

Laurel Bank Residential Care Home Limited

Laurel Bank Residential Care 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?	Requires Improvement ●

Summary of findings

Overall summary

Laurel Bank Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. Laurel Bank is registered to provide accommodation and personal care for 51 people. It is not registered to provide nursing care.

At the time of the inspection Laurel Bank was accommodating 51 people in one building across 3 floors. All bedrooms were single occupancy, and some had en-suite facilities. There were a variety of communal areas throughout the home available for people to use.

Laurel Bank was last inspected in November 2015 and at the time the service was rated as being good in all domains. At this inspection we found that the service remained good in the domains safe, effective, caring, and responsive but have rated the well led domain as requires improvement.

We have rated the well led section as requires improvement because the health and safety checks had not identified some of the issues we noted on inspection in relation to the environment, medication and infection control. We recommend that the systems in place for checks and audits are reviewed to ensure they cover all potential areas of risk, including those found during the inspection.

The service had a registered manager in place. 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.

People were positive about the registered manager and confident that they would address any concerns people raised. Staff told us they enjoyed working at the home and felt supported by the registered manager.

Staff were aware of their responsibilities in safeguarding people from abuse and demonstrated their understanding of the procedures to follow so that people were kept safe. There were policies and training provided to underpin this.

Staff were caring towards people and we observed positive and compassionate interaction between staff and the people they were supporting.

Individual risk assessments gave staff guidance on how to minimise and manage identified risks.

Equipment used within the home was maintained and serviced appropriately.

People had their nutritional needs met and had access to a range of health care professionals.

The requirements of the Mental Capacity Act 2005 were being met. 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.

Recruitment procedures were in place which ensured staff were safely recruited. Staff received the training, support and supervision they needed to carry out their roles effectively.

There was a programme of activities available but people had expressed a wish for further activities to be available for them to engage with. At the time of inspection, the registered manager was considering options to improve the activities available within the home.

The service kept a record of accident, incident, safeguarding concerns, complaints and compliments. These were analysed for themes and learning to reduce the risk of reoccurrences.

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 caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Systems of audit and service checks were not robust enough to identify issues we found during the inspection.

Feedback was obtained from people who used the service and this information was used to make improvements within the home.

Laurel Bank Residential Care 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 the 3 and 4 December 2018, the first day was unannounced. The inspection team consisted of one adult social care inspector and one adult social care assistant inspector. An expert by experience was part of the inspection team on day one. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert-by-experience had personal experience of older adults and adults with dementia.

Before the inspection we reviewed the information that we held about the service and registered provider. This included any notifications and safeguarding information that the service had told us about. Statutory notifications are information that the service is legally required to tell us about and included significant events such as accidents, injuries and safeguarding notifications. We also looked at information provided through the 'share your experience' portal available on the Care Quality Commission (CQC) website and other feedback we had received. We reviewed the information that the service had provided us with through the provider information return (PIR). The PIR provides information about how the service was meeting the requirements of the regulations.

We liaised with commissioners of the service including local authorities, and Healthwatch. Healthwatch is an independent organisation which collects people's views about health and social care services. The feedback from these organisations was used in planning for the inspection and helped identify some key lines of enquiry.

During the inspection we examined many documents. These included seven people's care records, four staff

recruitment files and information relating to supervision and training. We looked at the policies and procedures in place, and documents and other audits and checks completed by the service.

Approximately 52 staff were employed at the time of the inspection including care staff, housekeeping and kitchen staff. We spoke with staff including the registered manager, nominated individual, one senior carer, three carers, one kitchen staff, one laundry assistant, one maintenance worker and two health and social care students on placement. We spoke with seven people using the service, two family members and two visiting professionals.

We completed checks of the premises and observed how staff cared for and supported people. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us to understand the experience of people who cannot talk with us. We observed two meal time experiences and used the SOFI to observe care on one occasion.

Is the service safe?

Our findings

At the last inspection we found the service was good in this domain. At this inspection we found that the service remains good.

We asked people whether they felt the service was safe. People told us, "There's always someone around to help," "I definitely feel safe" and, "I feel very safe here."

We looked at how the service ensured that there were sufficient staff to meet people's needs. The registered manager told us that they did not have formal systems in place but would consider people's level of need and feedback from people, relatives and staff when considering staffing. People and relatives told us they felt that there was enough staff and said, "There's always someone around to help," "There's always enough staff and I feel secure and supported" and, "There's plenty of staff about, I can always find someone when I need to." Our observations during inspection noted that staff were generally busy but were available to support people as required and would make regular checks on the people living at Laurel Bank.

We looked at how the service supported people to safely take their medicines. One person told us, "My medication is always right and on time which was a worry when I was at home." We found that the home used a Bio-Dose system for medicine administration and management. This is a system where people's individual medication (tablets) had been pre-dispensed into medicine pots and then sealed by the supplying pharmacy. We saw that evidence from Medicine Administration Records (MARs) indicated that people were receiving this medicine safely and accurate records were being maintained. Other medication such as that to be given 'as and when required' was administered directly from its original packaging, for example, paracetamol. We saw that information about this was being recorded. However, we found one example where a person was receiving paracetamol but the time of administration was not being accurately recorded. We spoke to the senior carer and the registered manager about this issue and they took appropriate steps to ensure accurate records of time sensitive medicines was maintained.

A dedicated medications room was used to store and lock people's medicines safely away. We saw that this area was clean and tidy and had appropriate facilities and resources. A domestic fridge was in use to store medicines that required to be stored at a specific temperature and temperatures were being monitored. We spoke with the registered manager about investing in a clinical fridge which was lockable and could more accurately record temperature through the use of a maximum and minimum temperature record. This will be reviewed at our next inspection.

Some prescription medicines are called controlled drugs and are subject to stricter controls to prevent them being misused or obtained illegally. We saw that controlled drugs were stored separately in a locked medicines cabinet. Records were being accurately made and regular audits completed to ensure correct amounts of people's medicine were available.

We saw that the service used body maps to record the location of the application of patches for people who were prescribed this form of medicine and saw that accurate records of this were being maintained. The

home had a file to record the administration of creams which included information and body map details for people being prescribed this type of medicine. The senior staff would then transfer this information on to the MAR sheet.

We looked at how the service was protecting people from the risk of infections. We found that there were suitable policies in place to guide the staff on how to protect people from this risk. Staff had access to personal protective equipment (PPE) such as disposable gloves and aprons, and we saw that staff accessed this when supporting people with personal care.

We looked at how laundry was managed to protect people from the risk of infection. We found that coloured coded covered bags were in use for soiled laundry. This meant the laundry assistant could easily identify soiled laundry and manage this appropriately. However, general laundry was not covered when being transported around the home to the laundry facilities. We spoke to the registered manager who advised that the lids had recently broken and immediately arranged for replacement lids to be provided. The laundry was well organised and had a system for managing the dirty and clean laundry to reduce any risk of cross infection. We saw posters promoting good infection control practices within the laundry

The kitchen had appropriate cleaning schedule and was clean and tidy. The food standards agency had visited in November 2017 and rated the kitchen 5. This is the top of the scale and means the kitchen hygiene standards were good and fully compliant with the law.

We looked at the environment and found that efforts had been made to make the environment safe within the confines of the layout of the home. The registered manager had a clear understanding of how the environment impacted upon the needs of the people that the home could support. They made appropriate assessments to ensure people could be safely supported within the home prior to admission.

We looked at a number of people's bedrooms and found that they were personalised. The registered manager told us that people could decorate their rooms as they wished and could bring in possessions from home. We noted that two bedrooms on the first floor did not have suitable restrictors on the windows and raised this with the registered manager. The maintenance worker addressed this during the inspection and further checks were completed to ensure that all windows had suitable restrictors in place. We recommend that the service review the health and safety checks in place to ensure that issues are quickly identified and addressed. This is discussed further in the well led domain.

We saw that gas, electrics and water system were tested and maintained on a regular basis. We saw evidence that any issues, and remedial actions were taken as required. Fire alarms and equipment was regularly tested and maintained and fire drills were undertaken. Equipment including the lift and hoists were serviced and there were appropriate checks of moving and handling equipment. This meant that equipment used for people was maintained and safe for use. There were policies in place to underpin this.

There was a business continuity plan in place which contained information for staff about what to do in case of an emergency. Evacuation procedures were in place and people's personal emergency evacuation plans (PEEPs) were all up to date with relevant current information to ensure in an emergency people could be safely evacuated from the building.

We looked at the processes in place to safely recruit staff. We found that overall there were safe systems in place to ensure staff were safely recruited. The recruitment records we viewed demonstrated that suitable application and recruitment checks were in place. This included checking staff's right to work, references from previous employers and checks with the Disclosure and Barring service (DBS). The DBS identifies

people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. These checks should help to ensure people are protected from the risk of unsuitable staff being employed. However, we found one example for a staff member where one reference was not held on file. We raised this with the registered manager and this was addressed immediately and full reference available for this staff member by the end of inspection.

We looked at how the service was recording accidents, incidents and safeguarding concerns. We saw that the service was completing records and this information was analysed regularly to look for themes. Records indicated that the registered manager used this to learn lessons and reduce potential risk of reoccurrence. This had included reviewing moving and handling plans and training for staff.

Is the service effective?

Our findings

At our last inspection we found that the service was good in this domain. At this inspection we found the service continued to be good in the effective domain.

We looked at how people were assessed to ensure that the home was able to safely and effectively support them. We found the service had completed pre-admissions assessments with people and relevant others, such as family and healthcare professionals. These were then used to develop care plans which contained details about people's care and support needs and provided staff with guidance about how to meet people's care needs. The people we spoke with were aware of their care plans and had been involved in developing these. Our observations during the inspection demonstrated that staff had a good understanding of people's needs and how these were to be met. One relative told us, "Staff know exactly how to care for [family member]." People gave us examples of how staff had supported them, and met their needs including ensuring they accessed hospital, doctor and dental appointments as required.

We spoke with two healthcare professionals about how effective the home was in responding to people's care needs. We received mixed responses; one health care professional told us, "They [staff] are very responsive. They come round on the visits and given an update [on how the person has been]. All charts are filled in when dealing with charts and pain scores. They ring if required, they don't wait for the visit." However, another healthcare professional said, "Staff are pretty helpful, communication is not always the best and they don't always tell you when someone had gone into hospital."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). During this inspection we checked to see if the registered manager was working within the principles of the MCA.

We saw applications for DoLS had been submitted to the relevant local authorities where appropriate and a record of this was kept within people's care records. We saw people, and other relevant individuals, had been involved in best interest meetings to make decisions about care and support. In one person's case, we saw that they did not have contact with any family members and an independent mental capacity advocate (IMCA) had been involved to support the best interest decision process. This meant that where restrictions were in place for a person these were the least restrictive, necessary and lawfully authorised.

We looked at how people were asked for their consent before care and support was given. We saw that staff would always ask people before delivering personal care and ensured they were discreet when

communicating with people. We observed that people were provided with choice regarding their day to day lives and people confirmed that they were given choice.

We observed how people were supported during meal times in both the main dining room and the dining area within the 'unit' on the top floor. The 'unit' was the name given to the top floor of the home. In the main dining area, people were supported with their meals over two sittings. The registered manager told us that this was done both to ensure sufficient space for people to enjoy their meals, but also to provide a quieter environment for people should they wish. Our observations on day one found that the meal time was task focused and the tables were not laid within the main dining area. However, we noted on the 'unit', and during the evening meal that tables were laid and there was a calm and responsive atmosphere.

We saw that people could choose where they wished to eat their meals and that some people chose to eat in their room or in the lounge areas of the home. Staff were attentive and generally provided support and assistance to people as required. However, we did note that on some occasions people's food got cool before they had been able to finish their meal. We saw that on these occasions, staff would arrange for the meal to be heated up, or for an alternative option to be provided.

People were given choice of meals and the food looked appetising. People told us, "We always have choice," "We have a very good chef," "You can choose what you want" and "There is lots of choice and there is plenty of it." People did comment that they felt there was not enough fruit and vegetables provided. This was feedback to the registered manager following inspection. We noted that people were offered snacks during the day, but these were often biscuits and cakes rather than healthier options such as fruit.

We spoke with kitchen staff about how they met people's nutritional needs. The kitchen staff we spoke with had a clear understanding of how to support people who required modified diets, such as softer options and fortified meals. There were clear records of people's nutritional needs held within the kitchen which included any food allergies. One relative told us, "Staff know when to blend [family members] food as they struggle to chew, they eat more now than they ever have."

The kitchen staff told us how they provided appropriate options for people who were diabetic and for those who wanted a vegetarian diet. We spoke to the registered manager about how people were supported to make choices relating to what they wished to eat. The manager advised that they were currently developing a pictorial menu to support people to make choices.

People's care records considered how to meet people's meal time needs and reduce risk of malnutrition and dehydration. We saw daily records that people's dietary intake was recorded and people were weighed regularly. We saw that when people had lost weight appropriate action was taken and people were referred to dietician and speech and language therapy for further assessment and advice. We saw that this information passed onto staff, and care plans and kitchen records were updated accordingly.

We looked at how the registered manager ensured that staff had the appropriate training, skills and support to safely undertake their roles. We saw that the registered manager had undertaken supervisions with staff. Staff had appraisals from the previous year but we noted that none of the staff files we reviewed had current appraisals in place. We spoke with the registered manager about this and they advised us they had identified this and planned to undertake appraisal with all staff in the new year. Staff told us they felt supported within their roles and one staff member said, "Yes I have regular supervision, I do find them useful."

We looked at the training that staff received and saw staff had access to a variety of training. Training

certificates were kept in staff files and the records we looked at demonstrated staff training was up to date. The registered manager had oversight to ensure training was updated as required and would take action to support staff to complete this. We saw that staff new to care were supported to complete the care certificate. The care certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff members confirmed that had access to training and on staff member said, "I've just done my NVQ level 2 [in care] through Laurel Bank."

Is the service caring?

Our findings

At our last inspection we found that the service was caring. At this inspection we found the service remains good in this domain.

People we spoke with told us that staff were caring and said, "Care staff are marvellous and have a good sense of humour" and "It's a real little community." Family members were happy with the care their families received and said, "Staff know exactly how to care for [family member]...they are on it straight away," "I would recommend it" and, "It's a very good place, staff are absolutely great." We saw responses from feedback included, "[Family member] is back to the person we remember which proves they are getting the care they need, the staff are really friendly and extremely caring."

Throughout the inspection we observed positive interactions between staff and the people living at Laurel Bank. Staff spoke about the people they were supporting with affection and demonstrated that they knew them well. We saw that staff would speak to people whenever they were being supported and talk them through what was being done. For example, we witnessed people being supported to mobilise and when Staff used moving equipment, such as hoists, we saw that people were guided through the process and offered reassurance. At meal times, staff supported people patiently and with attention.

We looked at how people were supported to maintain their dignity and privacy. We observed that staff spoke respectfully to people throughout the day. Staff gave us examples of how they ensured people had privacy such as closing doors and curtains when supporting people with personal care, and knocking before entering a person's room. People told us the staff were respectful and one person told us, "I am always treated with dignity and respect."

We reviewed how people were supported to maintain independence and found that this was well documented in people's care plans which stated what people could do for themselves, what they needed support with and how staff should support people with these needs. We observed throughout the day that people were supported and encouraged to be as independent as possible. For example, when moving around the home and when taking foods and fluids, equipment to support independence was used and people were appropriately encouraged and supported. One person told us, "I have a sense of freedom."

People were supported and encouraged to maintain relationships when they wished and we observed that visitors were welcomed. Staff told us, "Family can come whenever, there is no restrictions on time, we offer them a cup of tea." There were a variety of seating areas in which people could gather and socialise throughout the home.

We examined care records which indicated that people were able to access advocacy support if this was required. The registered manager had a good understanding about when to support people to access advocacy services and the facilities that were available locally. Advocacy services were advertised on the notice board in the communal area.

We saw people's care records and personal information was kept securely with in the office and was available for staff to access and update themselves regarding changes to care plans and risk assessments as and when needed.

Is the service responsive?

Our findings

At our last inspection we found that the service was responsive and at this inspection we found that it continued to be good in this domain.

We looked at people's care records and found that these contained detailed information about a person and their care needs. Care plans reflected people's preference and included specific information about how care should be delivered. We saw that these were reviewed regularly and updated as required. We saw that people's physical and mental health needs were considered, as well as communication and individual areas of risk. The information within care records provided staff with the information and guidance they needed in order to safely support people with their individual care needs. Files also contained individual life histories which in some cases were detailed and full completed and in others limited information or had not been completed.

We saw evidence that people had been involved in their initial assessments and care plans and people confirmed that they had been involved. One person told us, "I have read my care plan." and a relative told us, "we're always contacted if there are any problems."

We looked at how staff received updates when people's care needs changed. Staff told us that care plans were reviewed regularly by the registered manager and staff were updated through handovers. Staff told us, "You are updated through handovers and you can always look at the care plans."

We reviewed how people were supported to access activities and pursue interests and found this was an area where improvements could be made to enhance people's quality of life. During the inspection we saw that people were provided with a range of newspapers and there were different communal areas where people could watch television, listen to music or access a quiet space. A hairdresser visited the home weekly. We saw activities such as games and puzzles were offered and people engaged in these. Formal activities such as armchair aerobics and entertainers visited the home on a regular basis and people told us they enjoyed the activities that were provided. Some of the relatives we spoke with told us that they would like to see more activities available for people to engage in. We discussed our observations in relation to activities with the registered manager who advised this was an area of improvement that had been identified prior to inspection.

There had been an activity co-ordinator in post in the past, but at this inspection this was not the case. The registered manager said this was an area they were looking. This will be reviewed at our next inspection.

We looked at the systems the service had in place for people to raise concerns and make complaints. People told us they knew how to raise concerns and this information was displayed within the reception area. We saw the service had not had many complaints but that when these were received they were fully investigated and feedback and apologies offered to the person making the complaint. The service had suitable policies to underpin this and people were aware of how to raise concerns. One person told us, "Any problems I take to the seniors or [the registered manager], they always sort it out."

We saw that the service received a number of compliments. This included feedback such as, "It was a great comfort to me and my family to see the wonderful professional and kind care received a laurel bank. I was always made to feel so welcome on my daily visit," "Thank you for your patience and understanding" and, "Your care and dedication is much valued."

We looked at how technology was being used to support the safe care and treatment of people. We saw that they service used alarm systems, such as sensor mats when appropriate in people's bedrooms, to reduce the risk of people falling in their rooms. The service accessed digital health to ensure people received the appropriate level of health interventions. Digital health is a service which allows people to received medical interventions and Doctor's support electronically.

We looked at how the service complied with the Equality Act 2010 and how the service ensured people were protected from discrimination because of any characteristics that are protected under the legislation. Our observations of care throughout the inspection demonstrated that staff understood the importance of equality and what this means when meeting people's individual needs. The service had policies to underpin this, and staff completed training in this area.

Care plans demonstrated consideration was given to people's individual, religious and cultural needs. The registered manager gave us examples of how people were supported to maintain a vegetarian diet, and continue with their religious practices regardless of the denomination. Clergy from various faith groups attended the home on a regular basis.

We spoke with the manager about how they were using information to meet people's needs, particularly in relation to meeting the accessible information standards. The accessible information standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss. The manager told us that information could be provided in different formats and they were looking at pictorial options to aid communication with people at the time of inspection.

We looked at how the service supported people at the end of life. The service had a system for recording people's support needs when they required end of life care and this provided staff with guidance on how to support people at that time. Staff we spoke with could tell us how they would appropriately support people when they required end of life care. We saw that the service had received thank you cards from the relatives of people who had passed away which thanked the staff for the care and support provided. Feedback included "It made it more bearable for all the family knowing [loved one] was receiving excellent care from you all."

Is the service well-led?

Our findings

At the last inspection we found that the service as good in this domain. At this inspection we found that the service requires improvement in this domain.

We have rated the service as requiring improvement in this area as the systems were not sufficiently to have identified some concerns that we raised during inspection in relation to good practice to keep people safe. This included window restrictors not being in place on two bedroom windows and laundry baskets not being covered when being transported around the home. In addition we noted examples of when time sensitive medicine, in this case paracetamol, did not have a record of the time of administration. We spoke to the registered manager about ensuring they had suitable process to identify concerns, such as the issues identified on inspection and saw that the registered manager took action to improve the systems that were already in place. These will be reviewed at our next inspection.

The manager was aware of good practice guidance such as information from the Health and safety executive, which provided information regarding health and safety legislation, and the National Institute for clinical excellence (NICE) which provided guidance around best practice for a wide variety of clinical and social care settings. We spoke to the registered manager about how they managed the competing demands within the service and they told us about the areas for improvement they had identified and the action plan they already had in place to ensure appropriate monitoring and support systems were in place.

People spoke positive about the registered manager and said things including, "The manager is always available" and, "The manager is very helpful and approachable and promotes a positive atmosphere." Staff spoke positively about the registered manager and told us they were confident that they would appropriately respond and act to address any concerns which were raised. They told us "[The registered manager's] door is always open," "[The registered manager] is fair and approachable" and "I feel very supported... they have been there when I have needed them."

The service had a variety of methods by which people and visitors could provide feedback including a comment box in reception and formal annual surveys. The registered manager told us people did not tend to use the comments box but would instead speak with them or other staff directly if they had concerns.

We looked at the response to the surveys sent to people in 2018 and these were largely positive. Feedback included "Could do with a few more social activities for stimulation," "There is not enough staff" and, "People are not able to go out." We spoke to the registered manager about how this information had been used to drive improvement. The registered manager told us that they had made changes to the staffing rota and increased staffing levels and had arranged a variety of activities and outings for people. These had included a trip out on a canal boat and variety of activities and celebrations within the home. The registered manager demonstrated that they were committed to using feedback and learning from complaints and incidents to drive improvement and change.

We looked at audits and checks that were in place for the home. With the exceptions of the issues we

identified, as discussed in the safe domain relating to laundry baskets, window restrictors and the way records for 'as and when' medicines were maintained, we found that there were a number of weekly and monthly checks of the environment and equipment. These included checks of equipment such as slings, mattresses and pressure relieving equipment; the environment such as checks of cleanliness throughout the home; and recording systems such as daily records and monitoring charts.

We saw that the service had good working relationships with local healthcare services including the district nurse team, chiropodist and local doctor's surgeries who all visited people in the home on a regular basis. The registered manager told us they were also working closely with the local authority commissioning team to drive improvement and share learning.

The ratings from the previous Care Quality Commission inspection were on display both within the home and on the provider website.