

Mr & Mrs H Rajabali

Brooklands Nursing Home

Inspection report

Wych Cross
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12 May 2016

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection at Brooklands Nursing Home on the 16 and 19 December 2014. A breach of Regulation was found. As a result we undertook an inspection on 11 and 12 May 2016 to follow up on whether the required actions had been taken to address the breach identified. Although we found improvements had been made there remained some areas that required improvement.

Brooklands Nursing Home is located close to the village of Forest Row and backs on to the Ashdown Forest. The service provides nursing care and support for up to 29 people. At the time of our inspection there were 26 people living at the home, most of whom have limited mobility, are physically frail with health problems such as heart disease, diabetes and stroke. There were people at the service living with dementia and some people were receiving palliative care.

Accommodation is provided from the original main building and a purpose built extension connected to this. The two floors were accessible via a lift between the ground floor and upper level.

A registered manager was in post. 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 and associated Regulations about how the service is run.

People and their relatives spoke highly of the service provided at Brooklands Nursing Home. Comments included, "I'm am well looked after and happy living here." However, we identified a number of areas that required improvement.

Although people told us they felt safe we found kitchen staff had not consistently followed basic food hygiene principles in relation to the storage of food. The provider could not be assured one person's skin integrity was being protected as specialist mattress equipment was not working effectively.

Staff received training and had an understanding of the MCA and were seen to act in accordance with its principles; however care documentation did not clearly identify how people who lacked capacity for specific decision had been supported to reach best interest decisions.

The provider had systems in place to monitor and drive improvements in the performance of the service; however we found some shortfalls with care plan and accident auditing which meant not all areas had senior staff oversight.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. People received their correct medicine in a timely manner.

People's needs had been assessed and personalised care plans developed. Care plans contained risk

assessments for a wide range of daily living needs. For example, nutrition, falls, and skin pressure areas. People received the care they required, and staff members were clear on people's individual needs. Care was provided with kindness and compassion. Staff members were responsive to people's changing needs. People's health and wellbeing was continually monitored and the provider regularly liaised with healthcare professionals for advice and guidance.

It was clear staff and the registered manager had spent time with people, getting to know them, gaining an understanding of their personal history and building rapport with them. People were provided with a choice of food and drink; meals offered ensured people had their nutritional needs met.

There were sufficient number of staff working at Brooklands Nursing Home with the appropriate skills and experience. Robust recruitment checks had taken place prior to staff working at the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

People told us they felt safe living at Brooklands Nursing Home. However, we found some basic food hygiene principles had not been consistently followed.

One person was placed at risk as specialist equipment in place to protect their skin was not working effectively.

Staff were able to identify the correct procedures for raising safeguarding concerns.

Staffing numbers were sufficient to ensure people received a safe level of care. Recruitment records demonstrated there were systems in place to ensure staff were suitable to work within the care sector.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

Mental capacity assessments were undertaken for people however there was limited evidence of how decisions had been reach to work in people's best interests if they lack capacity.

Staff underwent regular supervision to ensure they were effective within their role.

Staff had undertaken essential training as well as additional training specific to the needs of people and had regular supervisions with their manager.

People had access to health and social care professionals when required.

People's nutritional needs were met and people could choose what they wanted to eat and drink.

Requires Improvement ●

Is the service caring?

The service was caring.

Good ●

People felt well cared for and were treated with dignity and respect by kind and friendly staff. They were encouraged to make decisions about their care.

Staff knew the care and support needs of people and took an interest in people and their families to provide individual personalised care.

Care records were maintained safely and people's information kept confidentially.

Is the service responsive?

Good ●

The service was responsive.

People were supported to take part in a range of activities. These were organised in line with peoples' preferences. Family members and friends continued to play an important role and people spent time with them.

People and their relatives were asked for their views about the service through questionnaires and surveys.

There were systems in place to respond to comments and complaints.

Care plans were in place to ensure people received care which was personalised to meet their needs, wishes and aspirations.

Is the service well-led?

Requires Improvement ●

Improvements were required to make sure the service was well led.

Not all quality assurance systems were effective at identifying shortfalls within the service.

Staff felt supported by management, said they were listened to, and understood what was expected of them.

There was an open and positive culture which focussed on providing person-centred care for people.

Brooklands Nursing 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.

We inspected the service on the 11 and 12 May 2016. This was an unannounced inspection by two inspectors.

We reviewed the information we held about the home, including previous inspection reports and the Provider Information Return (PIR). This is a form in which we ask the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During the inspection we reviewed the records at the home. These included staff files which contained staff recruitment, training and supervision records. Also, medicine records, complaints, accidents and incidents, quality audits and policies and procedures along with information in regards to the upkeep of the premises.

We looked at six care plans and risk assessments along with other relevant documentation to support our findings. We also 'pathway tracked' people living at the home. This is when we looked at their care documentation in depth and how they obtained their care and treatment at the home. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we spoke with ten people and eight relatives and friends of people to seek their views and experiences of the services provided at the home. We also spoke with the registered manager, the clinical lead, three nurses, five care staff, the cook and kitchen assistant.

We observed the care which was delivered in communal areas and spent time sitting and observing people

in areas throughout the home and were able to see the interaction between people and staff. This helped us understand the experience of people who could not talk with us.

Is the service safe?

Our findings

At the last inspection in December 2014, we found Brooklands Nursing Home was not always safe. We found areas for improvement in relation to medicines and staff terms and condition in regard to their probationary period. The provider sent us an action plan stating how they would meet the requirements of the regulations by July 2015. At this inspection we found improvements had been made in the areas we previously identified shortfalls. However despite these improvements, we found some new areas related to people's safety required improvement.

People told us they felt safe living at Brooklands Nursing Home. One person told us, "Oh definitely, feel very safe here, I don't worry at all." Staff demonstrated a strong commitment to providing care in a safe and secure environment. The registered manager reflected on the changes since the last inspection and said, "We have moved along a great deal since our last inspection, there has been a lot of hard work."

We found examples within the home's kitchen where safe food hygiene principles had not being followed. For example we found several consumable and perishable items stored in the fridge which had not been marked with the dates they were opened. We also found soup and deserts that had been prepared for peoples evening meal were not covered whilst being stored in a fridge.

We highlighted these issues to the home's cook who rectified the concerns immediately. This is an area that requires improvement.

Most people living at the service had been assessed as 'at risk' of skin breakdown and as such were using specialist airflow mattresses. We found one person's mattress was set incorrectly. This meant the equipment may not be as effective at protecting their skin integrity. This person had been living at the service for ten days. We spoke to the registered manager regarding this concern. They acknowledged the mattress was not working effectively and had been set at a higher setting to mitigate the air inflation issues. The registered manager provided evidence that a replacement mattress had been ordered, delivered and replaced two days after our inspection. This is an area that requires improvement.

Assessments had been completed to assist staff to manage people's individual risks. Risk assessments included information on areas such as mobility, nutrition, medicines and the use of bed side rails. These provided clear guidance for staff on the actions they should take in order to reduce or eliminate the risk of harm. We saw a range of environmental risks had been considered in regard to the service such as staff living within the building.

At our last inspection we found shortfalls with the providers systems in relation to medicines which had been identified for disposal. At this inspection we found medicines were disposed off appropriately in a timely manner. All aspects of medicine management were now seen to be safe. Medicine administration record (MAR) charts clearly stated the medicines people had been prescribed and when they should be taken. MAR included people's photographs, and any allergies they had. The MAR charts were up to date, completed fully and signed by staff. We observed staff when they gave out medicines. We saw medicines were given to people individually, the trolley was closed and locked each time medicines were removed,

and staff signed the MAR only when people had taken the medicine. Staff followed the home's medicine policy with regard to medicines given 'as required' (PRN), such as paracetamol. Where people were prescribed topical medicines such as creams, records were completed and demonstrated that people's skin conditions had been treated as prescribed.

Staff confirmed they had received safeguarding training and understood their own responsibilities to keep people safe from harm or abuse. They had an understanding of the different types of abuse and who they would report concerns to. One member of care staff told us, "I would speak to the nurse in charge or the manager first but if I was still worried I would call the safeguarding numbers in the office."

There were enough skilled and experienced staff to ensure the safety of people who lived at the home. People told us there was always sufficient staff on duty to meet their needs. One person said, "I have never had to wait long for assistance, they (care staff) come promptly." Another said, "Can't remember ever having to wait, they make certain I am set up before leaving." Staffing levels were sufficient to allow people to be assisted when needed. We saw staff giving people the time they needed throughout the day, for example when supporting people to alternate their position in bed, and helping people to move to the dining area at meal times. Staff were relaxed and unrushed and allowed people to move at their own pace. We saw staff checking people who were in their rooms regularly throughout the day. When people used their call bells we saw that staff responded quickly. A relative told us, "I think there are enough staff around, I come in at different times of the day and never been a concern." The registered manager told us that people's dependency levels were reviewed as part of their support plan and adjustments in staffing levels would reflect any changes. All staff spoken with said that they felt the home was sufficiently staffed.

Risks associated with the safety of the environment and equipment were identified and managed appropriately. Regular fire alarm checks had been recorded, and staff knew what action to take in the event of a fire. Health and safety checks had been undertaken to ensure safe management of electrics, food hygiene, legionella, staff safety and welfare. Maintenance and servicing of equipment such as fire alarm, portable appliance testing (PAT) and boiler were seen to be routinely undertaken. Staff were clear on how to raise issues regarding maintenance. One member of staff told us, "Things don't get left; if something is broken we report it and will get quickly fixed or replaced."

The home and the equipment was maintained to a safe standard for people and staff. The provider employed a maintenance worker who carried out day-to-day repairs; staff said these were attended to promptly. There were contracts for the servicing of equipment and building utilities such as the home's lift. The home had recently undergone an inspection by the Fire Service and there were procedures in place for fire, these included personal emergency evacuation plans (PEEP). Staff had been trained in fire safety and could identify their role within an emergency. There were systems in place to check the fire alarm and equipment operated effectively.

Records demonstrated staff were recruited in line with safe practice. For example, employment histories had been checked, suitable references obtained and staff had undertaken Disclosure and Barring Service checks (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Is the service effective?

Our findings

At the last inspection in December 2014, we found care was not always effective. The provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. This was because the provider was not fulfilling their obligations in regard to the Mental Capacity Act (MCA) 2005.

The provider sent us an action plan stating how they would meet the requirements of the regulation by July 2015. At this inspection we found improvements had been made in the areas we previously identified shortfalls. However these improvements were not, as yet, fully embedded in practice.

People and visitors spoke positively about Brooklands Nursing Home and the staff. People told us they felt well cared for, one person said, "The nurses know how to look after me well, and I've been very pleased." A visiting relative said, "I have always been happy with the standard of care they provide for my mum."

The Care Quality Commission (CQC) is required by law to monitor how providers operate in accordance with the MCA. At our last inspection we found the provider was not consistently following the principles of the Mental Capacity Act (MCA) 2005. People's capacity was not being routinely assessed despite people living with dementia. The MCA requires assessment of capacity must be decision specific and must also record how the decision was reached. Mental capacity assessments were now being routinely completed and these were seen to be reviewed. However for people who had been deemed to 'lack capacity' for a specific decision of daily living there was limited evidence with individual assessments of best interest discussions and how decisions had been reached. This meant the provider was unable to clearly evidence how they had reached best interest decisions and who they had involved. However the registered manager had a clear understanding of the areas they were required to develop with regard to capturing how specific capacity decisions were reflected within care documentation. This is an area that requires improvement.

Care staff had received training and understood the principles of the Mental Capacity Act (MCA) and gave us examples of how they would follow these in people's daily care routines. Care staff were aware decisions made for people who lacked capacity had to be in their best interests. During the inspection we heard staff ask people for their consent and agreement to care. For example we heard staff say, "Are you ready to take your medication?" and "Can I help you to the bathroom." Staff had attended MCA and Deprivation of Liberty Safeguards (DoLS) training, one told us, "The key point is to involve people as much as possible when decisions about care need to be made."

At our last inspection we found the provider did not have a robust supervision process in place to ensure staff were appropriately supported. At this inspection all staff had undergone supervision and had others planned throughout the year. One staff member said, "I think we have supervision every few months, my last one was helpful, we talked about how I am getting on and any training ideas I have." Staff spoke highly of the effective communication within the home, one staff member said, "Our handovers in the mornings are like staff meetings, very detailed."

Staff undertook a wide range training that was designed to enable them to care for people living at the

service. For example, end of life care, anaphylaxis, catheter care and syringe driver training. A syringe driver is a specialist piece of equipment used to supply prescribed medicines to people in a continuous flow to reduce symptoms such as pain. One staff member told us, "The training has been very good here, definitely helps me to feel more confident in my job."

Most people told us they enjoyed the food at Brooklands Nursing Home. One person said, "Can't grumble at all, I have been impressed with the food." A relative said, "The food has always been served hot and smells nice." Most people ate their meals in their rooms, this was either their choice or because they were being cared for in their bed. We observed the lunch service in the communal dining area where seven people ate. There was music playing in the background and there was a relaxed atmosphere. People were provided with specialist cutlery to enable them to remain independent whilst eating. People who required support to eat were assisted by staff in an unhurried manner. Staff spoke to people and engaged them in conversation in a way that respected their dignity. Drinks were provided during meals together with choices of refreshments at other times of the day. Staff checked and recorded people's food and fluid intake and looked for indicators of weight loss. Records of people refusing to eat or only eating small amounts were recorded in daily notes and formed a basis for GP or dietician referrals. The service catered for a variety of diets such as diabetic, fortified and pureed. Where specialist healthcare professionals, such as speech and language therapists (SALT), had made recommendations we saw this guidance was adhered to.

People were supported to maintain good health and received effective on-going healthcare support. People commented they regularly saw their GP and other health care professionals such as chiropodist and optician. Relatives told us they had confidence that staff responded to people's changing health care needs. One relative said, "I am a nurse so I always have my radar on, I have been very impressed with the quality of care." A staff member told us, "Making sure we keep careful track of people's food and fluid intake is important." We saw the registered manager kept a rolling tally of all people's fluid intake on their desk, they said, "I review this every morning to see if there are any trends or concerns." We saw people's body weights were recorded regularly and where concerns were identified these had been referred or discussed with people's GP during their weekly home visits.

Is the service caring?

Our findings

We observed many positive, caring and kind interactions between people and staff. Staff were knowledgeable about individual personalities of people they supported. Staff shared people's personalities with us during the inspection and they talked of people with respect and affection. One care staff member said, "We have lovely residents, real characters and personalities." We overheard a member of staff calling a hospital ward to check on the welfare of a person. We observed occasions when staff were supporting people; they worked at the person's own pace and did not rush them. Staff were seen chatting and there were light heartedness conversations taking place with people whilst support was provided. One person said, "Our staff have wonderful smiles." We observed a member of staff supporting one person to comb their hair, the staff member was chatting to them about their family. They had created a calm, relaxing and enjoyable environment for the person who appeared content with the staff member's support.

People's bedrooms had been personalised with their own belongings including furniture, photographs and ornaments. One person said, "I appreciate having my photographs around, they make me smile." People were able to spend time in private in their rooms as they chose. A section of people's care documentation was held in their rooms and as such staff sat with people whilst they completed this. We saw one member of care staff using this as an opportunity to chat with the person about a subject that was of interest to the person. A person's relative told us the registered manager had arranged a party for a significant anniversary at the home. They said, "Over and above what you would expect, it was so lovely to be able to share the day with everyone."

The provider employed a nurse who was 'supernumerary' for two days a week. This staff member had been involved with the service for many years. Although they were involved in aspects of care delivery all staff spoken with told us they fulfilled an important social link with people. One staff member said, "They are really amazing, they are able to connect with residents on a different level in so many ways." We observed this staff member moving round rooms having positive interactions with people. One person said, "They bring sunshine with them, so lovely." A person's relative said about this staff member, "They epitomise the caring nature of the home, they are such an asset and residents adore them being around." The registered manager said, "I'm really not sure what we would do if they ever retired, so valuable to the home."

People who were able to move with staff support or independently told us they were able to spend their day in various parts of the house. The service had two lounge areas where people could spend time. People who were being cared for in bed were seen reading and completing crosswords and spending their time as they chose. One person told us they liked their own company, another told us they liked to spend a lot of their doing word puzzles. Some staff used a side lounge to take their breaks, the registered manager told us this area was used by staff and people. We saw one person liked to sit with staff and chat. One staff member said, "They pop in and sit with us, it is really nice as it makes it feel like a proper home from home."

People were supported to maintain their personal and physical appearance in accordance with their own wishes. People were dressed in clothes they preferred and in the way they wanted. One person told us, "They (staff) help me to choose what to wear and help with the tricky bits." Another said, "I like to see the

hairdresser when they come, keeping my hair neat is important."

People's care documentation was kept securely in the registered manager's office. Information was kept confidentially and there were policies and procedures to protect people's confidentiality.

Visitors were welcomed throughout our visit. All relatives spoke of the caring nature of staff and that they felt comfortable visiting the service. One person's relative told us they visited every day and told us staff always made them feel welcome. We saw a person's relative brought the family pet into see a person, we overheard the registered manager suggesting they bring a basket in so the pet felt 'at home' when they visited.

Is the service responsive?

Our findings

At the last inspection in December 2014, we found Brooklands Nursing Home was not always responsive. We found areas for improvement in relation to the amount of social interaction people had and the frequency people and their family were asked for their views. The provider sent us an action plan stating how they would make improvements in these areas. At this inspection we found improvements had been made in the areas we previously identified shortfalls.

People told us they felt listened to and the service responded to their needs. People's relatives and friends spoke positively about their interactions with staff. During our inspection we saw people's relatives freely calling in to the registered manager's office to discuss various issues. One said, "I like to pop my head in and say hello and get a quick update." At our last inspection we found there were limited processes in place to capture people's and their relative's views. At this inspection we found robust systems had been established to enable the registered manager and senior staff to collect the views and opinions of people, their relatives, health care professionals and staff. The most recent quality assurance survey had a clear action plan associated with its findings which were seen to be either actioned or ongoing. The findings from these surveys were seen to be very positive.

At our last inspection we found there were insufficient activities to meet people's individual needs and interests. The provider's action plan identified there would be an increase in the number of hours allocated to activities. At this inspection we found there had been improvements in the number and range of activities offered to people. We saw the activities coordinator divided their shift spending time with people in communal areas and visiting people in their rooms. On the day of our inspection we saw the activities coordinator facilitated a gardening session in the home's garden for two people and also spent time with another person whilst they played the piano. People told us they were generally happy with how they spent their time and the interaction they had. One person said, "I know I am not well enough to get out of bed but I have the things around me that I want and I have lots of staff and visitors popping into chat with me." Since our last inspection the home was now receiving weekly visitors from a multifaith chaplain. The registered manager spoke very positively about the impact they were having within the home, they said, "We are very lucky as they are so good with residents, if requested, they will spend additional time with people when they are nearing the end of their lives."

At our last inspection we found most care plans did not contain any information relating to people's life history. At this inspection all but one person had a life story section completed within their care documentation. The registered manager said, "They are useful for carers to initiate appropriate topics of conversation."

Staff had a good understanding of people's individual needs and said they were given time to ensure care documentation was up-to-date. One staff member told us, "There is a fair bit of paperwork but it doesn't slow you up too much." We saw carers daily records provided clear descriptors of people's moods and behaviours. Staff told us these were useful to review if they had been off duty for a few days. We saw within one person's daily care notes it stated; they 'had a poor night's sleep and were not as chatty.'

Care plans had been updated on a monthly basis or more frequently in line with people's changing needs. Care plans contained key health information that would identify if there was deterioration in their health. Care documentation included information related to people's health; such as breathing, sleeping patterns and pain management. Some people and their relatives had chosen to be involved in the setup of their care plans. A person's relative said, "I remember going through elements of their life story which was really nice and I can see how it would help staff." Another person said, "I like to be involved as much as possible and the staff are fine with that." Pre-admission assessments were undertaken by senior staff and information had been gathered from a variety of sources including people's previous healthcare professionals.

The provider had a complaints policy and procedure in place; this was displayed in a communal area. The complaints policy included clear guidelines on how and when issues should be resolved. It also contained the contact details of relevant external agencies if people wished to escalate their complaint. People told us they felt confident in raising concerns or making a complaint. One person's relative told us, "Yes, I know how to complain." Another relative said, "I would not hesitate to tell a member of staff if I was unhappy about something." There had been one recent complaint received, we saw the registered manager was in the process of collating statements from staff and other sources to enable them to provide a response.

Is the service well-led?

Our findings

At the last inspection in December 2014, we found Brooklands Nursing Home was not always well led. We found areas for improvement in relation to quality assurance and shortfalls in notifying the CQC regarding incidents at the service. The provider sent us an action plan stating how they would meet the requirements of the regulations by July 2015. At this inspection we found improvements had been made in all areas we previously identified shortfalls. However these improvements were not, as yet, fully embedded in practice.

The registered manager took an active role in the day to day running of the home and had good knowledge of the staff and people who lived at Brooklands Nursing Home. A relative said, "The manager is very much in charge, they know everything that is going on."

We found there were a range of systems to assess the quality of the service. However not all of these had been effective in identifying shortfalls. For example, although care plans were audited by a senior member of staff in rotation, we saw the audit did not include all care documentation. People's care documentation was divided across two files one was used predominately by nursing staff and the other included information which was relevant to care staff. The file that was used to guide care staff and where they recorded their daily routine care interactions with people was not being audited for its content or quality. This meant if documentation was missing it may not be easily identified. We found one person's care file did not contain a life history, however records indicated this person's care plan had been recently audited. We raised this issue with the registered manager who acknowledged that this was a shortfall of the auditing process and committed to add the second care file to the audit process.

We reviewed how accidents and incidents were responded to and recorded. We found immediate actions were clearly recorded within the accident book however longer term strategies that had been considered or implemented as a result had not consistently been recorded on either the accident/incident form or within an audit. This meant that a clear record of what steps had been taken to prevent reoccurrence and track patterns and trends was not available to senior staff. This is an area that requires improvement.

However there were other quality assurance systems which were effective at driving improvement within the service. For example the health and safety audit clearly identified areas that required attention, this included an action plan with an associated timeline for areas to be rectified. Once an issue had been resolved it was seen to have been signed off in a timely manner.

At our previous inspection we found the registered manager had not been fulfilling their obligation to notify the CQC of events where injury, harm or abuse had occurred to people. At this inspection we found all reportable notifications had been submitted.

Since our last inspection additional resources had been put in place by the provider to support the registered manager. These included an administrator and a clinical lead. The registered manager told us they felt, "Better supported than ever." The new clinical lead had taken over accountability of care plans and significant improvements were seen with the accessibility of the information as a result of their work. One

staff member said, "The care plans are so much better and easier to read." The registered manager now reported to the providers newly appointed operations manager. We saw they were in the process of implementing their own quality assurance systems for the service. The registered manager said, "I have been at the service a long time and I have recently had my first formal supervision which is really positive." The PIR stated that the registered manager was 'working with the operations manager to achieve the Gold Standard Framework in end of life care'. We saw that this work was beginning to become embedded within people's care plans.

We spoke to staff about the values within the service. The overriding sentiment was that it was a friendly, homely service. One staff member said, "It has a nice feel to the home." Another staff member told us, "I think we do a good job to provide a comfortable home for people and keep them safe". Staff were positive about the management and their leadership. One staff member told us, "I know I could approach them about anything, things are very open here." Staff demonstrated a clear understanding of their roles and lines of accountability. One staff member told us, "I like it here, wouldn't want to work anywhere else." Staff had been surveyed for their opinions via a satisfaction survey. We saw there was a 100% return and responses were positive.