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Westcotes Rest Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This inspection visit took place on 29 September 2016 and was unannounced.

Westcotes Rest Home provides care and accommodation for up to 20 older people. Some of these people are living with dementia. At the time of our inspection there were 13 people using the service. The service is located in Leicester, close to the city centre. The home is located on the main road and accommodation is provided over three floors with a passenger lift for access.

At our last inspection on 10 March 2015 we asked the provider to make improvements to the way they maintained the premises, responded to allegations of abuse, and ensured people's consent to care and treatment was sought in line with legislation and guidance.

Following that inspection the provider told us about action they were taking to rectify this. At this inspection we found action had been taken to address these breaches.

There is no requirement for a registered manager to be in post at this service as the owner is a sole provider. However the service has a care manager and a deputy manager.

At our last inspection we found the provider had not ensured the premises were being maintained safely and to a good standard of cleanliness. At this inspection visit we found the improvements we asked for had been made, however some areas of the premises were again in need of attention. Some carpets were stained and marked in places, a toilet floor needed replacing, and an easy chair was not fit for purpose. The provider agreed to address these issues.

The atmosphere at the service was friendly and warm. Relationships between staff and the people they supported were good. Staff were patient and understanding and knew how to build relationships of trust with people. They treated people as individuals and took an interest in their lives and families.

People told us they felt safe using the service. They said that when they needed assistance staff provided this. Staff met people's needs promptly and also had time to talk with them and assist them with activities. Staff knew how to protect people's well-being and if people were at risk, they knew what to do to minimise this and keep people safe.

Staff ensured people's consent to care and treatment was always sought in line with legislation and guidance. People and relatives had signed care plans to show they were in agreement with the support provided. People's lifestyle choices were respected and records made this clear.

Staff had an induction and regular training, supervision and competence checks to enable them to provide effective care. They told us they were satisfied with the training they'd received and used best practice ideas from it to improve the service.

People told us they liked the food served. At lunchtime there was a pleasant sociable atmosphere in the dining room and people seemed to enjoy their food and the company. If people needed assistance to eat their meals staff provided this discreetly. There was a choice of two dishes for each course and people could also have something that wasn't on the menu if they preferred.

Staff supported people to access healthcare services and receive ongoing healthcare support. They arranged for people to see a GP if they needed to, and provided extra support to help their recovery. They ensured people were referred to healthcare specialists like physiotherapists and dieticians if this was required.

Staff provided people with responsive, personalised care. Care plans were personalised and included the information staff needed of how to meet people's care and support needs. They also included information on people's, life histories and their activities, interests, and likes and dislikes which helped staff to engage in conversations with people

During our inspection some people read newspapers and did crosswords. People told us about activities they had taken part in. These included 'Grow With Me', an activity where a staff member brought in a Jack Russell puppy each week so people could watch it growing up over time. Other recent activities had included a summer party, a bible discussion group with visiting church members, armchair aerobics, bingo, and quizzes. The care manager said there was a need for more activities for people living with dementia and was looking at the best way to provide these.

People told us that if they had any concerns about the service they would tell staff. The service complaints procedure was on display at the service and available in regular and large print and in different languages on request. Staff said they would show it to people and explain it to them if they wanted to raise a concern.

People were encouraged to share their views about the service on a one-to-one basis and at residents' meetings. The care manager carried out annual quality assurance survey which was sent out to people, relatives, and health care professionals. The results showed a high level of satisfaction with most areas of the service. A concern raised by one person about the laundry service had been addressed and improvements made.

The care manager was experienced and well-trained. She was knowledgeable about the people using the service and staff said they felt well-supported by her. Records were well-organised and appropriate policies and procedures were in place. The provider had notified us of significant events at the service in line with their statutory duties.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

Some areas of the premises, fittings and fixtures were in need of improvement due to infection control and other safety issues.

People using the service felt safe and staff knew what to do if they had concerns about their welfare. Staff supported people to manage risks.

There were enough staff on duty to keep people safe, meet their needs, and enable them to take part in activities. Medicines were safely managed and administered in the way people wanted them.

Is the service effective?

Good

The service was effective.

Staff were appropriately trained to enable them to support people safely and effectively. People were supported to maintain their freedom using the least restrictive methods.

Staff had the information they needed to enable people to have sufficient to eat, drink and maintain a balanced diet. People were assisted to access health care services and maintain good health.

Is the service caring?

Good

The service was caring.

Staff were caring and kind and treated people as unique individuals. Staff communicated well with people and knew their likes, dislikes and preferences.

People were encouraged to make choices and involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs. They took part in group and one to one activities at the service and in the local community.

People knew how to make a complaint if they needed to and support was available for them to do this.

Is the service well-led?

Good

The service was well led.

The home had an open and friendly culture and the care manager and staff were approachable and helpful.

The provider welcomed feedback on the service provided and made some improvements as a result. The provider used audits to check on the quality of the service.

Westcotes Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 29 September 2016.

The inspection team consisted of one inspector 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.

Prior to our inspection visit we looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We used a variety of methods to inspect the service. We spoke with seven people using the service and three relatives. We also spoke with the care manager, deputy manager, two care workers, the cook, and the handyman. Following the inspection visit we spoke with the provider by telephone.

We observed people being supported in communal areas. We looked at records relating to all aspects of the service including the delivery of care, staffing and quality assurance. We also looked at four people's care records.

Requires Improvement

Is the service safe?

Our findings

At our last inspection the provider was not ensuring that the premises were being maintained to an appropriate standard of cleanliness and hygiene. This was because we found that carpets in some areas of the home were stained and malodourous.

The carpets in the second and third floor bathrooms had been replaced with non-slip vinyl which improved the environment for people and made them easier to clean. These areas now smelt fresh. However the carpets in all three lounges and some corridors, despite having been deep-cleaned, were still stained and marked in places. Staff said they were regularly shampooed but despite this they could not get them to a good standard of cleanliness.

In addition, these carpets were highly-patterned and therefore not suitable for people living with dementia. NHS England and leading dementia charities have advised that patterned carpets should be avoided, as they can be disturbing for people living with dementia, for example they may see the patterns as representing uneven ground, holes, or faces. This could also confuse people and make them unwilling to cross the carpets.

Records showed that a person living with dementia who had used the service earlier this year had responded negatively to the carpets. We found entries in this person's daily notes referring to this. For example, staff had noted that on one occasion the person had 'started crawling around the floor trying to pick the carpet pattern up'. On another occasion staff had recorded 'he was on his knees crawling picking at the carpet'. Staff also said they had witnessed other people having difficulty walking on the patterned carpets as though there was something on the floor they had to avoid. This was evidence of the patterned carpets having a confusing effect on people living with dementia.

We discussed the poor condition and effect of the carpets with the care manager during the inspection visit, and with the provider by telephone after it. Both agreed that the carpets needed to be replaced and said they would look into doing this.

We also found one of the second floor toilets to be malodourous. The extractor fan was not working effectively and the floor tiles were loose which staff said made them difficult to clean. When we reported this to the care manager she arranged for the service's handyman to come to the home. He said he would replace the flooring the following day and arrange for an electrician to mend the extractor fan.

A chair in one of the lounges presented a risk as the stuffing on the seat had compressed to the point that it had sunk below the hard wooden frame. This could cause pain and injury if someone sat on it. We brought this to the attention of the care manager who immediately removed the chair from use.

At our last inspection we found that some safeguarding incidents had not been reported to the local authority or to us as required. This meant that the provider had not taken all reasonable steps to protect people using the service from abuse.

At this inspection visit we found that the provider had taken action to address this issue. This included devising a safeguarding incident reporting flow chart in an easy to understand format. This was displayed prominently at the service and told staff what steps to take if they had concerns about the well-being of any of the people using the service. Staff had also received refresher training on incident reporting and recording and the care manager was trained to provide in-house safeguarding refresher training to all staff.

People told us they felt safe using the service. One person said, "I feel safe and well cared for." Another person commented, "The staff wouldn't let anything happen to me. They look after me so well."

The staff we spoke with understood their safeguarding responsibilities. They were aware of the signs of abuse and who to report these to. Records showed there had been no safeguarding incidents since our last inspection. The care manager said if there had been she would have reported them straight to the local authority and CQC. This showed that staff knew how to protect people from harm.

Records showed that where people were at risk, staff had the information they needed to help keep them safe. We sampled people's risk assessments. Records showed they were reviewed regularly and covered people's physical and mental health needs. They also showed that staff had contacted the relevant health care professionals if they needed advice on keeping people safe, for example with regard to mobility aids or skin care.

People's risk assessments had been followed. For example, one person's stated, '[Person's name] requires a frame or a stick for all transfers and to mobilise.' We met with the person in question in the dining room and saw they had their walking frame next to them. Another person had a risk assessment in place for pressure areas. This stated they needed to use a pressure cushion when seated and a pressure mattress when sleeping. We saw this equipment was in use and records showed the person also had cream regularly applied to pressure areas, as specified in their risk assessment. These were examples of staff following risk assessments to help ensure people were being safely cared for.

We observed staff assisting people to transfer safely using wheelchairs, hoists and other moving and handling equipment. We saw this was done safely and at a pace that was right for the people in question. Two people, who preferred to spend most their time in their rooms, told us they knew how to use the call bells in their room so they could call for assistance if they needed to. In addition staff regularly checked on their well-being, using observation charts to record how they were.

Records showed that some people using the service could become distressed at times. Risk assessments had clear instructions on how to support people when this happened. The care manager told us staff used what is known as the 'VERA' framework for one person who was at risk of becoming distressed. This provides a stage-by-stage process of communication, enabling staff to provide compassionate and caring responses to people. It offers a means of interpreting communication and responding appropriately. Records showed that by using these methods staff had been able to reassure this person and keep them safe.

There were enough staff on duty to provide people with timely and safe assistance. One person who was in their bedroom recovering from a fall told us, "If I need help I pull the [call bell] cord and staff come quite quickly." During our inspection visit staff met people's needs promptly and also had time to talk with them and assist them with activities.

Care records stated how many staff people needed to assist them with various tasks. For example, '[Person's name] requires the supervision of one member of staff when she is mobilising and one staff member for dressing, undressing and cream application.' Some people needed two staff for moving and handling and

other types of personal care and this was in their care plans. The staff we spoke with knew the staffing numbers each person required in order to support them safely.

The care manager told us staff numbers were dependent on the needs of the people using the service at any one time. She said they were constantly reviewed and changes made if, for example, a person was unwell and one-to-one care was required. In addition, a senior staff member was always on call to advise staff and provide extra support if it was needed.

Records showed that the staff employed had had the required recruitment checks to ensure they were safe to work with people using care services. We looked at three staff recruitment files and all had the necessary documentation in place to show the provider's safe recruitment procedure had been followed.

People told us they were given their medicines when they needed them. One person said, "I get my medicine on time, which helps me." Another person explained, "Staff remind me when it's time to take my tablets. They bring them to me. I'd forget if they didn't."

Medicines were only administered by staff trained and judged competent to do this. The care manager audited medicines records and took action if improvements were needed. Audit records showed that if an error was found, for example a missing signature, the staff member in question was re-trained, supervised and their practice monitored to ensure they knew how to administer medicines safely.

Care records listed the medicines people were prescribed and what they were for so staff could explain to people why they were having them. Medicines care plans and risk assessments were personalised. For example, one person needed to take a medicine with them if they went out into the community. Staff were aware of this and told us they followed the written instructions in the person's medicines records. This meant they could support the person to take the medicine promptly and safely when they needed to.

Good

Is the service effective?

Our findings

The 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.

At our last inspection the provider had not ensured people's consent to care and treatment was sought in line with legislation and guidance. At this inspection visit we found improvements had been made and staff were now following the principles of the Mental Capacity Act 2005 (MCA). This will help to ensure people's consent to care and treatment is always sought in line with legislation and guidance.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff had had training in the MCA and DoLS and understood the importance of people consenting to their care. They used mental capacity assessments to determine if people had the ability to make informed decisions. If there were concerns that people might not make safe choices then staff made decisions in their best interests in conjunction with relatives and other health and social care professionals. People whose liberty was likely to be restricted were referred to the DoLS team for an authorisation. that helped to ensure staff provided the care and support that people needed?

Records showed that one person wanted to leave the service unaccompanied but a best interests decision had been made that it was not safe for them to do this. Staff accompanied them when they went out and had applied to the DoLS team for authorisation to continue doing this, as it restricted the person's liberty. This was an example of staff meeting their legal responsibilities with regard to the MCA and DoLS.

Records showed that all staff had an induction and regular training, supervision and competence checks to enable them to provide effective care. They had attended general care courses, for example in safeguarding, moving and handling, and medication. They had also had training specific to the needs of people using the service including dementia awareness, positive risk taking, and end of life care.

The staff we spoke with said they were satisfied with the training they had received. One staff member said, "The recent dementia training was good. It went into depth and taught us to understand some people with dementia act in the way that they do. It gave us lots of ideas on ow to respond if people are confused, how to help them." The staff member told us how suggestions from the training had been implemented at the service. For example, one person regarded an area of the premises as their workplace and if they became distressed staff guided them to this place where they felt reassured and peaceful. This was an example of staff implementing best practice ideas from the training they had attended.

People told us they liked the food served. One person said, "They ask me what I like and they are really

getting to know me, I like toast for breakfast and I really like my jacket potato and cheese."
Another person commented, "I really enjoy my meals. I always get a choice."

We joined people in the dining room at lunchtime. There was a pleasant sociable atmosphere and people seemed to enjoy their food and the company. If people needed assistance to eat their meal staff provided this discreetly. There was a choice of two dishes for each course and people could also have something that was not on the menu if they preferred.

At tea times staff prepared light hot and cold meals for people. We saw that one person had egg sandwiches cut up into bite-size squares. Staff said this person was at risk of choking and found their meals easier to eat if they were served in this way. Staff also thickened this person's drinks to make them easier to swallow. This followed instructions in the person's care plan.

Records showed that people's nutritional and hydration needs were assessed when they began using the service. Care plans provided information for staff such as people's likes and dislikes, how they made their food choices, and the level of assistance they required at meal times. People who needed specialist support with their eating and drinking were referred to the dietician and/or the SALT (speech and language therapy) team via their GP. The service had a seated weighing machine and people were weighed regularly if their weight needed monitoring.

We looked at how the service supported people to maintain good health. People's healthcare needs were assessed when they came to the service. Care records showed people had access to a range of healthcare professionals including GPs, mental health practitioners, district nurses, chiropodists, opticians, and dentists. If staff were concerned about a person's health they discussed it with them and their relatives, where appropriate, and referred them to healthcare professionals where appropriate.

Records showed staff took prompt action if people appeared unwell. For example, records showed that one person was observed becoming 'increasingly anxious'. Staff accompanied the person to see their GP who made changes to their medicines. Staff also provided extra support to the person to alleviate their anxiety with positive results. Another person, who was recovering from a fall, told us staff had arranged for them to have physiotherapy to help their recovery. These were example of staff supporting people to access healthcare services and receive ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us the staff were kind and caring. One person said, "They are willing to do anything [for us]." Another person commented, "They're like my family and they always come and ask me how I am and give me a hug."

The atmosphere at the service was friendly and warm. People were at ease and seemed to enjoy spending time in different parts of the premises. Some people had a favourite spot in one of the three lounges, whereas other liked to be on the move and staff assisted them to where they wanted to go. One person spent time sitting at the kitchen door talking with staff while they made lunch. We could see they liked this spot and enjoyed socialising with the staff as they prepared food. This contributed to the homeliness of the service.

We observed that relationships between people and staff were good. Staff were patient and understanding. They reassured people if they became distressed. They treated people as individuals and took an interest in their lives and families. One staff member told us, "When we get a new person the manager tells us to read their files. We have to sign to say we've done this. It's a good starting point, but it's when you start talking to someone that you really get to know them." This was an example of a staff member understanding the importance of building a relationship with the people they supported.

Staff communicated well with people. They spoke calmly and patiently to them and took the time to listen and respond appropriately. One person spoke a first language other than English and some staff were able to converse with them in this language. Staff said the person enjoyed this communication as it enabled them to fully express themselves.

People and staff had recently begun a project to personalise people's bedroom doors to reflect their individual personalities and interests. Five people already had pictures on their door featuring their favourite hobbies, items and celebrities. One person told us about being involved in this project. They said, "The carer was very kind, she asked me what things I like, and then she made all these lovely pictures for me on my door." Staff told us the project was popular and they were in the process of assisting other people who wanted to personalise their doors.

People's cultural needs were met. One person was supported to carry a book which they said was meaningful to them and gave them reassurance. Another person said they had always enjoyed going to the pub and staff ensured they did this as it was an important part of their community life.

People and relatives had signed care plans to show they were in agreement with the support provided. Their lifestyle choices were respected and records made this clear. For example one person's care plan stated '[Person's name] would like to go to bed between 9pm and 10pm.' Daily notes showed this person was given the choice of going to bed at this time and usually did so, although when they chose to go to bed earlier or stay up later this was also an option for them.

We saw some people spent the day in communal areas and others in their bedrooms. One person said, "I get tired and prefer to stay in my room." Another person told us they liked to use their bedroom at certain times, for example when they had their haircut. This showed that people could choose where they spent their time. Staff regularly went to people in their bedrooms to check on their well-being and see if they wanted anything.

The service had eight single and four double bedrooms, although staff said the doubles were mostly used as single rooms as this was what people preferred. Two people were sharing a double room and we spoke to one of them. They told us they were happy to share the room and had no concerns about their privacy when using it. Staff used a dividing screen to create privacy when personal care was provided. Records showed that if people were willing to share double rooms this was agreed with them in conjunction with their families, representatives, and social workers.

We saw that two pieces of equipment had been inappropriately stored. We found a spare hoist in one bedroom and an extra commode in another. The care manager said she would move these and accepted that they should not be stored in people's bedrooms unless the occupants were using them continually.

Good

Is the service responsive?

Our findings

Staff provided people with responsive, personalised care. If people needed assistance staff went to them promptly. They listened to people and observed their body language to find out what they needed. One people told us, "Staff come quickly if I need help."

Staff knew the people they supported well and understood their needs. We observed one staff member talking with a person who had become disorientated. They were able to reassure this person by talking with them about their previous occupation and where they had worked. They guided the person to an area of the premises that they associated with their work and this reassured the person and reduced their distress.

Another person liked to go out to a local pub and staff accompanied them to do this twice a week. When this person became unsettled staff sat with them and talked with them about the pub to plan their next visit there. The person enjoyed this conversation and said they were looking forward to their next outing. They appeared happier after being reminded that they didn't have long to wait until their next trip out.

Staff told us they got to know people through reading their care plans and by talking with them. One staff member said, "Our residents have led very interesting lives and I love to find out about all the things they have done. All the staff spend as much time talking to the residents as they can." We observed this in practice during the inspection visit and were examples of staff using their knowledge of people to provide them with responsive care.

Care plans were personalised and included information on people's life histories and their activities, interests, and likes and dislikes. They also contained instructions to staff on how to meet people's personal care and mental health needs. For example, if people needed assistance with their mobility, bathing or continence staff had clear information on how to meet these needs in the way the person wanted. Records showed that care plans were reviewed and changes made as necessary. This personalised approach helped to ensure staff had the information they needed to help them get to know people and support them to live their lives in the way they wanted.

During our inspection we observed that one person read a newspaper and two people had crossword books which they said they enjoyed. Two people living with dementia appear bored at times, moving from room to room and sitting in different chairs. We discussed this with the care manager who said she was aware of the need for more activities for people living with dementia. She said she was looking at this area of the service with a view to creating a more dementia-friendly environment that people might find more stimulating. This would help to ensure that activities and the environment were meaningful to all the people using the service.

People told us about some of the activities they had taken part in. These included 'Grow With Me', an activity where a staff member brought in a Jack Russell puppy each week so people could watch it growing up over time. A display of photos of this activity showed people enjoying, watching and handling the puppy. Staff told us they had previously done the same activity with a staff member's baby. Other recent activities had

included a summer party, a bible discussion group with visiting church members, armchair aerobics, bingo, and quizzes.

People told us that if they had any concerns about the service they would tell staff. One person said, "If I had a problem I would be the first to raise it." Another said, "I would tell the girls [staff members] if anything was wrong. They would know what to do."

The service complaints procedure was available in regular and large print and in different languages on request. It was displayed in entrance hall and staff said they would show it to people and explain it to them if they wanted to raise a concern. Information on advocacy services, which can help people to make a complaint, was also available at the service.

The complaints procedure was in need of updating to better explain the role of the local authority, the Ombudsman, and CQC in dealing with complaints. The care manager agreed to do this.

Good

Is the service well-led?

Our findings

People told us they were happy at the service. One person said, "This is a nice place and the staff are lovely and talk to me all the time." Another person commented, "I'm alright here, it suits me and I can do what I want."

The atmosphere at the service was welcoming and people appeared content and well-cared for. The staff were friendly and spoke fondly of the people they supported acknowledging them as individual people with unique personalities and preferences. Some of the staff had worked at the service for a number of years. The care manager told us, "We are a friendly small home and we get to know all our residents very well."

People were encouraged to share their views about the service on a one-to-one basis and at residents' meetings. We looked at the minutes of their most recent meeting. This had a pictorial agenda to make is easier for people with communication difficulties to follow. The minutes showed that 10 people attended and during the course of the meeting made suggestions for meals and activities. There was no action column to show how these were going to be followed up so staff said they would add one for future meetings. This will help to ensure that people's suggestions are given full consideration and acted on where possible.

We looked at the results of the 2016 annual quality assurance survey which the care manager had sent out to people, relatives, and health care professionals. The results showed a high level of satisfaction with most areas of the service. One person said they were 'dissatisfied' with the laundry. The care manager responded by writing to all people and they families to explain the laundry process and letting them know that if any items accidently went missing it would be replaced free of charge. The care manager also asked people to speak to management if there were any further problems with the laundry or raise their concerns at residents' meetings. This was an example of people being listened to and improvements made to the service as a result.

The care manager was experienced and well-trained, having taken courses in a wide range of subjects while working for the service to enhance her management skills. These included the nationally-recognised QCF Level 5 Diploma in Leadership for Health and Social Care, supervision and appraisal, complaints management, social care provider training, and business administration.

Staff told us they felt well-supported by the care manager who they said was knowledgeable, approachable and encouraged them to share their views about the service. They had regular supervisions, meetings, and training to keep them up to date with people's support needs and with best practice in social care. The minutes of a recent staff meeting showed staff had updates on health and safety and their key working responsibilities.

The care manager and staff were efficient and met all our requests for information promptly. Records were well-organised and appropriate policies and procedures were in place. These were reviewed annually having been signed off by the care manager in 2015 and were due for further review in 2016. This will enable

them to be updated, if necessary, so they remain relevant. Policies and procedures were available on request in English, Polish or Ukraine to reflect the needs of some of the people using the service.

Our records showed that the provider had notified us of significant events at the service in line with their statutory duties. Following accidents and incidents the provider and care manager took action to reduce the risk of reoccurrence. The care manager told us the provider had recently been away from the service intermittently but we had not been notified of this as his involvement with the service had continued.

The provider and care manager carried out regular audits of all aspects of the service to help ensure it was running well. These had identified shortfalls with the service, for example the issues with the carpets, and the care manager said business decisions were being made with regard to ongoing redecoration and improvement. The care manager also worked directly alongside her staff so was able to see on a daily basis the quality of the care and support provided.

The service had been audited in 2015 by the local authority's health and safety and food safety departments. Their reports showed that the service was considered satisfactory with some recommendations being made. Records showed these had been met which showed that improvements had been made to service as a result.