

Woodleigh Christian Care Home Limited

Baily House

Inspection report

Baily House
Botany Avenue
Mansfield
Nottinghamshire
NG18 5QN

Tel: 01623620719
Website: www.bailyhouse.co.uk

Date of inspection visit:
08 March 2016
09 March 2016

Date of publication:
11 April 2016

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

This inspection took place on 8 and 9 March 2016 and was unannounced. Baily House provides accommodation for up to 66 people with or without dementia and people with physical health needs. On the day of our inspection 65 people were using the service as well as two people who visited for day care. People were accommodated over three floors comprising a residential floor and two floors for people living with dementia, although people were able to spend time in any of the communal areas.

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.

People felt safe living at the home and staff knew how to protect people from the risk of harm or abuse. Relevant information about incidents which occurred in the home was shared with the local authority. Risks to people's safety, such as the risk of falling, were appropriately managed. The building was well maintained and the required safety checks were carried out.

There were sufficient numbers of suitable staff and people received care and support in a timely manner. The provider ensured appropriate checks were carried out on staff before they started work. People received their medicines as prescribed and they were safely stored.

People were cared for effectively by staff who were provided with the knowledge, skills and support to care for them effectively. People were asked to provide consent to the care they received. The Mental Capacity Act (2005) (MCA) was used correctly to protect people who were not able to make their own decisions about the care they received.

People were provided with sufficient quantities of food and drink and encouraged to help themselves to drinks and snacks in between meals. Staff ensured that people had access to any healthcare professionals they required and followed the guidance provided by them.

There were positive and caring relationships between staff and people. People were fully involved in the planning and reviewing of their care and told us they were able to make day to day decisions. People told us that staff treated them in a dignified manner and respected their right to privacy.

People received care that was responsive to their changing needs and staff knew people's support needs well. Further work was underway to improve the level of detail in people's care plans. People knew how to complain and any complaints received were appropriately responded to and the registered manager always offered an apology.

There was a positive and transparent culture in the home, people and staff were encouraged to speak up

and their comments were acted upon. There was a clear direction provided by the registered manager and provider. There were different ways people could provide feedback about the service they received and their comments were taken seriously. The quality monitoring systems ensured that any areas for improvement were identified and acted upon.

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 received the support required to keep them safe and risks to their health and safety were appropriately managed.

There were sufficient numbers of staff to meet people's needs.

People received their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who received appropriate support and training relevant to their role.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were provided with sufficient food and drink and staff ensured they had access to healthcare appointments.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships between people and staff.

People were fully involved in making decisions about their care.

Staff treated people with dignity and respected their privacy.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their changing needs and were provided with regular activities.

People felt able to complain and complaints were responded to appropriately.

Is the service well-led?

Good ●

- The service was well led.
- There was an open and transparent culture in the home and people's input was welcomed.
- There was strong leadership and a clear staffing structure in place.
- The quality monitoring system ensured any areas for improvement were identified and acted upon.

Baily House

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 visited the service on 8 and 9 March 2016, this was an unannounced inspection. The inspection team consisted of one inspector and a specialist advisor with experience of providing nursing care for people with mental health needs.

Prior to our inspection we reviewed information we held about the service. This included information received from external sources and statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted commissioners (who fund the care for some people) of the service and asked them for their views.

During our inspection we spoke with 10 people who used the service, three relatives, five members of care staff, a visiting healthcare professional, the care manager, the catering manager, the registered manager and the provider. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care plans of six people and any associated daily records such as the food and fluid charts. We looked at five staff files as well as a range of other records relating to the running of the service, such as audits, maintenance records and medication administration records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe living at Baily House. One person said, "Yes I have every confidence that I am safe here." Another person told us, "It is perfectly safe, no problems at all." A visiting relative said, "[My relative] is safe. It is like a weight has been lifted off my shoulders." Another relative commented that their loved had experienced some issues prior to moving into Baily House but these had been managed well since moving into the home.

The atmosphere in the home was calm and relaxed and people spoke confidently with staff and one another. We saw that staff were able to pre-empt any situations where people may have been affected by the behaviour of others. During the lunch period, two people had a minor disagreement and staff immediately diffused the situation and the two people continued to sit next to one another without further incident. Staff told us they were confident in managing any situations where people may become distressed or affected by the behaviours of other people and could describe different techniques they would use. There was information in people's care plans about how to support them to reduce the risk of harm to themselves and others which staff were aware of.

Information about safeguarding was available in the home. Staff had a good knowledge of the different types of abuse which may occur and how they would act to protect people if they suspected any abuse had occurred. We were told that staff were confident that the registered manager would act appropriately if any incidents did occur. Staff also were aware of how to contact the local authority to share the information themselves because they had been provided with training and development to understand their role. We saw relevant information had been shared with the local authority when incidents had occurred.

People were supported by staff to manage risks to their safety and the support was provided without restricting people's freedom. One person said, "I am not so confident on my feet. Staff are always there to make sure I am alright." Another person told us that staff had ensured appropriate safety measures were in place should they fall out of their bed. The relatives we spoke with also commented positively about how staff acted to reduce risks to people's safety. One relative said that walkways and communal areas were kept free of clutter so that people could walk around safely.

Staff had access to information about how to manage risks to people's safety and we observed them putting it into practice. There were risk assessments in people's care plans which detailed the support they required to maintain their safety. We observed that this support was provided to people, for example, staff ensured that people had their walking frames close at hand. The staff we spoke with told us they felt able to provide safe care to people and that equipment was readily available to assist. Technology was also employed to assist staff to maintaining people's safety. For example, some people had sensors in their bed which alerted staff when they were getting out of bed so that support could be offered.

People lived in an environment that was well maintained and free from preventable risks and hazards. Regular safety checks were carried out, such as testing of the fire alarm, and measures followed to prevent the risk of legionella developing in the water supply. Staff reported any maintenance requirements and

these were resolved in a timely manner.

The people we spoke with felt there were sufficient staff to meet their needs with one person commenting, "Definitely, there is always someone around to help." Another person commented, "If I need someone, there will be someone there." People also told us that staff came quickly if they pressed their call bell for assistance whilst in their bedroom. One person said, "If I call for help they will come quickly." The relatives we spoke with also told us there were sufficient staff to care for people safely. One relative told us, "Whenever I visit there seems to be plenty of staff around, I never have to go searching for them."

People were cared for by a sufficient number of suitable staff. We observed that staff responded quickly when people needed assistance, for example to visit the bathroom. There was always a member of staff present in communal areas of the home and there was flexibility within the team to ensure staff could be deployed in different areas of the home if needed. We looked at records of staff response times when people used their bedroom call bell. These showed the generally staff responded quickly when people needed assistance. The majority of staff felt that there were sufficient numbers of staff to be able to meet people's needs and also to ensure cover could be arranged in the event of sickness. The registered manager determined staffing levels by taking into account several factors such as people's dependency levels and any planned appointments and activities.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions.

People told us they received their medicines as prescribed and that staff managed their medicines safely. One person told us, "The staff are always on time with my tablets." Another person commented, "There are no problems with medicines, the staff look after them fine." The relatives we spoke with told us they felt medicines were properly managed. One relative said, "I have had no cause for concern." We observed staff administering people's medicines and saw that they followed safe practice when doing so. Staff told us they received regular training in the safe administration of medicines and also had their competency checked on a regular basis. When a medicines error had occurred additional support and training was provided to the member of staff.

Medicines were stored securely in locked trolleys and kept at an appropriate temperature. People benefitted from procedures that were in place to ensure that their medicines were ordered in a timely manner. Medicines which were unused or no longer required were disposed of safely. Staff correctly recorded the medicines they had administered to people on their medication administration records. The handling and administration of controlled drugs complied with the relevant legislation. Controlled drugs are a group of medicines that have the potential to be abused and so are subject to more stringent safety measures.

Is the service effective?

Our findings

The people we spoke with told us they were cared for by staff who were well trained and competent. One person said, "The staff are excellent, they all know what they are doing." Another person told us, "Yes I would say all of the staff seem knowledgeable." We also spoke with someone who nodded their head in agreement when asked if they felt staff were well trained. The relatives we spoke with also told us that staff seemed to be well supported. One relative praised the support which staff had provided to them in helping them understand more about dementia. Another relative said, "The staff all really good, every single one of them."

People were cared for by staff who were provided with the knowledge and skills needed to carry out their role effectively. Staff told us they were given good quality training that was relevant to their role and this helped them to provide effective care. Specific reference was made to the dementia awareness training that had been provided with one staff member commenting that it had helped them gain a greater understanding of the impact dementia has on people. Although training records showed that not all staff had completed all of the training relevant to their role, there were plans in place for this to be rectified.

The registered manager told us that all staff were progressing through the Care Certificate with the support of a local college. The Care Certificate is a nationally recognised qualification designed to provide health and social care staff with the knowledge and skills they need to provide safe, compassionate care. The provider also told us that they wanted all of their staff to achieve a care related vocational qualification and was providing the necessary support to staff to achieve this. The registered manager told us that they reviewed all of the training that was provided and sought feedback from staff about how useful it was. This informed an on-going training plan which looked to target areas that staff felt required development. Two members of care staff at Baily House had been recognised for the effectiveness of the care they provided by nomination for a national care award.

Staff told us they felt supported by the registered manager and their line manager. Staff received regular supervision with one member of staff commenting, "I get regular supervision, but I can talk to anyone at any time as well." Supervision records showed that staff received feedback on how they were working and identified any areas of development. New members of staff were given an induction into Baily House which included some training and shadowing more experienced staff.

People were supported to make decisions about their care and were given the opportunity to provide consent where possible. One person said, "They wouldn't do anything without me agreeing to it first." The relatives we spoke with confirmed that, where appropriate, they had provided consent to the care given to their loved one. One relative said, "I was involved in putting together the care plan when [my relative] moved here and said what they liked."

We observed that staff always asked people for their consent before providing any care and support. Records showed that people or their relatives were asked to sign their care plan to confirm their consent. Where people lacked the capacity to make a decision the provider followed the principles of the Mental

Capacity Act (2005) (MCA). 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.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The registered manager had made recent applications to the local authority and any conditions were being met.

People told us they were given enough to eat and drink to maintain good health. One person said, "I get plenty to eat and the food is very tasty, it is all freshly cooked." Another person said, "There is always a choice of food, I had an omelette the other day." We were also told, "I would recommend the Sunday lunch to anyone, the food is generally very good." We observed that people enjoyed their meals and were provided with large portions. People were offered drinks at meal times and throughout the day and also had access to a range of snacks and fruit between meals.

We observed staff responding to people's dietary needs during the inspection in a positive manner. One person did not wish to eat at the main mealtime. Staff respected this and ensured the person had access to something later in the afternoon. Kitchen staff were informed about specialised diets such as people who required soft food and low sugar alternatives and these were catered for. Kitchen staff also had a good awareness of how people's religious and cultural needs may impact on the way in which their food was prepared.

Staff placed great emphasis on enabling people to eat and drink independently where possible, for example by providing adapted plates. People were also able to help themselves to hot and cold drinks at any time by accessing a well-stocked kitchenette. Where people required support to eat and drink this was given in a calm and unhurried manner. The staff we spoke with told us people were provided with sufficient amounts of food and drink.

People told us that they had access to various healthcare professionals when this was required. One person said, "If I need the doctor then staff will call the doctor." The relatives we spoke with told us they were kept fully informed of any medical appointments their loved one had attended. We observed that two district nurses visited the home during our inspection and they told us the staff at Baily House made appropriate referrals to them for appointments and other support. Staff told us that there was an effective system in place to ensure that healthcare appointments were made for people in a timely manner.

The care plans we looked at confirmed that people received input from visiting healthcare professionals, such as their GP and district nurse, on a regular basis. Staff also supported people to access specialist services such as the dietician and mental health services. Staff had noted that one person was losing weight and had contacted a dietician for advice. The dietician had suggested that the person should receive a fortified diet along with a high calorie, flavoured drink. This guidance was incorporated into the person's care plan and followed in practice with staff ensuring the person received the support required to try and increase their weight. Staff were also aware of the different situations that may require them to contact emergency services and were clear that they would not hesitate to call for an ambulance if it was necessary.

Is the service caring?

Our findings

People were highly complimentary about staff and told us staff were caring and compassionate. One person said, "All of the staff are so kind, we also have a laugh together." Another person told us, "I feel at home here and that is because the staff are lovely." We were also told, "I couldn't ask for a nicer bunch of people to be looking after me." The relatives we spoke with felt that staff were kind and caring, one relative commented, "They are a happy group of staff and seem to have developed individual relationships with different people." People and relatives also mentioned that some staff had come in on their day off because they enjoyed spending their time with people and shared similar interests. For example, one person accompanied a member of staff who was walking their dog.

During our visit we observed many positive interactions between people living at Baily House and staff. One person became unwell and staff responded immediately and in a caring way to ensure the person was made as comfortable as possible. Another person was in a buoyant mood and staff engaged with them enthusiastically and also danced with them. Staff showed that they understood people's individual personalities as well as the relationships between different people living at the home. Staff knew when it was appropriate to share a joke with people and when more subtle support and care was required.

Staff told us that they wanted to make a positive difference to people's lives and felt all members of the staff team shared this approach. Two members of staff had been nominated for a national award because of the caring approach they had demonstrated in their role. The staff we spoke with had a good awareness of people's likes and dislikes and how this may impact on the way they provided care. People's diverse religious, cultural and personal needs were catered for by staff. For example, a chaplain visited the home on a regular basis to talk with people and also conducted religious services.

People were fully involved in making decisions and planning their own care because staff understood the importance of people's involvement. One person said, "I certainly decide what it is I want to do." Another person said, "I have not felt pressured to do anything I didn't want to do. There was an entertainer recently, I was quite happy just sitting and listening and staff respected my choice." The relatives we spoke with also confirmed that people were in control of their own lives and decision making. One relative said, "It is very much about what [my relative] wants to do." Another relative told us, "[My relative] is quite a private person. Staff drop by and check they are alright but respect their choice to stay in their room."

The registered manager encouraged a person centred approach to caring for people and we saw that this was embraced by staff. People were given choices such as how they wished to spend their time and when they wished to get out of bed. One person told us that it had been their choice to stay in bed for longer than they would normally do and that staff had respected this. We saw that staff ensured this person was given breakfast at a time of their choosing as well. Staff offered people support when required and also encouraged them to carry out tasks independently when they were able to. For example, one person enjoyed making drinks for themselves and other people and this was encouraged. The care plans we viewed showed that, where possible, people had been involved in planning their care on arrival at the home.

People were provided with information about how to access an advocacy service; however no-one was using this at the time of our inspection. An advocate is an independent person who can provide a voice to people who otherwise may find it difficult to speak up. During our visit, the care manager arranged for a representative of an advocacy service to attend a meeting with people using the service to explain the support that they could offer.

People told us they were treated with dignity and their privacy was respected by staff. One person said staff carried out personal care in a dignified manner, commenting, "The staff are discreet, they get on with what they need to do but they don't make a song and dance about it." Another person told us, "I have no complaints about any of the staff." The relatives we spoke with said they felt staff treated people with dignity and respect. One relative said, "[My relative] has their dignity here."

Staff were respectful when speaking with people and ensured they used their preferred name. One person commented about how impressed they were that staff knew the names of everybody living at Baily House. The staff we spoke with had a clear idea of how to ensure any personal care was provided in a dignified way. One staff member said, "I imagine myself in that situation, how would I feel if it was me that needed care?" The staff we spoke with were passionate about the importance of ensuring people's dignity was maintained.

People had access to their bedrooms at any time should they require some private time. Visitors were able to come to the home at any time and many people visited during the inspection. People and their visitors had access to several private areas to spend time together if required. Staff also ensured that they respected people's wishes regarding the handling of their post. Some people's post was delivered to them unopened where they had requested this to be the case. We also observed staff knocking on doors and waiting to be invited into people's bedrooms

Is the service responsive?

Our findings

The people we spoke with told us that staff provided the care they needed and were responsive to their changing needs. One person said, "The care is marvellous, they know just what I need." Another person commented, "If I need anything I just have to ask." We were also told, "It is really good here, the staff care for me very well." The relatives we spoke with also felt that their loved ones received the care and support they required. One relative said, "The staff know [my relative] very well and I think people are very well cared for here."

During our visit we observed that staff had a good understanding of people's care needs and the best ways to communicate with them. For example, we saw staff using a communication book with one person and it was apparent that they were very familiar with its contents and how to use it. Upon checking this person's care records there was a clear explanation of why staff needed to use the communication book and we observed staff following the guidance that was provided. Another person had developed a pressure ulcer during a recent stay away from Baily House. Staff were aware of this and were providing appropriate care and support to aid the healing of the pressure ulcer.

The staff we spoke with could describe the different types of care that people required and felt that they had the information available to enable them to meet people's needs. The care plans we looked at contained sections for each identified area of care and these were regularly reviewed and updated as people's needs changed. People were involved in the process of reviewing their care plans if they wanted to be, or a family member could also be involved. The registered manager acknowledged that some sections of care plans required additional detail to better capture the knowledge that staff had. Work was already underway to document further information about people during their care plan review. The staff we spoke with told us they found the information in people's care plans was helpful. There was also an effective system in place to ensure that staff were informed of changes to people's planned care.

Adjustments were made and equipment provided so that people were able to remain independent. For example, staff ensured that people who required glasses or hearing aids had access to these and that they were in good order. The building had been designed with wide corridors and hand rails to enable people to move around the home independently where possible. There was also work underway to further improve the environment for people living with dementia to support them to navigate their way around the building as well as providing additional stimulation.

The people we spoke with told us there were activities available which they could participate in if they wished to. One person said, "There was an entertainer who visited recently, that was very good." Another person said, "I enjoy having a talk with the chaplain when they visit." We were also told, "I am not all that bothered about any activities, someone helps me to fetch a newspaper each day." The relatives we spoke with also felt there was a good provision of activities. One relative said, "People do go out quite a lot as well when the weather is nicer. [My relative] went for a pub lunch with some staff." During our visit several people enjoyed making Easter bonnets.

The service had an activities coordinator who was in the process of finding out what types of activities people may enjoy doing. There was a programme of activities which were carried out during the week as well as trips to local places of interest. Family members were also encouraged to take part in activities and were invited to enjoy a Sunday lunch with their loved one at the home. There was a minibus available and people had enjoyed outings during the previous year. We saw that the provision of activities was focussed on meeting the needs of people living at the home. Any suggestions people made about activities were considered and taken on board where possible. During our visit two people mentioned activities that they would like to try and the registered manager agreed to look into the possibility of implementing these.

People told us they felt able to raise concerns and knew how to make a complaint. One person said, "I would have no hesitation speaking to the manager or the owner." Another person told us, "There are no problems, but I know I could speak with the manager if I had a complaint." The relatives we spoke with also told us that they would have no concerns about making a complaint and knew how to do so.

The complaints procedure was given to people and their relatives on admission to the home. Copies were also available in the reception area of the home in several different formats. We reviewed the records of the complaints received in the 12 months prior to our inspection. The complaints had been investigated within the timescales stated in the complaints procedure and communication maintained with the complainant throughout the process. The registered manager arranged to meet with the complainants to discuss their concerns in more depth when this was required. The outcomes of the complaints were well documented and this included an apology and an explanation of any lessons that had been learned to improve future practice.

Is the service well-led?

Our findings

There was an open and positive culture in the home and people felt able to be involved and included in the development of the home. One person said, "I like to help the staff and other people out and I am able to do this." Another person said, "It is a very relaxed place to be." The relatives we spoke with also felt that the culture of the home was relaxed and that they felt able to speak up. We observed that people were relaxed in the home and the atmosphere was calm.

The staff we spoke with felt there was an open and transparent culture in the home and told us they would feel comfortable reporting a mistake. One member of staff said, "This is the best place I have ever worked." There were regular staff meetings and we saw from records that staff were able to contribute to these meetings. The registered manager discussed expectations of staff during meetings and how improvements could be made to the quality of the service. Staff were able to make suggestions and raise concerns during these meetings and they were taken seriously and acted upon.

The view of the staff working at the home was asked for in a variety of different ways such as a staff survey and feedback following training courses that were provided. People and staff could speak with the registered manager at any time to make suggestions or raise concerns. The registered manager told us they operated an 'open door' policy whereby people could speak to them whenever they wanted to. There were also good links with the local community as people regularly visited facilities such as local shops. The registered manager and provider told us that they would look to contact local voluntary organisations to see if further community links could be developed.

The service had a registered manager and they understood their responsibilities. The people we spoke with knew who the registered manager was and told us they did a good job. One person said, "Yes I know who the boss is, I see them quite often." Another person commented, "The manager often walks around to see how we all are." The relatives we spoke with also felt that the registered manager was visible and led by example. During our visit the registered manager spent a lot of their time in different parts of the home engaging with people, visitors and staff. The provider was also present during the inspection and spent time talking with people.

There were clear decision making structures in place and all staff understood their role and what they were accountable for. We saw that certain key tasks were assigned to designated groups of staff, such as ordering medicines. The registered manager told us that they were considering delegating more tasks to senior staff who they felt were able to take on the additional responsibility. The provider and registered manager understood the importance of investing in the development of staff and felt this had resulted in low levels of staff turnover. Resources were provided to enable staff to meet people's needs and to ensure the building remained in a good state of repair. For example, the catering manager told us their budget was not restricted and they were able to purchase any new equipment or supplies they needed.

Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The people we spoke with were aware of the different ways in which they could provide feedback about the service. One person said, "I have filled in a couple of questionnaires." Another person said, "There are some meetings for residents where we talk about what activities we'd like to do." The relatives we spoke with told us that they felt able to provide their feedback about the quality of the service directly to the registered manager or any of the staff.

People were provided with different ways of giving feedback about the quality of the service. Satisfaction surveys were distributed to people about a variety of different topics, such as the quality of the food and dignity and respect. The surveys that had been returned were very positive about the quality of the service being provided. Where there were any improvements identified these had been implemented and feedback provided to people. For example, some changes had been made to the menu in response to feedback provided about the food. There were regular meetings which people were encouraged to attend as well as more informal, social gatherings. Records of recent meetings showed that people had provided input in relation to the types of activities they would like to take part in. One person had requested a trip to the seaside and staff were in the process of arranging a trip for later in the year.

The quality of service people received was assessed through regular auditing of areas such as medication and care planning. In addition, any incidents and accidents were reviewed to identify any improvements that could be made to staff practice. The audits were detailed and identified any areas where improvements needed to be made. In addition, the registered manager had responded to areas for improvement recommended by other external agencies. The provider visited the service on a regular basis and held strategic meetings with the registered manager and other key staff. The ethos and future direction of Baily House were kept under constant review and there was an on-going plan to continually improve the quality of the service.