

Mr & Mrs S Munnien

South Wold Nursing Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

South Wold Nursing Home is registered to provide accommodation for up to 16 people requiring nursing or personal care, including older people and people living with dementia. At the time of our inspection there were 16 people living in the home'

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

Staff were kind and caring and provided people with warm, person-centred care. Staff understood people's individual care needs and preferences and used this knowledge to provide people with flexible, responsive support.

Staff promoted people's dignity and privacy and supported people to enjoy food and drink of their choice. Care planning systems were effective. Staffing resources were managed safely and effectively to meet people's needs. Staff recruitment was safe.

Training and supervision systems provided staff with the knowledge and skills they required to meet people's needs. Staff worked together in a mutually supportive way and communicated effectively with a range of external organisations.

Systems were in place to ensure effective infection prevention and control. The registered manager and his team had gone to considerable lengths to prevent COVID-19 entering the home and as a result, no one living in the home had become ill due to COVID-19 during the pandemic. People's medicines were managed safely.

Staff were aware of people's rights under the Mental Capacity Act 2005 and supported people to have maximum choice and control of their lives, in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The provider assessed and managed potential risks to people's safety and welfare. Staff knew how to recognise and report any concerns to keep people safe from harm. Staff worked collaboratively with local health and social care services to ensure people had access to any support they required.

The home was well-led. The registered manager provided supportive, hands-on leadership and was respected by everyone connected to the home. A range of audits was in place to monitor the quality and safety of service provision.

Lessons were learned when things went wrong and any complaints were managed effectively. The registered manager was committed to continuous improvement in the future, including to the ongoing refurbishment of parts of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Requires Improvement (published January 2019).

Why we inspected

This was a planned inspection based on the previous rating. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Follow up

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

South Wold Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the registered 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.

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

Inspection team

Our inspection was conducted by two inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

South Wold Nursing 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.

The service had a manager registered with CQC. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the local authority contract monitoring team. We also reviewed notifications submitted to CQC. Notifications are events which happened in the service that the registered provider is required to tell us about.

During the inspection

We conducted our inspection between 28 September and 13 October 2021.

During the inspection we spoke with the registered manager, a nurse, the housekeeper, a cook, the activities coordinator and three members of the care staff team. We also spoke with two service users and eight relatives.

We reviewed a range of written records including four people's care file, three staff recruitment files and information relating to the auditing and monitoring of service provision.

After the inspection

We reviewed further information we had requested from the provider, including data relating to staff training.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone we spoke with told us they felt safe living in the home. One person said, "I feel safe here. No one rushes me. They look after me very well."
- The provider had a range of measures in place to help safeguard people from the risk of abuse. For example, staff had received training in adult safeguarding procedures and knew how to report any safeguarding concerns.

Assessing risk, safety monitoring and management

- Systems were in place which ensured potential risks to people's safety and welfare were assessed and managed, in a particularly person-centred way. For example, staff had been provided with guidance on how to support people with sensitivity and compassion in managing a range of behaviours arising from their dementia. One relative told us, "The staff have integrated [name] with other people and got her dancing and being nice to others [again]. I'm in awe of them."
- A personal emergency evacuation plan (PEEP) had been prepared for each person living in the home. Reflecting feedback from one of our inspectors, the registered manager took action to add more detailed information about the level of staff support each person might require, in the event of an emergency evacuation.

Preventing and controlling infection

- The registered manager had gone to considerable lengths to review and strengthen existing infection prevention and control measures in response to the COVID-19 pandemic. For example, entrances and exits had been completely reconfigured to reduce the risk of COVID-19 entering the home. A relative told us, "I ring the doorbell and am met by staff at the back of the home. They take my temperature, do a test and give me gloves, mask and an apron and then I'm taken to [name]'s room." Shortly before our inspection, we had received feedback from a visiting social care professional who commented, 'The measures they have in place to protect everyone is outstanding. I felt extremely safe visiting Southwold and wanted to share my positive feedback.'
- Reflecting this careful, conscientious approach, no one living in the home had become ill with COVID-19 during the pandemic. One staff member commented, "We have all been very responsible [in our private lives]. We had [only] one resident test positive but [they had no symptoms]. It didn't spread and they got better." The provider remained vigilant to any future threat from COVID-19 and ensured people and staff were tested regularly in line with national policy requirements. All staff had taken up the opportunity to be vaccinated, prior to this becoming a legal requirement.

Using medicines safely

- If people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. One person's relative said, "A couple of [name]'s medicines ... changed a while back and I was informed. There are no problems at all"
- Relevant staff received training in the safe handling of medicines and their competency was checked on a regular basis. We reviewed medicine administration records (MARs) and saw that these had been completed with a high degree of accuracy. Staff conducted regular medicine audits, following up any issues as required.

Staffing and recruitment

- Throughout our inspection, we saw staff had enough time to meet people's individual needs without rushing. A relative commented, "There are enough staff there when I visit - plenty. And more at meal times to encourage and support people. [Name] has never mentioned having to wait. The carers are [also] very good at [spending time with] people." A staff member told us, "It's nice and calm, no rushing around. We have time to [sit and] talk one to one with the residents."
- We reviewed recent recruitment decisions and saw that the necessary checks had been carried out to ensure that the staff employed were suitable to work with vulnerable adults. In response to feedback from one of our inspectors, the registered manager took action to improve the recording of Disclosure and Barring Service (DBS) checks, to make it easier to ascertain that these had been completed.

Learning lessons when things go wrong.

- The registered manager had a reflective, collegiate leadership style and encouraged his team to reflect collectively on any significant incidents. For example, following a recent accident the care staff team had worked closely together to identify the most effective action to try to prevent something similar happening again. A staff member told us, "We are constantly discussing things and learning as a group."

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The registered manager used a variety of information sources to ensure staff at all levels were aware of any changes to good practice guidance and legislative requirements. He told us, "I need to be well-informed. Staff, residents and relatives all depend on me."

Staff support: induction, training, skills and experience

- Comprehensive induction and refresher training programmes were in place to provide staff with the knowledge and skills to support people safely and effectively. One relative said, "[The staff] are doing wonders with their caring skills. [Name] had seizures and could do nothing [for herself]. But now she can hold a beaker and point at things she wants. They ask her and she can understand them." A staff member told us, "We do a lot of courses. Every month we do a couple." Another member of staff said, "I am doing my NVQ at the moment. [The registered manager] is very encouraging [of this]. He is always pushing us to do our best."
- The registered manager was also committed to his own continuing professional development and was studying for an NVQ Level 5 in management. Talking of the registered manager, one staff member said, "Even though he has been here for 18 years, he says there are still things he can learn."
- The registered manager provided annual appraisals to each member of his team. He had also recently introduced 'group supervisions' as an opportunity for staff from every department to discuss a particular topic. One staff member told us, "I am really enjoying group supervisions. I feel comfortable enough to talk about things [in the group]. And they get resolved there and then."

Staff working with other agencies to provide consistent, effective, timely care

- Staff had established working relationships with a range of external organisations to support them in the provision of effective care and support. For example, they had consulted a variety of healthcare professionals to ensure safe, effective care for one person who had been assessed as being at risk of choking. Similarly, the registered manager had liaised closely with the local authority; the health protection team and CQC throughout the COVID-19 pandemic, to ensure he was up to date with all relevant guidance and good practice.

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

- Everyone we spoke with was entirely satisfied with food and drink provision in the home. For example, a relative commented, "[Name] eats all her meals independently. She gets choices at breakfast, lunch, tea and

supper. There's plenty of hot drinks. She can eat what she wants and has put on some weight." Describing the flexible approach she took to meeting people's individual preferences, a cook told us, "Every now and then [name] will say 'Can we have a curry?' So, we have a curry [for those who fancy it]."

- Staff were aware of people's individual nutritional requirements and preferences and used this to guide them in their menu planning and meal preparation. For example, the catering team were aware of several people who were living with diabetes and adjusted certain dishes to meet their needs. Similarly, staff knew not to put salad cream on one person's teatime sandwiches.

Supporting people to live healthier lives, access healthcare services and support

- Staff worked closely with GPs, district nurses and other health and social care professionals to ensure people had access to local services whenever necessary. For example, a relative told us, "The carers noticed [a particular health issue] and quickly [organised] a hospital appointment ... and the issue was sorted. Another relative commented, "[Name] had a urine infections three weeks ago. [Staff] picked it up straight away and she was given antibiotics."
- The registered manager said the assistance of the district nursing service was rarely required. With pride, he told us he believed this was an indication of the quality of care people received from the home's own inhouse care team.

The Mental Capacity Act 2005 (MCA), provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA and were satisfied that appropriate legal authority had been obtained in situations where it was necessary to deprive people of their liberty. Additionally, senior staff made use of best interests decision-making processes to support people who had lost capacity to make significant decisions for themselves. These were documented correctly in people's care records.

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

- Since our last inspection, the provider had completed a number of improvements to the physical environment of the home, to improve the quality of service provision. For example, new lino floors had been laid in the corridors to make them easier to keep clean and a new shower room was nearing completion. A new decking area had also been installed which had enabled external visits to take place at the height of the pandemic. A relative commented, "They are trying to bring the place up to date. It is looking really ... homely. Bright and cheerful."
- Despite the recent investment, some parts of the home still looked 'tired' and in need of refurbishment. The registered manager told us further initiatives were in hand including the redecoration of some communal areas. However, describing their priorities, one relative said, "The home is not modern [although it's] improving. [But] I would not consider moving [name] from here because of the quality of the care."

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- A relative told us, "The carers are lovely, kind and funny and I don't know how they do it. It's a miracle what they do. They are wonderful." Reflecting this feedback, we observed staff at all levels interacted with people with kindness and compassion. For example, we watched one member of staff patiently helping someone who had become distressed because they couldn't find their handbag. The staff member suggested they go together to look in the person's 'house', explaining to our inspector that the person thought of their bedroom as their house.
- During our inspection we identified other examples of the staff team's caring, thoughtful approach. For example, on the second day of our inspection it was someone's birthday. The cook had baked a birthday cake but had also 'gone the extra mile' and made the person some fudge, as she knew this was her favourite sweet treat. Another person's relative told us, "[Name] can't use the buzzer and when she was poorly, they moved her bedroom near the office. So they could hear her noises and go to her immediately. They don't seem to be able to do enough for [name]."
- Additionally, the registered manager told us that when one person shared their interest in athletics, a member of staff took the initiative and contacted an Olympic athlete who sent a video message, which meant a lot to the person.

Respecting and promoting people's privacy, dignity and independence; respecting equality and diversity

- Staff were committed to supporting people retain their independence for as long as possible. One staff member said, "I prefer to spend 10 minutes longer with someone, than do it for them. For instance, I encourage [name] to paint her own nails. She can do it. I want to promote their independence. It makes them feel good." A relative told us, "They let [name] try to do things on her own. If she struggles, they will help her. She can partly dress herself."
- Staff were also aware of the importance of caring for people in a non-discriminatory way which reflected their cultural preferences. For instance, a local vicar came to the home to enable some people take communion.
- People were supported in ways which helped maintain their privacy and dignity. A relative told us, "They treat you like a human being. Carers don't just walk in, they knock on the door first. The curtains are closed when they give personal care." People's personal information was stored confidentially, in both electronic and paper formats.

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

- Staff were committed to helping people to exercise as much control over their life as possible. For example,

one staff member told us, "Today [when I was getting her up] one lady said, 'Five more minutes.' So I just left her. If she wants to stay in bed a bit longer, it's up to her. It's her home." A relative commented, "[Name] tidies her own room and will move her ornaments and pictures. She enjoys knitting and is perfectly independent in her environment. She will pick what clothes she wants to wear."

- The manager was aware of local lay advocacy services and told us he would help people obtain this type of support, whenever necessary. Lay advocacy services are independent of the provider and the local authority and can support people to make and communicate their wishes.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager took a personal lead in managing all new admissions to the home. Describing his thorough approach, he told us, "[If we receive an enquiry, I usually] make an appointment to see the person at home. I normally spend [up to] two hours with them, forming an assessment. I also like to be here [when people move in]. I spend a lot of time with them. Observing, observing, observing."
- The registered manager also took the lead in developing each person's individual care plan. He initially prepared a short-term 'My First Days at South Wold' care plan to ensure staff had key information about a person's needs and preferences, on the day of admission. This was followed up with a full individual care plan which the registered manager drafted incrementally during the person's first few weeks in the home.
- The care plans we reviewed provided a detailed, person-centred description of people's individual wishes and requirements. For example, one person's plan provided staff with guidance on how to support them with their short-term memory loss. A staff member told us, "Everyone has a care plan. They are helpful if I need to read a bit more to [improve] my knowledge of someone."
- Senior staff regularly reviewed and updated each person's care plan, taking account of changes in their needs. A relative commented, "We were involved in [developing] the care plan. All the care needs are in the plan. There has been a review [recently] and we are quite happy with it."
- Staff had an excellent understanding of people's individual needs and wishes and used this information to provide responsive, person-centred care, in thoughtful and creative ways. For example, staff had purchased Bluetooth headphones for one person who was unable to leave their bed. The headphones were paired to the home's computer, enabling the person to stream their favourite music throughout the day, to the benefit of their mental health.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The manager was aware of the AIS and had taken action to incorporate it within the provider's policies and procedures. Reflecting the requirements of the AIS, staff understood the importance of responding to people's individual communication needs and preferences. For example, on the first day of our inspection, we observed the registered manager taking time to talk to a person in their native language, which helped to reduce their anxiety.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The provider employed a part-time activities coordinator who coordinated a programme of activities and events to provide people with stimulation and opportunities for social interaction. A relative commented, "They do music events and the manager dances with residents. A man came to play guitar and there was sing along. I have seen card making, pompoms being made and crafts. There are books, magazines and chats on what's on the news. [Name] went to the pub for fish and chips." Describing a recent successful initiative to help keep people connected to the wider community, the activities coordinator told us, "We have joined a group called Postcards for Kindness. People all over the country send [our residents] postcards. We get three or four a week [which] I read out [in the lounge] and take round to people in bed. They really keep us going."
- Staff also encouraged people to maintain their individual hobbies and interests. For example, one staff member told us, "[Name] does knitting and [name] has her budgies, [Willy and Billy]. [Name] really enjoys dancing and wearing different hats. [Name] loves her makeup and keeps herself busy doing it." A relative commented, "[Name] went to the home with zero interests. The home does singsongs, music and crafts on a regular basis and [name] is now involved in all of these."
- Since our last inspection, staff had arranged for a local horse breeder to keep horses in the paddock adjoining the home. Some people derived considerable therapeutic benefit from this initiative. For example, a staff member told us, "[Name]'s room looks over the paddock. She will often go to her room and tell us what the horse is up to. And if she is teary, we go outside to see the horse. Five minutes with the horse distracts her from whatever was upsetting her."

End of life care and support

- Staff cared for people with great sensitivity and compassion as they approached the end of their lives. A staff member told us, "We try to make it as dignified for them as we can. Even when they have passed, we still knock on their door as a sign of respect. One lady was born in Germany. I did German at school and I spoke to her in German [as she approached the end]. Trying to make it as calm and peaceful for her as I could."
- A recently bereaved relative had written to the registered manager to say, 'This is in gratitude to all those who looked after [name] during her last eight months. [They] showed huge compassion [and] took away the devastating loneliness she had been experiencing, making her laugh and sing. They managed to [alert] me in time for her death. [When I got to the home] she was surrounded by caring [staff] waiting for me to arrive. They instantly stepped aside, so I could be with her alone [at the very end]. God bless carers.'
- Everyone living in the home had an end-of-life care plan. Reflecting feedback from one of our inspectors, the registered manager took action to amend the format of this care plan to enable people's individual wishes and instructions to be recorded in greater detail.

Improving care quality in response to complaints or concerns

- Everyone we spoke with told us they were entirely satisfied with the service provided and had no reason to complain. One relative said, "I'd go to the home first with any concern and give them a chance to explain first. Then I'd go to the CQC. But I've no concerns. None at all." Reflecting this feedback, formal complaints were rare. Any that had been received had been handled appropriately.
- The registered manager maintained a high-profile presence in the home and was trusted by people and their relatives to respond positively to any issues or concerns. For example, one relative said, "I see the manager when I go there. He is very approachable and easy to talk to. He is very open on what they can and can't do."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Everyone we spoke with during our inspection told us how highly they thought of South Wold Nursing Home. For example, one bereaved relative had commented recently in an email to CQC, 'The care and attention provided by all members of staff ... made the final year of [name's] life as comfortable and involved as it could be. The standards at South Wold consistently met and often exceeded expectations. We will always be grateful for the love and care extended to him.' Another relative told us, "I would [recommend] South Wold. It's more homely than bigger places. Here they care for the residents."
- The registered manager was aware of his duty of candour and throughout our inspection demonstrated an open, reflective approach which set the cultural tone in the home. He told us, "[I aspire to] a culture where we are all ... like an extended family. I allow the staff to think [for themselves]. Their compassion, caring nature and teamwork keeps us afloat." One staff member said, "[The registered manager] is really good. In the past he tried to deal with everything himself. Now he delegates more and is less stressed. He goes above and beyond for residents and staff. I can't fault him at all." Another staff member told us, "It is his life, not just work. He is always looking for things we can do better."
- The registered manager was respected by everyone connected with the home. One person told us, "He's so lovely. He can't do enough for you." A relative said, "I have nothing but admiration for him. There is no team hierarchy here. People look after each other."
- Reflecting the positive organisational culture the registered manager had created, staff told us they enjoyed their job and were proud to work for the provider. One staff member said, "I love it here, it's like my second home. When I am here, I have a purpose. Making sure the residents are as happy and comfortable as they can be." Another staff member told us, "[The home] is so small, it feels like a second family. There's a lot of love in the home."

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

- The registered manager was involved in all aspects of the running of the home and was in constant contact with people and their relatives. One relative commented, "I know the manager. He does my mum's breakfast. He ... just mucks in. He's a hands-on manager." Another relative said, "I can discuss anything with them. They ask my views."
- As detailed elsewhere in this report, the provider had established effective partnerships with a range of other professionals including GPs, district nurses and therapists.

- Staff told us that one positive benefit of the COVID-19 pandemic had been the strengthening of links with the local community. For example, one staff member said, "The community really has kept us going. Sending residents letters, puzzles, all sorts. On VE Day the lady opposite asked if we would like a singalong [outside the home]. The whole village came! All the residents came out. We've not been forgotten about."

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

- Since our last inspection the provider had taken action to improve quality assurance processes. A suite of systems was now in place to monitor and improve the quality of the service. Including care plan reviews; infection control audits; monitoring of falls, urinary tract infections and pressure ulcers and the use of a new monthly 'manager's audit' tool. Looking ahead, the registered manager told us he planned to recruit to a new post of 'auditor', to take a lead role in coordinating all quality assurance activity in the home.
- The provider also conducted surveys of people, their relatives and visiting professionals to assess their satisfaction. We reviewed recently completed questionnaires and noted the responses were all extremely positive. For example, a relative had written, 'I was very happy with the care my family member received and felt confident he was safe and well-looked after. The home could do with a décor update, however it's the care that mattered.'
- People's satisfaction with the service was also reflected in the thank you messages and cards received by the registered manager. For example, a bereaved relative had written to say, 'We are sending you our sincere gratitude for everything you have done to make [name]'s last few weeks of life very comfortable and relaxed. We were so lucky being able to visit in these difficult "covid" times. Each member of staff we met is a credit to you.'
- The provider was committed to the ongoing improvement of the service in the future. For example, as described elsewhere in this report, plans were in place to continue the refurbishment of the home. The registered manager told us he was planning to purchase an innovative new games console to provide people with additional stimulation. He also said he was in discussion with people about the possibility of acquiring a puppy for the home.
- The registered manager was aware of the need to notify CQC and other agencies of any untoward incidents or events within the service.