

Wishmoor Limited

# Blossom House Residential Home

## 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

### About the service

Blossom House Residential Home is a residential care home providing personal care for up to 40 people within one large, adapted building. The service provides support to younger and older people who may have physical disabilities, some of whom may be living with dementia. At the time of our inspection, 31 people were living at the home.

### People's experience of using this service and what we found

At this inspection, we found the registered manager and provider had made significant improvements to the service, and they were now meeting the regulations. People received personalised care, shaped around their individual needs, choices, and preferences. People's care plans reflected their individual needs and were kept under regular review. People's end of life wishes were consistently recorded. The registered manager and provider's quality assurance together with recruitment of staff, such as a person-centred lead had enabled them to drive improvement in the service people received.

People were supported by staff who had received training in, and understood, how to protect them from avoidable harm, discrimination, and abuse. The staffing levels maintained at the home ensured people's individual needs could be met safely and flexibly. Systems and procedures were in place to ensure people received their medicines safely and as prescribed, and to protect people from the risk of infection. Accidents and incidents involving people living at the home were analysed by the management team to stop things from happening again.

People's needs and choices were assessed in order to develop effective care plans and achieve positive outcomes for people. Staff received effective induction, training, and support to enable them to fulfil their duties and responsibilities. People were supported to have a balanced diet and any risks associated with their eating and drinking were assessed and managed. Staff and management worked collaboratively with external professionals, team, and agencies to ensure people received coordinated care. Measures were in place to continue with refurbishment and redecoration of the premises to meet the individual needs of the people living at the home.

Wherever possible, people's consent was gained before any care was provided. People were supported to have choice and control over their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people in a kind and caring manner and took the time to get to know them well. People's privacy and dignity was promoted and respected by staff and management. Staff promoted people's lifestyle choices and assisted people to retain their independence. People were encouraged and supported to express their views about the service.

Staff supported people's participation in a range of things to do for fun and interest. People were supported

to fulfil their ambitions and follow their individual interests. People and their relatives had accessible information in how to raise a complaint and the provider had procedures to identify any causes and opportunities for improvement.

The registered manager and provider were keen to promote a culture of support for staff where learning was promoted, and improvements continued to flourish. Staff were clear about their responsibilities and felt able to approach management for any additional support needed. The management and staff team worked in partnership with other professionals and the local community to achieve good outcomes for people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was requires improvement (published 8 May 2020) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Blossom House Residential Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Blossom House Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 2 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.

#### Service and service type

Blossom House Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Blossom House Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used information gathered as part of monitoring activity that took place on 21 June 2022 to help plan the inspection and inform our judgements. We used all of this information to plan our inspection.

#### During the inspection

We had varying conversations with 12 people who lived at the home and 8 relatives about their experience of the care provided. We spent time seeing how people were cared for. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with 10 staff members including the registered manager, lead for person centred care, housekeeper, senior care staff and care staff, activities coordinator and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records. These included sampling 4 people's care records and multiple medicine records. Multiple governance records were reviewed including 3 staff recruitment files, policies, quality assurance audits, statutory notifications, risk assessments and training statistics.

After the inspection visit, we continued to receive information from the registered manager including care planning, staffing rotas and person-centred documentation.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to recognise any signs of potential abuse and what actions to take if they had concerns for people's safety.
- Staff received training in how to identify and alert others to potential abuse involving people who lived at the home. They told us they would report any abuse concerns to the management team without delay and had confidence these would be acted on.
- The provider had safeguarding procedures in place to ensure the relevant external agencies, such as the local authority and police, were notified of any suspected or witnessed abuse.

Assessing risk, safety monitoring and management

- People and their relatives were involved in decisions to promote safe care while positive risk taking was encouraged. One relative explained they were regularly involved in decisions to promote their family member's emotional needs. The relative described how the strategies staff used had a very positive impact in reducing their family member's anxiety.
- Staff understood and applied their knowledge to their work where people required support to reduce the risk of harm. For example, pressure-relieving equipment and support with repositioning were used to reduce the risk of one person developing sore skin.
- Checks on the home environment were completed regularly to ensure it was safe for people who lived there and visitors. These included checks to the fire prevention systems and any trips and hazards.

Staffing and recruitment

- There were enough staff to care for people and meet their safety needs. We saw people's requests for assistance and comfort were promptly responded to.
- Relatives were positive about the staffing levels and approaches taken by staff when supporting their family members. One relative said, "Staff are always there to provide support and really know how to keep [family member] safe."
- Staffing rotas were set out in advance and staff we spoke with said they worked as a team and felt they were able to meet people's needs without people waiting unreasonable amounts of time. The registered manager and provider had worked hard in recruiting staff to ensure people have continuity of care by familiar staff.
- The provider continued to recruit staff safely. Appropriate checks were completed to ensure staff were suitable for the role. This included references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People had the support they needed to manage and take their medicines safely. One relative told us, "They (staff and management) are very careful with people's medicines."
- Senior staff members who administered people's medications received training in the provider's medicines procedures and underwent regular competency checks. One staff member told us they felt confident in handling and administering people's medicines.
- Staff had written guidance on the expected use of people's 'when required' [PRN] medicines, so they were clear when to offer these.
- Checking systems were regularly maintained to make sure medicines were stored and disposed of safely.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

- People were supported to have visits from family and friends. During the inspection we saw visits taking place with families and friends. Relatives told us they could visit when they wanted and were welcomed by staff.

### Learning lessons when things go wrong

- We saw there was an open and honest culture in the home, if things didn't work out or were not always successful staff sought to learn and improve them. Incidents that happened were thoroughly analysed and investigated, to see if these could be prevented or if staff could work differently.
- When falls had risen in one month this prompted an analysis with proactive actions taken such as, a twilight shift implemented, and the home environment reviewed to reduce these events.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the home and regularly reviewed. This included information on their likes, dislikes, spirituality, and sexuality as well as their care and support needs.
- People, relatives, and other healthcare professionals involved in people's care were consulted during the assessment process. This helped to ensure people's needs, wishes and preferences were identified and used to inform people's care planning.
- We saw information on best practice guidance was available for staff and shared with staff by the management team.

Staff support: induction, training, skills and experience

- Relatives were complimentary about the skills and experience of the staff supporting their family members. One relative said, "I feel like they (staff) know [family member], and they know what they're doing." Another relative described how their family member had thrived while living at the home due to the staff's knowledge and skills.
- New staff completed the provider's induction training to prepare them for their new roles. During this period, they received initial training and worked alongside more experienced colleagues.
- Staff were satisfied with the overall programme of training they received to enable them to succeed in their job roles, which, they felt, reflected their duties and people's care needs.
- Staff had opportunities to meet on a one-to-one basis with their supervisor which they told us made them feel supported to continually develop and improve their working practices.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy diet and to receive food and drink in accordance with their needs and preferences.
- At lunchtime staff were permanently on hand to support people if needed. However, people were able to eat undisturbed and unaided unless the person indicated they needed assistance.
- Where people required a specific diet, such as a soft consistency, this was provided.
- Staff monitored people's food and drink where concerns were identified to ensure people remained well.

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live healthier lives, access healthcare services and support

- Staff and the management team worked collaboratively with a range of community health and social care professionals, teams and agencies to ensure people's care needs were met. People's care records reflected

this collaborative approach.

- Relatives spoke positively about the role staff and management played in helping people maintain their health. They told us staff requested prompt professional medical advice if their family member was unwell. One relative said, "Staff are quick in calling a GP if needed. They always contact me if any health problems occur and look after [family member] really well if they do become unwell."
- Staff supported people's oral health care and helped people to access a dentist should they require one to meet their oral health care needs. Oral health care was included in people's care plans to support staff in providing effective care.
- People's care documentation included clear information about their health needs and the management of long-term medical conditions, such as diabetes.

Adapting service, design, decoration to meet people's needs

- People's enjoyment, safety and diverse needs were considered in the way the home was used. For example, people were able to personalise their individual rooms as they chose with their own cherished possessions and specialised equipment was in place to support people's physical needs.
- Staff assisted people to navigate round the home environment and to their rooms through signage and individualised memory boxes.
- We saw people enjoyed spending time in different areas of the home, such as quiet or more sociable lounges. For example, in a small lounge area people enjoyed spending time with each other and staff. People also took pleasure in using the garden area.
- The provider had made improvements to the home environment both through refurbishment and redecoration. Plans were in place to continue with ongoing redecoration to support people's comfort and enjoyment of their home.

Ensuring consent to care and treatment in line with law and guidance 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS. Staff asked people for their consent before they provided any support and knew how to communicate information to assist people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the management team and staff team followed best interest processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question Good. The rating for this key question has remained Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who they liked and treated them well. One person told us, "They're (staff) all very caring. If I want anything they are always happy to oblige. They're nice people here, kind and friendly. They know what I like."
- Relatives felt staff and the management team adopted a kind and compassionate approach to their work and were willing to "go the extra mile" to ensure people's needs were met. One relative said, "I think they're absolutely fantastic, all very caring." The family agree with me, "They're happy [family member] being looked after very well. When I leave him to go home it's nice to know he's being well cared for." Another relative explained how staff were always welcoming no matter when they arrived.
- Staff were considerate and sensitive about issues related to equality, diversity and human rights when discussing people who they supported. Staff were quick to pick up on non-verbal messages from people and react to them, for example a member of staff noticed a person needed extra help and they were quick to offer the support discreetly.
- The registered manager showed they led by example and made people feel valued by developing positive relationships with them and paying attention to details that mattered. For example, the registered manager greeted people and enquired how they were feeling. Visitors were welcomed by the registered manager and staff who offered them a drink.

Supporting people to express their views and be involved in making decisions about their care

- People made decisions about their day-to-day support and were asked for feedback about their views regularly.
- Staff asked people what they wanted to do and offered choices to meet their needs. One person said, "On the whole they (staff) are very good here, they knock to come in and they listen to me. They have given me independence and the cook does special plain food for me." We saw staff supported people to make their own choices. Some people chose to get up later and staff were able to provide breakfast when people wanted it.
- Relatives said communication was good, they felt involved in how staff and the management team supported their family member. There were regular meetings for people and their relatives to discuss their views and to look at any improvements to the home.

Respecting and promoting people's privacy, dignity and independence

- People gave examples of how staff respected their privacy and dignity. One person explained they could go outside in the garden whenever they wanted, and they enjoyed the freedom to do this. Another person

was offered a key to their room to enable them to lock their door when leaving their room.

- Relatives said staff always respected their family members and listened to their wishes. One relative described how staff had supported their family member to continue with their lifestyle choices. For example, staff had supported the person to continue to receive a specific newspaper and to follow local elections.
- People had their dignity respected and their independence maintained. One example provided by the registered manager was about how one person had been supported to regain their independence to be able to live more independently as they wished. The registered manager was proud of their staff team in promoting people's independence and respecting people's goals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; end of life support

At our last inspection the provider had failed to ensure people's care and support was person centred to mitigate the risk of people not having their needs met. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People and relatives were confident staff knew people's individual needs well and felt involved in their care. One relative told us, "They know [family member] really well. I always receive updates and chat with staff when visiting, there are also newsletters. Another relative said, "They (staff) keep me informed, with medicine changes and hospital appointments. They (staff) look after [family member] really well."
- The management team had made continual improvements to people's care plans following our last inspection. People's care plans held detailed information which was accurate and personal to each person. The registered manager told us they were proud of the care plans.
- People's individual needs had been considered as part of the assessment and care planning processes. This included people's protected characteristics, for staff to provide personalised care.
- Staff told us they were happy with the quality of information recorded in the care plans which had improved following our last inspection. In addition, they were kept up to date with changes in people's needs at the start of each shift. These approaches ensured the care reflected people's current needs.
- People's end of life care plans had been improved and they now consistently reflected people's wishes in relation to their end of life care. For example, whether people would like music played in their room. This helped to ensure people received personalised support at the end of their life.

### Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The management team understood the accessible information standards and showed us ways in which they were meeting the standards. For example, they provided information in different formats when needed.

- Staff knew how to communicate with people to understand their wishes and when people were less able to communicate verbally. People's communications needs were included in people's care plans to guide staff, and staff had a good understanding of these needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives said their family members had access to activities and staff worked hard to prevent social isolation. All relatives said they were welcome at the home and could visit whenever they wanted.
- People had support to participate in fun and interesting things. For example, the provider employed an activities coordinator to plan and conduct a range of social and recreational activities. One relative told us, "The activities are excellent, people can choose what they do. Children go into the home which people enjoy, there is singing and dancing, arts, and crafts. There is afternoon tea which the staff put a lot of effort into for everyone."
- People also had access to things they enjoyed doing which were socially and culturally relevant to them. We saw people participated in a virtual reality headset experience. This was set up thoughtfully by staff who knew people well and what would hold meaning to each person. For example, one person experienced a walk in another country which they had enjoyed many times in their life. The person could recall the landscape of the country and had a huge smile during their experience.
- Another person had an ambition to fly an airplane and to support the person to achieve their goal, arrangements were made for them to use a flight simulator. The person chose the countries they wanted to fly over. These examples reflected the commitment of the management and staff team in further promoting the ethos of personalised care.

Improving care quality in response to complaints or concerns

- Relatives told us they knew how to complain and would feel comfortable approaching the registered manager, deputy manager and/or the staff team if ever they needed to.
- The provider had a complaints procedure in place to promote fair and consistent handling of any concerns received regarding the service.
- The provider and the management team had procedures in place to analyse any complaints received regarding the service. This helped the provider and management team to identify any common causes, underlying factors and identify lessons to be learned.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; continuous learning and improving care

At our last inspection the provider had failed to ensure through their procedures to assess, monitor and improve the services provided, people received personalised care to meet their needs. This was a breach of Regulation 17 (Good Governance) Of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager supported by the deputy manager had made improvements in identifying, reviewing, and acting on the outcomes of our last inspection. The management team had also been supported by the provider who appointed a person-centred lead. The improvements included accurately documenting people's care needs to support people in receiving care which is personal to each person and met their need.
- The improvements following our last inspection were achieved by amongst other things, strengthening the effectiveness of the provider and management team's quality assurance activities and ensuring learning for staff was in place.
- The registered manager was clear what was expected of their role. This included working on improvement plans which reflected the ongoing improvements being made to promote, support and consistently meet people's individual needs. The deputy manager, person centred lead, quality assurance manager and provider worked as a team in supporting the registered manager to drive through the improvements.
- There was a clear staffing structure in place and staff were clear about their role and responsibilities. Staff consistently told us they enjoyed their work. One staff member told us, "Love being with residents chatting to them." Another staff member described how they choose a colleague each month as employee of the month. They added, "(I) Enjoy it here, love working here, don't want to move from here. (I) like all residents, staff and management, all (are) supportive."
- Meetings with staff took place to discuss the running of the service, to reinforce areas of good practice and areas for improvement.
- The management team had notified us about significant events they were legally required to tell us about which happened at the home.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive and open culture at the home, where staff and the registered manager alike wanted people to receive the best outcomes in their care. We heard of examples where people with differing abilities had been supported to continue with their interests, such as swimming, golf, and the theatre.
- Staff told us they enjoyed providing people's care and all shared the same values and commitment. All staff we spoke with agreed the management team were approachable and always gave time to staff and made them feel appreciated in their day to day working lives. One staff member said it is an, "Amazing job, enjoying it here, especially residents, management (is) amazing supporting us really well."
- The registered manager led by example and showed enthusiasm and a commitment to provide the best experience possible for people they cared for. They told us how proud they were of their staff team in making a difference with the care they offered to people and how they worked as a team to make this happen.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team understood their responsibility to inform people and relevant others in the event something went wrong with people's care. If things did go wrong, apologies were given to people, lessons were learned, and these were used to improve the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- Relatives told us they were fully involved in their family members care and praised the staff and the management team for their caring ways. One relative told us, "They (staff) keep me informed. I can't think of a better place." Another relative said, "They (management and staff team) have a healthy attitude to people keeping their independence." The relative attributed this ethos as being promoted by the registered manager who they felt embeds this in their staff team.
- The management team involved people, relatives, staff, and external professionals in the service. For example, regular questionnaires were sent to engage relatives, friends and staff in the service and invite their feedback and suggestions on how it might improve.
- Staff and the management team supported people to be involved in their home and take on distinct roles in areas of interest. For example, two people were "fitness champions" and they took the lead in this activity to encourage, by example, other people to join in events. People were proud of their roles and felt involved in their home.
- The registered manager was passionate about continually seeking to maintain and develop strong links within the local community to the benefit of people living at the home. They achieved this through, for example, organising open days, participation in national care home week and social events attended by the local community.
- Staff and the management team understood the need to work in partnership with community health and social care professionals to achieve positive outcomes for people.
- The registered manager and provider welcomed our inspection and feedback. They showed their commitment to continually making and sustaining improvements and keeping people at the heart of these.