

Avante Care and Support Limited

# Puddingstone Grange

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Puddingstone Grange provides residential and nursing care for up to 62 older people; most of whom were living with dementia and mental health needs. At the time of this inspection, 60 people were using the service. The home is purpose built and spread across four units and over two floors.

### People's experience of using this service

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 this practice. We have made a recommendation about working within the principles of the Mental Capacity Act (MCA) 2005.

People were supported to participate in activities that interested them; however, there was not enough activities available throughout the day to keep people stimulated. The registered manager informed us they had identified this issue and were acting to ensure people were involved in activities that were relevant and met their needs. We will check on this at our next inspection.

People, their relatives and health care professionals were complimentary about the home. People received care and support that was personalised to their need and felt safe living at the home. People were protected from the risk of avoidable harm as potential risks to their health and wellbeing had been identified, assessed and had appropriate risk management plans in place for staff to mitigate these risks. People were supported to safely manage their medicines. There were enough staff available to ensure people's needs were safely met; people said they did not have to wait for long to be attended to. The provider followed safe recruitment practices and ensured all staff were properly checked before they began working at the home.

Before people started using the service, their physical, mental, and social care needs were assessed, including their likes and dislikes to ensure their needs could be met. People received care and support from staff had been supported through induction, training and supervision. People were supported to eat and drink sufficient amounts for their health and wellbeing. People were living in a home which was designed and decorated and personalised to meet their needs.

People received care and support from staff that were kind, compassionate, respectful and promoted their privacy, dignity and confidentiality. Staff understood the Equality Act and supported people in a caring way and without any discrimination. People and their relatives were involved in making decisions about their care and support needs and their views were respected.

Information was presented in formats that met people's communication needs. The service had an effective system in place to manage complaints; however, people told us they had nothing to complain about. There were appropriate plans in place to ensure people's end of life wishes were respected and met.

The service was well led, and the management team demonstrated a commitment to provide high quality care and knew they had to be honest, transparent and open when things went wrong. The home had systems in place to assess and monitor the quality of the service and had sought feedback from people and their relatives to improve on the service delivery. The service worked in partnership with key organisations and health and social care professionals to deliver an effective service. Staff knew of their individual responsibilities, they told us they felt supported in their role and were happy working at 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 good (published 23 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was 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 well-led.

Details are in our well-Led findings below.

Good ●

# Puddingstone Grange

## 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

The inspection team on the first day consisted of two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. On the second day, one inspector returned to the home.

#### Service and service type

Puddingstone Grange 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 a manager registered with the Care Quality Commission. This means that they and the provider are 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 and was carried out on 20 and 21 November 2019.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service since our last inspection. This included information received from the provider as required by law to report certain types of incidents and events. We sought feedback from the local authorities who commissioned care from the provider. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

## During the inspection

We spoke with six people who used the service and five relatives for their views about the service. We also sought feedback from four visiting professionals. We spoke with 12 members of staff including the registered manager, a clinical lead, two deputy managers, a registered nurse, an activities co-ordinator and six care workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person said, "I am safe. I am always surrounded by staff who know what to do."
- The home had a safeguarding and whistleblowing policies in place. Staff had completed safeguarding training and knew they had to report any concerns of abuse to their line manager. Staff also knew of the provider's whistleblowing policy and said they would escalate any concerns of poor practice to senior management staff, local authority or CQC.
- The registered manager and other management staff understood their responsibility to protect people in their care from harm and to report any concerns of abuse to the local authority safeguarding team and CQC.
- Where there had been any concerns of abuse or neglect, the service had acted to ensure people remained safe.

Assessing risk, safety monitoring and management

- Risks to people had been identified, assessed and had appropriate risk management plans in place to minimise or prevent risks occurring. Risks were also reviewed regularly to ensure people's needs were safely met.
- Risk assessments and management records included risks in areas such as falls, pressure sores, nutrition, moving and handling, medicines and behaviours.
- Where potential risks were identified, for example with the risk of falls, appropriate guidance was in place for staff on how to minimise the risk safely. Staff we spoke with knew of individual risks and told us of the support they provide to ensure people remained safe.
- Staff completed food and fluid charts for people at risk of malnutrition and dehydration, turning charts for those at risk of pressure sores and behaviour charts for people whose behaviour required a response.
- Where required, the service involved healthcare professionals including the GPs, district nurses and dieticians to support staff manage risks safely. Visiting healthcare professionals, we spoke with informed us they had no concerns about how individual risks were managed at the home.

Staffing and recruitment

- There was enough staff available to safely support people's needs. One person said, "I feel safe because there are lots of staff around, they come quickly when I press my alarm." A relative commented, "There are lots of staff all the time."
- The registered manager informed us the staffing ratio was planned based on individual needs. A staffing rota showed the numbers of staff planned for matched the numbers of staff on shift.
- At the time of this inspection, the home was fully staffed and was not in use of agency or irregular staff to

cover staff vacancies or absence. All staff we spoke with confirmed there were adequate staffing arrangements in place which safely met people's needs.

- The provider followed appropriate recruitment practices and had ensured pre-employment checks were satisfactorily completed for all staff before they began working at the home. These checks included two references, right to work in the United Kingdom and a criminal records check.

#### Using medicines safely

- People were supported to receive their medicines safely. A relative told us, "My loved one gets their medicines on time."
- Medicines including controlled drugs, were acquired, stored, administered and disposed of safely in line with legislation. For example, staff carried out daily room temperatures checks to ensure medicines were safely stored and effective when used.
- Medicines administration records (MAR) were in place and included a list of medicines, dosage, frequency and how people would like to take their medicines. The MARs showed people had received their medicines as prescribed by healthcare professionals and the number of medicines in stock matched the numbers recorded.
- Where people were prescribed 'as required' medicines (PRN) such as pain-relief or laxative, there was a PRN protocol in place for staff on when they could administer these medicines.
- Staff responsible for supporting people with their medicines had completed medicines training and their competencies assessed to ensure they support people safely.
- Healthcare professionals including the home's GPs and pharmacists carried out regular review of people's medicines to prevent the risk of overprescribing and to ensure people were only taking medicines they needed.

#### Preventing and controlling infection

- People were protected from the risk of infection. The home appeared clean and free from unpleasant odours; communal areas, toilets and bathrooms were all clean. A relative told us, "My loved one is always clean and tidy."
- The home had an infection control policy in place which provided staff guidance on the prevention and control of infections. We observed staff wore personal protective equipment such as gloves and aprons when supporting people.
- All staff had completed infection control and food hygiene training. Staff told us they followed appropriate protocols to maintain good hygiene levels and prevent the spread of infectious diseases.

#### Learning lessons when things go wrong

- Lessons were learnt from accidents and incidents. The provider had accident and incident policies and procedures which provided guidance to staff on how to report and record accidents, incidents and near misses.
- Staff understood the importance of reporting and recording any accidents and incidents and had followed the provider's policy where required.
- Where an accident or incident had occurred, appropriate actions were taken to ensure people were safe and lessons learnt. For example, the service had a falls analysis in place to monitor and identify trends and to ensure appropriate actions were taken to prevent future occurrences.
- Records showed that where lessons were learnt, this information was shared at staff meetings to prevent reoccurrences.



# 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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The home worked within the principle of MCA. People's rights were protected because staff sought consent their consent before supporting them.
- Where people were unable to make specific decisions about their care and support needs, for example, about personal hygiene, medicines or the use of a call bell, mental capacity assessments were carried out and with best interest decisions in line with the Act.
- Where people were deprived of their liberty for their own safety, DoLS authorisations were in place and any conditions of the authorisations were being met; these were also kept under review.
- Despite this, we found that best interest decision forms were not always complete or signed as required. A management staff informed us this was due to a new care planning system and they had identified this shortfall in design and would be training staff on how to complete the new forms appropriately.

We recommend that the service consider current guidance on MCA 2005 and update their practice accordingly.

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

- Before people moved into the home, their needs were assessed by the registered manager, deputy managers or team leaders to ensure their needs could be safely met.
- Staff told us people who wished to use the service, were also given opportunities to spend a day at the home so they could make an informed choice for themselves.
- Initial assessments covered people's physical, mental and social care needs; including their personal care, mobility, nutrition, behaviour, communication and activities that interested them.
- The service followed best practices and used nationally recognised assessment tools such as

malnutritional universal screening tool (MUST) and Braden Scale to predict nutritional and pressure ulcer risks respectively. Where required healthcare professionals including GPs and district nurses supported staff to deliver a safe care and support.

Staff support: induction, training, skills and experience

- Staff were supported through induction, training and supervision to ensure they performed their role effectively. One person told us, "I feel safe because the staff are well trained. They are very attentive." A relative said, "The staff are exceptionally good."
- All new staff completed an induction programme including the care certificate which is the benchmark set for the induction standard for new care workers. Staff also completed training considered mandatory such as safeguarding adults, infection control and health and safety to ensure they had the knowledge and skills required to perform their role.
- Staff supervisions were carried out in line with the provider's policy. A member of staff commented, "I have supervisions and you can talk about different things, get feedback and update managers if there is any problem."
- Nursing staff told us, and records showed they were supported by the home's clinical lead in areas specific to their role and to maintain their professional development.

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

- People were supported to eat and drink sufficient amounts to help maintain a good health. One person told us, "Staff understand my needs, the food is lovely."
- Care records included assessment of people's dietary needs, preferences, any food allergies and the level of support they required to eat safely.
- Meals were freshly prepared at the home and food temperatures were checked before they were served to ensure it was appropriate. Where people required their meals prepared differently either because of health or cultural reasons this was being met safely. For example, one person's meals were prepared by the home's chef or purchased from a restaurant that specialised in their preferred cuisine.
- At each mealtime people were given options from the menu or plated food to enable them to make informed choices for themselves. Where people requested alternate options, this was catered for.
- People's weight was checked monthly to ensure prompt action was taken to mitigate any nutritional risks. Where potential risks were identified, healthcare professionals including GPs were involved to ensure people maintained a healthy weight.

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

- People were supported to access healthcare services. One person said, "The doctor visits regularly." A relative told us, "Staff always follow up if there are any health issues."
- Records showed people received regular treatment from healthcare professionals including visiting GPs, district nurses, dentists, chiropodists and opticians. Where required, people were supported to attend hospital appointments either by their relatives or staff.
- The home worked proactively with healthcare professionals to reduce unnecessary hospital admissions. For example, the home had a telehealth system known as the 'blue box'. The blue box was used to gather and analyse data including people's vital signs or photographs and to identify if a person was of high risk and the shared with their GP, hospital and/or the local clinical commissioning group (CCG) to ensure they received prompt care and treatment.
- The 'red bag scheme' was being used at the home. This included important information for emergency and hospital team to provide safe care and treatment. It also included people's personal belongings including clothing to help create a better care experience whilst in hospital.

- Healthcare professionals were complimentary of the service. A healthcare professional commented, "I really like this home, there is good communication between us and the home. Staff are nice and open and take things on board and they liaise between us, the patient and their family."

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

- The home environment was suitably designed and adequately maintained. The home was purpose built and had four units over two floors. Each unit had its own lounge/dining areas. The home appeared clean without any odours.
- The entrance of the home and access to the garden were wheelchair friendly. Corridors were wide with handrails to support people mobilise independently. There were lifts and stairways for easy access to alternate floors. There was signage and memory boxes where required to promote easy navigation.
- People's rooms were decorated and personalised to their needs. People had their own furniture and electronics including television sets and radios to suit their needs.
- The home had appropriate security systems in place to promote safety. Access to the front door was protected by a numerical keypad and all external doors were locked. The medicines room and the storeroom where cleaning products and hazardous chemicals were kept was locked at all times.

# 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 good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who kind, caring and respectful towards them. One person said, "I am always treated with dignity and respect. Staff are very kind." A relative said, "The [staff] always stop and have a chat with my loved one."
- People received care and support from staff that were attentive and understood their individual care needs. A relative informed us, "My loved one can be challenging but the staff are always empathetic."
- We observed positive interactions between people and staff. We saw staff addressing and talking to people in a friendly and respectful manner and without any discrimination.
- Staff understood the Equality Act and supported people in a caring way. People's diverse needs had been identified and their care plans contained their life histories to help staff build a relationship with them. Various religious representatives visited the home to support people who wish to practice their faith. People were also supported to wear clothes, eat food and speak languages from their ethnic or cultural backgrounds. For example, we saw people wearing clothing from their ethnic backgrounds and where required an interpreter was provided to translate information for people and to ensure their communication needs were met.

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

- People and their relatives had been consulted about the care and support provided. People and their relatives told us they were involved in making decisions about the care and support and their views were respected.
- People had been provided with choice and control of their day to day lives. People had a choice of food they ate, clothes they wore and how they spent their day.
- Where required, a key worker system was used to provide additional support to ensure individual needs were met. A key worker is a named staff member responsible for coordinating a person's care and providing regular reports on their needs or progress.
- People were provided with a service user guide which included important information about the home and the standard of care and support people should expect, so they could make informed decisions for themselves.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. One person told us, "Staff always respect my privacy and they always ask for my consent."
- Information about people was kept confidential and stored securely. Staff told us information was shared

only on a need to know basis.

- We observed staff knocking on people's doors before entering. Staff said during personal care they promoted dignity and respect by ensuring doors were shut, curtains closed, and consent sought from people before supporting them.
- People's independence was promoted. A relative informed us, "Staff encouraged my loved one to be independent." Staff told us where people could do things for themselves, they encourage them to be independent, so they could maintain their live skills.

## 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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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 were supported to participate in activities; however, there was not enough available activities throughout the day to keep people stimulated. On our first day of inspection, we observed the lack of structured activities; people sitting idle or watching television programmes which was not appropriate to their needs.
- We had mixed views from people about the level of activities provided. One person said, "I have no concerns, but there are not a lot of activities. Sometimes a singer comes in." Another person said, "There are enough activities, but I do not get much involved."
- We reviewed the activity planner, and staff told us activities included a walking club, coffee mornings, cooking, art and crafts, visits from children in a local nursery, religious, cultural, national and birthday celebrations. The home recently had a mobile dementia bus on site for people living without dementia to experience a virtual tour and understand and support others living with dementia.
- However, these activities were not consistently sustained to ensure people were involved in structured activities throughout the day which were socially and culturally relevant and appropriate to them.
- We raised this issue with the registered manager who informed us and showed us actions they were taking to engage people in social activities. For example, they had employed a new activities coordinator who would be in post by January 2020. The home had also sourced funds and were in the process of setting up a sensory corner and a sensory garden to help keep people stimulated. We will check on this at our next inspection.
- People were supported to develop and maintain relationships important to them. Throughout our inspection, we observed visiting relatives spending time with their loved ones. They told us they could visit their loved ones without much restrictions.

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

- People received care and support that met their needs. One person told us, "Staff know how to look after me well, if I am confused they try their best to resolve the problem." A relative said, "They know how to look after [my loved one] unbelievably well."
- Each person had an individualised care and support plan in place. The care plans contained important information about the support people required with their personal care, nutrition, medicines, behaviours, pressures areas, continence and social activities. It also included any allergies and things people liked or disliked.
- The care plans provided staff guidance on how each person's needs should be safely met. Staff knew people well and gave examples of the specific support they provided to ensure individual needs were safely met.

- Care plans were kept under regular reviews to ensure people's changing needs were met. Daily care notes we reviewed showed the care and support provided was in line with the care and support planned for.

#### 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.

- People's communication needs had been assessed and met. People and their relatives confirmed information was presented in formats that met their needs.
- Each person's care plans contained information about their senses and communication. This included their hearing, reading and speech. Care plans included guidance for staff on the support to provide for example by ensuring people wore their glasses or hearing aid to improve their communication and social interactions.
- Information is presented in pictorial and large prints where required. For example, the menu was available in pictorial format. The registered manager informed us information could be presented in brail or audio where this was required.

#### Improving care quality in response to complaints or concerns

- The service had an effective system in place to handle complaints. People told us they knew how to make a complaint if they were unhappy with the service, but there had not been a need to make a complaint.
- The service had a complaints policy and procedure which provided information on actions the service would take when a complaint was received including the timescales for responding.
- The service maintained a complaint log, but had not received any complaints in the last six months. However, the service had received various compliments from people and their relatives and positive online reviews on care home forums.

#### End of life care and support

- At the time of this inspection, no one using the service required end of life care and support. The registered manager informed us the home was working on a new strategy on best practices available in supporting people at the end of their life. They told us where this support was previously required, they worked with people, their relatives and health professionals such as GPs, district nurses and local hospices to ensure people's end of life wishes were respected.
- Before people started using the service, their end of life care needs were assessed to ensure appropriate support was in place for them including advanced care planning. Where people did not wish for example to be resuscitated, they had an authorised Do Not Attempt Resuscitation (DNAR) documentation in place.
- Staff had completed end of life care and verification of death training. The home also had an end of life care lead to ensure people's end of life care needs or advanced care plans were in place and their wishes respected.

# 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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service was well managed. People, their relatives and healthcare professionals were complimentary about the service. One person told us, "The manager is very approachable, this place is very well organised and overall I am happy. A relative commented, "This place[home] is unique."
- The registered manager and other management staff demonstrated a commitment to provide high quality and person-centred care and support. They ensured people and their relatives were involved in making decisions about their care and support needs and their views were respected.
- The registered manager and other management staff understood their responsibility to be open, transparent and take responsibility when things went wrong at the home. Records showed that staff and the registered manager kept relatives up to date with any changes or incidents that had occurred with their loved ones.
- Staff told us they enjoyed working at the home because there was a positive culture of teamwork and they felt supported by their managers to deliver care and support to the best of ability.

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

- There was a registered manager in post who had a good understanding of their registration and had worked within the principles of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. Where required, they had notified CQC and other health and social care authorities of significant events that had occurred at the home. The service had also displayed their last CQC inspection report rating on their website.
- Staff knew of their individual roles and responsibilities and told us they followed the provider's values when supporting people. This included promoting dignity and respect, privacy and confidentiality, person centred care and promoting independence.
- There were systems in place to assess and monitor the quality of the service delivered. Daily, weekly, monthly, quarterly and annual quality assurance checks were carried out in various areas of the home. This included infection control, medicines, health and safety and care and staff files. Where issues were identified for example with records, action was taken to improve and ensure records were up to date, complete and accurate.
- All staff were complimentary of the registered manager. They said the manager was 'hands on', 'visible' and 'approachable'. A member of staff commented, "The registered manager is good. They give opportunities for development and they are more of a leader; they are open to discuss issues with and



without any concerns. I think we are heading in the right direction."

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

- People and their relative views were sought to improve the quality of the service. The service carried out annual satisfaction surveys to gather feedback about the service. Results of a survey carried out for 2017/2018 showed 100 percent of people were happy living at the home, 100 percent were satisfied with the overall standard of the care home and 97 percent felt the home was a safe and secure place to live.
- Residents and relatives' meetings were organised to update and gather feedback from people and their relatives. Discussions covered areas such as eating and drinking, laundry care and activities.
- Regular staff meetings were held to update staff about best practice and to gather their views about the home. Staff told us they found these meetings useful in developing their knowledge and skills and their views were taken into consideration.

Working in partnership with others

- The home had working relationship with the local authority, clinical commissioning group, a community hospice and other health and social care agencies and professionals to plan and deliver an effective care and support.
- Both health and social care professionals were complimentary about the service. Results of a local authority monitoring checks at the home was positive. A healthcare professional informed us, "The managers are approachable and look into things and take action quickly."
- The home also had good relations with other organisations in the local community including schools, temples, churches and shops to support people's interest and wellbeing.