

Quantum Care Limited

Bean River View

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The inspection took place on 07 March 2016 and was unannounced.

Bean River View provides accommodation and care to 40 older people including those who may live with dementia. There were 40 people accommodated at the home at the time of this inspection.

We last inspected the service on 09 April 2014 and found the service was meeting the required standards at that time.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was not available on the day of this inspection, the care team manager deputised in the registered manager's absence.

People felt safe living at Bean River View. Staff knew how to keep people safe and risks to people's safety and well-being were identified and managed. The home was calm and people's needs were met in a timely manner by sufficient numbers of skilled and experienced staff. The provider operated robust recruitment processes which helped to ensure that staff employed to provide care and support for people were fit to do so. People's medicines were managed safely.

Staff received regular one to one supervision from a member of the management team which made them feel supported and valued. People received support to eat and drink sufficient quantities and their health needs were well catered for with appropriate referrals made to external health professionals when needed.

People and their relatives commended the staff team for being kind and caring. Staff were knowledgeable about individuals' needs and preferences and people had been involved in the planning of their care where they were able. The staff team went above and beyond expectations to support people to maintain family relationships and participate in family occasions. Visitors to the home were encouraged at any time of the day.

The provider had arrangements to receive feedback from people who used the service, their relatives, external stakeholders and staff members about the services provided. People were confident to raise anything that concerned them with staff or management and were satisfied that they would be listened to.

There was an open and respectful culture in the home and relatives and staff were comfortable to speak with the registered manager if they had a concern. The provider had arrangements to regularly monitor health and safety and the quality of the care and support provided for people who used the service.

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 

This service was safe.

People's care was provided by appropriate numbers of staff who had been safely recruited.

Staff had been provided with training to meet the needs of the people who used the service.

Staff knew how to recognise and report abuse.

People's medicines were managed safely.

Is the service effective?

Good 

The service was effective.

People received care and support from staff who were appropriately trained and supported to perform their roles.

People were supported to enjoy a healthy, varied and balanced diet.

People were supported to access a range of health care professionals to help ensure that their general health was maintained.

Is the service caring?

Outstanding 

The service was exceptionally caring.

People were treated with warmth, sensitivity, kindness and respect by staff who knew them well and were familiar with their needs.

People told us that the staff and management team went, "Above and beyond" what was expected to meet people's individual and personal needs.

People were relaxed and comfortable to approach and talk with staff, there was a culture of warmth and mutual respect.

People's care and support at end of life was delivered with kindness and compassion.

Is the service responsive?

Good ●

The service was responsive.

People's care was planned and kept under regular review to help ensure their needs were met.

People were supported to engage in a range of activities.

People's concerns were listened to and taken seriously.

Is the service well-led?

Good ●

The service was well led.

People had confidence in staff and the management team.

The provider had arrangements in place to monitor, identify and manage the quality of the service.

The atmosphere at the service was open, respectful and inclusive.

Bean River View

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 met 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 under the Care Act 2014.

This inspection took place on 07 March 2016 and was unannounced. The inspection was carried out by one inspector.

Before our inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We also reviewed the provider information return (PIR). This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

During the inspection we observed staff support people who used the service, we spoke with five people who used the service, three relatives, four care staff, the chef, the deputy manager, registered manager and a representative of the provider's senior management team. Subsequent to the inspection we spoke with three relatives to obtain further feedback on how people were supported to live their lives.

We requested feedback from representatives of the local authority social working team and other external professionals involved with the care of people who used the service. We also 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 reviewed care records relating to three people who used the service and other documents central to people's health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

People told us that they felt safe living at Bean River View. One person said, "I feel really safe here, the staff are so kind and caring, how could I not be safe?" Another person told us, "I feel safe. I know I am looked after, if I am ill they fetch the doctor, if I am cold they give me a blanket, if I am hungry they give me food."

A relative of a person who used the service told us that they felt people were safe. They said, "I have no concerns at all and have been incredibly happy with [Relative's] stay here. They have been very good at keeping an eye on [relative] and at keeping them safe." Another relative told us, "People are very safe, the level of staffing is quite good, there are always three or four staff on the unit. They really do look after people and care for them."

A health professional involved with the care of some of the people who used the service told us, "I believe the staff to be caring and there always seems to be a sufficient number of them on duty. The home appears well cared for and clean."

Staff were trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Staff were able to confidently describe how they would report any concerns both within the organisation and outside to the local authority safeguarding team. Information and guidance about how to report concerns, together with relevant contact numbers, was displayed on a noticeboard in the communal area and accessible to staff and visitors alike.

Accidents and incidents were reviewed weekly to ensure that all appropriate actions had been taken. This included referrals to relevant health professionals and providing additional equipment for example, to support people's mobility needs. Where potential risks to people's health, well-being or safety had been identified, these were assessed and reviewed regularly to take account of people's changing needs and circumstances. Risk assessments were in place for such areas as the use of wheelchairs, falls and mechanical hoists. These assessments were detailed and identified potential risks to people's safety and the controls in place to mitigate risk. We saw that some people had requested stairgates to be deployed at their bedroom doors to dissuade people from entering uninvited. Risk assessments had been developed and these took into account people's mental capacity and their physical ability to open the stairgate in the event of an emergency.

There was clear information available for staff to follow when assisting people to transfer via means of a mechanical hoist. For example, there was information about the hoist to be used, the relevant sling to be used and specific detail about how the sling should be attached to the hoist.

Safe and effective recruitment practices were followed to help ensure that staff were of good character, physically and mentally fit for the role and sufficiently experienced, skilled and qualified to meet the needs of people who used the service. All people who used the service and the relatives we spoke with told us that the staff employed to work at the home were of a high calibre.

People, their relatives and staff all told us that there were enough staff available to meet their needs. Throughout the course of the day we noted that there was a calm atmosphere in the home and that people received their care and support when they needed it and wanted it. Call bells were answered in a timely manner and care staff went about their duties in a calm and organised way. However, we noted that call bells sounded throughout the home instead of purely within the individual units. This meant that, on a unit where 16 people were accommodated they heard the call bells ringing for all 40 people who used the service. This had the effect of non-stop bells sounding during the course of the day. The regional manager told us that this had been recognised within the organisation and plans were in place to update call bell system at Bean River View if possible, if not to replace it.

There were suitable arrangements for the safe storage, management and disposal of medicines and people were supported to take their medicines by trained staff. People told us that they received their medicines regularly and that they were satisfied that their medicines were managed safely. A relative told us, "It was such a relief to handover responsibility for [relative's] medicines. I have been visiting [relative] and have seen medicines being given. Staff do not leave people until they are satisfied that medicines have been swallowed."

Staff maintained a continuous stock record of medicines that were not included in the pharmacy supplied system. We checked a random sample of boxed medicines and controlled medicines and found that stocks agreed with records maintained. During the course of the inspection we noted that a staff member used a tray to carry a person's medicines to them. The staff member told us that they usually used the medicines trolley however, had found it more time effective to use the tray on this day. We discussed this with the management team who were very clear that this was not in line with good practice recommendations and undertook to monitor practice in this area.

We were told of an initiative that had been trialled to good effect on one unit in the home and was due to be rolled out across all units imminently. This was where people only had a medicine prescribed once per day and this had been traditionally administered in the morning. The GP had been consulted and where appropriate the medicine had been changed to a midday administration. Consequently people were not disturbed in the mornings to take their medicine and were able to sleep until they woke naturally. This had resulted in less refusal of medicines and also meant that the medicine round was less intensive so freed up staff to assist those people who did want to be up and about early.

Is the service effective?

Our findings

People and their relatives made positive comments about the skills, experience and abilities of the staff who provided support. A person who used the service told us, "They [staff] are lovely; they know what I need and when I need it." A relative told us, "The staff are simply marvellous; the care they have given to [relative] has without doubt improved their health and quality of life."

Staff received training to support them to be able to care for people safely. The registered manager told us of various training elements that were undertaken by members of the staff team. These included the basic core training such as moving and handling, fire awareness, medicine administration and safeguarding as well as dementia care training. Staff members confirmed that they had received the training they needed to support them in their roles. The registered manager and staff confirmed that people had a minimum of six one-to-one supervision sessions per year and more if they wished. Staff told us that they found the management team to be approachable and supportive.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We 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. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The registered manager demonstrated a good understanding of when it was necessary to apply for an authority to deprive somebody of their liberty in order to keep them safe. They had an awareness of what steps needed to be followed to protect people's best interests and how to ensure that any restrictions placed on a person's liberty was lawful. At the time of the inspection 23 applications had been made to the local authority in relation to people who lived at Bean River View and 13 were pending authorisation at the time of this inspection.

People told us that they enjoyed the food provided for them and we noted that they received appropriate support to eat. One person told us, "The food is lovely, I can't fault it. My favourite is the liver and bacon, we have that about once a week, it is lovely." Another person said, "The food is lovely, we can have a cooked breakfast every day if we want." Relatives told us that people's nutrition and hydration needs were well catered for. One relative told us, "The food is not quite the Ritz but as good as many top class restaurants." Another relative said, "The food is really good and varied. There is a whole range of tasty vegetables, including cheesy cauliflower, plenty to please everyone."

The staff team were familiar with individuals' likes, dislikes, or allergies. For example, we were told of a

person who had an allergy to sea food and that their food was managed individually to avoid any risk of cross contamination. Staff made sure that each person had their meal in accordance with their wishes and we heard them ask people if they'd had enough to eat or if they wished to have some assistance. Staff offered people choices by showing them the two meal options, this allowed people to make a meaningful choice based on the look and smell of the food. Staff did not make assumptions that people wanted gravy, they asked people individually saying, "Tell me when you want me to stop" as they served gravy for people.

Tables were nicely laid with cloths and condiments were on the tables to support people to be independent. People were supported to eat their meal wherever they wished. For example, one person said they did not want to come into the dining room to eat so staff took their lunch to the lounge for them. One person did not eat their food, a staff member tried to encourage them but the person said they had eaten a cooked breakfast that day and did not have any appetite for lunch. Staff accepted this and told us that the person was partial to tomato soup and said that they would probably be ready to try some during the afternoon.

Assessments had been undertaken to identify if people were at risk from poor nutrition or hydration. The chef manager maintained a continuous overview of people's weights to enable them to assess if people's dietary needs were being met. They told us that if a person's weight showed signs of increase or reduction they took action. For example, to provide smoothies or jellies to encourage people's fluid intake or to encourage people to have cooked breakfasts if people showed signs of weight loss.

People's health needs were met. A person's relative told us, "They are very good with [relative's] health needs; they will ask for the GP to visit if they are worried and they always keep us in the loop." We saw records of health appointments attended including physiotherapist, speech and language therapist, chiropodist and dentist. People who used the service told us that they had the opportunity to see a doctor once a week when they visited the home.

Is the service caring?

Our findings

People consistently told us that staff were kind and sensitive in their approach. Staff knew people well and were familiar with their individual needs, preferences and routines. A person who used the service told us, "It's very nice here; the carers can't do enough for me." Another person said, "You can't fault the staff, they are all willing to help you and so kind too."

Relatives all spoke very highly of the staff. One relative said, "The care staff are really marvellous, we pop in and out at all sorts of times and have never had any sense of anything but care and kindness." Another relative told us, "The caring here is top drawer, second to none. It is done with love."

An external practitioner who regularly visited and was involved with people who used the service gave high praise to the staff team. They told us, "The staff are a friendly bunch who know their residents very well, they know their residents needs and engage very well." An external health professional said, "The carers are kind and conscientious, and helpful with us."

Staff used their knowledge of people's needs and interests to find a range of ways to communicate and engage with them. For example, staff and relatives told us that the night staff wore pyjamas. Relatives told us that they felt this was a huge benefit for people who lived with dementia because it helped them to accept that it was night time and time to go to bed. This showed us that the service was proactive and tried to find innovative ways to provide care and support appropriate to people's individual needs.

Staff engaged people by talking with them about things that mattered to the person. We heard a staff member talking with someone about their children, grandchildren and great grandchildren. The person responded happily to the questions and a meaningful discussion ensued. At the end of the conversation the staff member asked, "Is there anything I can do to make your day better?"

One person who was being cared for in bed could only see what was directly above them which was a plain white ceiling. The person had limited verbal communication so a staff member asked the person's relative if they thought they would enjoy having some family photos arranged so that they could see them. The family bought in a selection of photographs and the staff member created double sided and laminated mounts which were suspended over the person's bed so that they could see them. When the registered manager visited the person in their room and asked if they liked the pictures the person said, "I love it." There was also a wooden spoon suspended above the person's bed to reflect that they had been a school dinner lady for many years.

People told us that the staff and management team went, "Above and beyond" to recognise what was important to people and to promote their independence within their capabilities and wishes. For example, we were told of a couple that had been admitted into Bean River View. They had been initially accommodated in separate bedrooms which had caused them considerable distress as they had lived together for many years. The husband didn't sleep properly because he was worried about his wife during the night and kept getting up to go and check that she was alright. The staff team worked with the people

and their relatives and supported the couple to move into a shared room and created a private sitting room for them in the vacated bedroom. This gave the couple independence and meant they could spend time together in their own space. The manager said that the husband had been very emotional about this act of kindness and said, "I am so happy because I can now rest at night knowing she is there."

We were given an example where two people who used the service had attended a family wedding but had not been able to attend the reception afterwards as it would have been too tiring for them. So they did not feel excluded from the celebration the staff team at Bean River View had arranged a small celebration in the home the following day where relatives had been able to attend. Staff members decorated the room to give the appearance of a wedding reception and the bride attended in her wedding dress. Relatives told us that this caring gesture had meant so much to the whole family and had given the two people the opportunity to spend time with family members who they did not often see.

People who used the service had been asked what they had enjoyed doing before they had moved into the home. They had told staff and the management team that they used to enjoy going to the pub. The staff team had won a cash award from an external source and had donated this towards developing a communal area into the 'Bean River View Arms'. There was a bar and comfortable seating with a pool table and TV for sporting events. We were told of a weekly pub quiz that took place in the evening and a monthly pub lunch. Relatives told us of the support that had been provided for a couple to celebrate a wedding anniversary. Relatives told us that staff had worked tirelessly with a person to set the pub up to create the feeling of actually visiting an external venue in order to celebrate with their family.

Relatives told us that they were able to visit at any time of the day and were always welcomed by staff. The environment throughout the home was warm and welcoming. The communal lounge areas were homely and cosy with some areas for people to sit quietly and others where they could watch television together. During the course of the inspection we noted people used these spaces to meet up and chat or to remove themselves from the general hum of the home for moments of quiet reflection. We saw that all people were relaxed and comfortable to approach and talk with staff, there was a culture of mutual respect. We observed staff interacting with people in a warm and caring manner asking them if they wanted anything to eat or drink and if they were comfortable.

The caring and individualised approach to people was consistent throughout all of the staff team. For example, the chef visited the dining room during the lunch service to satisfy themselves that people were enjoying their meal. One person was not feeling settled and only agreed to eat their lunch if the chef joined them at the table and had lunch with them. We noted that the chef did so and encouraged the person to eat whilst engaging them in conversation.

Staff were knowledgeable about people's individual support needs. People and their relatives where appropriate, were fully involved in the planning and subsequent review of the care provided. Information about people's specific religious beliefs and requirements was clearly documented within their care plans and we noted that these were followed. For example, one person had regular visits from a church minister and another person's diet was appropriate to meet their spiritual needs. Confidentiality was well maintained and information that was held about people's health, support needs and medical histories was kept secure. Information about how to access local advocacy services was available for people who wished to obtain independent advice or guidance.

People and their relatives told us that people's privacy and dignity was respected and promoted. Staff gave us examples of how they respected people's privacy and dignity when providing care and support. This was confirmed by our conversations with people, their relatives and visiting professionals.

We saw a compliment card that had been sent by the relatives of a person who had previously used the service. They had praised the staff team for the care they had provided stating, "Staff showed kindness and compassion during [Person's] end of life. [Person] always looked comfortable and well cared for with no signs of pain or discomfort." The registered manager told us that when a person approached end of life and required palliative care the management team met with the family members to discuss how best to meet not just the person's needs but also the family's needs. For example, one family group had wished to sit with their relative but when they had to leave the home they asked for a staff member to take their place so that the person was not left alone.

Is the service responsive?

Our findings

People and their relatives told us that the care provided was centred around people's individual needs. One relative said, "The staff really know and understand people's needs. You don't have to ask, they just do it."

Care plans were detailed and provided information to support staff to help people live as they wanted. For example, one person's care plan stated, "[Person] enjoys the beauty of nature. They like to sit near a window where they can look out and see the trees, flowers and passers-by." The person's relatives confirmed this about the person and told us that they were often found seated by the window enjoying watching the birds and the flowers. The care plan also indicated that the person was particular about their hair, make up and jewellery. The registered manager confirmed this about the person and said, "[Person] will not leave their room without their beads." This showed us that the care plans were personalised and accurately reflected people's needs and wishes.

All the care plans were kept under regular review to help ensure they continued to accurately reflect people's needs. The registered manager told us that people's relatives were involved with planning and reviewing people's care when the person did not have capacity to do so themselves or did not wish to do so themselves. Relatives confirmed to us that they had been involved, one person said, "We have a very good relationship with the care staff and they really involve us very well. They contact us if they have any concerns or if they need anything clarifying." Another relative told us, "We had a care plan review recently. We came up with a couple of areas to add into the care plan. For example, [Relative] is physically active and very mobile, consequently they become restless and need to be kept occupied. As a result the plan is for staff to incorporate a short walk into [relative's] day when staffing levels allow. We have noted that this has happened three or four times over the past couple of weeks and [relative] has really enjoyed it." This showed that staff responded to suggestions made by relatives to help enhance people's daily lives.

There was a range of opportunities for activity and stimulation provided in the home. These included, quizzes, games and cake making for example. A person who used the service told us, "We have lots we can do, I don't join in very much but I like the quiz and some games. When its warmer they take us down into the garden for a while, I enjoy that." A relative told us, "[Person] has a better social life than we do, the activity person is brilliant."

There was involvement with the local community. For example, the local school was involved with seasonal visits such as carols at Christmas, Easter egg hunts and harvest festival celebrations. The local supermarket donated flowers that had passed their sell-by date to enable flower arranging activities in the home. Fund raising coffee mornings were facilitated at the home and we were told of a fund raising project to secure a dedicated mini bus so that more people could be offered trips out and about to garden centres, shopping and places of interest.

People came into the home to provide entertainment and stimulation for people. For example, a 'Pat dog' visited the home regularly and the registered manager arranged for external singers to come and entertain people.

People were also encouraged to engage in light household tasks if they wished for example we saw a person happily drying up some cups chatting with staff as they did so. We were also told that the person enjoyed being involved with occasional admin tasks too.

Staff had spent some free time creating themed areas in corners throughout the home in line with Quantum Care's Rhythm of Life initiative. For example, there was a sewing area with a tailor's dummy wearing a wedding dress, a sewing basket and tape measure. There was office area with an old typewriter and a desk, a laundry area with a washing line and pegs, a 'beauty salon' complete with a vintage hairdryer and in another area a vintage gramophone and vinyl records. These themed areas provided people with opportunities for engagement and reminiscence. We were told of a person who did not like to come out of their room and was at risk of becoming isolated. However, when they had been persuaded out of their room to look at the themed areas many memories were awakened for the person.

Relatives told us of social events that took place at the home. For example, dinners that were put on once or twice year for them to attend with people who used the service. They told us that people were supported to celebrate their birthdays, they said, "People don't just have cakes made for them, they are consulted about what particular cake they would like."

The registered manager told us about a monthly newsletter that was in the process of being developed, the inaugural edition was in progress at the time of the inspection. The newsletter was to be circulated to families to keep them up to date with events taking place at the home.

People who used the service told us that they were not sure how to raise formal complaints however, they told us that they had nothing to complain about and would be happy to raise anything with the staff should they need to. People's relatives told us that they did know how to raise concerns; one person said that this had been clearly explained to them when their relative had moved into the home. One relative told us, "I would be completely confident to go to the management team with any concern, they are really approachable." Some relatives told us that they had raised some minor issues directly with the management team and that these had been responded to appropriately. We reviewed records for two complaints and found that they had been managed in a timely manner and in accordance with the provider's policy and procedures.

Is the service well-led?

Our findings

People and their relatives told us that they had confidence in the management team and were all very positive about how the home was run. One relative said, "Since the manager has been in post the standard of care has increased. They have a clear idea of what they expect and they communicate this clearly to staff and relatives alike. The deputy manager has only been here a short while but already they have had a positive effect." Another relative told us, "The home is very well managed. We don't see the managers a great deal but the home runs very well so they must be doing a good job."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. We saw them interact with people who used the service, relatives and staff in a positive, warm and professional manner.

Staff told us that the management team was approachable and that they could talk to them at any time. They said that the management was always open to suggestions from the staff team and that they listened to everybody and always provided them with opportunities for improvement. Staff told us that there were regular staff meetings held to enable them to discuss any issues arising in the home.

Members of the management team undertook regular walks about the home to continuously assess and monitor the quality of the service provided. There was a range of checks undertaken routinely to help ensure that the service was safe. These included health and safety checks and fire checks.

The chef manager undertook audits in each dining room once a week. These were to check areas including tables being laid properly, how choices were being communicated to people, if staff were wearing aprons to service people's food and what people thought of the food.

The local authority had conducted a quality monitoring visit in December 2015 which had resulted in a rating of 'Good'. We noted that there were some actions had been required as a result of this visit; The registered manager was able to demonstrate that there was a plan in place for all actions to be completed in a timely manner.

The deputy manager audited the medicines held in the home. This process included a weekly check of controlled medicines with a care team manager. The deputy manager told us that no major concerns had been noted with medicine practice recently other than some missed signatures on medicine administration records (MAR). To address this the deputy manager attended handover for three days to re-enforce the management of MAR and their purpose.

The pharmacy gave us positive feedback in relation to how people's medicines were managed at Bean River View. They said, "The care home is run in an excellent manner from our perspective and very conscientious of patient care. Whenever there is a medicines change we are informed straight away and staff really go the extra mile to ensure that prescriptions are prepared and sent to us."

People who used the service confirmed that there were meetings held monthly for them to get together and discuss forthcoming events in the home and to bring up any grumbles they had. Relatives told us of customer engagement meetings that took place every few months where they were invited to join people who used the service in a meeting with members of the management team.

Satisfaction surveys were distributed regularly to people who used the service and their relatives. We reviewed results from the most recently completed survey from 2015 and noted that staff were praised for providing care that was kind and compassionate and that people felt the quality of food provided was good. Areas identified for improvement were the laundry service and activities provision. To address this the registered manager had employed an additional member of housekeeping staff to work in the laundry in the evening and deployed the care team managers to work more out on the floor. This was to free up care staff to carry out more activities and to monitor the effect of this. This showed that the registered manager responded to people's feedback in order to drive forward improvement in the home.

Providers of health and social care are required to inform the Care Quality Commission, (CQC), of certain events that happen in or affect the service. The registered manager had informed the CQC of significant events in a timely way which meant we could check that appropriate action had been taken.