

A Kilkenny

# Belper Views Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Belper Views is a residential care home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 25 people. The care home accommodates people across two floors. The upstairs consists of bedrooms and a communal bathroom. Downstairs there are further bedrooms and communal toilets or bathing facilities. There were also two communal lounges, a dining room and open access to a secure garden with seating area.

### People's experience of using this service and what we found

The culture of the home had made changes, providing a more open approach and this had shown in the improvements made. Audits had been completed, however some areas still required adjustment and the need to embed the changes made. Other changes needed to be made in respect of consistent risk assessments and the sharing of information on changes to care when people were unwell. When people had anxiety a more formalised approach needed to be considered to ensure consistent was provided.

We saw many improvements within the home and the way support was provided by the staff. People told us they felt safe and staff felt confident actions would be taken if needed to address any concerns.

Risks to people's care were monitored and measures put in place. Medicines were managed safely, however the recording needed to be improved in relation to stock and topical creams. Any risk to infections had been reduced and the home had a good food hygiene rating. There were enough staff to support people's needs and the required checks for recruitment completed.

Staff had received training in a range of areas to support their roles. Their skills and competency had been checked and any support provided. People had a choice of meals and their nutritional and dietary needs had been catered for. Health care needs were monitored and liaison with health professionals to promote good health and well-being was in place.

There was a homely atmosphere and the environment had been adapted to ensure suitable space for people's needs. Staff provided care in a kind and friendly manner. People felt their dignity was maintained and their wishes respected.

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

The care plans were detailed and included all aspects of care and people's preferences. They had been reviewed and supported by relatives where relevant. The provider had ensured some information was in an accessible format and was working to develop this area further. People were supported with their interests

and some activities were available.

There was a complaints policy and people felt able to raise concerns. We saw any which had been raised were addressed in line with the policy. People's views had been sought and their requests included in the home or their own care needs. Staff felt supported by the new management and the changes throughout the home.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection: The last rating for this service was Inadequate (published 7 August 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and we now rate the service as Requires Improvement. The provider was no longer in breach of any of the regulations.

This service has been in Special Measures since 3 April 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Belper Views Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector and an assistant inspector.

#### Service and service type

Belper Views is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had not currently got a manager registered with the Care Quality Commission. However, a manager had been recruited and was working at the home and progressing their registration with us. They were present during the inspection. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We review a range of information we had received about the service since

the last inspection, this included details about incidents the provider must notify us about, such as abuse. We sought feedback from the local authority, clinical commissioning group (CCG) and other professionals who work with the service. We used all of this information to plan our inspection.

During the inspection-

We spoke with nine staff, these included care staff, senior care staff, domestic staff, the cook, administrator, the acting manager and the consultant working with the home. The provider was present during the inspection and for the feedback at the end of the inspection. We spoke with four people who used the service and one relative. We had already received feedback from two relatives through our website.

We reviewed a range of records. This included four people's care and multiple medicine records. We also reviewed the process used for staff recruitment, various records in relation to training and supervision, records relating to the management of the home.

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however we have raised some areas which require further improvement.

### Assessing risk, safety monitoring and management

- Risk assessments had been completed to ensure the identified risk had been considered and measures put in place. However, there was not always the risk assessments in place for specific health conditions, for example catheter care.
- At our last inspection we had concerns about staff supporting people when being transferred. At this inspection we observed staff supporting people safely. One staff member said, "We have had the correct training. It's been a big learning curve, but now we all know how to do it safely."
- Information to support people to move was detailed in the care plans. However, interim arrangement or measures used if the person was unwell had not always been communicated to staff. For example, one person used a walking frame, however when unwell they had been assessed to be supported using the hoist. Staff were unaware of this and on one occasion had left the person in a chair for several hours as they felt unable to support them to move.
- Some people had behaviours which challenged. A behaviour plan had not been completed to ensure staff were consistent with their approach. However, staff we spoke with told us the approach they used which had been discussed as a team. The manager agreed to formalise this approach after the inspection.
- The provider had fixed the bath lift, however one person told us they had not been able to access this as frequently as they wished due to their requested time coinciding with staff handover. We asked the manager to review this person needs and how the personal care records were maintained, so they could be reviewed regularly to ensure support was provided.
- Maintenance of the home was maintained, and we saw that all the required checks to comply with health and safety were in place.
- People had an individual plan to support their evacuation, for example in the event of a fire.

At our last inspection the provider had failed to robustly assess the staffing levels to support people's needs. This was a breach of regulation 18(1) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(1).

#### Staffing and recruitment

- There was enough staff to support people's needs. We found staff now had a clear process in place setting out their daily tasks and roles. For example, who is responsible for the medicines, drinks etc.
- The provider had recruited new staff. One staff member said, "We all now work as a team and support each other. It's good to have new staff as they have other ideas."
- We saw how staff responded to people's needs. However, we have raised with the provider there is no call bell in the lounge. This means when staff are engaged out of the lounge people currently have no way of attracting attention, other than raising their voice. The provider told us they had identified this as an area they needed to improve. Immediately after the inspection the provider ordered some additional call bells and ensured they were in place.
- When staff were recruited the appropriate references and checks were completed in line with current guidance. The manager had reviewed the processes used for recruitment and was making further changes to reflect current recruitment guidance.

#### Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of harm. Staff had received training and were able to discuss any areas of concern and who they would raise it with. One person said, "I feel safe and I am happy with the care here."
- At our last inspection although staff had received training, there was no clear management structure in place and staff were not confident in the process being followed up. At this inspection all the staff we spoke with said they felt confident that the new management would act swiftly on any concerns.
- We saw that safeguards had been raised and fully investigated. Any learning had been shared with the staff and measures put in place to reduce the risk of them reoccurring.

#### Using medicines safely

- Medicine was managed safely. We saw people being supported on a personal level when they received their prescribed medicine.
- The medicine administration records (MAR) were reviewed to ensure they had been completed correctly and we saw when as required medicines were prescribed there was a detailed protocol.
- The manager had introduced a system to regulate the stock, however for some medicine these stock numbers were not correct. We asked the manager to review this system and provide further adhoc checks for the stock. None of the stock errors had impacted on people's medicine administration.
- Topical creams were used to support people with their sore skin. We saw from the daily records these had been administered, however on some occasions the MAR for topical medicines had not been completed. We asked the manager to review this area of recording.

#### Preventing and controlling infection

- Further improvements had been made in the prevention of the risk to infection. The bathroom floor identified at our last inspection as it had a hole and there was a risk of it not being effectively cleaned. This flooring had been replaced.
- We saw that gloves and aprons were available and staff used these when providing support with personal care or food preparation.
- The kitchen and food preparation area were well maintained. There was a five-star rating from the food standards agency, which is the highest possible rating. The food standards agency is responsible for protecting public health in relation to the safe handling of food.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection the provider had failed to ensure the staff had received the required training for their role. This was a breach of regulation 18(2) (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18(2)

Staff support: induction, training, skills and experience

- Staff had received training in a range of areas to support their role.
- At our last inspection we reported that although staff had received training, their competency and knowledge in those areas had not been assessed. At this inspection we found staff had received ongoing support to ensure any training was embedded.
- One staff member told us how they had received the training for moving and handling twice and the support of the trainer within the home. They now felt confident in ensuring people were safe when transferring them.
- Another staff member told us, how they had recently been observed with their practice covertly. They said, "It's good they are checking, and the feedback was positive which is reassuring and good for your confidence."
- New staff were now being provided with a detailed induction and shadowing support.
- Any identified training was sourced, and we have reflected in other domains of the report training which can support different areas of care.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

At our last inspection we recommended the provider consider current guidance on MCA and how to complete assessments and support people with decisions. The provider had made these improvements.

- Assessments had been completed to support people who lacked capacity with specific decisions.
- When people were at risk of a restriction, a DoLS referral had been made to the local authority.
- At our last inspection staff did not always ask people for their consent or encourage choices. At this inspection we saw that staff encouraged people to make daily choices and obtained their consent before commencing any care support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Information in relation to long term conditions or illnesses reflected current guidance in the care plan folders and provided staff with additional knowledge.
- At the last inspection we reported that although this information was available staff were not always aware of the details or any aspects included in the care plans. We saw at this inspection staff were aware of conditions and these were reflected in the care planning.
- Where a gap in knowledge had been identified specific training was arranged. For example, a training session on diabetes and catheter care was scheduled.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to make choices about their meals and were supported.
- We observed the midday meal, there was music playing and people were provided with gentle support when needed. Some people had chosen to remain seated in the lounge with a small table. Staff checked on them regularly and when it was desert time this was offered from a trolley with all the choices visually displayed.
- The menu had been reviewed and any requests or suggestions had been included. For example, a wider variety at tea time with a hot option. One person told us, "The food its quite good actually, you have choices."
- Peoples weights were monitored, and any concerns raised with health care professionals. We saw how one person's weight had increased following this process.
- The cook was knowledgeable about people's diets and looked to make a variety of fresh options available. We saw fresh fruit was accessible in the lounge and the records showed some pepe had enjoyed fruit milkshakes and smoothies.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Peoples health care was monitored, and support provided when needed.
- When health care professionals had visited the home, their guidance was recorded, and actions followed. For example, the request for a sample or a record of a situation over a period of several days.
- The health care professional we spoke with recognised the improvements which had been made. They said, "The paperwork is much improved." They also added, "Staff are quick to report any concerns and now seem more organised." We saw staff greeted the health professionals, showing knowledge about the person and the reason for the required visit.
- Staff monitored people's health care. For example, one person had been unwell, they received a GP visit and medicine, however the person had a reaction to the medicine. Staff reported this and obtained a change in medicine. We saw the persons health had started to improve.

Adapting service, design, decoration to meet people's needs

- The home continued to have a programme of refurbishment. We saw that flooring had been replaced in the lounge and bathroom. Other areas of the home had been reconfigured to make the spaces more

useable or create more space to make them accessible. One person told us, "It's a good place and plenty of space."

- People could personalise their space and some people enjoyed areas in the lounge which housed things of importance to them.
- People talked about using the garden when the weather had been good. We saw the garden was enclosed and had seating available with shelter.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection the provider had failed to ensure people's dignity was considered and maintained. This was a breach of regulation 10 (dignity) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

Respecting and promoting people's privacy, dignity and independence

- We raised concerns at the last inspection when people had been supported with their personal care. We saw there had been improvements to the bathroom which supported staff to maintain people's dignity.
- Staff showed a greater awareness in respecting people's needs and their preferences. People and relatives reflected on the staff's approach and consideration of people. One person told us, "Staff are alright and nice, I am able to talk to them if I have a problem."
- Staff we spoke with gave examples of how they respected people's privacy and dignity. "We close their door and the curtains when providing care." Another staff member said, "We take our time and go at the person's pace."
- The manager and staff team were looking at the local authority dignity award and some staff had signed up to be dignity champions. Some initial meetings had taken place to look at how the staff could promote dignity. One suggestion was to have a screen which could be used when people required a blood test, however did not wish to return to their room. The provider was looking to purchase a screen.
- At meals times the staff joined people to share a meal, this encouraged a social atmosphere.

Ensuring people are well treated and supported; respecting equality and diversity

- People had established positive relationships with staff.
- Staff shared with us people's routines, preferences and what was important to them. One person told us, "I get help when I need it, the staff are very nice, and I have a bath or shower when I want one."
- A health care professional told us "Staff make it homely here. They are caring and have a good rapport with people." We saw this was demonstrated by the staff and how they spoke with people.
- People's religious preferences were recorded and respected. The manager had engaged with the local church and there had been some services within the home. Other services were planned, with an open invitation for people to attend the local church.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to be independent. We saw people were supported to walk, even if this was for a short distance before they required the support of a wheelchair. Other people had equipment to support them to remain independent whilst eating.
- How people wished to spend their day was respected. We saw people could choose the time they wished to get up or retire. One person told us, "Everybody treats me lovely, if they didn't I'd report them I suppose."
- We saw how one person had been supported to purchase new slippers from the internet, as they did not wish to go shopping.
- Relatives we spoke with and had contact from all told us that the staff were responsive in sharing information in relation to incidents or how their relative had been. One relative told us an occasion when they were contacted early one morning due to their relative being unwell. They told us, "I was glad they called me, as I was able to visit, and this helped [name] to be more settled."
- Relatives were made welcome and there was a facility for them to access refreshments.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people's needs were met through good organisation and delivery.

At our last inspection the provider had failed to ensure care plans were reflective of people's needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- At our last inspection some care plans had not been completed fully. At this inspection we found all the care plans had been completed in detail.
- Staff told us how they had been supported to complete the care plans. One said, "I really enjoy doing them and getting to know people's lives." Other staff member told us how they had read the care plans and they had given them insight into the person's life and helped them understand why they focused on a particular thing.
- Where relevant relatives had been included in the development of the care plans. One relative told us, "I was invited to go through the care plan and I was happy with all the details."
- Since our last inspection a handover had been developed These provided details on how people had spent their day, which included their mood, meals and any aspects important to the persons care. Staff told us they had been developing this area so that the details were person centred and not just a list of tasks completed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication support was offered to people. We saw that different methods were available to support the sharing of information and to promote independence.
- One person had been using the audio books service and enjoyed this new area of interest.
- Additional signage was in place to enable people to orientate around the home.
- In the lounge there was a large digital clock which showed the time and date. Other signage boards were being considered for the menus and activities.
- The cook was developing picture menus and we saw that the days menu was displayed on each table in

large type format, showing the choice of meal.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us about the things they enjoyed doing. One person told us they enjoyed the floor games of snakes and ladders.
- The staff had celebrated calendar events with a party. One staff member told us, "We were never allowed parties before, everyone has really enjoyed the ones we have had so far."
- There was a programme of events planned and this included external entertainers.
- Some people enjoyed a daily newspaper and the crossword or a jigsaw puzzle.
- On the inspection, although there were no planned events we saw staff took the time to talk with people and this included during their breaks or mealtimes.

Improving care quality in response to complaints or concerns

- Complaints were addressed in line with the policy. This was displayed in the reception of the home.
- We reviewed the complaints which had been received and they showed any concerns had been investigated and a written response provided with an apology and explanation of any actions.
- We had received compliments about the service through our, 'have your say' link and we reviewed compliments received by the home which had been shared with the staff.

End of life care and support

- At the time of the inspection no one was receiving end of life care. However, staff we spoke with shared their passion for ensuring people have a 'good end' to their life.
- The provider and manager had accessed training for the staff in this area. They had also arranged for the local funeral directors to share their knowledge with staff about people's next stage of care once they have died.

## Is the service well-led?

### Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Inadequate. At this inspection this key question has now improved to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to provide assurances in the governance of the home. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was currently no registered manager, however a manager had been recruited and was working at the home whilst they progress their registration with us.
- On this inspection we found improvements had been made and new systems were being introduced. To ensure this is effective, these systems need to be embedded within the service and staff to receive on-going training and support to ensure continued effective outcomes. We have taken this into consideration when reviewing the rating.
- Audits had been completed in a range of areas in the home. However, some audits had not always identified areas for improvement or change. For example, in the medicine recording of topical creams and stock recording.
- Other audits had been completed on care plans, however not all aspects of care had been considered for evaluation. For example, when recording different aspects of care in different books, which can be difficult to maintain. The manager told us they would review their processes now staff are compliant with recording care details.
- Staff felt more confident in their role, however expressed concern for new people coming to use the service. One staff said, "I think there has been a lot of changes, so as long as we increase new people coming to live here slowly and increase the staffing. So, we can be sure to continue the changes. " The provider and manager told us they would ensure the required checks were in place before accepting new people.
- The provider had conditions imposed on their registration which meant they could not take any new admissions to the home and they were required to send us a monthly update. They had met this condition enabling us to monitor the progress.

At our last inspection the provider had failed to provide us with notifications in relation to the service. This is a breach of Regulation 18 (notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.



At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We checked our records which showed the manager had notified us of events in the home. This is information about important events and enables us to monitor the service.
- The provider and manager had developed a staff team which all felt they had been on a journey to drive improved care.
- It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had displayed their most recent rating in the home, however at this time they had no website which was being redeveloped.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and professionals told us there was a friendly homely atmosphere. One person said, "I like it here, it's comfortable, I've got a lovely bedroom and I sleep well."
- The home how had an open culture were all the staff we spoke with felt things had improved on every level. One staff member said, "You can go to the provider or manager and they listen and take action." Another staff member said, "Its better because you've got someone who listens and appreciates you now."
- The provider reflected during feedback, "It's been a difficult time, but the changes had been needed, I'm glad we've taken these steps. With the team I have now. I am hoping to embed their new ways of working and the improvements they have made."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People's views had been obtained through the use of questionnaires. These were given to people, relatives and professionals. All those we reviewed showed positive feedback. The provider was looking at ways of sharing this feedback with people and to encourage more spontaneous comments.
- We saw how one person had raised some personal concerns for their relative. The manager had responded to this and addressed these individual needs.
- The manager was reviewing the questionnaires to reflect on all areas of care people received and, in a format, easier for people to respond to.
- Staff told us they felt more involved in the home and that they had regular supervision meetings. One staff member said, "The new manager has been brilliant they are part of the team, regular appraisals and team meetings and the door is always open."
- We reviewed records relating to staff meetings and staff told us how these were called regularly when there was information or changes to share. One staff member said, "We can talk openly about how we feel, it's so different now. The care is safe and at a standard I would want my own parents to receive, it's a nice little home."

Working in partnership with others

- The health and social care professionals we spoke with reflected how the provider and manager worked with them to implement changes.
- One health care professional told us, "Staff are always welcoming and know people really well."
- We saw other partnerships were being developed with the local diocese to support people's spiritual needs.

