

HC-One Limited

Victoria Park Care Home (Ilkeston)

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

We inspected Victoria Park Care Home on 11 November 2016 and it was unannounced. It provides accommodation and nursing care for up to 39 people, some of whom are living with dementia. There were 23 people living at the service when we visited. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Victoria Park Care Home was last inspected on 14 January 2014 and they were meeting all of the standards that we reviewed at that time.

At this inspection we saw that staff received training and support to enable them to fulfil their role effectively and were encouraged to develop their skills. They also received regular supervision and attended team meetings where they discussed improvements to the home.

Staff understood their responsibilities to detect and report abuse. They had developed caring, respectful relationships with people and ensured that their dignity and privacy were upheld. People told us that there were always enough staff to meet their needs promptly and that they felt safe.

Staff supported people to make choices and sought consent to their care. When people were unable to make their own decisions they were made in their best interest with people who mattered to them. Restrictions on people's liberty were avoided but if necessary for someone's safety then they were legally approved.

People were supported to maintain good health and had regular access to healthcare professionals. Mealtimes were not rushed and people were given a choice of meal. We saw that food and drink was regularly provided and records were maintained for people who were nutritionally at risk. Care plans were regularly reviewed to correspond with changing support needs and they were personalised and accessible.

People were encouraged to pursue interests and hobbies and regular activities were planned. Visitors were welcomed at any time. People knew the manager and felt confident that any concerns they raised would be resolved promptly. There were regular meetings with people and their relatives and their feedback was used to improve the home.

Risk was assessed and actions were put in place to reduce it and their effectiveness was monitored and regularly reviewed. Medicines were managed to reduce the risks associated with them and people received them when they needed them.

There were systems in place to drive quality improvement which included regular audits and assessment

from other managers. A development plan was established from these systems and the manager was accountable for making sure that the actions were met.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe

People were protected by staff who knew how to keep them safe from harm and how to report any concerns. They were supported to take their medicines safely and when they needed them and there were systems in place to store them securely. There were sufficient staff to ensure that people were supported safely. Risks to people health and wellbeing were assessed and plans to manage them were followed. Safe recruitment procedures had been followed when employing new staff.

Is the service effective?

Good ●

The service was effective

Staff received training and support to enable them to work with people effectively. They understood how to support people to make decisions about their care and if they did not have capacity to do this, then assessments were completed to ensure decisions were made in the person's best interest. People were supported to maintain a balanced diet and to access healthcare when required.

Is the service caring?

Good ●

The service was caring

Staff had developed caring, respectful relationships with the people they supported. People were supported to make choices about their care and their privacy and dignity were respected and upheld. Relatives and friends were welcomed to visit freely.

Is the service responsive?

Good ●

The service was responsive

People and their families were involved in planning their care. Care was reviewed to meet people's changing needs and new plans were devised. Hobbies and interests were encouraged and planned on a weekly and daily basis. Complaints were investigated and responded to in line with their procedure.

Is the service well-led?

Good ●

The service was well led

People knew the manager well and reported that they were

approachable. There were systems in place to drive quality improvement and the manager was accountable for an action plan. The staff team felt well supported and understood their responsibilities.

Victoria Park Care Home (Ilkeston)

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 visit took place on the 11 November 2016 and was unannounced. It was carried out by one inspector and an expert by experience. The expert by experience had personal experience of using or caring for someone who used a health and social care service

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public.

The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us to come to our judgement.

We used a range of different methods to help us understand people's experiences. We spoke with six people who lived at the home about their care and support and to the relatives of five people to gain their views. Some people were less able to express their views and so we observed the care that they received in communal areas. We spoke with five care staff, two nurses, the chef, the registered manager and the assistant operations director. We spoke with one health professional by telephone after the inspection visit to gain their feedback. We looked at care records for seven people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks and staff recruitment.

Is the service safe?

Our findings

People were kept safe by staff who understood how to recognise and report suspected abuse. People we spoke with told us that they felt safe. One person said, "Yes I feel very safe here. They all treat you well and there is always someone around if you need anything". Another person said, "I feel safe here. Everyone is very nice to me and asks me if I need help and if I am alright. I can talk to all of them and I really like it here". One relative we spoke with told us, "There has never been anything negative to say about her safety or care since the day she was admitted". Staff knew what signs of abuse could be and told us how they would report any concerns. One member of staff said, "If I was worried then I would tell the manager or a nurse and if I still wasn't happy then I would ring the safeguarding telephone number; there is a poster with the number on it on the wall". Another member of staff told us, "I would definitely report it and I have done in the past and was supported through the investigation".

We spoke with the manager about the safeguarding concerns that they had reviewed. They told us, "We have developed good relationships with the safeguarding team at the local authority. I have spoken with them about three incidents and they were happy that we had thoroughly investigated them ourselves". We reviewed these incidents and saw that measures were put in place to immediately protect the people involved as well as long term plans to avoid repetition; for example, providing additional support to staff to ensure errors were avoided. This showed us that the provider took action to protect people from harm and to keep them safe.

People were supported to manage risks to their health and wellbeing to keep them safe. One person told us, "I am used to being very independent but now I have help to get around; I am supposed to have someone with me because of falls". We saw that they were supported to mobilise by one member of staff who walked alongside them and encouraged their independence. Another person said, "I drink lots all day and there are drinks I can help myself to. I know I need to do this to keep well". The manager told us, "We used to monitor how much they drank throughout the day but we have recently reviewed the risk because they are so good at taking responsibility themselves". The records that we reviewed confirmed that these risks had been assessed and that staff were following the plans put in place.

Where people needed support to move we observed other people being supported to move safely and in line with their care plans; for example, being supported to move by two staff using a hoist. One relative we spoke with told us, "The staff move my relative every two hours to protect their skin and when we visit I always check that it has been done and see that the records have been completed". When people's behaviours could harm themselves or others we saw that there were plans in place to assist staff to support them safely. One member of staff we spoke with said, "We know that one person prefers support from certain staff and so we ensure that they provide it. I bring a cup of tea and approach them gently and sometimes this works but other times you just need to leave them and try again later". The manager told us that a referral to a healthcare professional had been made because of a noted deterioration with the person recently. Staff we spoke with were aware of people's emergency plans and the level of support they would need to evacuate the home. Records that we reviewed confirmed this. This meant that the provider was assessing risk to people, managing it by taking action to reduce it and monitoring the effectiveness of those

actions.

People received their medicines when needed. One person said, "I always get them on time and I have an injection which the nurse sees to". A relative we spoke with told us, "My relative definitely gets their medication as prescribed. They have a lot of pain in their knees and I know the staff always ask about pain relief and offer it to them". We observed that people were given their medicines individually, that time was taken to explain and to ask if they required any additional medicine; for example, for pain relief. For example, we saw that one person received their medicine before their meal and a member of staff told us, "This person found that this is when the tablet works best for them when they were at home and so we have carried it on with them".

When people had medicines prescribed to take when needed (PRN) staff understood the circumstances which meant they were required. One member of staff described how they knew when one person who could not verbalise pain needed their medicine. They said, "We look for signs of agitation such as screwing up their face or moaning". Records that we reviewed showed that there were protocols in place to guide staff when PRN medicine should be given.

We saw that some people were receiving care at the end of their life and that their medicines were reviewed in line with this. One relative told us, "My relative is on very little medication now. Just to keep them comfortable really and this was discussed and agreed with the family". Staff had received training to safely administer medicines and competency checks were carried out to ensure that they had the necessary skills. We saw that records were kept and that medicines were stored in locked trolleys and managed safely to reduce the risks associated with them.

People felt there were enough staff and they did not have to wait to have their needs met. One person said, "There are enough staff and I never have to wait long if you ask for anything to be done". Another person told us, "There are plenty of staff to look after us well". A relative we spoke with said, "I think the home is very well staffed. There is usually someone here in the lounge when I visit and they respond quickly if you need anything". Another relative said, "I think there are enough staff on duty. Staff seem to be popping in to check if my relative is alright very regularly. If you have to ring the call bell in between they come straight away". We saw that when call bells rang they were answered promptly and that staff were always available in the communal areas to meet people's needs. One member of staff we spoke with said, "Some days are busier than others but there are enough staff here and we all help each other". This meant that the provider ensured that there were sufficient staff to meet people's needs.

The provider followed recruitment procedures to ensure that staff were safe to work with people who used the service. One member of staff told us, "I filled in an application form and had an interview. After that they did my DBS check and took two references. It took several weeks but I didn't start until it was all done". The DBS is the national agency that keeps records of criminal convictions. Records that we reviewed confirmed that these checks had been made.

Is the service effective?

Our findings

People were well supported by staff who had the skills and understanding to fulfil their roles effectively. One person said, "Staff are well trained and look after me well. They know what I like". A relative we spoke with said, "The staff definitely have the right skills and knowledge and are well trained. There have never been any problems with any aspect of my relative's care". Staff told us that they had the training and support that they needed to enable them to do their job. One member of staff described their induction. They said, "In my first few days I have done moving and handling training. I have also been shadowing the care staff for three days but as I already have my NVQ 2 I feel confident to start shifts now".

New starters were receiving moving and handling training and that this included staff who were employed in a non-caring roles; for example, as catering or housekeeping staff. The manager told us, "It makes a massive difference that everyone has this training because if there is an emergency they can help people to move straight away instead of needing to wait for a second member of care staff. They can also accompany people on days out".

New staff completed the care certificate. They told us told us, "I have done the care certificate now. I completed a detailed booklet and attended some training sessions. One of the other staff supported me with it and completed observations, for example, of me handwashing". The Care Certificate is a national approach to meeting induction standards in social care. In the PIR the provider told us 'We have a number of staff members that are currently working through our 'Stepping Up' programme which promotes personal development and encourages the staff member to become a mentor or 'buddy' for new members of staff'. Another member of staff said, "I have completed training so that I can mentor new staff and have really enjoyed it. Other staff described the ongoing training that they had and one member of staff said, "We have lots of training and we do a lot of it through the online system. I have done quite a lot about dementia recently which is useful".

The manager told us that the provider had developed programmes for all staff to develop their skills. They said, "There is a course for nurses called 'Future leaders' which counts towards their nursing revalidation. There are also leadership courses and once I complete my level five qualification I am will do 'My Home Life'. This showed us that the provider ensured that staff were provided with training and support so that they could meet people's needs.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We looked to see whether the provider was working within the principles of MCA. Staff we spoke with

understood about people's capacity to make decisions for themselves and could describe how they supported them to do so. One member of staff told us, "Most people can continue to make some decisions for themselves. For some people I lay out two sets of clothes and ask which they prefer. However, they might not understand more complicated decisions about things in the future". We saw that, when needed, people had mental capacity assessments in place which described what decisions they had the capacity to make. Records that we looked at showed that people's capacity had been considered in all aspects of the care including communication, medicines, mobility and eating and drinking.

When they did not have capacity to make decisions then these were made in their best interest with guidance from healthcare professionals and in consultation with people who were important to them. One relative said, "They consult us about every decisions around our relatives care and we decide together". In the PIR the provider described how they tried to reduce restrictions on people's liberty. They told us, 'We aim to reduce the use of bedrails within the Home by continuing to speak to residents and their relatives regarding alternatives'. The manager told us, "We recognise that people feel safer with bed rails but we try to come up with less restrictive solutions. For example, one person was using them to help them to move and so we put a grab rail in and used bed wedges to stop them falling and that is working well". They had identified where people may have restrictions placed upon them which could not be avoided and we saw that applications had been made for DoLS authorisations for these.

People told us that they had good meals and were always offered a choice. One person said, "The food is very good here. No complaints at all". Another person said, "I like the food, there is plenty of choice". In the PIR the provider told us, 'Our Chef discusses the menu with our 'Resident of the Day' and regularly attends the resident and relative meetings to gather feedback on menu requirements'. We saw the chef speak with people to ask what meal they would like and offered them a choice. When we spoke with the chef they told us, "I meet with people when they move in and have their first assessment to find out about their likes and dislikes. I always make sure I dish meals out at lunchtime so that I can get instant feedback on the meals and we can adapt them to meet people's needs".

There was a four week menu available and that this was also in people's bedrooms so that they would know what their meals were. One relative we spoke with said, "The food is very good. My relative is on a soft diet but has a really good appetite. I also eat here and the chef is excellent and I think there is enough variety overall". The chef and staff we spoke with were knowledgeable about people's specialist diets. They were prepared to meet assessed need and records of food and fluid taken were maintained for some people who were nutritionally at risk. When people required support to eat this was given in a respectful manner. This meant that the provider ensured that people had enough to eat and drink and maintained a balanced diet.

People had their healthcare needs met. One person told us, "If I am not well they will get the doctor. I have someone come to do my feet as well". A relative we spoke with said, "The care staff will tell the nurse if they think my relative is not well and they get the GP if needed". A healthcare professional who visited the home on a weekly basis told us, "The staff here take responsibility and refer to us appropriately. They manage people's health properly and make referrals when needed. I would give them ten out of ten". Records that we reviewed showed that people's healthcare was monitored and reviewed. This meant that people were supported to maintain good health and to access healthcare services.

Is the service caring?

Our findings

People said that the staff were kind and that they got on well with them. One person said, "All the staff are very patient and kind. There is not a bad one here. They will spend time talking to you and helping you when they can". Another person told us, "The staff are attentive, caring and kind". One relative we spoke with said, "The staff are so absolutely patient. There was someone who called for the carer to come all the time. I could hear when I was with my relative and I was amazed at how staff would all always come with the same wonderful attitude and respond to the person as if it was the first time they had called them". Another relative said, "The staff here are all very good kind and respectful and very aware of our needs and wishes. They often have a laugh and joke with us but are always respectful and professional and never seem to be rushed when they are helping my relative".

The staff knew people well and we observed that they altered their communication style to meet individual need. One relative told us, "My relative cannot hear well and staff try to always look them in the face when they are telling them what they are going to do to make sure they understand. They speak to them to reassure them". In the PIR the provider told us that 'The organisation's 'Kindness in Care' Award has been awarded to three members of staff within the past year'. The manager said, "We are very proud of our caring staff team and will display these awards so that everyone can appreciate them".

People were involved in making decisions about their care. One person said, "I vary the time I go to bed – I like to go to bed late and get up". A relative said, "I know my relative goes to bed when they want and gets up when they want. They have a shower once a week which is what they want and they are always neat and tidy". We observed that people were given a choice about every decision and asked before any care was given. One person told us, "They always tell you what they are going to do before they do it and ask if it is alright. For example, before they wash you and they ask if you are ready for bed".

We saw that people's dignity was promoted and they were treated with respect. One person we spoke with told us, "Yes they see that your privacy is maintained. They make sure the door is shut when being changed and when they help you shower they let you do what you can yourself". Another relative said, "My relative is always treated with dignity. The staff close the door and explain what they are doing. They never rush what they are doing and I hear them talking to my relative and making them laugh".

In the PIR the provider told us 'We promote the personalisation of bedrooms, including bringing in personal possessions'. We saw that people had personal belongings and photographs in their rooms. In one room we saw that a garden was made on the flat roof outside the window and the manager told us, "The last person who lived in this room was nursed in bed and we made this personal garden for them with their family. The family have asked if it can stay in their memory when the next person moves in and we will certainly ask them if that's ok". We observed that if people needed their personal care needs met this was completed discreetly and respected the person's privacy.

People told us and we saw that their relatives could visit at any time. One person said, "Visitors can come at any time to suit them". One relative said, "I come every day and it's always the same. Staff pop in to my

relatives room, even the cleaning and laundry ladies, to say hello to them and to me and ask if everything is alright". Another relative said, "I always feel welcome and am very comfortable here. Staff ask after me and my family and keep me informed about my relative".

Is the service responsive?

Our findings

People were supported to plan their care and to review it regularly. One person we spoke with said, "I do have a care plan; my family helped them do it with me when I came here but now I prefer to leave all that that to my daughter". Another person told us, "I am satisfied with everything here. They treat me like a person and take interest in me and ask me what I think about things and make sure I have what I need". A relative told us, "The family were and are still very involved in the care plan. When my relative first came in the manager kept asking if there was anything they were not doing that we thought they should be doing. We said that the way they cared for them was enough".

Care and support was reviewed when people's needs changed. One relative we spoke with said, "When our relative first came they used to spend time in the communal area but started to get very distressed. They had always led a quiet and independent life and so we thought they would be happier in their room which they are. The room was decorated just for them and because it is near the office there is always a lot going on and everyone pops their head in to say hello". Another relative told us that they felt the staff were very responsive to changing needs. For example, when their relative's health deteriorated they needed to use a hoist to move safely. Their room was too small to accommodate a hoist and so within a couple of weeks they were moved to a larger room. This meant that they could continue to go to the communal areas for meals and social interaction which their relative thought was very important to them.

Records that we looked at were detailed, focussed on the person and were reviewed regularly and changed to meet people's needs. Staff told us that they knew what was in people's care plans and we saw that care was given in line with them. One member of staff said, "If I needed to know something I would look in the person's care plan because it is all in there and if I needed to know quickly I would ask the nurse or manager". Another member of staff said, "Every morning and afternoon we have a brief meeting to talk about what happened in the shift before and how everyone is. We are also reminded of appointments etc. that people need to be ready for". We observed a handover meeting and saw that that information was given to ensure that the next team knew about any changes so that they met people's needs. This showed that the provider planned personalised care with people and that they monitored when their needs changed and altered care to address this.

People were encouraged to pursue interests and hobbies. One person we spoke with said, "We have lots of things like quizzes, exercise classes, games, different crafts, all sorts and we often go out across the road to the park. I also still read and do my knitting as well". Another person said, "I did a tai chi class in the park and it was good; hand exercises and things like that". One relative told us, "I think there is usually quite a lot going on. They have coffee afternoons; these were in the in the mornings but that was too rushed and so it was changed it and it is more successful. There are exercise sessions and pamper times when they get their nails done which my relative enjoys. They also liked the craft sessions and they made cards and felt birds. The staff member who does the activities is very good".

In the PIR the provider told us that 'residents and relatives are given the document 'Remembering Together' to complete this helps us to understand what is important to the Resident. It also helps us to respond to

their needs and preferences and plan activities'. One member of staff we spoke with said, "The activity coordinator knows what people like and plans that for them. They ask people on a weekly basis as well but are always ready with something else because people change their mind on a daily basis".

We saw that staff knew people well and spent time with them helping them to complete activities or having a conversation about things that were important to them. People also told us that their spiritual wishes were planned for. One person said, "My local vicar comes to see me and he was asked if he would do the Harvest Service for the home which he was pleased to do and everyone enjoyed it". A relative told us, "I think they may have a service here but my relative's own minister calls to see them". Another family explained how their relative's religion had been considered when they were planning their care and what they would want at the end of their life.

The environment had been planned to meet people's needs. There was a timetable of the daily activities on a white board in the lounge, photographs of all staff in the reception area and a date and weather board to orientate people. The manager told us, "Over the past couple of years we moved offices around so that we could develop the 'Tea room' as a quieter space for lunch and an area for craft activities". We saw that some people chose to eat their meal in the quieter space and others chose to sit by large windows which overlooked the park.

People and their relatives told us that they had not ever had to complain but that they would feel comfortable about doing so and knew who to speak to if they needed to. One person told us, "I am happy here and there is nothing to complain about at all". One relative described one occasion when they spoke with a senior member of staff about a concern and that it was resolved on the spot. We saw that each person had a copy of the complaints procedure in their room. In the PIR the provider described the actions they had taken to respond to one complaint. When we spoke with the manager they confirmed that they had put measure in place to improve communication with the family. They also said, "I think we could get better at recording when minor concerns are raised so that we can get better at learning from them". This showed us that the provider encouraged any concerns about the quality of care and wanted to improve in response to that feedback.

Is the service well-led?

Our findings

People knew the manager and found them approachable. One person said, "I think the home is run very well and I know the manager. They spend a lot of time out here and always have a word with you". One relative we spoke with said, "The manager is very approachable and is more often to be seen on the 'shop floor' rather than in the office all the time. If they are around when I visit they always pop in to see if I am okay with everything". We observed that the manager knew people well and spent time having individual conversations in the communal areas and with people's families. Relatives also told us that they thought the home was well managed. One relative said, "In terms of the general running of the home I think it all runs like clockwork" and another said, "I feel the home is very well managed and that the staff respect their management because it shows in the way they do their jobs". One health professional we spoke with said, "It is a very well managed home, staff take responsibility and the manager is very approachable". The registered manager understood the responsibility of registration with us and notified us of important events that occurred in the service which meant we could check appropriate action had been taken.

People and their relatives had meetings where they were encouraged to say what they thought about the home. One person said, "There are meetings for us and relatives. My daughter goes but I don't want to but they tell me what was said afterwards". A relative said, "We have meetings every two months and I do feel that they listen and act". In the PIR the provider told us, 'We have regular formal and informal feedback from residents and their relatives/visitors. One example of this was that we discussed and held a coffee morning. It was felt that this did not work well during the morning as it felt 'rushed' between breakfast and lunch. Therefore, residents said they would prefer it to take place in the afternoon and this has since worked very well'.

Relatives also told us that they completed annual surveys. One relative said, "We have had questionnaires to fill in about the quality of the service and management come and ask if everything is alright when we are here". The manager told us, "When the last questionnaires were completed twenty seven per cent of relatives said that they had not seen a copy of the complaints procedure. In response, I wrote an article about it in the newsletter, ensure that there was a copy in each person's pack and from now on at each six monthly review we will check with relatives that they are aware". This showed us that there were systems in place to ensure that people and their relatives were able to give feedback and that action was taken in response to it.

Staff felt supported to do their jobs well. One member of staff said, "The manager is great and approachable and has supported me personally by reorganising my rota etc." Another member of staff said, "The manager always listens to us and would act on any concerns we had". Staff told us that they were aware of the whistleblowing policy and that they were confident that they would use it if necessary. Whistle blowing is the procedure for raising concerns about poor practice. One member of staff told us, "Of course I would speak up and the manager would listen because our first priority is the residents". Another member of staff told us that the provider had a central whistleblowing number and we saw a poster in the staff room which had this number displayed.

Staff told us that they thought there was a shared set of values in the home and one said, "All of the staff work as a team and help each other because we all want the residents to be happy". Staff told us that they had regular supervisions and team meetings. One member of staff said, "In team meetings we talk about any compliments or complaints, what's coming up and things we need to improve on". The manager said, "We have introduced a new appraisal system which I find really helpful because staff have to self-assess their roles and their values. We then set targets together and review them twice a year".

Audits were completed regularly to drive quality improvement. There was also a 'resident of the day' initiative which focussed on one person from every perspective; including care, nutrition, housekeeping and health and safety. The manager told us, "It is a way for us to double check that everything is up to date for people. We also have daily 'flash meeting' so that each of those departments come together to share their priorities for that day". We saw that the manager completed self-assessments about the quality of the home which had an action plan as a consequence. They were also assessed by other managers and the assistant directors completed a visit and a review monthly. The manager said, "From all of this I have an action plan which I am accountable for. We have an internal grading system as well and we have improved from a three to a four which is good. I am now aiming for a five which is very good".

In the PIR the provider told us, 'We aim to complete some refurbishment works within the home to the corridors, toilets and bathrooms. This is not only to modernise it but to improve the safety of residents in terms of colours that will promote visual perception, particularly for those that are living with cognitive and visual impairments'. We saw that one bathroom had recently been modernised and that there was a plan in place to upgrade other communal areas.