The Royal School for the Blind

SeeAbility - Heather House Nursing Home

Inspection report

Heather House
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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

This inspection was unannounced and took place on 26 February 2018. At our last inspection we found whilst the service was good overall however, improvement was needed to some care plans and quality monitoring checks. At this inspection we found the service had made the improvement required.

See Ability - Heather House Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The home can accommodate up to 16 people. Accommodation is provided in two bungalows side by side that are joined with use of a communal dining area. Accommodation is all on one level and provides nursing care for young adults with a physical disability, learning disability, sensory impairment and autism. The service specialised in providing care and support to young people with Juvenile Batten Disease. The accommodation is set in a wooded site on the outskirts of Tadley. There were 16 people living at the service at the time of our inspection. Each person had their own room and bathroom. Heather House is on the same site as other services that the provider manages.

Attached to the home via a linked walkway was a purpose built and designed resource centre. This was available for the sole use of people living on the site but mainly used by people living at Heather House. Within this resource centre was a hydrotherapy pool, a large adapted kitchen area, an interactive suite which could be used for sensory activity, a quiet lounge and other large rooms that were used for activity such as art therapy or music therapy.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Medicines were managed safely. Nurses were responsible for all administration of medicines at the service and all medicines management. We observed a registered nurse on part of a medicine round and their practice was seen to be safe.

There were sufficient staff on duty to provide care and support to meet people's needs. There was a registered nurse on duty at all times, two during the day and one at night. Staff worked well as a team to make sure people's needs were met safely and appropriately.

Risks had been assessed and measures taken to keep people safe. If people had epilepsy there was guidance on how to support people if they had a seizure and there were descriptions of seizures for each person.

Staff were recruited safely with pre-employment checks carried out prior to them starting employment. Staff knew how to recognise different kinds of potential abuse and understood the procedures to follow to report their concerns.

Staff worked closely with healthcare professionals to promote people's well-being and make sure health needs were monitored.

People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice. Where people had their liberty restricted, the service had completed the related assessments and decisions had been properly taken. Staff had been trained and understood the general requirements of the Mental Capacity Act (2005).

Meal times were a social occasion with sufficient quantities of food and drinks available. Where people needed support to eat this was provided by staff who maintained people's dignity throughout the meal time.

Staff were supported and had access to a range of training in a variety of areas. Staff understood and knew the people they were supporting, some had worked together for many years. New staff had an induction and had monthly supervisions throughout their probation period. All staff had regular supervision with their line managers which was an opportunity to discuss any concerns, training needs or any other support required.

Visitors were welcomed at any time and people were supported to maintain relationships with their friends and family. There was accommodation on site for families who had travelled to visit their relatives. People were supported to share photos and videos of themselves doing various activity with their families.

There was a structured activity programme which included therapy such as hydrotherapy, physiotherapy, music, arts and crafts and sessions in an interactive suite using touch screen technology and sensory equipment.

Communication between the management team, staff, people living at the service and families was effective and regular. The service had a complaints policy and procedure. People and their families were supported to raise concern if they wanted to and were confident their issues would be dealt with in a timely way.

We observed a positive person-centred culture at the service, people were treated with respect and their dignity was promoted and maintained. All of the management team role modelled good practice by taking time to work side by side with support workers at times. The registered manager was a specialist in the care and support of people with Juvenile Batten Disease.

The regional head of operations visited regularly and completed quality and safety audits. In addition the service also completed monthly audits in a range of areas. This meant the service was continually monitoring quality and safety to make improvement.

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 remains safe.

Is the service effective?

Good

The service remains effective.

Is the service caring?

Good

The service remains good.

Is the service responsive?

Good

The service is Good.

At our last inspection we rated this key question as outstanding. At this inspection we have rated the service as good.

Overall care plans were detailed and included information on a range of health and social needs.

Activity was structured and mostly provided in the resource centre next door to the service.

Is the service well-led?

Good

The service was now well-led.

At our last inspection we had identified that there was a breach of regulation as people's care and support records were not always kept up to date. At this inspection we found that the service had improved.

The provider values were discussed in team meetings and staff were supported to work to the values.

People and their relatives had been encouraged to give feedback on the service. The leadership at the service was visible and specialist in care and support for people with Juvenile Batten disease.

SeeAbility - Heather House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 26 February 2018 and was unannounced.

The inspection team consisted of two inspectors. Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make.

We reviewed the information we held about the service and notifications we had received. This included statutory notifications from the provider that they are required to send us by law about specific events that occur at the service.

During the inspection, we spoke to two people who were able to speak to us. For other people who had complex communication needs we observed their care and support, their interactions with staff and we asked for feedback about the service from eight relatives. We spoke to the registered manager, a deputy manager, deputy activity organiser, administrator, a nurse and three support workers. We looked at a range of records during our inspection. This included four care plans, three staff files, training records, meeting minutes and other records relating to the management of the service. We contacted two healthcare professionals that have been working with the service recently.

Good

Is the service safe?

Our findings

All the relatives we spoke to felt the service was safe. One relative told us, "[Person] has been there a long time, I wouldn't want them going anywhere else, they are very safe." Another told us, "Heather House try really hard to keep people safe, they do all they can."

Nurses were responsible for all administration of medicines at the service and all medicines management. We observed a registered nurse on part of a medicine round. They demonstrated an awareness of the needs and preferences of the people they administered the medicines to and their practice was seen to be safe; including administration of a medicine via a gastrostomy tube. This is a tube that passes directly into a person's stomach. Medicines Administration records (MAR) were printed and contained details of any allergies along with the person's full name, photograph and room number. There were no gaps on the MAR charts seen. A nurse stated that all MAR charts were checked for discrepancies at shift handover meetings.

People who had swallowing difficulties and were at risk of choking had support plans that contained detailed guidelines regarding the consistency of their food and drinks. This information was also available in a portable file that was kept in the dining area. The guidelines were based on swallowing assessments carried out by a speech and language therapist (SALT). A nurse reported that SALT reassessments were carried out every three months. We discussed with the registered manager how thickening agents were stored. Some people were prescribed thickening agents to help prevent choking when drinking. We observed four of these containers were left unattended in a communal area at times. We raised this as a concern with the registered manager at the inspection as thickening agents present a risk to people if ingested.

The service had a generic risk assessment for the safe use of bed rails. This was supported by person-specific information in people's care plans. If not used correctly bed rails can cause entrapment. We discussed this with the registered manager during the inspection as people living at the service had a range of needs, some were very complex. A generic risk assessment did not consider people's specific individual needs in relations to the bed rails they used. The registered manager told us they would review this process and took immediate action to make sure risk assessments were person-centred.

Staff we spoke with understood their responsibility in relation to protecting people from abuse. Records showed that staff had received safeguarding training and there were posters up around the service to notify anyone about how to report any concern. All the staff we spoke to told us they would report any concern to a nurse or the registered manager and they felt confident the appropriate action would be taken.

There were sufficient staff on duty at all times. Heather House had a team of nursing staff, support workers and domestic staff but there was also dedicated staff working at the resource centre. There were robust out of hours arrangements so that there was always management support available to the service. The registered manager told us that they worked out their staffing hours based on a system, which recognised people's individual needs. The registered manager told us that they felt the staffing levels reflected the needs of the people and were safe for the service.

Recruitment checks were in place for all staff. The staff files we checked contained pre-employment checks including references from previous employers and a Disclosure and Barring Service (DBS) check. The DBS carry out a criminal record and barring check on people who have made an application to work with adults at risk. This helps employers to make safer recruiting decisions and helps prevent unsuitable staff from working with people.

People had personal emergency evacuation plans in place to describe the support they would need to evacuate the building in an emergency. The service had behaviour support plans in place to support people who had behaviour that challenged the service. The plans gave staff clear guidelines to follow and were written positively, focusing on supporting the person.

The service was clean in all areas and there were no odours present. The service employed domestic staff who had cleaning schedules which made sure all areas of the service were regularly cleaned. We observed staff wearing personal protective equipment such as gloves and aprons and we saw it was available throughout the service. The service had red bags for all soiled laundry to be kept separate from other laundry. The registered manager told us all linen was laundered off site by an external company.

Premises and equipment were managed safely. External contractors visited the service to regularly service equipment such as hoists, fire equipment and electrical equipment. Fire checks were carried our weekly and there was records to demonstrate that the service had regular fire drills and training. Water checks for legionella were being completed and staff recorded the temperature of water prior to a person having a bath or shower. Whilst water temperature was controlled and regulated these checks were an additional safety measure to make sure people were not at risk of being scalded by water that was too hot. Risk assessments were in place for all chemicals and had recently been reviewed.

Staff had been trained in basic food hygiene and carried out safety tasks such as monitoring fridge and freezer temperatures. These were recorded and we saw they were all in a safe range. We observed that staff probed food prior to serving so they could check the temperature was within a safe range.

Records seen indicated that accidents and incidents were reported, recorded and reviewed. There was evidence that action was taken in response to accidents and incidents. Staff told us they had opportunity to learn from incidents that had occurred at the service. One member of staff told us, "We investigate incident reports as a team, we learn from each other." Records from staff meetings demonstrated that concerns had been discussed.

Good

Is the service effective?

Our findings

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. We found the service was working within the principles of the MCA.

Mental capacity assessments had been completed and there was evidence of best interests meetings. The meetings documented a range of options that were considered as part of the best interest process. For example, we observed that one person was using a high sided bed, we discussed this with the registered manager. They told us they had trialled a standard bed but had switched back to the high-sided bed as the standard bed was not safe for that person. Staff we spoke to had an understanding of the MCA and were able to tell us how it related to their work. Training records demonstrated that staff had completed training in this area.

People can only be deprived of their liberty so that they receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). The service had applied to the local authority for DoLS authorisations, some had been granted, some were waiting for the authority to assess the person and their situation.

People's needs were assessed before they moved into the service. The registered manager told us they would visit the person at home or wherever they were living and complete a full assessment. They told us that people and their families were encouraged to visit the service, look around and meet people currently living at the service. This helped people and their families to see if it would be an appropriate environment for them before making any decisions.

The local GP visited every week to assess and monitor health for people. This enabled health issues to be discussed at an early opportunity. People were supported to live healthier lives. They had access to health services when needed and the service worked collaboratively with a range of healthcare professionals. One relative told us, "Health needs are taken care of 24/7 which is a comfort." Records demonstrated that people had been assessed by Speech and Language Therapists (SALT), physiotherapists, GP's and behaviour nurses. On the day of our inspection one person was going to a local hospital for a medical procedure. The service made sure a member of staff went with them and any necessary records would be shared with the healthcare professionals.

People's weights were checked regularly and if there were any concerns about weight loss or gain advice was sought from the GP and the SALT team. We saw one person had lost a considerable amount of weight when they first moved into the service. The advice given by the GP and SALT was implemented and the service worked closely with the SALT to support this person to gain some weight. We saw one person who was at risk nutritionally had been reviewed by a dietician. Their records demonstrated that advice given by

the dietician had been implemented.

Menus were produced with involvement of people as much as possible. Various diets were catered for including a vegetarian option available daily. Everyone had a 'meal mat', which had been prepared in partnership with the Speech and language therapist. People's 'meal mats' had information on one page informing staff on a range of needs around eating and drinking. This included risk factors, allergies, positioning whilst eating, communication and things to look out for. We checked with staff if they knew about the information on 'meal mats', the staff we spoke to did.

Meal times were a social occasion and staff encouraged the people living in both houses to come together if they wanted to. Staff sat down to support people to eat and encouraged people to take their time. Support was given quietly and discreetly making sure people's dignity was promoted. The meal time was inclusive to all, we observed people seemed relaxed and appeared to be enjoying their meals.

Staff were well trained and had the skills and knowledge needed to provide the specialist support at the service. One relative told us, "They are hot on training at Heather House." They felt all the staff were well trained. All new employees had to complete an induction at the start of their employment. This included training, shadowing a more experienced member of staff and they had time to read policies, procedures and care plans. During the six month probation period staff had a monthly supervision with their line manager. The registered manager told us this gave the new member of staff the support needed to work at the service. Once staff completed their probation they continued to receive regular supervisions. This was an opportunity to discuss any concerns, training needs or any other support required. Staff we spoke to told us they felt well supported.

Heather House provides nursing care and support so there are nurses on duty day and night. Nurses employed had a combination of skills, some were registered general nurses and some were learning disability nurses. The registered manager told us this provided the service with a range of specialist skills and experience to support everyone living at the service. One healthcare professional told us, 'Heather House is an efficiently run nursing home. Staff are very alert to patients medical needs'.

The design and layout of the environment was appropriate to people's needs. Corridors were wide and spacious, this meant wheelchairs could move around the environment with ease. Communal areas were furnished appropriately with plenty of natural light. There was a large garden area where people had been able to grow their own vegetables. There were raised beds for vegetables and fruit. There was accommodation on site for families to use when they visited. There were summerhouses in the garden area for people to use for private space when friends and family visited.

The service used a range of technology and equipment to make sure people were supported. People had their own specialised wheelchairs, which were unique to their needs, there were tracking hoists in people's rooms so that staff could transfer people safely and effectively. In the resource centre the hydrotherapy pool had a tracking hoist so that anyone could use the facility. There was also a drying bed which meant that people could be kept warm whilst they were supported to get dressed following a session in the pool. This also enabled people to be completely dry following a session.

Good

Is the service caring?

Our findings

Staff knew people well and told us they really enjoyed their jobs. They told us they enjoyed coming to work and being able to spend time with people at the service. Staff told us they felt "privileged" to be able to do this. One member of staff told us, "Being with the people who live here is so rewarding." Another told us, "I love my job, I love supporting people and seeing people smile." Relatives we spoke to had high praise for the service and the work they do. One relative told us, "It is first class at Heather House, really, really good." Another relative told us, "It is an excellent service overall, the staff are friendly and polite." Another relative said, "Heather House is absolutely amazing, the staff are amazing."

A number of staff had worked at the service for many years, this provided people with a continuity of care, which was important as people's needs were complex. One relative told us, "My [relative] was not expected to have lived for as long as they have, I am 100% convinced the only reason they are still here is because of the amazing care they get, I cannot speak highly enough about everything." Another told us, "There is a bond between people and the care staff, they all know each other so well, relationships are great."

We observed social interactions that were based on mutual respect for each other. When staff came into an area where people were they told everyone they were entering the environment, if they had a person with them they would introduce them to the group. People were supported to greet each other and made to feel very welcome as part of the peer group. Staff demonstrated kindness towards people, we saw them regularly check people were ok, they communicated by getting down on the same level as people, they used appropriate touch, they used the person's preferred name when engaging.

On the day of our inspection the weather was cold. We observed that people were encouraged to put on outdoor clothing before they went outside and encouraged to keep warm. Where people were in wheelchairs due to limited mobility staff made sure they were wrapped up appropriately for the cold weather. Staff demonstrated concern about how people would stay warm. One healthcare professional told us, 'Staff are very caring and liaise well between myself and the families. I have never had any concerns about patient care'. People had a key worker, this was a designated member of staff who worked closely with the person and was a link for the family of the person.

People were able to make choices about their care and support. Staff told us people were able to choose when they got up in the morning and when they went to bed. Whilst people had structured activity plans they could change them if they wanted to at any time.

People's privacy and dignity was respected. People received personal care in private. We observed staff making sure that doors of rooms were closed when they were supporting people with their personal care. Staff we spoke to told us they made sure people were always covered with a towel if they were having a wash so they never felt exposed. One relative told us, "Staff always talk to [relative] with respect, they support [relative] personal care with great dignity. They always close the door and the blinds and talk to them throughout, always telling [relative] what is happening." Staff who worked at the resource centre told us they always maintained people's dignity by never asking them in front of peers about personal care

needs. One member of staff told us, "I always protect people's modesty. I never ask them in front of their friends if they need the toilet, I would always do this discreetly."

Independence was promoted throughout the service with people being encouraged to maintain their skills. However, the registered manager told us they recognised people's abilities fluctuated and that was ok, if a person could not do an activity this was not pushed, there was no discussion about why, that was just accepted as the person not having a good day.

Staff knew people's communication needs and preferences. Some people had complex needs as they had sensory impairment in addition to limitations to their communication. We observed staff always inform people they were around, they always approached people from the front and talked them through what was happening. For example, one person was being brought into the dining area in their wheelchair, the staff member talked them through every step of the move. They made sure the person was fully informed of what was happening at each stage and what was about to happen.

Each room was personalised and people were encouraged to have their room as they wanted it to be. People had been encouraged to bring in their own items of small furniture, decorative accessories and pictures of their family and people who were important to them. We spoke to one person who told us, "Pink is my favourite colour." We could see their room was decorated in pink and they had pink accessories. They told us they really liked their room.

There were large rocker chairs available around the service so that people could sit in freely next to another person. The registered manager explained that as a lot of people had specialised wheelchairs it could be difficult to give them a hug. Rocker chairs were designed so that two people could sit in them comfortably. This enabled family members to sit with their relative, if they wanted to, and have close contact without the wheelchair as a barrier.

The service had accommodation on site so that family members could come to stay, this provided opportunity for people to maintain important relationships. In addition some people regularly went to stay with their family for short stays. Maintaining family contact was important for many of the young people living at the service and the staff recognised this. Family and friends could visit without restriction. Families were involved in care and support that people received. The service kept them updated regularly and informed them of any healthcare professional visit or if people became unwell.

Confidentiality was respected throughout the service. Confidential records were stored in the office which was only accessed by staff. People's care plans stayed with the person and were stored in their own rooms. Handover between staff was held in the office with only staff present.

Good

Is the service responsive?

Our findings

Before moving into the service each person was assessed and an individual care plan was produced for people's needs. Care plans were detailed and gave staff guidance on a range of support required. All care plans were kept up to date and reviewed regularly by nursing staff.

Communication was a key part of all the care plans we reviewed. Some people were not able to communicate verbally and tell staff what their needs were. We saw that there was some specific information in care plans to make sure staff knew people's needs. For example, one plan contained comprehensive guidance such as, 'How to turn [person] so he feels safe' which included the detail that the person preferred the word 'turn' rather than roll, whilst being assisted. Where people had specific needs around visual impairment as part of the care planning there was also a section on how risks would be managed.

People had health and well-being priorities documented and sets of baseline observations. This would give a baseline for the nursing staff on what 'normal parameters' would be, this would help them to identify if someone was not well. If people had epilepsy there was detailed guidance on how to support people if they had a seizure and there were risk management plans in place. There were descriptions of seizures for each person, which supported staff to identify if the person was experiencing a seizure.

The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The service used pictures and symbols to involve people at the service as much as possible.

People had their own electronic tablets, this meant people could keep in touch with family and friends via skype, facetime, by sending photos and videos and some individuals used this technology to communicate by letter to family and friends. Staff supported people to use this technology and make sure they kept regular contact with people who were important to them.

Activity provision at the service was structured and followed a timetable. This had been produced by the registered manager, physiotherapist and staff based on their knowledge of people's needs and abilities. An activity worker told us, "Having more structure to the activities works, people have a routine and know what they are doing." There was a core group of activities which everyone was able to engage in such as hydrotherapy, arts and crafts, cookery sessions and music therapy. The service also had an interactive room which enabled people to enjoy sensory activity. The resource centre was next door to the service so people did not have to travel to get there. The registered manager told us they encouraged staff to take people out of their homes into the fresh air and walk around to the resource centre even though there was a linked walkway undercover. One relative told us, "All activities are on site so she will always be able to get there."

The service had a complaints policy in place and procedures to respond to complaints. There had been no complaints received by the service recently. Everyone we spoke to knew how to complain and were confident that the service would address their complaint. One relative told us, 'The manager is very helpful

and always replies to any concerns I have. I have never had cause to complain about anything'.

People living at the service had degenerative conditions so end of life care was an important part of the care delivery. Everyone had the opportunity to plan care for the end of their life but not everyone had chosen to do this. This decision had been respected. The service had received compliments about their end of life care from relatives. One relative had written, 'Thank you for always including me in various meetings about [person] health and care. It made a big difference to me dealing with their passing'.

Good

Is the service well-led?

Our findings

At our last inspection this key question was rated as requires improvement as care records were not always kept up to date and quality assurance systems were not robust. At this inspection the service had made the required improvement so we have now rated this question as good. The service had an established, experienced management team who were familiar with the provider values and ethos of care. The staffing structure at the service provided clear lines of accountability and responsibility. The staff felt they were really well supported by the management team. One member of staff told us, "I feel very well supported, I can talk to my line manager at any time." Another member of staff told us, "I would go to the manager with any concern, I am confident everything would be dealt with."

The registered manager was supported by a regional head of operations who visited regularly and completed quality audits. Their visit included observations of practice, interviews with people using the service and staff and a review and check of various records. Where improvement and action was needed the regional head of operations had documented this and followed up to make sure the required improvement had been made. For example, as a result of a quality audit the regional head of operations had identified that more information was required within people's health passports 'what ill health looks like'. This would give staff detail on what to look out for as indicators of ill health. Records demonstrated these improvements had been made.

All of the management team role modelled good practice by taking time to work side by side with support workers at times. The registered manager told us all of the management team tried to do this as much as possible as they enjoyed keeping in touch with people who lived at the service. The registered manager was a specialist in the care and support of people with Juvenile Batten Disease. They were often asked to support research into the disease by medical professionals and were part of national support groups for parents of young people with the disease.

During our visit we observed a positive person-centred culture within the service. Staff we spoke to told us the registered manager and the deputy managers were approachable and visible. One relative told us, "[Manager] is amazing, they give us the support we need." Another told us, "The manager is very dedicated, they have a special relationship with [person], they have cared for them for many years." Another relative told us, '[Manager] is a strong lead'.

Staff we spoke to all felt there was good, effective team work at the service. One member of staff told us, "We are a very good team, we support each other, we can always ask each other for help." Another member of staff told us, "We have good teamwork here, everyone works well as part of the team." Staff we spoke to had good morale and clearly enjoyed working at Heather House. One member of staff told us, "There is a family atmosphere here, everyone asks how you are. It is a friendly place to work."

Staff had time to sit and talk to people. We observed staff respond in a timely way when people wanted them. The atmosphere at the service was calm and unhurried with staff communicating with each other all the time. Staff were supporting each other, recognising when somebody needed assistance. Assistance was

given willingly, there was respect for each other demonstrated with staff thanking each other for their help.

Team meetings were held monthly and minutes of the discussion were recorded. Records showed that discussions were regularly had about people's individual needs, about 1-1 work and good practice such as infection prevention and control procedures. The provider values were discussed in meetings, we saw records where values were discussed in detail and staff were asked to do group activity around what the values meant for everyone at the service.

Feedback from people and relatives had been sought by the provider and the service. There were monthly 'resident meetings' for people to meet and exchange views on various aspects of the service. Minutes recorded discussion and actions so that if people were not able to attend they could still be involved. People were all treated as equal's with everyone's opinion, view and preferences being sought, listened to and documented. People's feedback was used to make changes to the service where appropriate. Relatives told us they felt they had opportunity to give their views regularly. Feedback we received about the service was very positive. One relative told us, 'We feel we are extremely lucky to have found a place that is so perfect for our daughter and count our blessings everyday'.

Community links were limited due to the location of the service but the registered manager tried to be part of the local community where possible. For example, the service had worked hard to recruit local volunteers. People were supported by 25 volunteers. The registered manager told us each volunteer had a different role at the service, some were gardeners and some supported people on a 1-1 basis. They told us they hoped that soon every person would have their own volunteer.

Due to the office space available in the resource centre the registered manager told us they had offered it to some external healthcare professionals to use. This enabled the service to work in partnership with teams such as SALT. The local SALT worker was based at the centre two days per week using the office space. This enabled the service to develop and maintain positive working relationships with professionals. One healthcare professional told us, '[Manager] is efficient and I value their judgement on residents' health care needs. [Manager] has been doing the job for such a long time that she is often able to offer very sensible advice or alternate treatment regimes that I had not considered'.

The rating from the previous inspection was displayed at the service and on the provider's website. The registered manager also notified us of important events that happened at the service which they are required to do by law.