

Roseacre Care Limited

Roseacre

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 responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Roseacre is a residential care home providing personal care to 20 people aged 65 and over at the time of the inspection. The service can support up to 22 people. The service is a detached two-story building set within its own grounds in a rural setting.

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

The service's infection control practices had significantly improved since our last inspection. Repairs had been completed to make areas easier to clean and hand washing and drying facilities were now readily available throughout. We were assured that the additional infection control measures introduced in response to the Covid-19 pandemic were appropriate and staff used PPE effectively during our site visit.

Action had been taken to address issues identified during our previous inspection in relation to the service's management of risk. People's care plans now included appropriate guidance for staff on the management of risk in relation to people's known behaviours, falls risks and risks to skin integrity. Accidents and incidents were now appropriately investigated, and locks had been removed from a fire door.

Staff had been recruited safely and had the skills necessary to meet people's needs. Planned staffing levels had been routinely achieved. Staffing levels at the weekend were considerably lower than during the working week but staff were confident these levels were sufficient.

Medicines were generally managed safely. However, we have made a recommendation about how 'as required' medicines are managed.

People told us "The food is very good" and improvements had been made to the systems in place for monitoring people at risk of weight loss.

Areas of damp in a person's bedrooms had been addressed, call bell repaired and the service's ground floor bathroom and kitchens had been upgraded. We have recommended that repeatedly delayed improvements to the service's outdoor space be completed before next summer.

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.

Improvements had been made to the service's needs assessment processes and care plans were now sufficiently detailed. They provided staff with enough information to enable them to meet people's needs and staff told us, "The care plans are all really easy to understand. They have everything we need to know".

An activities coordinator had recently been appointed and people were now able to access a range of

activities within the service. People told us, "There are plenty of things to do, games, skittles things like that" and on the day of our inspection people enjoyed playing a variety of games with staff in the lounge.

The registered manager had acted on, addressed and resolved the issues identified during our last inspection and there were now appropriate quality assurance process in place. Information was shared appropriately with people's relatives and any complaints received were investigated and resolved.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was Requires Improvement (published 29 July 2019) and there were breaches of regulation. 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 the provider was no longer in breach of regulations.

Why we inspected

We previously carried out an unannounced comprehensive inspection of this service on 04 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve issues identified in relation to; personal care, safe care and treatment, premises and equipment, and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Roseacre on our website at www.cqc.org.uk.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Roseacre

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 two adult social care inspectors.

Service and service type

Roseacre is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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

We gave notice of the inspection to the provider to enable appropriate Infection control arrangements to be made to enable the inspection to be safely completed during the Covid-19 pandemic. After the service had been notified of our intention to inspect, the inspection began but the site visit was delayed due to CQC resourcing issues.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke briefly with five people who used the service, three staff, the registered manager and the service's three other managers. We observed staff providing care and support to people during the lunchtime meal from a socially distanced position.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and other information we had requested from the service during the site visit. We also received written feedback from five professionals who worked with the service regularly, one member of staff and two people's relatives.

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 requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we identified issues with the service's infection control procedures. This included; damage to bathroom walls that made them difficult to clean, mal odours were identified in people's rooms, communal toilets lacked facilities for drying hands and the staff medicines tabards were heavily stained. These failings meant the service was in breach of part of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection infection control practices had significantly improved. Issues identified during the previous inspection had been addressed and significant additional infection prevention and control procedures had been introduced in response to the COVID -19 pandemic. Damaged walls had been repaired, and appropriate hand washing and drying facilities were available throughout the service.
- We were assured that the measures introduced in response to the pandemic were appropriate and designed to protect people, their relatives and staff from the disease.
- Staff used Personal Protective Equipment (PPE) appropriately throughout the inspection and there was a programme of regular Covid-19 testing in place. Staff told us, "We have always had PPE, never had an issue. I have had a test" and "To be honest [the registered manager] was fantastic as she put us into lockdown early and sent us out for testing before it was available. They have managed it pretty well".
- The provider allowed staff to make food orders via their suppliers in order to minimise the necessity for staff to visit supermarkets, to reduce possible exposure of staff to the infection.
- Systems had been developed to enable outdoor relatives' visits while ensuring social distancing guidance and infection control measures were complied with. These arrangements were in the process of being reviewed and updated at the time of our inspection to enable relatives to access some areas of the building during periods of adverse weather.

Assessing risk, safety monitoring and management

At our last inspection we found the service lacked appropriate systems for the management of risk. Staff had not been given guidance on how to manage specific aspects of people's behaviour and issues were identified with the operation of a fire door. This was part of the breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found locks previously fitted to a fire door had been removed and risk management systems had been reviewed and updated.
- People's care plans now included enough guidance for staff on how to support people to manage their behaviour as well as detailed specific guidance on how risk to skin integrity and of falls should be managed.
- One person became upset during our inspection. Staff responded compassionately to this person's needs and through effective teamwork, provided reassurance and support.
- Necessary checks had been completed to ensure the safety of the building, it's services and all lifting equipment.

Learning lessons when things go wrong

At our last inspection there was a lack of robust systems in place to investigate falls and manage falls risks. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found these issues had been addressed. Falls risk assessments had been regularly reviewed and updated when necessary to ensure they accurately reflected people's current needs. Where accidents or incidents had occurred, they had been investigated to identify any areas of learning or changes that could be introduced to prevent similar incidents reoccurring.
- Systems and processes to safeguard people from the risk of abuse
- People and their relatives were confident the service was safe. Their comments included, "I feel safe here", "They look after you well" and relatives said, "I have no reason to believe the service is unsafe in any way."
 - Staff and managers had a good understanding of local safeguarding procedures and knew how to appropriately report any concerns in relation to people's wellbeing. Staff told us, "My main thing is the residents and they are safe".

Staffing and recruitment

- The service's recruitment practices were safe and all necessary pre-employment checks had been completed to ensure new staff were suitable for employment in the care sector.
- Staffing levels were sufficient to meet people's support needs and planned staffing level had been regularly achieved. People told us, "The staff here are pretty good, no doubt about it. The people are nice", "if I want help, they come quickly" and "There is always someone around if you need anyone." While relative comments included, "There always appear to be lots of staff on duty and I have never felt they could do with more" and "They have never appeared stressed or stretched and there is always a member of staff at hand to answer any queries."
- Staffing levels at the weekend were planned to be considerably lower than during the week and some professionals raised concerns about staffing levels in the service. We discussed these specific issues with staff who were confident staffing levels, including at the weekend, were sufficient to meet people's needs and ensure their safety. Staff comments included, "There are enough staff at the weekend, there is always at least three [staff on duty]" and "I certainly do feel that we have enough staff to carry out the duties expected of us as well as enough time to carry out these duties".

Using medicines safely

- People received their medicines safely and on time. Staff had completed training in medicines management and medicines records had been appropriately audited.
- There were safe systems in place for the storage, ordering and administering of medicines. This included appropriate arrangement for medicines that required stricter controls.

- Some people had been prescribed 'as required' medication for pain relief or to help them to manage anxiety. There were no protocols in place detailing the circumstance in which these medicines should be used or notes available on how the person had responded when these medicines were used.

We recommend the provider consider current guidance on the use of 'as required medicines' and updates their practice accordingly.

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.

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

At our last inspection we found people's needs had not been assessed prior to their admission to the service. This evidence formed part of the breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we found this issue had been addressed. Records showed people's needs had been appropriately assessed and identified before they moved into the service. This helped ensure the service could meet people's needs and expectations.
- Care plans had been developed from information gathered during the assessments process and were available for everyone the service supported. Body maps had been completed shortly after admission to identify any issues in relation to skin integrity or other risks to people's wellbeing.

Staff support: induction, training, skills and experience

- Staff had the skills necessary to meet people needs and their training had been regularly updated and refreshed. Staff told us, "We have had lots of training, we all enrolled on e-learning", "We do e learning, [the registered manager] put us all in for it about two weeks ago I have got nine to do and have done five so far."
- All new staff were supported to complete training in line with the requirements of the care certificate and the care certificate training and professionals told us, "Through peer learning I can see how some newer staff have developed and understand more about the care the residents require" and "The staff I meet, do appear to be knowledgeable and trained in the level of care they provide."
- Staff had received regular supervision and felt well supported. They told us, "We get supervision every two or three months" and "We have two monthly supervisions with our care manager which allow us to be open about our views and thoughts, clear up any concerns or receive guidance and support when needed."

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

At our last inspection we found the food and fluid intake of people at risk of weight loss was not being appropriately documented. This was a breach of part of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

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

regulation 12.

- At this inspection we found no one was at significant risk of losing weight and systems were available to enable people's food and fluid intake to be fully documented should this become necessary.
- People and relatives were consistently complimentary of the service's meals and told us, "The food at Roseacre is always really good", "The food is very good" and "My loved one always comments on how happy he is, how well he is cared for and his own personal favourite how good the food is."
- People were appropriately supported by staff during the lunchtime meal and provided with specialist cutlery and table wear to enable them to eat independently where possible.
- People's preferences in relation to mealtimes were respected and on the day of our inspection one person chose to have their lunch later in the afternoon.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked effectively and collaboratively with professionals and records showed appropriate and timely referrals had been made where changes in people's needs were identified. Professionals told us, "The manager and carers do report any incidents or concerns in a timely manner to the appropriate people".

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

At our last inspection one person's call bell was not working and this had resulted in them having to call out for care and support when required. In addition, previously we found damp within one person's room and damage to a corridor wall, a lack of signage to help people with dementia to identify their rooms, that sinks lacked plugs and hand gel dispensers were empty. The provider's failure to appropriately maintain the premises was a breach of Regulation 15 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 15.

- At this inspection we found significant improvements to the service's premises had been made. The area of damp and the damaged wall identified at the last inspection had been addressed and these areas redecorated. All sinks had plugs and hand wash was available throughout the service.
- People's photographs were displayed on their bedroom doors and people took pride in, and wanted to show us, how nicely their rooms had been decorated.
- In addition, since our last inspection a ground floor communal bathroom and the service's kitchen had been upgraded. People told us "My room is nice" while staff said, "[Since the last inspection] they redecorated four or five rooms, the conservatory and some of the bathrooms. They are in the middle of painting outside as well."
- The service's plans to renovate its secure outside space had been delayed as a result of Covid-19 restrictions. In addition, we noted during this inspection that a small number of people, with restricted mobility who smoked, spent considerable periods of the day in the service's parking area adjacent to the bins.

We recommend the service makes arrangements to provide a sheltered, accessible smoking area and completes the repeatedly delayed improvements to the service's outdoor spaces in time for summer 2021.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to access services when required and relatives told us, "I know NHS dentists are

hard to find but the home managed to get hold of one when my relative had a sore mouth."

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).

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 service had correctly identified that some people who lacked capacity were unable to leave the service because of their individual needs. Appropriate DoLS applications had been submitted to the local authority.
- Where applications had been authorised subject to specific conditions, we found these conditions had been complied with.
- The provider was in regular contact with the local authority in relation to restrictive practices. They had worked collaboratively with relatives and professionals to ensure any restrictions were in the person's best interest and the least restrictive possible.

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.

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

At our last inspection we found one person did not have a care plan and that other care plans lacked specific guidance for staff on how to meet people's needs. This was a breach of Regulation 9 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

- At this inspection we found the quality of the service's care planning documentation had improved and care plans were available for everyone the service supported.
- Care plans now provided staff with sufficient information to enable them to safely meet people's care needs and included guidance on how to support people to maintain their oral hygiene. Staff told us, "They have got what we need in them", "The care plans are all really easy to understand. They have everything we need to know" and "I am a key worker, I go through the three care plans each month, I will go through the care plan and make sure it is up to date".
- Appropriate daily care records had been maintained detailing the support people received. These records including information about the care provided, the person's mood, their wellbeing and any changes in their support needs. Relatives told us, "The staff here always go above and beyond to meet a resident's needs" and "All the staff I have come across have been wonderful. Without exception they are patient and good humoured, there is always laughter in the home. They obviously care very much and take pride in their work."
- Where people needed support to change position, to manage risks associated with pressure area care, this support had been documented appropriately.

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.

- Care plans included guidance for staff on how to meet people's specific communication needs and preferences. For example, one person's care plan advised staff to touch the person on the shoulder when talking with them as this was known to help the person focus on the information provided.

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

At our last inspection we found that people were not supported to participate in person centred activities that reflected their known preferences. This was part of the breach of Regulation 9 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.

- At this inspection we found care plans included information about people's interest and hobbies, and during our inspection people were supported to participate in a variety of games and craft activities in the service's conservatory.
- People told us, "There are plenty of things to do, games, skittles things like that" and "There are things to do here, you can join in if you want to. Play a game, watch telly, talk to people and if you want to you can go to your own room." While a relative said, "My relative enjoys playing cards and chess and there is always a carer available to partner him. He also enjoys talking about the old days and joining in the craft sessions. There always seems to be music and laughter whenever I phone him"
- There was a programme of activities planned which staff supported and encouraged people to participate in. Staff told us, "We have a lot of different activities each day, today is board games but we have magazines and newspapers, movie clubs, armchair aerobics. I think it is enough", "I am newly appointed activity coordinator, I am in the process of changing things up, we are just trying to think up things people can do. Memory boxes and scrap books."
- There was little evidence available of people being supported on trips outside the service to visit local sites of interest. Lack of access to the outdoors can impact adversely on people's wellbeing.

We acknowledge the restrictions the Covid-19 pandemic has had upon people accessing the community. However, we recommend the service reviews it's current arrangements for supporting people to go out and, when possible, to engage with the local community.

- WiFi internet access was available in some areas of the service and video conferencing technologies had been used to enable people to stay in contact with friends and families during lockdown and other visitor restrictions associated with the COVID pandemic.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to raise concerns or complaints with managers. Records showed where issues had been reported they had been appropriately investigated and resolved.
- People told us, "I have had nothing to complain about, it is a nice place" and a relative said, "I have never felt the need to make a complaint but would be confident that it would be taken seriously and addressed. I know how to complain as I was given a copy of the policy and there are copies on display at Roseacre". Professionals told us, "I understand the management will deal with any concerns that relatives have to ensure the safety and care of residents."
- The service regularly received compliments and thankyou cards from people's friends and family. Recently received compliments included, "We were very impressed with [my relatives] accommodation and the care he is receiving from your excellent staff" and "I was so thrilled to have the photographs of [Person's name] and his friends looking relaxed, happy and hopefully appreciative of all the effort you put in to celebrate VE day."

End of life care and support

- The service had appropriate systems in place to enable people's preferences in relation to end of life care to be recorded. Plans had been developed to enable relatives to visit people at the end of their lives during the pandemic.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements At the time of our last inspection the service's auditing processes were ineffective and had failed to ensure compliance with the regulations and that care plans reflected people's current needs. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the service's quality assurance systems had been effective, and as detailed in the 'Safe', 'Effective' and 'Responsive' sections of this report, action had been taken to address and resolve issues identified previously.
- Staff recognised improvements had been made in relation to the accuracy of people's care plans and the activities offered within the service. Their comments included, "The care plans are all really easy to understand. They have everything we need to know" and "It changed a lot [in the last year], mainly with activities. [The registered manager] was really pushing that and trying to make sure everybody was doing something". Professionals told us, "I feel there have been a lot of improvements over the past year."
- Audits had been completed regularly and where issues were identified, action was taken to improve the service's performance.
- There was a clear management structure in place and the roles and responsibilities of each manager were well understood by the staff team.

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

- Staff were well motivated and fully focused on ensuring people's needs were met. They told us, "It is a nice little home and we know people well", "The atmosphere is the best thing. It is very homely which is nice for the residents" and "I do feel well supported, if it was not nice here I could easily get work closer to where I live. It is a nice little, well run home."
- People and their relatives spoke positively of the service's managers who they were confident would address and resolve any issues reported. Their comments included, "It's a nice place", "The managers are good, very good, really helpful if you want something. I could not fault it" and "The managers are very approachable and friendly and always seem to be about the home when I was able to visit or at the end of the phone. Everyone is supportive and I am always made to feel part of the family".

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

- Managers understood their responsibilities under the duty of candour and made sure relatives were kept well informed of any changes in people's needs or about an accident that had occurred.
- Relatives told us, "Whenever there is a change in health or any other matter the manager always contacts me. I am kept well informed at all times" and "The management within the home are always available to talk to, either in person or by telephone if I have any queries or concerns. [They] have always contacted me if there have been any health concerns or requests for personal belongings."

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

- People and their relatives had been appropriately involved in decision making processes and the service had acted upon feedback provided.
- The service produced a monthly newsletter for the staff team and relatives to ensure they were kept well informed of planned changes within the service.
- Equality and diversity issues were well understood, and staff acted to ensure people were protected from all forms of discrimination.

Continuous learning and improving care

- Although the registered manager continues to dispute the findings of the previous inspection, appropriate action had been taken to address the issues identified. This had led to improvements in the service's performance and the quality of support people received.
- Improvements to the service's outdoor space planned prior to our previous inspection had not been completed. The registered manager told us this delay was as result of COVID-19 restrictions during the spring when the service was unable to access the materials required.

Working in partnership with others

- The service worked effectively with partners to ensure people's care needs were met. Appropriate referrals had been made to professionals and guidance provided acted upon.
- Professionals told us the service's staff and manager had worked collaboratively with them. Their comments included, "During the current Covid situation the manager and carers have been extremely supportive and helpful" and "I have found the staff as helpful to me during my visits as they can be".