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The Grange

Inspection report

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Date of inspection visit: 1 and 2 December 2015
Date of publication: 19/02/2016

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

Overall summary

This inspection was carried out over two days on the 1 and 2 December 2015. Our visit on 1 December was unannounced.

We last inspected The Grange in June 2014. At that inspection we found that the service was meeting all the regulations we assessed.

The Grange is a detached property situated in the Reddish area of Stockport, close to local amenities. The home is registered to provide care and accommodation for 18 older people. Accommodation is available on two floors. None of the bedrooms provide en-suite facilities but all have a wash hand basin. Access to the bedrooms on the upper floor is by means of a staircase, passenger lift or chair / stair lift. There are gardens to the front of the property and a small car park.

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.

Summary of findings

People who used the service, who we asked, told us that The Grange was a safe place to live and that they were happy and well looked after well.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained safe.

Care plans and risk assessments identified guidance for staff to follow about how to manage the risk(s) in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence wherever possible.

Suitable arrangements were in place for the prevention and control of infection. During our tour of the building no unpleasant odours were detectable and all areas were found to be clean and hygienic.

Medicines were managed and safely administered by staff that had received appropriate training.

People who used the service, who we spoke with, felt care staff had the right level of skills and knowledge to support and provide them with effective care.

Staff completed induction training when they commenced working at the home, including familiarisation with the policies and procedures for the service.

People told us they knew who to speak to if they wanted to raise a concern or complaint.

People who used the service, who we spoke with, expressed satisfaction with the care and support provided by the service.

Staff gained people's consent and cooperation before any care or support was offered or given. Where people were unable to give verbal consent, we saw that staff responded to the person's facial expression or body language and responded appropriately.

Assessments had been carried out before the person had moved in to the home, to make sure that their identified needs could be fully met by the service. This information was then shared with the care staff to ensure they can personalise the care to meet the individual needs of the person.

People's individual preferences and independence was promoted by the staff team and we saw and heard care staff encouraging people to make choices about their daily life style.

Activities were provided every afternoon by staff on duty.

People who used the service and their visitor's told us that the registered manager and staff were very supportive, approachable and 'nice to speak with'.

Systems were in place to monitor the quality of service being provided.

Members of staff we spoke with told us that the management team were very approachable and supportive.

Summary of findings

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 who used the service told us that The Grange was a safe place to live.

Staff working in the home had been recruited following an appropriate selection and recruitment process.

Suitable arrangements were in place to safeguard people from abuse.

Arrangements were in place to make sure that medicines were managed safely.

Suitable arrangements were in place for the prevention and control of infection.

Is the service effective?

Good

The service was effective.

Appropriate staff training was provided to allow staff to do their jobs effectively and safely. Staff were also provided with regular support and supervision.

We observed staff gaining people's consent and cooperation before any care or support was offered or given.

People could make choices about their food and drink. Staff supported people with nutrition and fluid intake where required.

The health and wellbeing of people using the service was monitored and they were supported to access other healthcare services when required.

Is the service caring?

Good

The service was caring.

People's individual preferences and independence was promoted by the staff team and we observed care staff encouraging people to make choices about their daily life style.

The atmosphere in the home was calm and relaxed and we observed positive interaction between staff and people who used the service and their visitors.

Care staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for.

Is the service responsive?

Good

The service was responsive.

People's changing needs were responded to quickly.

Care plans, risk assessments and associated care documentation were regularly reviewed.

A system was in place for receiving, handling and responding appropriately to concerns and complaints.

Summary of findings

Meaningful activities were provided every afternoon by staff on duty.

Is the service well-led?

Good

The service was well-led.

A manager registered with the Care Quality Commission was managing the service and systems were in place to monitor and assess the quality of the service being provided.

People who used the service and their visitor's told us that the management team were always available, were approachable and were supportive.

The registered manager and co-provider had a clear vision and set of values about the direction of the service.

The Grange

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 was carried out over two days on the 1 and 2 December 2015. Our visit on 1 December 2015 was unannounced. The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed the previous Care Quality Commission (CQC) inspection report about the service and notifications that we had received from the service. We also contacted the local authority commissioners of the service to seek their views about the home. They did not raise any concerns about the service.

Part of our information gathering included a request to the provider to complete and return to us a Provider Information Return (PIR). This is a document that asks the provider to give us some key information about the service, what the service does well and any improvements they plan to make. On this occasion, we did not request a PIR before our visit.

During our visit we spoke with the registered manager and their partner, who are both also registered providers for the service, one senior carer who also deputises for the registered manager in their absence, two care workers, the cook, two visiting health and social care workers, four people who used the service and a person who visited the home regularly.

We looked around the building, observed how staff cared for and supported people, examined four people's care records, four medicine administration records, four staff personnel files, staff training records and records about the management of the home such as auditing records.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure living in The Grange. One person said, "I feel very safe and comfortable living here. The staff are wonderful, can't do enough for you" and another person told us, "I feel very safe, comfortable and happy." We also spoke with a person who visited the home regularly who said, "I think this is one of the safest places people could live in. My friend loves living here and is very happy, she is safe."

We looked at four staff personnel files and saw that staff had been recruited following an appropriate recruitment process. This process required the applicant to complete an application form and attend a face to face interview. Each file we examined contained a completed application form, job description and two appropriate and verified references. Pre-employment checks had been carried out including an enhanced check by the Disclosure and Barring Service (DBS). The Disclosure and Barring Service carry out a criminal record and barring checks on applicants who intend to work with vulnerable people. Such checks helps employers to make safer recruitment decisions and to minimise the risk of someone unsuitable being employed to work in the home.

Staff we spoke with had a clear understanding of their role in protecting people and making sure people remained as safe as possible. All confirmed they had received appropriate training in safeguarding and the registered manager confirmed this and provided us with a copy of the training records to show this training had taken place. Staff had access to a safeguarding policy and a 'flow chart' displayed in the staff team office provided clear instructions on the action to take, use of the local authority's multi-agency safeguarding procedure and how to record information. The staff team also had access to a 'Whistle Blowing' policy and when asked, told us they would be confident should they need to disclose any issues of concern to other appropriate authorities such as the Care Quality Commission (CQC).

In the four care files we examined we found that care plans identified related risks to people's health and wellbeing including poor nutritional intake, falls and development of pressure sores. The risk assessments identified guidance for staff to follow about how to manage the risk(s) in order to promote and maintain people's safety and also how to minimise risks to further promote and maintain people's independence wherever possible.

Care staffing levels in the home consisted of one senior care staff and two care staff during the waking day and two staff on waking night duty. The registered manager provided leadership throughout the day time and both the registered manager and a senior carer were on call outside of office hours. We looked at the staffing rotas which confirmed that levels of staffing were consistent on a day to day basis and feedback received from staff; people who used the service and visitors confirmed there were sufficient staff on duty at any one time. One person told us, "The staff here are wonderful, they are all very, very nice and very helpful. Just press your buzzer and they come quickly. If they can't see to you straight away because they are dealing with an urgent situation, they will always tell you and come straight back, they never leave you wondering." Staff rotas had been updated to take account of staff holidays and absences and the registered manager told us that all staff rotas remained flexible to meet the needs of the people using the service.

Records were seen to demonstrate that equipment used in the home such as hoists, lifts, electrical equipment and fire prevention equipment were regularly serviced and maintained in accordance with the manufacturers' instructions. We saw that fire procedures were in place and an up to date Fire Risk Assessment had been completed by an external consultant. An appropriate and up to date insurance certificate for the service was displayed in the home.

Each person who used the service had a personal evacuation plan (PEEP) in place and these plans provided information and directions to staff to follow in order to keep each person as safe as possible should an emergency evacuation of the home be required.

Suitable arrangements were in place for the prevention and control of infection. During our tour of the building no unpleasant odours were detectable and all areas were found to be clean and hygienic. Cleaning schedules were in place for both domestic and kitchen staff and were designed to be followed on a daily, weekly and monthly basis. All bathrooms and toilet areas were extremely clean and hygienic and all contained a wall mounted liquid soap and paper towel dispenser. Most people chose to use their

Good

Is the service safe?

own soap and towel in their bedroom but could have liquid soap and paper towel dispensers fitted if they wished. Some of the people using the service preferred to use the facilities of the bathrooms rather than the facilities in their bedrooms so did in fact, have access to and use, soap and towel dispensers.

The kitchen was found to be light, airy and well fitted and very clean. All surfaces were clear with no spillages or greasy build ups and equipment such as gas cooker, microwave and fridges were kept clean in accordance with the cleaning schedule rota. Fridge temperatures were appropriately monitored and recorded on a daily basis and stored food was labelled, named and dated. Equipment such as chopping boards, cloths, mops, buckets and laundry bags were all colour coded to minimise the risk of contamination and cross infections. We saw that disposable vinyl gloves and protective plastic aprons were available for staff to use in order to protect themselves and people using the service from possible infection. Visitors to the service had access to alcohol hand gel in the reception area of the home.

Only members of care staff who had received appropriate training were responsible for the management and administration of medicines at the home and we saw that medicines, including controlled drugs (CD's) were stored securely, with the medicines trolley being anchored safely to the wall in the small second lounge near the kitchen. The temperature of the area where medicines were stored was checked and recorded on a daily basis to make sure medicines were being stored in accordance with manufacturer's guidelines and instructions. At the time of our visit to the service, no person was administering their own medication.

Medicine fridge temperatures were recorded daily and dates of opening were written on all medication with a short shelf life such as eye drops. Such medication was disposed of via the pharmacy at the end of its shelf life or sooner if discontinued by the person's doctor. Where variable doses were prescribed, we saw that this detail was being appropriately recorded, for example, 1 or 2 tablets.

A policy and procedure was in place for the safe handling of medication in an adult care setting. The information also contained Stockport's Safe handling of medication policy. Medication was delivered to the service by a local pharmacy on a monthly basis and was double checked on delivery against copies kept of the prescriptions. All medication was checked by two members of the staff team and all controlled drugs booked in by two members of staff. There was a list of staff signatures available for those staff with responsibility for administering medication.

Each person who required medication to be administered to them had a medication administration record (MAR) and all had a recent photograph of the person in place. We checked four MAR charts and found them to be correctly recorded with no unaccounted gaps or omissions and each record was clear and legible. Where hand written MAR's had to be put in place, for example, when medication was received from a hospital stay or visit, hand written entries would have two staffs' signatures to witness the information was transcribed from the medication details to the MAR correctly.

We found no excessive stocks of medication being stored and medicines for external and internal use were stored separately and locked securely away. Controlled drugs were stored in an appropriate drug cabinet that was bolted securely to the wall and the controlled drugs record was maintained and kept neat and legible. Regular checks of this medication was carried out by two members of the staff team, with details being recorded.

We saw written evidence that the registered manager carried out regular competency checks of those staff with the responsibility for administering medicines in the home. The assessment documentation we checked was for the 19 October 2015 and deemed the member of staff 'competent' without supervision.

Regular reviews of people's medication was carried out by a visiting general practitioner (GP) who visited the home on a weekly basis.

Good

Is the service effective?

Our findings

People who used the service, who we spoke with, felt care staff had the right level of skills and knowledge to support and provide them with effective care. They told us they were very happy with the care they received and that it met their needs. One person told us, "The girls [staff] help me with everything I need them to; I can't think of anything they're not good at providing." Another person said, "I don't want for anything, the staff are brilliant at supporting me, they listen to me and they all work very well together."

We also asked the same people about the quality and standard of food served in the home. One person said, "The food here is not bad at all, you do get a choice and you can always have a drink at any time of the day or night. I usually have tea and toast about 9:30 pm which the night staff bring me." Other comments included, "I like the food, can't get any better", "I like it when we have fish and chips" and "I like the food here, but you can't please everyone." We observed a lunch time meal being served and saw that the dining room was appropriately furnished and tables appropriately set for the meal being served. The atmosphere in the dining room was calm and relaxed and people were assisted to move to the dining room or could choose to eat in the lounge area or in the privacy of their own room if they preferred. Staff were seen to sensitively encourage people to eat and allowed people to eat at their own pace. Staff stayed within the vicinity of the dining room and provided support to people where this was needed.

In the care records we looked at we saw that they included an assessment of a person's nutritional status which was reviewed on a monthly basis or sooner if concerns were raised. People's weight was checked and recorded monthly or more frequently if concerns were highlighted about weight loss and we saw advice had been sought from the community dietician. Where people may have had swallowing difficulties referrals had been made to the Speech and Language Therapist (SALT). We saw that the latest visit by the environmental health department, had rated the kitchen '5' which meant good food hygiene standards had been achieved and kitchen staff were carrying out effective catering and hygiene practices.

Besides speaking with a visiting health care nurse we also looked at four individual care records to see how staff responded to a person who may not be well or was receiving support from a particular health care visitor. We saw that doctors, district nurses, dieticians and other health and social care professionals were requested when required and this was done in a timely manner. Care staff completed charts for people who required any aspect of their care needs monitoring, for example, positioning, behaviour and food and fluid intake. Records were maintained of the contact people using the service had with health care professionals and any recommendations or guidance was then included in people's care plans.

We looked at how the provider supported and trained staff to carry out their job roles effectively. All staff completed induction training when they commenced working at the home, including familiarisation with the policies and procedures for the service. Three members of staff told us about their induction training which included food hygiene, moving and handling, safeguarding adults, infection control, fire awareness and medication awareness. We were provided with a staff training matrix (record) that identified the training staff had completed to date, and this confirmed what staff had told us and that a rolling programme of training was in place in order to make sure all members of staff were kept up to date with current best practice. Records we viewed also showed systems were in place to make sure staff received regular supervision and appraisal from the registered manager.

During our inspection we observed staff gaining people's consent and cooperation before any care or support was offered or given. Where people were unable to give verbal consent, we saw that staff responded to the person's facial expression or body language and responded appropriately. For instance, one person using the service clearly did not want to be assisted to go to the toilet and their body language reflected this as they refused to get up out of their chair and put their hand up to push the carer away. The carer smiled and said "don't worry I'll come back later" which she did, and got a positive response from the person on that occasion.

There were laminated cards with various picture symbols to aid people who may have difficulty in understanding verbal communication. For example, symbols for different hospital procedures, places, home, transport, TV room, garden, shop, newspapers, snacks and drinks, doctor, staff, relative, degree of pain and many more. This was particularly useful to one person whose first language was not English.

Good

Is the service effective?

We saw that people's healthcare needs were considered as part of the care planning process and from our discussion with staff and records seen, it was apparent that staff had developed good professional links with other community health care professionals and specialist to help make sure people using the service received prompt and effective care. A visiting community nurse said, "Staff are very responsive to people's health needs and are responsive to us when we visit."

In our discussions with the registered manager and provider they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the work they had done to determine if a person had the capacity to give consent to their care and treatment. 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager told us that they would always involve the person's social worker and next of kin or representative if any decisions needed taking about capacity. We saw that most staff had completed training in MCA and DoLS and saw that this training was ongoing until all staff had completed both.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We were told by the registered manager that, at the time of our inspection, no DoLS applications had been made, but a review of each person would be taking place early in the new year. A managing authority has responsibility for applying for authorisation of deprivation of liberty for any person who may come within the scope of the deprivation of liberty safeguards. In the case of a care home, the managing authority will be the person registered, or required to be registered under part 2 of the Care Standards Act 2000 in respect of the care home.

We looked around the home and saw that the communal lounge and dining areas were well maintained and new armchairs were in use in the main lounge areas, along with new carpet being fitted to match the décor. Where required, flooring had been replaced in a number of bedrooms and ongoing re-decoration and refurbishment of the premises was taking place. Equipment, such as aids, adaptations to the premises and hoists were available in the home to promote people's independence and comfort.

Good

Is the service caring?

Our findings

People who used the service, who we spoke with, expressed satisfaction with the care and support provided by the service. One person said, "The caring by staff in this home is second to none. Both [name] and [name] are fantastic; they run the home properly and listen to us that live here." Another said, "The staff here go above and beyond with their care and help they give to us." One visitor told us, "The staff here are very caring and cannot do enough for all the people living here. This is the home I would want to move in to if and when my turn comes." They also confirmed there were no restrictions placed on visiting and they were always made welcome with a cup of tea! One visiting community nurse told us, "I have no concerns about this service; the staff are caring, supportive and responsive to people's needs."

A discussion with the care staff on duty demonstrated that they knew and understood the needs of the people they were supporting and caring for. Staff told us, "You have to get to know each person and respect them. You also need to make sure you read their care plan and report any concerns you may have straight away to the manager." We observed staff caring for people with dignity and respect and attended to their needs discreetly, especially when supporting people to use the bathrooms and toilets. We saw no evidence that people had to wait very long before staff attended to their needs.

We saw that where people were able, they had been involved in planning their care needs and the development of their individual care plan(s) although signatures were not always obtained to confirm this. For those people who required support, a family member or other designated person had been involved in the care planning and review processes.

People's individual preferences and independence was promoted by the staff team and we saw and heard care staff encouraging people to make choices about their daily life style. Staff told us they had time to have one to one chats with people and encouraged people to express their views and opinions. People were also encouraged to express their views through participation in residents' meetings which helped keep people informed of what was happening in the service and gave people opportunity to be consulted and make shared decisions. We saw the minutes from such meetings which included discussions about bedroom decoration, were people happy? General care matters, staffing, food, laundry and activities. We saw that people using the service were also supported to celebrate special events such as birthdays, anniversaries and festivals that were important to them.

The atmosphere in the home was calm and relaxed and we saw lots of positive interaction between staff and people who used the service and their visitors. Staff spoke with people in a friendly and respectful manner with friendly banter and lots of laughing during the day.

The registered manager confirmed that contact details were available about advocacy services that people could request to use if they so wished. Such a service would support a person who needed help in making decisions about important aspects of their life and to support them in making sure their individual rights were being upheld. Information about such services were contained within the service user guide supplied to all people coming to live in the home.

We asked the registered manager to tell us how staff cared for people who were nearing the end of their life. We were told that wherever possible, people using the service would be involved in discussions and the decision making process about their end of life care and this would then be recorded in their care plan. Staff we spoke with understood their role when dealing with such a sensitive matter, but still needed to complete end of life care training, which the registered manager told us would be arranged for staff to attend after Christmas.

Good

Is the service responsive?

Our findings

People using the service told us that they felt their needs were being met. One person told us, "I think all my needs are being met. I can choose to have visitors (or not), I get up when I'm ready and go to bed when I want to, have breakfast in my room and go out during the day with the staffs support. I know I have a care plan and staff involve me in discussions about it." One visiting health care professional (nurse) told us, "This is one of the better homes I visit – staff respond quickly to people's needs and keep us informed of any changes we need to know about."

Prior to any person coming to live in The Grange, the registered manager or senior care assistant would carry out an assessment of the person's individual needs. We saw examples of assessments that had been carried out before the person had moved in to the home, to make sure that their identified needs could be fully met by the service. We also saw that on admission, each person received a 'New Resident Induction' that included taking the person through to their room, key holding, personal electrical equipment, how to use the nurse call, service user guide and complaints procedure, plus other relevant information.

We looked at the care records of four people who used the service. Each had a care plan that had been developed from the initial information provided by the local authority and from the information gathered during the pre-admission assessment. The information in the plan included details about the person's preferred life style, personal care needs, medication and nutritional needs. We saw that plans were being reviewed on a monthly basis, or sooner if required. This meant people's changing needs were responded to in a timely way.

Activities were provided every afternoon by staff on duty and people told us there were different things and activities available to occupy their time. Activities included, light exercises, film shows, arts and crafts, bingo and other participation games, and one to one's with staff completing life stories with individual people. One person using the service told us, "There is something on [activities] every afternoon, but I prefer staying in my room and watch television, although staff do ask me if I want to join in with the activities."

People who used the service were given the opportunity to express their views about the home and service being provided at meetings held every three months. We saw minutes from the last meeting held on 24 November 2015 where topics such as, bedroom re-decoration, general care, staffing, food, laundry and activities were discussed.

There was a policy and procedure in place for dealing with any complaints or concerns received, which included relevant timescales. The registered manager had received three complaints since our last inspection of the service in June 2014. We saw that appropriate investigation, actions and outcomes had been recorded for each complaint received and each was signed and dated by the registered manager when the complaints procedure was completed.

Good

Is the service well-led?

Our findings

At the time of this inspection visit there was a registered manager in post. The manager was registered with the Care Quality Commission (CQC) on 2 February 2011. The management team of the service consisted of the registered manager and senior carers. The senior carer we spoke with were able to confirm their role, responsibility and accountability in the absence of the registered manager.

People who used the service and their visitor's told us that the registered manager, provider and senior care staff were very supportive, approachable and 'nice to speak with'. One visitor told us, "You can speak with the manager at any time and she responds to you in a sincere way."

One member of staff told us, "The manager encourages us to speak with her about any concerns we may have about the service we provide in the home, but also tells us we can take our worries to other places, such as CQC if we feel we need to." Another member of staff told us, "The manager is always in the home and is always talking with the residents and staff and knows what is happening in the home, she soon picks up on anything that staff and residents may have concerns about."

Meetings for people using the service were held every two months and we saw the minutes of the meetings held. These meetings gave people using the service an opportunity to influence the development of the service. People using the service and their relatives and representatives also had the opportunity to participate in completing satisfaction survey questionnaires about the quality of the service being provided, on a three monthly basis. We looked at four completed survey questionnaires from the period January & February 2015. All feedback was positive about the service and included the following comments, "If we ever need to go in a care home this is the one we would both wish to come to", "When we first came to see [relative] we were impressed with the care and attention [relative] had received and also the personal touch we were given by [registered manager] and all the staff. They have always kept us informed of all that has been going on with [relative]."

We also looked at the quality survey results for the period ended October 2015. At the time of inspection, seven completed surveys had been returned to the home. One comment stated, "I have no concerns with any staff or managers". All answers rated the service 'good' or 'very good', with no negative comments at all.

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received, safe, effective and appropriate care. We saw evidence that systems were in place to demonstrate that regular checks had been undertaken on all main aspects of the management of the service. The registered manager provided us with written evidence of some of the quality checks carried out, including, monthly medication audit, monthly care plan audit, falls analysis completed monthly and monitoring of complaints. We also saw evidence that monthly audits were carried out to make sure mattresses and pressure relieving equipment were maintained to an appropriate standard of hygiene and cleanliness and that weekly environmental cleaning records were being maintained. The registered manager also carried out daily visual checks around the home to make sure all areas of the building were continued to be maintained to a high level of cleanliness. One regular visitor to the home told us, "The home is kept spotless every day."

There was a Business Contingency Plan in place that looked at the systems used in the home and described actions to be taken should any of those systems fail and place people at risk. For example, if the heating failed, the building was flooded or the building required to be fully vacated. Plans were in place to move people to a place of safety and emergency and essential telephone numbers and contact details were also included.

The registered manager and provider had a clear vision and set of values about the direction of the service and these formed part of the homes Statement of Purpose which included, positively communicating to people using the service that their diverse backgrounds enhance the life of the home and that people's ethnic, cultural and religious practices would be respected and provided for. This was done by making sure people living in the home continued to have access to the local community, attend churches of their choice, and respecting people's right to a private life. It also stated that any discriminatory behaviour by staff and others would not be tolerated and people would be helped to celebrate events, anniversaries and festivals which are important to them.

Good

Is the service well-led?

We saw that 'handover' meetings took place at the start of each change of shift to help make sure that any change in a person's condition and subsequent alteration to their care plan was properly communicated and understood. Staff spoken with confirmed that these handover meetings were beneficial and provided good information before their shift began.