

Mrs W A and Mr P Marucci

Spring Cottage

Inspection report

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Tel: 01653695354

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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

Spring Cottage is owned by Mr and Mrs Marucci and provides accommodation for up to sixteen older people who require personal care only. The home is situated on the outskirts of Norton in a rural location.

The last inspection was completed on 21 May 2014 and was found to be compliant with the regulations inspected at that time. This unannounced inspection took place on 13 March 2016.

The registered manager had been in post for over 30 years. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had completed safeguarding training and understood their responsibilities to report any abuse or episodes of poor care they witnessed or became aware of. This helped to ensure the people who used the service were protected from the risk of harm and abuse. Staff had been recruited safely and were deployed in suitable numbers to meet the needs of the people who used the service. Medicines were ordered, stored and administered safely. People were supported to self-medicate when possible and people received their medicines as prescribed from staff who had completed safe handling of medicines training.

Staff had completed a range of training which enabled them to meet the assessed needs of the people who used the service. Records indicated and staff confirmed they received regular supervision and support. People provided their consent before care and support was delivered and best interest meetings were held when people lacked the capacity to make important decisions themselves. The service operated in line with the principles of the Mental Capacity Act. People were supported to maintain a healthy and balanced diet of their choosing. Relevant professionals were contacted for advice and guidance as required.

People told us they were supported by kind, caring and attentive staff who knew them well and understood their preferences for how care and support should be delivered. People were treated with dignity and respect throughout our inspection. It was clear staff were aware of people's preferences for how care and support should be provided. Staff understood their responsibility to ensure people's private and sensitive information was treated confidentially.

People or those acting on their behalf were involved with the planning and on-going assessments of their care when possible. We saw records confirming that reviews took place periodically. People participated in a range of different activities; photo collages of different events and outings were displayed within the service. There was a complaints policy in place at the time of our inspection which was displayed at the entrance of the service. This helped to ensure people could raise concerns about the service or the individual care and support as required.

The registered manager understood the requirements to report accidents, incidents and other notifiable

incidents to the CQC. Audits were completed regularly and we saw when shortfalls were highlighted action was taken to improve the service. Questionnaires were completed by people who used the service, their relatives and professionals periodically to enable the service to receive feedback about the care and support provided.

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 from abuse and avoidable harm. When accidents or incidents took place they were investigated and action was taken to prevent future reoccurrence.

Staff had been recruited safely and were deployed in sufficient numbers to meet people's assessed needs. There was a very low turnover of staff.

People's medicines were ordered, stored and administered safely.

Is the service effective?

Good ●

The service was effective. Staff had completed a range of training which enabled them to effectively meet people's needs.

People who used the service received a wholesome and nutritious diet which was home cooked and of their choosing. Drink, snacks and fruit were offered to people throughout the day.

Staff understood the need to gain consent from people before care and treatment was provided and the registered manager ensured current guidance and legislation was followed.

People's needs were met by a range of healthcare professionals. Advice and guidance was implemented to meet the needs of the people who used the service.

Is the service caring?

Good ●

The service was caring. People who lived at the service were treated with dignity and respect by staff.

We observed staff listening to people and providing personalised care that met their individual needs.

People were involved in making decisions about their care and treatment and their preferences were recorded in their care plans.

Is the service responsive?

Good 

The service was responsive. People were encouraged to express their views about the care and support they received. When suggestions were made they were listened to and implemented when possible.

The registered provider had a complaints policy in place which was displayed within the service.

People were involved in the initial assessment of their needs and the on-going planning of their care.

Is the service well-led?

Good 

The service was well-led. There was a quality assurance system in place which consisted of audits, checks and feedback provided by people who used the service.

The registered manager was approachable and encouraged people and staff to be actively involved in developing the service.

Notifications were submitted to the CQC as required.

Spring Cottage

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 registered provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 March 2016 and was unannounced; it was carried out by an adult social care inspector.

We had not asked the registered provider to complete a Provider Information Return (PIR) before the inspection was undertaken. A PIR is a form that is completed by the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Therefore, we looked at the notifications received and reviewed all the intelligence CQC held to help inform us about the level of risk for this service.

During the inspection we used the Short Observational Framework Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who used the service. We observed staff interacting with people and the level of support provided to people throughout the day, including meal times.

During the inspection we spoke with nine people who used the service and two of their relatives. We also spoke with the registered manager, the manager, the administrator, three members of staff, the registered provider and a visiting professional.

We looked at five people's care plans along with their associated risk assessments and Medication Administration Records (MARs). We also looked at how the service used the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) to ensure that when people were assessed as lacking capacity to make informed decisions themselves or when they were deprived of their liberty, actions were taken in their best interest.

We looked at a selection of documentation pertaining to the management and running of the service. This

included quality assurance records, recruitment information, staff training records, policies and procedures and records of checks carried out on equipment and facilities. We also took a tour of the premises to check general maintenance as well as cleanliness and infection control practices.

Is the service safe?

Our findings

People who used the service told us they felt safe and were supported by suitable numbers of staff. Their comments included, "Oh yes, we are very safe", "The staff know us, they know how to keep us safe", "They [the staff] come and check on me through the night, just to make sure I'm safe", "There is always someone [staff] about, I don't have to wait if I need them to help me", "If someone if off they get cover, the [registered] manager is always here", "We are in safe hands here" and "I just pull the cord [call bell] and they appear."

People also told us staff supported them to take their medicines safely. One person said, "They look after most of my tablets, I look after my own inhalers though", "They lock everything away and bring them out when it's time" and "I get given my medicine every day."

During the inspection we saw that medicines were ordered, stored and administered safely. We observed a medication round and saw people received their medicines as prescribed. Medicines were stored in a dedicated room and Medication Administration Records (MARs) were used to record when people had taken their prescribed medicines. The MARs we saw had been completed accurately without omission.

We saw records that staff had completed safe handling of medication training and that audits of internal practices and stock control were undertaken to ensure medicines were managed safely. A member of staff, "We used the no-mad trays, they make things so much easier, we have different colours for the different times of day, so I just get the morning tablets out, check what is in the box is what's on the MAR and then give it to the person." Nomad trays are prepared by the supplying pharmacy and hold all of a person's tablets in compartments marked with the day of the week.

People who used the service had their needs met by appropriate numbers of staff. At the time of our inspection the 16 people who used the service were supported by a registered manager, a manager, an administrator, the care staff and a cook. The registered manager told us, "We are all very hands on, everyone knows everyone here and that's the way we like it." Throughout the inspection we noted people were not made to wait for care and support and their requests were met quickly by attentive staff." A member of staff we spoke with confirmed, "There is enough of us, the manager likes us to sit and talk with the residents. At other places I've worked you always have to be doing something but the [registered] manager wants us to sit with people; it's part of the job here." Another member of staff told us, "One lady tends to stay in her room, we all go spend time with her, just sit with her and talk to her. It's what the manager wants and they [the management] make sure we have the time to do it."

Staff had been recruited safely. Records showed before prospective staff were offered a role within the service a number of checks were undertaken. Interviews took place where prospective staff's work history and gaps in employment were explored. References were requested and a DBS [Disclosure and Barring Service] was completed to ensure they had not been deemed unsuitable to work with vulnerable adults. We saw staff retention was high and the majority of staff had worked in the service for a number of years. A relative we spoke with said, "Most of the staff have worked there for years which is so good for consistency, they all see the same faces and they have trust in them [the staff]."

People who used the service were protected from abuse and avoidable harm by staff who had completed relevant training and knew how to keep people safe. Staff we spoke with could describe what signs to look out for which could indicate potential abuse and knew what action to take if they had any concerns. One member of staff said, "I would report anything to [name of the registered manager] immediately; they would look into it straight away." Another member of staff said, "No one here would ever do anything like that but if they did I know the manager would do whatever was needed to protect the residents."

We saw that accidents and incidents that occurred within the service were investigated and appropriate action was taken to prevent their re-occurrence. The service's administrator told us, "One lady fell in her bedroom twice; we looked at what had happened and what we could do to stop it. We have changed the layout of her room now and that has done the trick, she hasn't fallen since." This helped to ensure that the service learnt from individual events that took place and used their knowledge to protect the people who used the service from avoidable harm.

People were treated as individuals and staff understood the importance of not discriminating against people due to their age, needs, religious orientation or skin colour. A member of staff said, "Everyone here is different and has different needs, what one person likes another person doesn't, what one person wants to do another person is not interested in. I just treat people how they want to be treated." The registered manager told us, "When we recruit staff, we are not as interested in the pieces of paper [certificates of completed training courses] as who they are as a person, if they won't treat the residents like we do then they can't work here."

Is the service effective?

Our findings

When we asked people if the staff who supported them had the skills and abilities to meet their needs we received consistently positive comments. One person said, "They are marvellous, they are absolutely brilliant. Another person told us, "All the staff are very good, they do everything they can to assist me." Other comments included, "They are all smashing girls" and "I am really happy here, it's lovely and the staff are very good."

People who used the service told us they received a varied and wholesome diet of their choosing. One person told us, "The food is always good, he [the registered provider] makes it all himself you know." Other people commented, "It's just like we used to make at home; it's fresh, it's seasonal", "Home-made stews and home-made cakes are being made today" and "If we don't fancy something they always have an alternative for us." A relative we spoke with said, "All the food is made fresh, it smells wonderful whenever we visit."

Staff had completed a range of training to ensure they had the knowledge and skills to carry out their roles effectively. This included safeguarding, assisting and moving individuals, infection control, health and safety, food hygiene, The Mental Capacity Act 2005, equality and diversity, fire prevention and emergency provisions, food hygiene, challenging behaviours by people with dementia, record keeping, first aid, dementia and person centred approaches. We saw that staff had also completed NVQ's [National Vocational Qualifications], the manager told us, "I have just got my level five in health and social care management."

Staff were supported during one to one meetings with their line manager at which time their competencies were assessed; if shortfalls were identified staff were supported to complete additional training as required. Staff told us their one to one meetings were productive and provided them with an opportunity to talk about people's individual care needs, any concerns they had and their professional development. A member of staff told us, "We don't have to wait for the meetings though, if I want to speak to [name of the registered manager] or [name of the manager] we can do that anytime."

Staff had the skills and abilities to communicate with people effectively. One person utilised a white board to aid their communication. The person was hard of hearing and used the board to write down answers of requests to enable staff to meet their needs. A member of staff said, "We don't use the board a lot, we can just say things slowly and repeat things if we need too, they [the person] understand everything so you just have to be patient."

Throughout the inspection we witnessed staff gaining people's consent before care and support was provided. People's ability to provide consent was assessed and recorded in their care plan. People had signed to give their agreement with the care plans that had been developed to meet their needs and to have their photographs taken. Best interest meetings were held when people lacked the capacity to make informed decisions themselves, which were attended by a range of healthcare professionals and other relevant people who had an interest in the person's care.

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 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. At the time of our inspection two people had a DoLS in place which helped to provide assurance that people were supported in line with relevant legislation. The manager of the service explained, "The community psychiatric nurse really helped me with the [DoLS] applications, just to make sure I was going in the right direction."

A range of healthcare professionals contributed to the holistic care and treatment of the people who used the service. People were supported to attend healthcare appointments and received treatment from visiting professionals as required. Records of all professional visits were made including their advice and guidance. A person said, "We get taken to all our [healthcare] appointments and the nurse comes here to see us." A visiting professional told us, "If they [registered manager] have any concerns they get in touch straight away" and "They follow our advice and are generally a really good home to work with."

Transfer forms were used when people required admitting to hospital. The forms provided relevant medical information and personal support requirements, including people's preferences for how care should be delivered. This helped to ensure people's needs were consistently met even when they received care and support in other locations.

People were encouraged to eat a healthy balanced diet. We saw that people were offered choices for each meal and alternatives were readily available. The registered manager told us, "We do different things every day and always make sure people get what they want. We used to do buy fresh fish and cook fish and chips for everyone but I overheard someone saying they liked it when they used to eat them off newspaper so we buy them from the fish and chip shop now."

We saw that people were weighed on a regular basis and when concerns with their nutritional intake were identified appropriate action was taken. A member of staff said, "We have one person who is diabetic so we have to watch what they eat and make special things for them. We have two people who don't quite need soft diets yet but we cut things up for them and again we all know to keep an eye on them." Throughout the inspection people were offered a variety of drinks and home-made snacks.

Is the service caring?

Our findings

People who used the service told us staff who supported them were caring. A person said, "I have been ill but I have been so well cared for, they [the staff] really do look after us." A second person said, "The staff are very caring, nothing is too much trouble." A third person commented, "All of the staff go way beyond the call of duty" and "When I went into hospital all the staff came to see me, it meant a lot to me to know they cared like that."

A relative told us, "It was very difficult putting her into care but I chose them [Spring Cottage] because it's like she is one of the family, they are so caring" and went on to say, "The registered manager is genuinely devoted to everyone there." A relative we spoke with said, "They don't just look after Mum, they look after me as well. When I've visited and Mum says I don't see her enough because she forgets when I visit, the [registered] manager texts me and tells me how much Mum enjoys it when I'm there and that really lifts my spirits."

We spent time observing how care and treatment was provided to people who used the service. Staff took the time to sit and talk with people about different aspects of their lives; they shared jokes and laughed together. We saw numerous positive interactions between staff and the people who used the service. It was clear that relationships had been built and staff knew the people they were caring for.

One person who used the service preferred to spend the majority of time in their room. They told us, "I chose this room because of the views, aren't they wonderful? [Name of the registered manager] put the bird feeder on my window so I can watch the birds." The registered manager had strategically placed a mirror next to the window so that the person could see a neighbouring property. They explained, "They ride horses up and down the track and she loves to watch them and see what is going on."

Staff took practical action to reduce people's distress and discomfort. One person who used the service experienced difficulties with their breathing; they regularly used the ceiling fan and told us they thought the circulating air helped them. The manager of the service told us that continually getting up to turn the fan on was difficult for the person so they had extended the pull cord so it could be operated from their bed.

Staff commented on the levels of care and provided their personal opinion on the service. One member of staff told us, "It's a home from home, when people move in they become part of the family", "It's a wonderful place to work, it's a wonderful place to live; it's special" and "My Mum lived here, I wasn't working here at the time but everyone knows how good it is here and I wouldn't let her live anywhere else." The registered manager told us, "We want people to know they are part of a family here." A relative said, "When Mum goes out or when she has had her hair done the [registered] manager sends me pictures, I send them to our family so everyone can see she is happy and okay; it warms my heart."

People were given information and explanations when they needed it. We heard staff offering people support and describing things in a way people could understand. For example when a visiting community nurse arrived to provide care to a person who used the service they explained the reason for this and how it

would be done was simply and clearly explained to the person who used the service. A visiting professional commented, "Staff speak to people appropriately and when we need to we get taken to the medical room so we can see them somewhere private."

Staff understood the importance of treating people with dignity and respect at all times. One member of staff said, "It's hard to explain, it's in the way we talk to people and the way we help them. I just treat them like I'd want to be treated and spoken to how I would like to be spoken to." Another member of staff told us, "I always close doors when I provide personal care, I cover people over with towels, ask questions discreetly, there is lots of things when you think about it."

A person who used the service said, "All the staff are very respectful." A relative commented, "Mum is treated with respect by everyone."

People were encouraged to maintain their independence. The registered manager told us, "We have some independent people here; we want them to be as independent as possible so we don't go barging in their rooms or into the bathrooms, if people want a towel we pass it to them from round the door." A member of staff said, "People make all their own choices, what they want to eat, how they want to spend their time, if they want to go out or join in activities. If you make choices for people you rob them of their independence and that's not how we do things." People who used the service confirmed they were enabled to remain independent and made choices in all aspects of their lives.

Staff described how they ensured people's private information remained confidential. One member of staff said, "I would never tell people outside work anything about our residents. It is a small place and people do ask but we can't just talk about people's conditions." Another member of staff said, "Sometimes the residents ask what's wrong with so and so or how is so and so, I just explain they are not well or whatever and don't go into detail." Confidential information was stored in the registered manager's office and the registered provider had a confidentiality policy in place to refer to as required.

We asked if there were any restrictions on when people's families and friends could visit. The registered manager told us, "No we don't have anything like that, we will make up the bed downstairs if a resident is not well and their family don't want to leave them."

Is the service responsive?

Our findings

People who used the service confirmed they were involved with the initial planning and on-going delivery of their care. One person said, "We have meetings, we talk about how I am and if I'm happy with everything. I tell them I am I because I really like living here; the only thing that would be better would be being back at home." Another person said, "My daughter comes to any meetings, she is always involved."

People and their relatives told us they knew how to raise concerns and make complaints. One person commented, "You just need to speak to the girls if you have any concerns, everything gets followed up, there is no delay in fixing things." Another person said, "I would say so if I had a problem but we get so well looked after I haven't needed to." A relative we spoke with said, "I haven't needed to complain but anything we raise gets acted on it straight away." Another relative said, "I have never made a complaint, I have had experience with other homes and I have to say this one is exemplary."

The registered manager explained the process of people moving into the service. They said the service received an enquiry and people came to the stay at the service for a short holiday which allowed the person to decide if they wanted to live at Spring Cottage. They also said they would discuss the person with the people who currently used the service to ensure the atmosphere would not be affected. They told us, "It's so important that we get things right. I would rather have empty beds than upset our residents and bring people in who would not get on with everyone, I have to make a decision that is fair for everyone."

Assessments of people's needs were completed by the registered manager or the manager as well as the placing authority before people moved into the service. The assessments were used to develop individualised plans of care which contained risk assessments to reduce and manage known risks. Care plans also contained 'life history sheets' which provided information regarding peoples' family lives, their work history, important events in their lives and the interests and hobbies. 'Personal profiles' had been created to record people's likes, dislikes and preferences regarding their care and end of life wishes.

Reviews of people's care and treatment were completed on a six monthly basis. We saw that people or their appointed persons and family attended the meetings to provide feedback of the care and support people received. When people made comments or requests, it was evident that action had been taken to improve the level of care provided. The manager told us, "We don't wait for the reviews; if something needs changing or someone's health deteriorates we will update the care plans so they are accurate."

People were encouraged to follow their interests and we take part in a range of activities. We saw photo collages of people enjoying activities in the gardens, visiting local places of interest and enjoying celebrations such as birthdays. A member of staff showed us two 'stimulation balls'; the balls were similar to a beach ball and had a range of different questions printed onto them. Questions such as, 'where did you get married?' and 'how is the world different today than when you were young?' The member of staff told us people threw the ball to each other and answered the question under their thumb when they caught it. They explained how the balls were used to stimulate conversations and that through sharing their answers the ball was an effective tool which prompted people to remember things from their life and encouraged them

to reminisce.

People who used the service told us they liked to remain active. One person said, "'I like to do little jobs, we peel apples and pod beans in the summer, we sit out in the sun and it's lovely." Another person said, "I set the tables and do a bit of washing up every now and then." We were also told, "We do all sorts; I go out for dinner sometimes, we go out for coffees, to garden centres, local shops and I go on holidays" and "I am at a wedding tomorrow, the [registered] manager will do my hair for me and make sure I look my best." A relative we spoke with said, "Mum can't do much and doesn't get involved with a lot of activities but she sits and watches the birds and the world going by and she enjoys that."

People were encouraged to develop and maintain relationships with important people in their lives. The registered manager explained, "We don't want the residents lives to change when they move in, we encourage people to visit as often as they would like. We email one lady's grandson who lives away, just to keep him updated with what's going on." A relative we spoke with said, "I am always updated on everything that happens, when paper works is changing or when she needs a doctor but also of the good things, when she has been sat by the window downstairs and when she has particularly enjoyed something."

The registered provider had a complaints policy in place at the time of the inspection; a copy was displayed in the main entrance to the service. Information was provided regarding formal and informal methods, response times and acknowledgment times as well as how the complainant could escalate their complaint if they thought the response they received was unsatisfactory. People who used the service confirmed they knew how to raise a complaint and would have no concerns doing this if they needed to. They told us they had no reason to make a complaint. The registered manager said, "We don't really get complaints but I would do what I could to sort things out straight away" and went on to say, "I heard one lady say, oh not brown bread again, so we bought white bread for her, it's little things like that; that keep people happy."

Is the service well-led?

Our findings

People who used the service told us the service was well-led. One person commented, "The manager is great, she is always here for anything we need." Another person said, "Anything we ask for gets done, this is lovely place to live." A relative we spoke with said, "It's such a wonderfully run place, it's a family home and everyone is treated like they are part of the family." Another relative said, "It is well-led. There is a lovely atmosphere here; they have got it just right."

People who used the service were involved in developing the service. The manager told us, "We asked everyone if they wanted to have resident meetings but no one wanted them. They said we speak to them every day and they didn't need a meeting. We do always ask them if there is anything that they want doing differently." A person who used the service said, "We are always asked if there is anything we need or want to do, we don't need meetings." The administrator said, "We all have input into how things are done; we constantly ask the residents if there is anything we could do differently." A member of staff told us, "It's a great place to work, our views are important and we get listened to." Another member of staff said, "The manager's door is always open."

Team meetings were held on a regular basis, we saw that issues with staff practice, activities, changes to people's care and support and infection control were all discussed. The meetings provided staff with a forum to raise any issues they wanted to discuss but were also used to ensure the continuous improvement of the service. We saw minutes from a recent meeting challenged certain aspects of the care being provided and additional auditing took place to ensure appropriate action had been taken. This helped to ensure shortfalls were recognised and action was taken which demonstrated the learning culture within the service.

The registered provider's quality assurance system consisted of audits, checks, questionnaires and feedback. We saw that auditing was conducted by the registered manager or the manager and when shortfalls were highlighted action was taken to ensure improvements were made. Errors made whilst completing medication administration records were discovered during a recent medication audit. The manager informed us that this had been discussed with staff and the frequency of auditing had increased to ensure staff practice had improved.

The registered manager and manager completed a daily walk round of the service to ensure standards were maintained. White boards were used by staff to show that people's rooms and communal bathrooms had been cleaned and replenished as required. The registered manager explained, "I saw they used white boards in the hospital and thought if it's good enough for them it's good enough for us."

Records showed relevant maintenance checks were carried out on equipment and facilities. We saw servicing certificates for equipment such as the stair lift and moving and transferring aids. Fire safety equipment, emergency lighting and the fire alarm system was tested periodically. A fire safety risk assessment was completed on an annual basis to ensure known risks were managed and mitigated. Portable appliance testing [PAT] was completed as required.

The registered manager had managed the service for over 30 years. They were aware of their responsibilities to report accidents, incidents and other notifiable events to the CQC without delay. We saw evidence to confirm notifications had been submitted as required. The registered manager told us, "I have been doing this for such a long time, that's why I have a manager and an administrator; I'm going to step back a little and focus on the important things, the residents."

The service had strong links with the local community. The registered manager told us, "We take people out into the local community, people go to the church and the chapel, we go to garden fetes and to watch the children in the school plays." The administrator said, "We go to the Salvation Army and they come to visit here, we have a representative from each of the religious denominations come in to see people. We sing and everyone enjoys it."

We asked how innovation was recognised within the service. The registered manager told us, "We don't have awards or anything like that. I do thank the staff for their hard work every day and do treat them at Christmas with a little gift." The administrator confirmed, "We do get thanked every day, that sort of thing means a lot, we don't come to work, we come home."

The manager told us they consistently looked for ways to improve the service and received regular updates from 'Care Matters' and the 'Care UK' magazine. They said, "I'm always looking for any changes, new legislation and I get a lot of information from the professional visits, talking to them about anything we need to look at."