and external contractors when necessary. Documents relating to this were signed and in date. Water temperature and legionella checks were completed.

Compliance with fire audits were noted and each person using the service had a personal evacuation plan, (PEEP). PEEPs had been agreed by the person and signed wherever possible. Risk assessments were evident along with a record of fire system tests and drills which were in date. All staff had received fire training and could evidence what to do in the case of a fire. All doors in the building were fitted with fire door guards which were designed to release in the event of a fire.

Contingency plans were in place detailing steps to follow in the event of emergencies and failures of utility services and equipment.

We looked at how the service protected people from abuse and the risk of abuse. We discussed safeguarding procedures with staff and the deputy manager. Staff spoken with demonstrated they were aware of the various signs and indicators of abuse and were clear about what action they would take if they witnessed or suspected any abusive practice. Staff expressed confidence that any issues of concern at the

service would be appropriately dealt with. Safeguarding training was in date and we noted the service had policies and procedures to support an appropriate approach to safeguarding and protecting people. People we spoke with told us they were encouraged to raise any concerns and demonstrated a good understanding of how to do this. Comments included, "I would go and see [registered manager's name] or any staff member" and "I feel very confident about raising any issues, but up to now I have never needed to".

Information we held about the service indicated any safeguarding matters were effectively managed and appropriately reported, this ensured the wellbeing and protection of people using the service. Staff spoken with showed a good understanding of safeguarding and protection matters. We noted safeguarding training had been completed by all staff.

We looked at how risks to people's individual safety and well-being were assessed and managed. Individual risk assessments and risk management strategies were in place to guide staff on minimising risks to people's wellbeing and safety. We saw in some cases risk assessments had been developed in partnership with health agencies such as the community mental health team. Each risk assessment we saw was personal to the individual and captured appropriate details needed to manage the perceived risk appropriately. The registered manager told us people's risk assessments were reviewed every month and more often if required. The risk assessments we looked at were in date.

We looked at how the service managed staffing levels and the deployment of staff. We looked at staff rotas for the previous four weeks including the week of inspection and saw the service had sufficient staffing levels. Staff we spoke with indicated there were always enough staff on duty to effectively support people using the service. One staff member told us how they felt the staff team were good and supported each other they said, "I never feel rushed and the registered manager will always bring extra staff in if we need it.

People using the service indicated the staffing level was sufficient. Comments included, "I am under no pressure to go to bed or get up. I often have a late night or lie in, this is my choice. But whenever I am ready staff help me more or less straight away" and "Staff always respond to my nurse call quickly". We observed appropriate response times when responding to nurse call systems over the two day inspection. The registered manager indicated that staffing levels were kept under review and were flexible in response to people's needs.

We looked at how the services recruitment procedures protected people who used the service and ensured staff had the necessary skills and experience to meet people's needs. The recruitment process included candidates completing a written application form and attending a face to face interview. We examined the recruitment records of the three staff members including one who had been recently employed and one who was a registered nurse. We saw evidence that appropriate character checks had been completed and recorded before the person started work. These included written references from previous employers and clarification about any gaps in employment.

A DBS (Disclosure and Barring Service) check had been completed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. In addition to this the service held current and up to date information on employed registered nurses and carried out frequent checks to ensure each nurse was registered with the Nursing and Midwifery Council (NMC). A nurse's PIN number must be active for a nurse to legally practise in all public or private hospitals and nursing homes. It is illegal to work in any nursing role if you are unregistered.

We noted contractual arrangements were in place for staff, which included disciplinary procedures to

support the organisation in taking immediate action against staff in the event of any misconduct or failure to follow company policies and procedures. This meant staff performance was being monitored effectively.

We looked at the way the service supported people with their medicines. The service had processes in place to routinely assess people's ability and preference to administer their own medicines. People spoken with indicated they were satisfied with the arrangements in place. Their comments included, "I always get my tablets on time" and "The nurse never rushes me when taking my tablets, I have quite a few so it takes me some time to swallow them". We observed a morning medicines round and noted this was done safely and in line with procedural guidance.

We found there were specific protocols for the administration of medicines prescribed "as necessary" and "variable dose" medicines. These were important to ensure staff were aware of the individual circumstances in which this type of medicine needed to be offered.

Medicines were kept securely and only handled by registered nurses. Stock was managed effectively to prevent overstocks, whilst at the same time protecting people from the risk of running out of their medicines.

Medicines records were clear, complete and accurate and it was easy to determine that people had been given their medicines correctly by checking the current stock against those records. Where appropriate, nurses had clearly recorded the reason why medicines had not been given. Medicines audits were frequently done by the registered manager.

We found the service to be clean and free from unpleasant odours. There was a designated cleaner employed to maintain a clean environment. We looked at the laundry facilities and found suitable equipment was available.

Is the service effective?

Our findings

People we spoke with indicated staff were good at their job and supported them effectively. Comments included, "It's a great place here, it is nice and comfortable", "Staff are very good, they really know what they are doing" and "I can ask staff anything and they will help me". One visitor said, "So far so good. Staff are excellent. They will bend over backwards for you. [My relative] is very happy and content here". During the inspection we observed appropriate staff interaction to support the comments we were hearing from people.

We looked at what processes the service had to train and support its staff. This included the completion of an induction checklist for new staff which looked at areas such as policies and risk assessments. Staff were also required to familiarise themselves with the people using the service by reading care plans and spending time in their company whilst 'shadowing' experienced staff. Staff spoken with told us the emphasis of the induction was, "Getting to know people and building relationships and trust".

Staff members we spoke with indicated they had a suitable amount of training and they valued the training for their own professional development. We saw the service offered a good range of training which was appropriate to the people using the service and in line with their procedural guidance.

Training records we saw were up to date. Training topics included infection control, dementia, dealing with behaviour which challenges and pressure care. Training records were evident in the staff files we examined. The registered manager told us they reviewed staff training every two to three months.

The service supported staff as appropriate, to attain recognised qualifications in health and social care. The majority of staff had attained a Level 2 or 3 NVQ (National Vocational Qualification) in health and social care, now known as a Health and Social Care Diploma.

We saw that people's capacity to make their own decisions and choices was considered within the care planning process. We found people's consent was sought wherever possible. This was in line with the Mental Capacity Act 2005 (MCA) which 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 the mental capacity to make 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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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 or authorisations to deprive a person of their liberty were being met. We noted the service had requested authorisations when needed and had an audit trail of this. Staff had also received training in this area and displayed a good understanding of the principles.

We noted good evidence of management support to staff. We looked at supervision records for three staff members. We found they were structured well and in line with the services procedural guidance. We saw records of supervisions held and noted plans were in place to schedule supervision and appraisal meetings. Staff spoken with told us they received regular one to one sessions and on-going support from the management team. This had provided staff with the opportunity to discuss their responsibilities and the care of people who used the service.

At the previous inspection we recommended improvements were made to the environment. On this inspection, it was evident when walking around the home that improvement's to décor and furnishings in the building were on-going. We spoke with the registered manager about this. The registered manager showed us evidence of an on-going 'refurbishment/redecoration plan' with timescales for completion on all jobs for the end of 2016. The registered manager assured us all work would be completed by then.

We saw that people had been encouraged to personalise their own private space with items from home; however, we noted in some rooms there had been little consideration given to soft furnishings to ensure they were in line with people's choices.

We recommend that the service ensures appropriate soft furnishings are situated in people's bedrooms and more consideration is made in respect to peoples preferred choices.

We looked at how the service supported people with their nutritional needs. Meal times were relaxed and people had the freedom to choose what they wished to eat. We saw people had a choice of hot and cold drinks throughout the day and snacks such as cakes and biscuits. People indicated the food offered was of a satisfactory standard and temperature. We observed staff supporting people with their meals in a dignified way.

The care planning process considered people's dietary needs, food preferences, likes and dislikes. We noted processes were in place to assess and monitor people's nutritional and hydration needs. Nutritional screening assessments had been carried out. People's weight was checked at regular intervals. This helped staff to monitor risks of malnutrition and support people with their diet and food intake. Health care professionals, including general practitioners and dieticians were liaised with as necessary. People told us the service was "Pro-active" with health appointments. We saw evidence of a doctor's visit following the request of a person using the service. Visitors also told us they were kept informed of any health issues and appointments were appropriate. Health professionals also told us the manager was pro- active with referrals.

Is the service caring?

Our findings

People living in the home indicated they had a good relationship with staff and told us that staff treated them with "Kindness and compassion". Comments included, "Staff always treat me with kindness and address me appropriately", "Staff are very respectful towards me and consider my privacy by knocking on my door before entering". Over the two day inspection we saw evidence to support people's comments. Visitors spoke positively about staff attitude. One relative said, "I have always found staff to be very caring and respectful. I visit a lot and have never seen anything other than care and compassion from staff".

We saw examples of positive staff interaction with people which was respectful and caring. We saw staff spending time with people and supporting them effectively when needed, offering choices and involving them in routine decisions. Staff we spoke with were able to display a sound knowledge and understanding of the needs and vulnerabilities of the people they cared for. They gave examples of the best approaches to take in order to uphold people's right to dignity and respect. One staff member said, "This is a very rewarding job and I love to look after people and help them achieve the best they can. I always ensure I give the time to people and never rush them".

The environment supported people's privacy and independence. We saw some people had landline or mobile telephones. Some people told us they held keys to their bedrooms. We noted staff confidentiality was a key feature in staff contractual arrangements. Staff induction also covered principles of care such as privacy, dignity, independence, choice and rights. This ensured information shared about people was on a need to know basis and people's right to privacy was safeguarded.

We saw people were encouraged to take pride in their appearance to help promote independence and boost self-esteem, though some were often resistant to intervention. Care plans and risk assessments were in place and management plans had been considered with health professionals in situations where people preferred not to receive support with personal care.

Where people had physical disabilities, we saw that staff helped them with opening doors to allow wheelchair access and accompanied individuals to go out into local community.

We noted a range of information was displayed in the home for people to refer to. This included details of staff on duty, meal choices and notices offering information to people using the service and visitors about who to approach with any issues or requests. Further information was displayed in the entrance hall covering areas around complaint processes, safeguarding processes, dignity in care charter and advocacy.

We saw the service had a policy around advocacy. We saw that on admission to the service people were given detailed information covering access to advocacy services. We saw that self-advocacy was promoted and where necessary some people received support from Independent Mental Health Advocates (IMHA). Access to an IMHA is a statutory right for people detained under most sections of the Mental Health Act. An IMHA provides an additional safeguard for people and are specialist advocates who are trained to work within the framework of the Act.

Is the service responsive?

Our findings

People we spoke with indicated they were happy with the care and support they received at the service. People referred to the service as "Their home". People's body language appeared relaxed and settled around care staff. People told us they felt comfortable raising any concerns they may have and that they would be dealt with appropriately and effectively. Comments included, "Everyone appears happy here", "I would raise any concerns with [registered manager] he is very good and listens to people. I have no worries that he would not act on something". Visitors expressed their satisfaction with the care and support their relatives received. No one voiced any concerns or worries. One person said, "I would struggle to find something negative to say".

We looked at the way the service assessed and planned for people's needs, choices and abilities. The deputy manager told us there were processes in place to assess people's needs before they used the service. We noted the service had a clear process for new admissions and used a range of detailed assessment formats to ensure they could meet the person's needs. This included consultation with the person, their family and health and social care professionals where required. We saw evidence in people's care files of additional assessments done by social and health care professionals to support this.

We looked at three people's individual care plans and other related records. We found adequate documentation to support the development of the care planning process and support the delivery of care. We saw that each of the plans gave a good picture of the person's likes, dislikes, health concerns and other matters relating to the person's individualised plan of care.

We saw evidence that people's care plans were tailored to the person's abilities and wishes, including agreed actions and desired outcomes. Care plans were formally agreed with the person and or family member wherever possible and signed. The registered manager told us that care plans were reviewed on a monthly basis and any additional information was added if required. This ensured people's care plans were a true reflection of the person's current needs and helped assess any on-going issues or progress. We saw evidence of this in the care files we looked at.

We noted the service employed a full time activities co-ordinator to carry out meaningful activities following a recommendation made in the previous inspection; however, on the first day of inspection the activities co-ordinator had been utilised in accompanying a person to a hospital appointment. People we spoke with and visitors indicated there was sometimes a lack of daily activities and indicated that more would be beneficial. Comments included, "There are not a great variety of activities it would be nice to have more going on sometimes" and "The staff help paint my nails and we sometimes play games" and "More activities would be nice, we sometimes have an artist which I enjoy. But it is not very often" and "We sometimes play dominoes and craft work. It all depends on what the activity co coordinator has to do the day". We spoke with the registered manager and compliance manager in relation to this as this was highlighted as an area of improvement during the previous inspection. The compliance manager told us this was on her agenda and more meaningful activities were being looked at. The compliance manager assured us this would be looked at as a matter of priority.

We recommend that the service implements a more consistent programme of meaningful activities in line with people's interests and preferences.

We saw evidence of detailed information recorded when the service had liaised effectively with other agencies such as the community mental health and local authority. We also saw evidence of liaison with health care professionals such as psychiatrists, doctors and dentists.

We looked at how complaints and compliments were managed. We noted the service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We found the service had systems in place for the recording, investigating and taking action in response to complaints. The registered manager showed us evidence that he had a good audit system in place to deal with all complaints.

Compliments cards were displayed in the corridors. Comments included, "You have all been amazing and show such care to your residents" and "Thank you for all the care you gave to [my relative] she always felt safe and loved at the home with you all".

We looked at the recent resident and family surveys. All 11 respondents indicated their satisfaction and happiness with the care and support received. All indicated that the needs of the person were met effectively. Comments included, "In my opinion everything gets sorted", "Staff are lovely and if I have a problem I will speak to the manager".

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. The registered manager had responsibility for the day to day operation of the service. He was supported in his role by the deputy manager. Throughout all our discussions it was evident the management team had a thorough knowledge of people's current needs and circumstances and were committed to the principles of person centred care.

People using the service, relatives and staff all made very positive comments when we asked them about the registered and deputy manager. They indicated that the home was well run. People told us how they felt able to approach the registered manager at any time of the day and were confident they would listen. Comments included, "The [manager] is very approachable. I can speak with him at any time. I am confident he will sort things out", "I feel the service is very well run. I have never been given reason to doubt that" and "The [manager] is firm but fair. If something needs dealing with he will sort it, no problem".

Staff spoken with indicated the service was well run. They told us they felt confident that all matters would be dealt with effectively by the registered manager. Staff informed us that they felt comfortable around management and the registered manager's presence around the building was always welcomed. We noted staff meetings were held every two to three months. These meetings were used to discuss any issues and provide feedback on any complaints and compliments. Good and bad practice was also noted and discussed in full. Staff told us the meetings provided a good arena to discuss any practice issues and concerns. The registered manager told us that meetings covering specific areas may also be held for any urgent matters which may have arisen.

The service had a wide range of policies and procedures. These provided staff with clear and relevant information about current legislation and good practice guidelines. We were able to determine that they were regularly reviewed and updated to ensure they reflected any necessary changes. Staff had been given a code of conduct and practice they were expected to follow. This helped to ensure the staff team were aware of how they should carry out their roles and what was expected of them.

We noted the registered manager had effective audit systems in place covering areas around accidents and incidents, medicines and falls. These were kept up to date. The deputy manager told us the service used a range of systems to monitor the effectiveness and quality of the service provided to people. This included feedback through quality assurance questionnaires from people using the service their relatives and any professional involved in the persons care. All the questionnaires we looked at indicated that people were happy with the service provided. We did not observe any negative comments.

Staff we spoke with showed a good understanding around what was expected of them and displayed sound working knowledge of the role of a care assistant and nurse. Staff indicated they had received relevant training to enable them to effectively care and support the people using the service.

We found the registered manager approachable during the inspection process. He informed us he felt supported in his role by the compliance manager and directors of the company. We noted the registered

manager was easily accessible to people using the service, staff and visitors. People we spoke with confirmed his presence was seen around the service on a regular basis. We noted the registered manager's office was located in the middle of the service making him easily accessible to people and enabling him to observe staff conduct.

We noted the service had a 'statement of purpose' which was on display, setting out the services, beliefs, behaviours, experience and the outcomes that underpinned the care provided and how these were being achieved. The underpinning principles of the service and its aims and objectives which were to, "Provide a safe and comfortable homely environment and a lifestyle which satisfies people's social, cultural, religious and recreational interests and needs".

We found the service had 'Investors in People' status. Confirmation of this was displayed in the entrance hall. Investors in People provide a best practice people management standard, offering accreditation to organisations that adhere to the Investors in People framework. The Investors in People accreditation is known as the sign of a good employer and a high performing place to work.