Davenport Manor Nursing Home Limited

Davenport Manor

Inspection report

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Stockport
Greater Manchester
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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

This inspection was carried out on 6 and 8 February and the first day was unannounced. We last inspected Davenport Manor on 23 and 24 November 2016. At that time we rated the service requires improvement overall and identified breaches of three regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to make improvements to the homes environment to ensure it was safe, documentation relating to decision making surrounding the administration of medicines without people's knowledge and improvements to the quality monitoring systems.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions of is the service safe, is the service effective and is the service well led to at least good. At this inspection we found improvements had been made to these areas.

Davenport Manor is a residential care home registered to provide care and support to up to 34 people. The home is situated in the Davenport area of Stockport close to local shops and churches. There is a regular bus service and Davenport railway station is approximately a quarter of a mile away. At the time of our inspection there were 31 people living at the home.

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.

People told us they felt safe and protected from abuse. Staff working in the home had received safeguarding adults training and demonstrated a good understanding of what to do if they suspected a person was being abused or was at risk of abuse.

Medicines were managed safely in line with national guidelines. People were given 'as required' (PRN) medicines only when needed. We saw an example where a resident had been displaying difficult behaviour and the resident's GP commented how the staff at the home managed the person's behaviour well without relying on excessive medication.

People were encouraged to be independent. During the inspection we observed care staff helping people to do things for themselves where possible. One resident we spoke with told us; "I can do what I want here." Care records we looked at were written in a way to enable care workers to encourage people to maintain their independence.

People were very happy with the food served in the home. One resident we spoke with told us; "I had pork yesterday and it was beautiful, lasagne today and I ate it all and I'm a fussy eater." People were involved in creating the menus and were able to request meals that weren't on the menu if they chose to. Snacks and drinks were available at all times.

People were able to access other healthcare services. A GP visited the home fortnightly and district nurses visited on a daily basis. The GP and district nurse team told us they thought the home provided a good level of care. An optician and a dentist visited the home annually but appointments could be made sooner than this if needed. When people needed to attend hospital appointments and no family members or friends were available to accompany them, the manager told us a member of staff would go with them to the appointment.

People and their relatives were encouraged to personalise and decorate their rooms. We saw rooms where stencils had been put on the wall and resident's own furniture had been brought in to make the room feel like their lounge as well as their bedroom.

People told us they felt well cared for. A person we spoke with told us; "I have nothing bad to say about it, every one of the staff are superb, I can have a joke and a laugh with them. I was nervous about coming here but quite honestly they were so warm and welcoming."

Regular meetings were held for people and their relatives to discuss any issues they had and make suggestions for things they would like to do or improvements that could be made to the home.

Members of staff we spoke with told us they felt supported and well trained. They told us they felt part of a team and worked well together to look after people. Regular meetings were held for care staff to discuss quality issues and also to suggest improvements that could be made to the service.

People we spoke with told us they enjoyed the activities in the home but some people we spoke with told us that although there was an activity plan they felt there could be more things for people to do in and around the home. During our inspection we observed the care workers singing with people and playing with a soft ball. We recommended the service review its arrangements for activities.

People's care plans were detailed and reflected their choices and preferences. We identified some shortcomings in the documentation of discussions the registered manager had held with a person and their relative regarding their care. We recommended the service review their procedure for recording decisions taken during such meetings.

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.

People told us they felt safe and protected. Care workers were trained in safeguarding adults and understood their responsibilities.

People's medication was managed safely and clear records were kept of what medication had been administered.

The home was well maintained and regular checks were performed to help ensure the home was a safe place to live

Is the service effective?

Good

The service was effective. People's ability to make choices about their care was assessed and they were encouraged and supported to make what decisions they could.

People spoke highly of the food offered and had been involved in choosing the menus.

People were encouraged to personalise their rooms to make them feel homely.

Is the service caring?

Good

The service was caring.

People felt they had good relationships with care staff and were treated with respect.

Resident's dignity and privacy was protected, particularly when they were being assisted to eat and drink or move around.

Relatives were encouraged to visit the home and were made to feel welcome.

Is the service responsive?

Good

The service was responsive.

People were involved in reviewing their care regularly to ensure it was meeting their needs.

During our inspection we saw activities taking place however some people told us they felt there could be more activities at the home.

People felt able to make complaints and compliments and were usually happy with the outcome of the complaint.

Is the service well-led?

Requires Improvement

The service was not always well led.

The provider had not met the minimum requirement of updating the Provider Information Return at least annually.

The home had a relaxed and friendly atmosphere and residents told us they felt at ease there.

Views of residents, relatives and members of staff were welcomed to help develop the service.

Davenport Manor

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 checked 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.

The inspection took place on 6 and 8 February 2018 and the first day was unannounced. The inspection team consisted of one adult social care inspector and one 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.

Prior to the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider did not meet the minimum requirement of completing the Provider Information Return at least once annually. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we made the judgements in this report.

We also contacted the local authority, the local authority safeguarding team and Healthwatch to seek their views about the service. The feedback from these agencies confirmed they had no concerns about the service. We also considered information we held about the service, such as notifications in relation to safeguarding and incidents which the provider had told us about. During the inspection we spoke with the GP and the district nurses visiting the home. Their feedback about the home was positive.

As part of the inspection we spoke with five residents, four relatives of residents, two members of care staff, the chef, and the registered manager. 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 looked at the recruitment records of three care workers, care records of three residents, medication records of a further two people. We also looked at records relating to the management of the service which included staff rotas, records of accidents and other incidents, training records, servicing and maintenance records and any quality audits and checks carried out.

Good

Is the service safe?

Our findings

At our inspection in November 2016 we identified that window restrictors at the home were not robust and could be disengaged without the use of a special key or tool which was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found window restrictors had been fitted to windows in line with guidance from the Health and Safety Executive (HSE) and this requirement was now being met.

People and their relatives told us they usually felt safe. One relative we spoke with told us; "I have no worries about safety." Another relative said; "We go away now. We used to find it difficult to go away but not now. We go away and we're happy [our relative] is safe." The home had a safeguarding policy in place which had recently been reviewed and staff had undergone safeguarding training. Care workers we spoke with were able to explain what safeguarding meant. One care worker told us; "I'd feel confident alerting the right people if I needed to."

One person expressed concern about whether there were enough staff on duty at night if a resident was taken ill and had to be accompanied to hospital by a member of staff. We raised this with the registered manager who told us staff were able to telephone her or another senior member of staff out of hours who would be able to go into work.

Care workers we spoke with told us they felt there were enough staff on duty. One care worker we spoke with told us; "We have enough staff, any more would be too many." Another care worker told us; "We very rarely need agency staff. When people are off we would rather cover it ourselves." The registered manager told us that when agency staff were used they were staff who had worked in the home before and had received an induction similar to care workers employed by the home. During our inspection we observed staff interacting with people in an unhurried manner and staff were often spending time talking to people in communal areas in the home indicating that the staffing levels were sufficient.

People's care records contained a number of assessments identifying the kind of support they would need, for example any assistance they would need with moving, eating and drinking or taking their medicines. Where risks had been identified, a risk assessment action plan had been put in place which detailed the risks, the measures that had been put in place to mitigate the risk and the date the assessment should be reviewed. The care records showed where referrals to other professionals such as Speech and Language Therapists (SALTs) had been made.

A variety of maintenance checks were carried out to ensure the home was safe, for example, electrical and gas safety checks. We also saw records of steps taken to try to prevent the build-up of legionella bacteria in water outlets. Regular fire alarm and emergency lighting testing was done and regular fire drills were held. Personal evacuation plans were in place to ensure their safe evacuation of people from the building in case of fire.

The home demonstrated safe recruitment practices. We looked at the recruitment records of three care

workers. The records showed that appropriate checks were being made before people started work. Including Disclosure and Barring Service (DBS) checks before the care worker was allowed to start work. 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 help to ensure only suitable applicants are offered work.

When care workers start work they are given an induction and shadow an experienced care worker for six weeks to get to know people and the building. One care worker we spoke with told us; "The induction was good. You got shown round and got to learn about the people and the job. I always had a senior with me; there was so much to learn."

Medicines were managed safely. Medicines were stored safely and only administered by senior care workers who had received training from the local pharmacy. Where appropriate, medicines which should be kept refrigerated to maintain their effectiveness were kept in a locked refrigerator.

At our last inspection we found the decision making process in relation to people giving medication without their knowledge was not being properly documented. At this inspection no people were being given medication without their knowledge.

We found that people's behaviour was not controlled by excessive use of medications. In one person's care record we saw a review of the person's medication completed by their GP who commented how well the home managed the person's behaviour without requiring changes to their medication.

Medication administration records (MAR) we looked at for people who had been prescribed medications to be taken 'as required' (PRN) showed they had only administered when required . Other MARs had been completed fully and legibly meaning it was clear which medicines had been administered and that people had received their medicines safely.

People told us they felt the home was clean. One resident we spoke with told us; "Everywhere is clean including the toilets." During our inspection the home appeared clean and we saw staff observing good infection control procedures such as wearing disposable gloves and aprons when required. The home had a number of sanitising hand gel dispensers for staff and visitors to the home to use. This meant the spread of infection to people was minimised.

The kitchen had been awarded a five star food hygiene rating by the local authority.

We looked at the accident and incident book kept in the home and saw incidents had been well documented. Care workers we spoke with told us they understood the importance of recording when things happen so that steps could be taken to try and prevent it happening again. The registered manager told us the incidents were reviewed regularly to identify any trends.

Good

Is the service effective?

Our findings

At our last inspection we found some people were being given medication without their knowledge and although there were records showing people's families and doctors had been consulted there was no assessment of the person's capacity to make the decision for themselves or records of a meeting to decide whether it was in the resident's best interests to give them their medication this way. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection no one was being given medication this way. The registered manager told us this would only be done as a last resort and if a resident needed to be given medication this way and could not decide for themselves, a best interest meeting would be held and the decisions documented.

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 is 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 authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

The home was acting in accordance with the principles of the Mental Capacity Act. Care records examined all had capacity assessments indicating what sort of decisions the person was able to make and what support they would need to make them. We saw examples where although people were unable to make decisions regarding finances they were able to make day to day decisions about what to wear and eat and what to do.

Care workers we spoke with understood the need to obtain the person's consent before any care was given. One care worker we spoke with told us; "Whether they have capacity or not we still talk them through things anyway. I wouldn't like someone just coming in and saying 'we're doing this' without asking." We observed care workers asking consent from people throughout our inspection.

Care workers had undergone equality and diversity training and the manager explained that people's cultural needs and preferences were included in the care planning when a person moved into the home. Care workers we spoke with understood the need to take people's background and culture into account when caring for them. One care worker we spoke with told us; "Everybody is an individual no matter what their background."

Care workers told us they felt they had the training to enable them to care for people effectively. One care worker we spoke with told us; "A lot of the training we can do online, there's a lot of choice. We get proper updates too." Another care worker told us; "I like the training because we're getting a lot out of it." Care workers gave us examples of how the registered manager had encouraged and supported them to complete additional qualifications." Care workers told us they felt supported in their roles. One said; "I feel supported.

We have supervision every month. I can always talk to [the registered manager] and senior staff too."

People told us they were supported to eat and drink enough and that they enjoyed the food. Relatives also spoke highly of the food. One relative said; "The food is excellent. The cook talks to them and asks what they want. There are some really good meals." Another relative told us; "The cook is brilliant. There are varied meals and good sized portions. She really goes out of her way to help and [my relative] can always have an alternative like soup or a sandwich." One person told us they felt the portions were too small. We spoke with the head cook who said she was aware and told us; "[The resident] has asked for a bit more for their lunch tomorrow."

A range of food was made available to people outside of meal times including sandwiches, homemade cakes, biscuits, crumpets and yoghurts. A choice of cold drinks were available in all of the lounges and hot drinks on request. During our inspection we saw people being offered regular drinks and being supported by care workers to drink them.

The head chef explained that they were in the process of creating a new menu and that the views of people were being sought and tasting sessions for the new menu would be held to see if it was what people liked. The head chef explained there were two hot choices on the menu but if people preferred to have something else then she would prepare that. During our inspection a person had asked for egg on toast rather than the meals on the menu and this was cooked and served for them.

We saw the head chef ask people what they would like for mealtimes and they demonstrated a good understanding of different peoples preferences. They explained; "I get feedback from the care workers about what went down well but I like to speak to the residents myself." They added; "I make a point of meeting the new people as soon as they move in to get to know what they like and don't like so I can make sure the menu suits them."

We observed meal times in the communal areas and there was a relaxed atmosphere and appeared to be enjoying the food. People who needed support to eat or drink got the support they needed.

Any support people needed to eat and drink was well documented and kept under review in their care plan and where required, referrals had been made to Speech and Language Therapists (SALTs). The head chef gave us examples of alternative meals they had prepared for people with different cultural needs.

People were registered with the same local GP who visited the home on a fortnightly basis but was available to attend for urgent appointments too. We spoke with the GP who told us; "We have a good relationship. I'm here every two weeks but they can contact me in between if they have any queries." The GP commented; "The manager really knows her residents and staff. They deal with them very well as some of them are quite complex."

During the inspection we also spoke with the district nurse visiting the home. The district nurse told us; "The communication is good between the care home staff and us. They will phone if there are any problems with the residents." They added; "Some people are on two hour turning [to maintain skin integrity] and it's fine. We would know if it wasn't being done."

The registered manager explained some people enjoyed gardening but during the winter it was too cold for them to go outside so part of one of the lounges overlooking the garden had been decorated to give the feel of a garden shed with wood panelling and some planting boxes for people to grow seedlings in and a sensory board with artificial grass.

People were encouraged to personalise and decorate their rooms. One room we saw had been very well personalised by a relative. The home was well decorated and at the time of our inspection some areas were being painted. The dining rooms and communal areas had dementia friendly signs.

Good

Is the service caring?

Our findings

People told us they felt they were treated with kindness and respect. One person told us; "The staff are very nice they look after me well." Relatives also felt their relatives were treated in a caring way. One relative we spoke with said; "I feel [my relative] is being looked after and getting back to their own self." One relative said however; "Some staff are good but others not as good."

Care workers gave us examples of how they communicated with people who had difficulty speaking. One care worker we spoke with said; "We have a resident who can't speak but can show us things or point so we know what he is trying to tell us."

During the inspection 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 observed caring interactions between staff and people where care workers engaged people in conversations and activities. We also observed care workers noticing a resident was particularly enjoying a biscuit with a cup of tea and going to the kitchen to get more to offer to the resident.

We also observed care workers protecting peoples privacy and dignity when being assisted to move around. Care workers talked the person through what they were going to do and checked the person was happy before they assisted them. Conversations between care workers and people were loud enough for the person to hear and understand but were not at an excessive volume so everyone could hear. While the person was being assisted the care workers were encouraging and calm.

We also saw caring interactions when a care worker was cutting a person's finger nails. The care worker sat next to the person and had a quiet conversation with them before asking if it was ok to cut their nails.

On a number of occasions during the inspection we observed care workers and people joking and having fun. We also observed caring and professional interactions between the care workers themselves. One care worker we spoke with told us; "It feels homely, I get on with everyone, both people and staff. We know if something isn't right with [a colleague] so we will talk to them. We work as a team which helps us look after the residents."

Staff demonstrated they knew people well. One member of staff explained they had brought some wool to give to a person as she knew the person liked knitting. A person we spoke with told us; "One of the staff brings me a newspaper three times a week."

In the front of people's care records there was a sheet describing the person's life history and interests. Care workers we spoke with explained when new people moved in the sheets were helpful to start conversations with the people and get to know them. There was also a record of the person's family members and whether the person wanted them to be involved in planning their care. The care records we looked at showed people and their relatives had been involved in the monthly reviews of their care and whether they felt it was meeting their needs.

Care workers were aware of the importance of maintaining confidentiality and had received training as part of their induction programme. During the inspection we observed care workers leaving communal areas to discuss confidential information relating to people privately. People's care plans were kept in a locked room in the reception area so they were secure but accessible to staff. Care worker records were kept in a locked cabinet. This helped to ensure that confidentiality was maintained.

During our inspection we saw relatives visiting the home throughout the day. The registered manager explained; "We want to make it feel like home from home. Visitors are free to come and go as they please." We saw records of a meeting held for people and relatives before Christmas where relatives were invited to come to the home for Christmas dinner. We saw a conversation between a relative and a care worker where a relative asked when would be a good time for someone to visit. The care worker replied; "1230 to 1330 is lunchtime so it's a bit busier but you're very welcome to come in when you want."

Good

Is the service responsive?

Our findings

Each person had a key worker and part of the key worker's role was to review the care plan and assessments monthly to ensure they were continuing to meet the person's needs. The care records we saw demonstrated that the reviews of the care plans were carried out. One example we saw read; "Spoke with [resident] and [resident's relative] today to discuss their care plan. [Resident] has made a small weight gain and is doing really well eating and drinking. [Resident and relative] agreed current care plan and risk assessments."

The care records also included a choice form which detailed the person's preferences for their daily routine such as what time they liked to get up, whether they needed help choosing what clothes to wear and getting dressed, their preferred drinks, food likes and dislikes and where they preferred to eat their meals. During the inspection we observed staff offering choice to the people over where to sit and what to eat or drink.

Some people we spoke with told us the enjoyed the activities in and around the home. One person we spoke with said; "I like everything really, I play bingo." Other people told us they felt there weren't many activities available for people to participate in. One relative we spoke with said; "[My relative] is happy but there's nothing for them to do. There was a party at Christmas with a buffet and raffle and there are special occasion nights like Halloween and an entertainer every six months, but nothing else. There is a list of activities on the notice board but have never seen them happen." Another relative told us; "There is not much stimulation but [my relative] seems happy enough."

During our inspection we saw staff engage people in throwing a soft ball between themselves which people appeared to enjoy. We also saw a care worker singing songs with people. Later in the day we saw a care worker include people in a game to throw a variety of balls into a net which again people appeared to enjoy. The care worker told us; "Throwing balls is good as it shows us whether there are any changes in the person's dexterity and hand eye coordination and whether their needs are changing."

We recommend that the service review its activities programme to ensure the activities are meeting the needs of the people.

In the home's tool for calculating how many staff they needed on duty we saw each person had been allocated social time for them to engage with a care worker. The registered manager told us for people who preferred to stay in their rooms this time was usually used for a conversation, reminiscing or reading with the person. We saw conversations the care workers had with the people were noted in their care records.

People's communication needs were identified and recorded when they first moved into the home and were reviewed regularly. The registered manager told us the best way to meet the person's needs would be considered individually and explained that advocates had been involved in the past to support people and care plans had been read out to meet their communication needs.

We looked at how complaints received by the service had been dealt with. In the reception area there were forms available for people to make a complaint, compliment or make a comment. The registered manager

kept a folder of the complaints and we saw examples where verbal as well as written complaints had been recorded and investigated. The complaint responses we saw detailed actions that would be taken as a result of the complaint and one person had written back to say they had noticed an improvement. One person we spoke with during the inspection told us; "I have not made any complaints, I've not had any reason to but I feel able to talk to the manager if I needed to. Another relative said they had spoken to the manager but didn't always feel their concerns had been acted on.

At the time of our inspection no one was receiving end of life care. The registered manager explained that if someone was put on end of life care then the district nursing team would provide training to staff to enable them to care for the person. When we reviewed the arrangements for medicines, the senior care worker showed us the arrangements for storing medicines to be given to people as they neared the end of their life.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection we found care plan audits, medicine audits and reviews of accidents and incidents were not being formally recorded. These issues were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as systems were not in place to ensure adequate monitoring and improvement of the quality and safety of the service. During this inspection we saw records showing these checks were now taking place and were analysed to identify patterns and areas for improvement and the requirements for this regulation were now being met.

One of the care records we looked at indicated a person had fallen a number of times in the weeks prior to our inspection. The falls were well documented in the person's care record and accident/incident forms had been completed, however it did not appear any measures to mitigate the risk of the person falling had been put in place. We discussed this with the registered manager who told us discussions had been had with the person and their next of kin following which referrals had been made to a falls clinic and physiotherapist and safety devices had been put in the person's room, however this had not been documented meaning decisions relating to the person's care had not been fully recorded.

We recommend that the service review the system of recording discussions with people and their relatives to ensure the discussions and actions arising from them are fully documented.

Care workers we spoke with told us they felt they were treated fairly and felt happy to speak with management if they had any problems. The care workers we spoke with gave us examples of how the manager had supported them with personal problems as well as issues relating to work. One care worker said; "They are one of the best managers I've had. They can tell when something isn't right."

The registered manager told us they wanted the home to have a relaxed feel where people could be themselves rather than a regimented atmosphere. People confirmed this. One person we spoke with said; "They're just friendly there's nothing they could do better." Another person said; "Staff are very friendly." Members of staff we spoke with confirmed they tried to make people as relaxed as possible. One care worker we spoke with told us; "The atmosphere here is important. It needs to feel like home." During our inspection we found the atmosphere in the home to be relaxed and friendly.

The registered manager's office was in the reception area of the home and the manager welcomed most visitors to the home by name. Care workers we spoke with told us; "[The registered manager's] door is always open and people can speak to her any time." Another care worker said; "I would go to [the registered manager] first and if it wasn't dealt with then I would be happy speaking to the owners but [the registered manager] always sorts it."

The registered manager was very experienced and had been managing the home for a number of years. They told us they were supported to manage the home for the benefit of the people. During our inspection the manager declined a referral that had been made for a new resident. The manager explained they were concerned this person may have had a negative impact on the lives of the people already in the home. They

told us; "It wouldn't be fair on our other residents. If people are coming to live with us then we want them to stay as long as possible."

The records we saw relating to incidents and safeguarding referrals had been referred to the Care Quality Commission (CQC) and other authorities appropriately. The registered manager told us they shared any changes in regulatory requirements by discussing them in staff meetings. The manager explained that all incidents are recorded on a harm log which they reviewed every month and is then shared with the local authority every three months.

Staff members we spoke with told us they felt encouraged to speak to management with any suggested improvements to the service. Minutes of staff meetings we saw showed that in addition to issues relating to the quality of the service, staff had been congratulated for achieving qualifications, thanked for participating in activities and encouraged to have a flu vaccination.

Regular meetings were held with people and relatives giving them an opportunity to make suggestions on improvements to the service. We saw minutes of a meeting where people had commented they would like more fish in the fish tank and so more fish had been put in.

The service worked well with other agencies. In addition to acting on suggestions from people within the home, the home was also visited by the quality team from the local authority and the suggestions made by the quality team on how to improve the service were acted on. During our inspection we saw social workers from different local authorities visiting the home to check on the well-being of people.