

Willett Lodge Care Home Ltd

# Willett Lodge

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 27 March 2018, and was unannounced

Willett Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can provide accommodation and nursing care for 20 people in one detached building that is adapted for the current use. The home provides support for people living with a range of healthcare, mobility and sensory needs, including people living with dementia. There were 17 people living at the home at the time of our inspection.

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 managers, 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.

At the last inspection on 14 March 2017, the service was rated Good. At this inspection we found the service remained Good

People and relatives told us they felt the service was safe. People remained protected from the risk of abuse because staff understood how to identify and report it. A social care professional told us, "Based on recent reviews of people's placements, I can confirm that resident's safety whilst living at Willett's Lodge is one of the most important areas for the care team."

The registered manager completed risk assessments and a programme of regular health and safety checks to ensure quality was measured and maintained. We observed audit activity for areas including, medicines, and fire safety and infection control.

The provider had arrangements in place for the safe ordering, administration, storage and disposal of medicines. People were supported to have their medicine safely when they needed it. People were supported to maintain good health and had access to health care services.

People and their relatives felt staff were skilled to meet the needs of people living with dementia and provide effective care. One relative told us, "It's not posh but it's good care". Staff told us they received training that the importance of understanding people's life experiences and supported them to work empathically when delivering person centred care.

Staff considered people's capacity using the Mental Capacity Act 2005 (MCA) as guidance. People's capacity to make decisions had been assessed. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was meeting the requirements of the Deprivation of Liberty Safeguards

(DoLS).

Staff supported people to eat and drink and their nutritional needs were met. One person told us, "The food is always lovely here." Where special dietary needs were required in relation to people being at risk of malnutrition or choking staff followed guidance given by care plans and the health professionals.

People's relatives told us and we saw that the staff were caring and respectful. One person told us, "They care about people, they care about us". Care and support provided was personalised and met peoples' diverse needs. People and their relatives were included in the assessment of their needs and development of care plans.

People when needed received 'end of life care' that was responsive to their health care needs and respected their wishes and diverse cultural needs.

Feedback received showed relatives were satisfied overall, and felt staff genuinely cared. People and relatives felt listened to and any concerns or issues they raised were addressed suitably and dealt with in a timely way.

Quality assurance audits completed by the registered manager and provider were embedded to ensure a good level of quality was maintained. The provider was committed to improving the service through satisfaction surveys and as an active partner in local forums. The provider consistently demonstrated that the service monitored and made improvements to the systems when required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

|   |               |
|---|---------------|
| <b>Is the service safe?</b><br>The service remains Good       | <b>Good</b> ● |
| <b>Is the service effective?</b><br>The service remains Good  | <b>Good</b> ● |
| <b>Is the service caring?</b><br>The service remains Good     | <b>Good</b> ● |
| <b>Is the service responsive?</b><br>The service remains Good | <b>Good</b> ● |
| <b>Is the service well-led?</b><br>The service remains Good   | <b>Good</b> ● |

# Willett Lodge

## Detailed findings

### Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 27 March 2018 and was unannounced. The inspection team consisted of two inspectors and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience for this inspection was an expert in care for older people with dementia.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and improvements they plan to make. We looked at this and other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted stakeholders, including the local authority contracts team and health and social care professionals involved in the service for their feedback three professionals gave feedback regarding the service.

During the inspection we observed the support that people received in the communal areas. We were also invited in to people's individual rooms. We spoke to 12 people, five relatives, five care staff, the registered manager and the provider. We spent time throughout the day observing how people were cared for and their interactions with staff and visitors in order to understand their experience.

We reviewed four staff files, medication records, staff rotas, policies and procedures, health and safety files, compliments and complaints recording, incident and accident records, meeting minutes, training records and surveys undertaken by the service. We also looked at the menus and activity plans. We looked at six people's individual records, these included care plans, risk assessments and daily notes. We pathway tracked some of these individual records to check that care planned was consistent with care delivered.

At the last inspection on 14 March 2017, the service was rated Good. At this inspection we found the service

remained Good.

## Is the service safe?

### Our findings

People felt safe living at the service and with the staff that supported them. Relatives told us they felt people were safe and that staff cared for them. Some people were unable to fully express themselves due to their dementia. Throughout the inspection we observed people initiating contact with staff and being relaxed and comfortable in their presence. For example, people would smile and make good eye contact with staff and were open to having their hands held while staff talked with them. One person told us, "I like it here, I am well looked after." A staff member told us, 'It's important to make people feel safe, to sit and talk with them when they are worried and make sure they have what they need.'

People remained protected from the potential risk of abuse because staff understood people's needs and the types of abuse people living with dementia experienced. Staff received training and guidance on how to recognise and report abuse and were confident that if they raised a concern with their manager it would be taken seriously and acted on. Staff received training in equalities and diversity awareness to ensure they understood the importance of protecting people from all types of discrimination. The Provider Information Return (PIR) described that the team would regularly reflect on the principles of human rights, in relation to what was acceptable in the workplace. For examples jokes involving comments on people's height, weight, sexuality or religion were not tolerated. A social care professional told us, "Based on recent reviews of people's placements I can confirm that resident's safety whilst living at Willett Lodge is one of the most important areas for the care team. The care team appear caring and are working effectively to achieve this".

Risks to people were managed safely. Each person had an individual care plan that was supported by risk assessments that covered a range of needs, including, falls assessments, moving and handling, nutrition, bedrails, personal hygiene, tissue viability and psychological behaviours. These gave guidance to staff on the level of risk, how it may occur, and how to minimise the risk and restrictions. For example, one person was at risk of malnutrition, they had an eating and drinking checklist, their weight was monitored monthly and there was nutritional support guidance provided for staff so they could ensure the person ate a suitable diet and maintained a healthy weight.

Environmental risk assessments, audits, and a programme of regular health and safety checks ensured measures were identified to minimise environmental risk. The registered provider had oversight of health and safety through audits and checks of fire safety, LOLER, COSHH, Legionella, gas safety, food hygiene compliance checks and emergency plans. Personal Emergency Evacuation Plans (PEEPs) were in place for people. PEEPs provide information to staff on what action should be taken with people should the service be required to be evacuated in the event of an emergency.

People were protected by the prevention of infection control. Staff had good knowledge in this area and attended regular training in this area. PPE (personal protective equipment) was used when required including aprons and gloves. The provider had detailed policies and procedures in infection control and carried out monthly reviews of the types of infections people had, to inform anticipatory medicines and to ensure staff received further guidance when required. The environment remained clean and free from malodours and the provider had an ongoing schedule of redecoration to ensure the more tired areas of the

service were decorated.

Accident and incident records demonstrated that staff and the registered manager continued to take appropriate action following incidents. Where the incident involved actions of people, these were investigated and recorded in more detail through the positive behavioural model. This was done by looking at what happened prior to the incident, during and after, so that risk assessments could be developed, lessons could be learned and care plans adjusted to reduce the likelihood of reoccurrence.

We looked at the management of medicines and observed they were consistently administered safely. Staff gave medicines respectfully having gained consent. One person told us after receiving their medicines, "They care about people, they care about us". The medicines policies and systems ensured that staff had clear guidance on how to safely store, audit, record, administer and dispose of medicines. For example, one person who was in receipt of covert medicines had their medicines regularly reviewed in line with their GP information, care plan and Deprivation of Liberties (DoLs) conditions. Staff that administered medicines were trained and assessed as competent to do so. The medicines administration records were complete without gaps which demonstrated that people were receiving their medicines as they were prescribed.

There were sufficient numbers of suitably experienced staff on duty to keep people safe and ensure their needs were met. Throughout the inspection, people's emotional and physical needs were met. Requests for support made verbally or through the use of call bells were responded to promptly. Staff told us they had sufficient time to meet people's needs and spend time with them to talk about their day or interests. One staff member told us, "It's important to sit, talk and reassure people, the more time you spend with them, the more you understand their needs."

Staff recruitment processes continued to ensure that new staff were safe to work with people. Staff files included previous work history, application forms, proof of identity and suitable references. Records demonstrated that checks had been made with the Disclosure and Barring Service (DBS) to ensure staff were suitable to work with people. Documentation confirmed that nurses employed had up to date registration with the nursing midwifery council (NMC).

## Is the service effective?

### Our findings

People's preferences, choices and care needs were consistently met by staff that had the skills, knowledge and competencies to do so. Relatives told us that the care given was good and suitable for people living with dementia with health needs. One relative told us, "It's not posh but it's good care". Another told us, "I think the staff are well trained. If they have to call the doctor, they do and keep me informed."

People received care that remained responsive to their needs. Initial assessments were undertaken prior to a person moving to the service and then a care plan was designed around the needs of the person. The records were accessible, clear and gave descriptions of people's needs and the support staff should provide to meet them. One staff member told us, "I have received training on nutrition and supporting people with special diets, there is information in their care plan, and further details in the kitchen."

Staff told us they felt well supported and equipped to carry out their roles. Staff received mandatory training and full inductions that included, shadowing experienced staff who could demonstrate how to work with people with complex needs. The staff also had access to training that was specific to the needs of the people using the service, including dementia, mental health awareness, MCA (Mental Capacity Act) and person centred thinking. The registered manager arranged the person centred thinking training with the local authority so the whole team could update their knowledge and practice. In response to this training staff told us that they had learned how important it was to know about an individual's background and life experiences in order to support their dementia.

Staff told us they had regular supervisions including group supervisions and appraisals. The provider and registered manager recognised the importance of continual professional development to inform best practice. The registered manager had completed a national qualification in 'dementia mapping' training and was using the tool to work with staff to enhance their person centred care. For example, one staff member described how useful they had found a group supervision where they had all closed their eyes for two minutes to reflect on how it would feel to be visually impaired, or confused by your surroundings. They told us this had helped them develop greater empathy for the people they supported. New staff completed the Skills for care certificate. The certificate is a set of standards for health and social care professionals that ensure workers have safe introductory skills and knowledge. One of the nursing team told us that they updated themselves regularly on best practice through the Nursing and Midwifery Council website.

People who lacked mental capacity to make particular decisions were protected. Staff demonstrated they understood and were working in line with the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 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 capacity to make 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 interest and legally authorised under the MCA. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and received training in this area. Where decisions were

needed in relation to complex matters including; finance and medical interventions, mental capacity assessments and best interest assessments took place and their decisions recorded.

Staff encouraged choice and recognised that the needs and capacity of people living with dementia could fluctuate. To ensure people could be offered choice in an accessible and meaningful way staff used a range of communication methods. For example, one person with sight loss was supported to make choices about their clothing by staff describing what the options were including; the colour, shape, material and type of sleeves. People were also encouraged to use technology including websites via phones to shop online for personal items.

CQC is required by law to monitor the operation of the Deprivation of Liberty Standards (DoLS). DoLS are the process to follow if a person has to be deprived of their liberty in order for them to receive the care and treatment they need. Individual bedrail assessments gave clear information about the potential risks the use of bed rails managed and how people could be supported in the least restrictive way. The registered manager told us that they were aware of when and how to make an application for a DoLS authorisation and had oversight of current applications, their progress and the authorisations and conditions they had received from local authorities.

The premises were being refurbished and decorated to ensure they remained safe, dementia friendly and well maintained. The provider had responded to surveys from relatives in 2017 that had feedback that the service was not as clean or well decorated as they would like. The provider told us that the registered manager had worked closely with the Dementia 'Living Well' Team and people when designing the recent décor. They had used décor reminiscent of the style of décor people may have had in their own homes, with defined changes in colours and themes for different areas. The environment was spacious which allowed people to move around freely without risk of harm. The service had a large sitting room, dining room, hall and sun lounge that people used throughout the day. Bathrooms were accessible and equipped for people with limited mobility. Some bedrooms had ensuite facilities. The grounds were well maintained with decking so that all people could access the outside space.

Staff told us that the team continued to work well together and had good communication systems in place to ensure information about people's wellbeing and needs remained current. For example, on a monthly basis they would review a resident and focus on getting to know the person and their life stories. One staff member told us, "I really like my job; I love to hear people's stories". Staff completed daily electronic and paper summary records of the care and support that had been given to people. All those we looked at detailed task based activities such as assistance with personal care and moving and handling. The records of care delivered were in line with people's assessed needs and demonstrated that people regularly had appointments with health professionals to ensure their wellbeing was maintained.

The service supported people to maintain good health with input from health professionals including psychiatrists, physiotherapist and Speech and Language Therapists on a regular basis. We were told by staff that a nurse practitioner visited the service weekly to review care and treatment plans. The registered manager told us that they worked closely with GPs to monitor health and seek further guidance when required. In addition to this the registered manager attended the GP Meetings for Care Homes to access current best practice.

People's nutritional needs were consistently met. We saw that menus were varied and offered fresh fruit and vegetables to encourage healthy eating. The provider had carried out a 'tasting session' in October 2017 with the people and their relatives to design a new menu. One person told us, "The food is always lovely here." One person had also been referred to the Speech and Language Team (SALT). There was a detailed

swallowing assessment that identified the consistency of food the person required and other actions to minimise the risk of choking. Staff were knowledgeable of this assessment and we saw guidelines were followed at lunch-time.

## Is the service caring?

### Our findings

People were cared for by kind and caring staff. Throughout the inspection people and their relatives were positive about the care provided. One person told us, "I like it here, I am well looked after." Comments from relatives included, "Yes, the care is reasonably good and I think they are kind to my relative", "The care is excellent and I'm really happy with it, I know the building isn't much, but the bulk of the staff are loving and really do care."

People were comfortable in the company of staff and there was a relaxed atmosphere in the service. Staff made time to sit with people and talk with them about their interests. Staff were genuine and warm in their conversations, gave good eye contact and adjusted their height when speaking to people. Newer staff were less familiar with some people, however established staff were on hand to ensure they had the guidance and support required to meet their needs safely.

People's dignity and wellbeing consistently considered and promoted. When people required assistance from staff they did this in a discreet way. Staff knocked on doors and always waited for consent before providing support. One person told us, "The staff are polite and always knock before entering my room". The registered manager was an active member of the team and demonstrated a very developed understanding of the needs of people living with dementia.

Staff remained genuine in their concern for people's wellbeing and independence. For example, one person was more relaxed when holding a doll, and staff ensured they had the doll at all times. Staff supported people to make choices and knew their backgrounds, likes and dislikes. One staff member told us, "I always involve people, it's important for people with dementia not to be rushed. If they don't want to be changed, we give them time, offer another choice and then return and try again." Staff told us they encouraged people to take positive risks and to do as much as they could for themselves. For example, one person was being supported to maintain their mobility by using the stairs rather than the lift. Staff explained that they remained with the person when they did this and encouraged them while they did so.

Relatives continued to be involved in the review and planning of their relative's care, when they had the legal authorisation to do so. They told us they could visit whenever they wanted to and were always welcomed and informed of any issues relating to the health and wellbeing of their loved one.

People had access to relevant advocacy services so that they could be actively involved when making decisions about their care. One person who did not have relatives available had a statutory advocate involved as they felt they would like to return to live in their own home. Statutory advocates include; Independent Mental Capacity Advocate (IMCAs) and Relevant Person's Representative (RPR). An IMCA provides a legal safeguard for people who lack capacity to make specific important decisions; these can include making decision about where they live and about serious medical treatment options.

People's diversity remained to be respected and promoted within their day to day experience and care planning. For example, people's religious beliefs and how these were expressed were detailed in care plans,

and where they practiced their faith they had access to places of worship. One person chose to be a vegetarian due to their beliefs and this was respected and supported through their diet.

People's privacy was respected, staff understood their responsibilities in maintaining people's dignity while supporting personal care and privacy in relation to confidential information. Care plans and electronic records were kept secure and access limited to people who needed to know.

## Is the service responsive?

### Our findings

People were supported with personalised care that continued to respond to their needs. People were involved in making decisions about their care and support needs, by staff who listened to them. Relatives told us that the new manager had improved the quality of the care given in the service and made it more person centred. One relative told us, "The staff are always friendly and talk to me. They keep me up to date with how my relative is and what's happening. Overall I am very impressed with the care."

Relatives and staff told us that people were involved as much as they could be in developing care plans. Staff told us that care plans and guidelines were clear and that they built on this knowledge through the contact they had with people and the choices they made. Pre-admission assessments were completed for new people to ensure the service could meet their needs and fully understand how to support their presenting behaviours. For example, prior to admission, one person had presented high levels of anxiety and agitation and was described by their previous care givers as having challenging behaviour. During this person's assessment the registered manager noted that the person attempted to communicate with people through tapping and making eye contact prior to becoming agitated. The registered manager designed a care plan that gave staff clear guidance on the communication that the person used and how to respond to them. For example, the person was reassured by having their doll with them and needed staff to respond to them when they tapped. Staff told us the person's levels of agitation had greatly reduced and we observed that the person was relaxed throughout the day.

Care plans remained personalised and reflected the individual care and support staff provided to people. Personal backgrounds and life histories were used effectively to assist staff to improved personalised care. For example, one person's moving and handling assessment included information around the person's emotional response to being supported with personal care. The assessment included that the person liked to be sung to while being supported and gave information of the specific equipment to be used when supporting a person to manoeuvre.

People's backgrounds and life histories were evident within their personal spaces and within the communal areas. For example, one person had a replica house that they had hand built in their room. In the communal sitting area there were pictures that celebrated aspects of people's lives. The registered manager told us that the pictures were linked to people's life history to encourage everyone to view people as unique people with their own story. For example, one person had worked in the airline industry and there was a picture of a plane.

A range of activities were organised for people. These included activities provided by outside agencies including exercise sessions, music sessions and a regular service from a community church group. Relatives were encouraged to be involved with activities, some sharing their musical entertainment skills. One relative had made an arm chair walking video that simulated for the viewer, walking through streets and being on the beach. During the inspection a staff member visited this service with their baby and people spent time holding and engaging meaningfully with the baby. The staff member spoke with people about the baby and people remained relaxed and happy; smiling making good eye contact and were fully engaged with the

baby and each other.

Information for people and their relatives if required could be created in an accessible format to meet their needs and to help them understand the care available to them. For example, there were pictures available showing which staff were on duty. Staff received guidance and information in relation to people's needs. Care plans included detailed information about people's communication needs and specialist health needs, including diabetes and sight loss. The Willett Lodge website included a video set in the service, informing people and their relatives of what working in care meant to one of their employees.

When needed the service provided end of life care for people. Staff worked closely with relatives and the relevant health professionals and had established strong links with the local end of life care hub. The registered manager told us they continued to look to improve how they supported people so that they could experience a comfortable pain free end of life where their last wishes were respected. People's care plans described their preferences including if they wanted to remain in the service or go to a hospice or hospital. People's religious and cultural needs were supported through the 'end of life' care planning. The provider and staff gave examples how people's wishes had been respected. For example, the registered manager had ensured that for one person the last rights were performed in accordance with the Hindu tradition. Another person expressed a wish that their ashes should be scattered close to horses.

People and relatives remained confident that complaints were taken seriously and were happy to raise concerns they had with the registered manager. During the inspection, one relative raised a complaint with the registered manager in relation to the personal care of their relative. The relative told us that it was a 'one off' concern and that they wanted to give the registered manager an opportunity to address the complaint. After speaking with the registered manager, the relative was confident that their complaint had been taken seriously and would be acted on. The registered manager confirmed with them what they would do in response to the complaint including; carrying out an investigation and introducing more frequent visits to the service at weekends. We looked at the complaints policy and records and saw that complaints were consistently taken seriously, investigated fully and actions taken to resolve concerns in a timely manner.

## Is the service well-led?

### Our findings

Relatives and social care professionals spoke positively of how the service was managed and the improvements that the registered manager had made since arriving at the service in the Autumn of 2017. One relative told us, "The best thing is, they are kind. That's what you want for your loved ones. It's not Buckingham Palace, but they always offer me a drink and I think they love the residents." A social care professional told us, "My experience of the working with registered manager is positive and they always demonstrate initiative in identifying areas of learning. They are always prompt and responsive".

The registered manager was transferred to the service from the provider's other nearby care home. The provider told us they had encouraged the registered manager move to Willetts Lodge, "To get fresh eyes on the service and improve the dementia and person centred care provided". The registered manager was supported by an established team including registered nurses and senior support workers. The provider was regularly available to support the registered manager and was present at the service twice a week. Staff told us they were well supported and there were clear lines of accountability and responsibility through their roles and embedded practices. This was demonstrated on the day of the inspection through observations of staff interacting with the registered manager and provider. Daily meetings, team meetings and management schedules underpinned their day to day service delivery tasks, ensuring individual support needs were met.

The provider regularly reviewed the service value base that they described as, "A family home experience". The registered manager and staff demonstrated their understanding of this ethos through their interactions with people and each other. Staff spoke with a genuine respect and regard for the people living at Willetts Lodge. One staff member told us, "We aim to provide people with a friendly space that is their home". Another told us, "Our value base is to be one big family".

The provider and registered manager were committed to improving the service and quality assurance processes. Regular audits and checks were completed to ensure a good level of quality was maintained. Monthly audits were completed, including, safeguarding medicines, falls, moving and handling and dependency risk assessments. This demonstrated the service analysed trends and themes and designed action plans in response. For example, one safeguarding highlighted that the nursing team would benefit from training to support the verification processes at the end of people's lives. The provider implemented this training and a new policy without delay. This demonstrated that the service monitored and made improvements to the systems when required.

The registered manager was continually looking to improve the culture of the service and was actively involved in local GPs meetings for care homes and was part of the local safeguarding adults board and engagement group. The Provider Information Return (PIR) described that this partnership working ensured the registered manager had up to date information on procedure initiatives. The provider also worked closely with the local authority contacts team. They told us "Since taking over Willetts Lodge the registered manager has identified a number of areas of improvement and was actively working on these. He has updated us with progress and is actively engaged with the local authority."

The registered manager understood their responsibilities in relation to their registration with the Care Quality Commission (CQC). The registered manager had submitted notifications to us, in a timely way. This meant we could confirm that appropriate action had been taken. There was a policy in place in relation to the Duty of Candour and the manager was aware of their responsibilities under the Duty of Candour. This is where a registered person must act in an open and transparent way in relation to the care and treatment of people.

The provider continued to encourage an open and transparent culture. Staff and relatives were encouraged to provide feedback and to make suggestions for improvements in the service. For example, staff had suggested that the use of uniforms made the service feel less personalised and as a result staff no longer were required to wear uniforms.

A satisfaction survey was completed in 2017, which provided people and relatives with the opportunity to feedback about the quality of the service provision. The survey outcomes were consistently positive and the provider produced a letter for relatives detailing the improvements they had made in response to comments about the décor and cleanliness. For example, a new cleaning schedule had been introduced and a timetable for the redecoration of the hallway, lounges and bedrooms shared. We observed at the inspection that the communal areas of the service had been redecorated. This demonstrated that improvements were made to the service in response to comments.