Beechwood Place Care Ltd

Beechwood Place 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

This inspection took place on 9 May 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service.

Beechwood Place Nursing Home provides nursing care to older people. The home is a large converted property situated in the Norton area of Malton. There are a variety of communal spaces for people to spend their time. The home can accommodate up to 35 people with some rooms providing shared accommodation. At the time of this inspection there was 28 people living at the service.

There was a registered manager in post who had registered with the Care Quality Commission (CQC) in October 2016. A registered manager is a person who has registered with the CQC 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.

At the last comprehensive inspection on 15 February 2016, we identified a breach of regulation. The registered provider had failed to provide sufficient staff to meet people's needs at key times of the day. Staff had not been supported in their roles and regular supervisions and appraisals had not taken place. At the time of the last inspection there was no registered manager in place. We asked for and received an action plan telling us what the registered provider was going to do to ensure they were meeting the regulations.

At this inspection, we found the registered provider had implemented their action plan and progress had been made. There was a registered manager in place. We found there was sufficient staff on duty to provide support when people needed it and people told us that staff responded to their needs in a timely manner. The registered manager had implemented a regular system of supervisions and appraisals and staff told us they were well supported by management. We found the registered provider was no longer in breach of regulation.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with adults at risk. Staff confirmed they received induction training when they were new in post.

Staff had completed a range of training and this was delivered by a training provider through practical face to face sessions. Online training was also in the process of being implemented which staff would be able to access independently and told us that they were happy with the training provided for them.

People told us they felt safe. We found that people were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns. Staff received training on safeguarding adults from abuse and understood their responsibilities in respect of protecting people from the risk of harm.

Risk assessments had been developed and contained relevant information. We found that these were in place when required and had been regularly reviewed. Accidents and incidents had been thoroughly recorded and appropriate action had been taken to reduce the risk of reoccurrence.

Where people required support with their medicines this was done safely and people received their medicines as prescribed. Medicines were stored securely and assessments had been completed on staff that ensured they were competent completing this activity.

We checked and found the registered provider was working within the principles of the MCA and applications to deprive a person of their liberty had been submitted to the local authority in a timely manner. People consented to care and support from care workers by verbally agreeing to it.

People were supported to maintain a balanced diet. People's weights were monitored and recorded on a monthly basis. We observed a lunch time routine and found that support was provided in a dignified way. People spoke positively about the meals on offer and all staff were aware of people's specific dietary needs.

Care records contained evidence of close working relationships with other professionals to maintain and promote people's health. We could see that referrals to these professionals had been made in a timely manner and these visits were recorded in people's care records. People confirmed staff were proactive in seeking professional advice and we saw professionals visiting the service throughout the inspection.

Care plans were produced to meet people's individual support needs and were reviewed on a regular basis.

People were aware of how to make a complaint and told us that the registered manager listened to concerns raised. A copy of the registered provider's complaints policy was displayed in the reception area of the service.

People spoke positively about the activities on offer and the activities coordinators approach with people. During the inspection we saw examples of the activities on offer and other evidence such as photographs of people participating in planned activities.

People and staff spoke positively about the registered manager and recognised the improvements that had been made. Staff felt supported and were confident in approaching the registered manager with any concerns. The registered manager had gathered feedback on the service being provided from people and relatives.

We found the quality assurance systems were working well to ensure people received a consistent, quality service. Notifications had been submitted to CQC as required by legislation.

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 were protected from the risk of avoidable harm or abuse because the registered provider had effective systems in place to manage any safeguarding concerns.

Risk assessments had been developed and were in place when required.

Pre-employment checks on employees were completed that helped to minimise the risk of unsuitable people from working with vulnerable adults.

Medicines were managed and administered safely, and stored securely.

Is the service effective?

Good

The service was effective.

The registered provider was working within the principles of the MCA. Staff supported people to make decisions.

People were supported to maintain a balanced diet and spoke positively about the meals provided. Drinks and snacks were provided throughout the day.

Staff had received training to ensure they had the skills and knowledge to carry out their roles and responsibilities.

Is the service caring?

Good

The service was caring.

People told us staff treated them with dignity and respect.

We observed positive interaction between people, relatives and staff throughout the inspection. The feedback we received from people was positive.

Care records detailed people's wishes and preferences around

the care and treatment that was provided.

Is the service responsive?

Good

The service was responsive.

People's care plans recorded information about their individual care needs and preferences.

People were happy with the care they received and confirmed staff were responsive to their individual needs.

People were encouraged to participate in activities of their choosing both as groups and on their own. People spoke positively about the activities on offer to them.

There was a complaints procedure in place and people told us they knew who to speak with if they had a concern or a complaint.

Is the service well-led?

Good

The service was well-led.

Effective quality assurance processes were in place which maintained standards and helped to improve the service people received.

The registered provider sought the views of people and implemented actions where the service fell short of expectations.

People, staff and relatives spoke highly of the registered manager and the improvements that had been made.

Beechwood Place 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 provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 9 May 2017 and was unannounced. This meant the registered provider and staff did not know we would be visiting the service.

The inspection consisted of one adult social care inspector, an expert by experience and a specialist adviser. An expert-by-experience is a person who has personal experience of using or caring for someone who receives this type of care service. A specialist adviser is a person who has specialist knowledge in a specific area. The specialist advisor in this inspection had specialist knowledge relating to nursing care.

Before the inspection we checked the information we hold about the registered provider, including people's feedback and notifications of significant events affecting the service. We also looked at the Provider Information Return (PIR). This is a form we ask the registered provider to give key information about the service, what the service does well and what improvements they plan to make. The PIR had been completed and returned within required timescales.

As part the of our pre inspection process we contacted the local Healthwatch and local authority safeguarding and quality performance teams to obtain their views about the service. Healthwatch is an independent consumer group that gathers and represents the views of the public about health and social care services in England.

During the inspection we reviewed a range of records. This included four people's care records including care planning documentation and 27 medicines records. We also looked at five staff files relating to their

recruitment, supervision, appraisal and training. We viewed records relating to the management of the service and a wide variety of policies and procedures.

During the inspection we spoke with eight members of staff including the registered manager, registered provider and deputy manager, 14 people who used the service, three relatives and two visiting professionals.

We used the Short Observational Framework for Inspection (SOFI) during this inspection. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at all the facilities provided including communal lounges and dining areas, bathrooms and people's bedrooms.

Good

Is the service safe?

Our findings

People told us they felt safe at Beechwood Place Nursing Home. One person told us, "Yes I do feel safe. The staff are so friendly and they make you feel safe." Other comments included, "I feel safe because there is always someone around when I need them" and "Yes, I am well looked after; there are always plenty of staff and a nurse."

At the last inspection, we identified a breach of regulation relating to staffing as the registered provider had failed to provide sufficient numbers of staff to meet people's needs at key times of the day. At this inspection we found that improvements had been made and there was enough staff on duty to respond to people in a timely manner. People and staff we spoke with confirmed this. One staff member told us, "We have plenty of staff. We only have 28 people here at the moment and we have the staffing levels we need. Things have improved."

We were given copies of staffing rotas that showed during the day there was six care assistants and two nurses to support 28 people. During the evening there was five care assistants and one nurse and during the night there was two care assistants and one nurse. There was also a variety of other staff including domestics, cooks and the activities coordinator who were not included in these figures. Observations throughout the day demonstrated that there was enough staff on duty to support people. Buzzers were seen to be answered in a timely manner and staff were visible throughout the day of inspection.

During the inspection, we looked at five staff recruitment files. We could see from the records we looked at that safe recruitment procedures were followed. Applications and interviews had been completed. Two checked references and a Disclosure and Barring Service (DBS) check had been sought prior to staff starting employment at the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with adults at risk.

The registered provider had a 'Safeguarding Adults Policy & Procedures' document that set out the responsibilities of all staff, volunteers and managers who worked at the service. The staff we spoke with were all aware of the different types of abuse, what would constitute poor practice and what actions needed to be taken to report any concerns. Staff told us the registered manager would respond appropriately to any concerns. We looked at training records in relation to safeguarding and could see that staff had received training. Referrals for further investigation had been made to the local authority and the outcomes and any actions recorded appropriately.

The registered provider had systems and processes in place to record and learn from accidents and incidents that identified trends and helped prevent re-occurrence. Information was recorded we saw these were processed and evaluated regularly. This meant the registered provider could monitor and assess accidents within the home to make sure people were kept safe and any health and safety risks were identified and acted upon as needed.

We saw people were kept safe from the risk of emergencies in the home. People had a risk assessment in their care files for the environment and a personal emergency evacuation plan (PEEP). PEEPs are documents, which advise of the support people need to leave the home in the event of an evacuation taking place.

We saw that people had risk assessments in place for falls, infection control and administering of people's medicines and that these were reviewed and updated with the involvement of people, relatives and professionals.

The registered provider had a health and safety file. This included fire safety and information on the safe control of substances hazardous to health (COSHH). Additional information included risk assessments that identified a particular hazard, the person in danger and measures in place to reduce the risk. Identified hazards included caring for people who may be prone to falling or developing pressure ulcers, for example. This information ensured that where risks were identified measures were in place to help everybody stay safe.

The registered provider had contracts in place to keep the home safe and these included gas and electric test certificates, equipment for the moving and handling of people, test certificates and maintenance of water outlets to control the risks from legionella. All of these checks were up to date.

People's use of medicines was recorded using medicine administration records (MARs). A MAR is a document showing the medicines a person has been prescribed and the recording when they have been administered. A list of staff signatures for those staff administering medicines was stored in the front of the MARs. This helped create a clear record of who was administering medicines. We reviewed the MARs for 27 people and saw they had been completed accurately. Where hand written entries had been added to the MAR, two staff had signed to confirm the information was correct.

Some people were prescribed 'as and when required' (PRN) medicines. There was clear guidance in place for staff to follow which detailed when PRN medicines should be administered. Records confirmed that PIR medicines had been administered appropriately.

Some prescription medicines contain drugs that are controlled under the Misuse of Drugs legislation. These medicines are called controlled drugs. We saw controlled drug records were accurately maintained. The administering of these medicines and the balance remaining was checked by two appropriately trained staff. Temperatures of storage of medicines were taken and recorded daily; this included the medicines fridge and the temperature of the room where the medicines were kept.

Good

Is the service effective?

Our findings

At the last inspection, we identified a breach of regulation in relation to staffing as staff had not been supported in their roles and regular supervisions and appraisals had not taken place. At this inspection we found that improvements had been made and staff were receiving appropriate support from management.

Staff we spoke with told us they were now receiving regular support from senior members of staff, the deputy and registered manager. One member of staff told us, "[Registered Manager] is really good. Since they started here a lot of things have changed, for the better. I feel a lot more supported and it is a much better place to work." Another member of staff said, "I have meetings with my senior or the deputy manager and we discuss anything and everything. We are kept updated through meeting as well. [Registered manager] is always around so I don't have to wait if I have any issues I want to discuss."

Records we looked at confirmed that a regular supervision process was in place for staff. Where we identified staff who had not received a recent supervision we could see that the registered manager had plans in place for these to be completed. Appraisals had been completed for four of the five staff files we looked at. The appraisal for the fifth member of staff had been planned.

All staff completed an induction to their role and the service when first employed. We looked at staff files and could see people received appropriate support during their induction period. The registered manager told us a new induction program had been developed in line with the care certificate. The care certificate is a set of standards that care workers must adhere to when working within health and social care. This was to be used for any new staff joining the service.

The registered provider had systems in place that ensured staff received the training and experience they required to carry out their roles and improvements had been made since the last inspection. Staff confirmed they completed practical training and online training was being developed. We were provided with records for the training completed. This included areas of learning the registered provider considered to be essential such as moving and handling, safeguarding and medication along with other training that included dementia awareness, end of life, food safety, nutrition, fire safety and infection control. Records confirmed staff training was up to date and there was a rolling program of refresher training in place.

People we spoke with told us they thought that staff were suitably trained to look after them. One person told us, "I certainly do. The ones I have come in contact with are [trained]." Some people had concerns about agency staff and thought they didn't always have the appropriate skills. A relative said, "The full time staff here are outstandingly trained, the agency staff are not. They don't know the residents or their needs." We discussed this with the registered manager who told us, "We only use regular agency staff and the use of agency staff is decreasing as we recruit permanent staff. Agency staff who are not familiar with the service always work with experienced staff to minimise any issues." Staffing rotas that we looked at confirm this.

People and relatives we spoke with were happy and content with the effectiveness of the care being provided. One person told us, "The staff here are regular. I have a main carer and she is very good. They all

know my name and catch on quickly."

People consented to care and support from care workers by verbally agreeing to it. Staff confirmed they discussed care and support with people, and their relatives, and asked them if they understood and were happy with what they were doing. We found people had been involved in their care plans and this was evidenced in sign care documentation.

Staff had received training and understood the requirements of The Mental Capacity Act 2005. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked and found the registered provider was working within the principles of the MCA. Applications to deprive a person of their liberty had been submitted to the local authority in a timely manner and the registered manager had an accurate record of any approved or pending authorisations. Any conditions on authorisations to deprive a person of their liberty were being met.

We observed lunch time at the home. Most people choose to have their meals in their own rooms and staff provided appropriate support with this. The dining area at the service was clean and spacious and the atmosphere was pleasant. The tables in the dining room were laid with linen table clothes, cutlery and crockery. People were assisted into the dining room or made their own way when lunch was announced. People had been asked what they wanted for lunch during the morning and the choices were again repeated during the meals service. The main meal of the day was served at lunch time. However, there was also a hot choice at tea time. We saw that people ate their food at their own pace and were not rushed by staff. It was also noted that staff sat alongside people and this was an opportunity for chatting and socialisation. Snacks and refreshments were offered to people throughout the day.

When asked about the food provided people told us the food was good or excellent. Comments included, "The food is good. I am a vegetarian and I am well catered for", "Food is very good. I always get a choice and the staff catch on quickly about my likes and dislikes" and "Excellent, plenty of choice and I always clean my plate."

People were supported to maintain good health. Care plans contained detailed information to ensure people who were at risk of being malnourished were being monitored. We saw the use of 'Malnutrition Universal Screening Tool' ('MUST'). These were completed monthly and where risks were identified, we saw the person's care and support plan had been updated. Action taken included referrals to the dietician, doctor's reviews and hospital appointments to see the swallowing and language therapists.

People were clear about how they could get access to their own GP and that staff in the home would arrange this for them. A GP visited the service weekly where they would visit anyone who requested this.

During a tour of the service we noted that doors did not always contain appropriate signage. For example, one bathroom was out of use and being used for storage. The door to this room was open and accessible for all and there was no signage to notify people that the bathroom was out of use. People's bedroom doors did not always contain names and just a number was displayed. We discussed this with the registered manager

who told us they would take action to address these concerns.

Good

Is the service caring?

Our findings

People we spoke with told us they were well cared for and treated with respect and dignity by all the staff. Comments included; "All the staff care, they are lovely", "I have a key worker. She is very good, they (staff) all are", "They take good care of me and always treat me well" and "The staff here really do care about me. I think the management have chosen the staff very carefully."

With regard to how care was being delivered, relatives told us, "From what I have seen all staff are very respectful and caring" and "The door is always closed if [Name] is being washed or helped with any personal care."

We observed staff interacting with people throughout the day. We saw staff were polite and sensitive to people's needs. For example, they knocked on people's doors and asked if people were happy for them to enter. One member of staff told us, "I always talk to people and discuss what I am going to be doing, I don't just start. All staff respect people's privacy and dignity. We keep doors and curtains closed and give people privacy when we are helping with bathing or showering." People we spoke with confirmed this.

All comments from people and relatives regarding the staff team were positive. Staff showed patience and empathy as they helped people around the service. During all interactions with people we noted staff would chat about what they wanted to do, about their families and upcoming activities and events. It was clear they knew about each person and people who were important to them. Care plans also included this information. People were comfortable in the presence of staff and other staff at the service. We observed many instances of effective care and support including staff providing support and reassurance to a person who had just moved to the service.

Everyone that we spoke with said that they felt listened to and that staff were supportive. People using the service told us that they knew the regular staff. One person told us, "Sometimes there is agency staff but not all the time and they are all good and caring towards me. I know them all."

The registered manager told us that people had key workers. These were named members of staff who were allocated to a particular person and would be involved in the detailed care and reviews. One care worker told us, "Yes, everyone has a key worker. We are responsible for making sure information in care documents is correct and kept up to date. It works really well."

The service supported people to maintain relationships. There were no restrictions on visiting times for relatives and friends and staff encourage people to socialise in the communal areas of the service. When people were unable to mobilise around the service, staff provided appropriate support to ensure they were not isolated such as assisting them in wheelchairs or spending one to one time with people.

People were supported to make their preferences for end of life care known and these were recorded where they had agreed. We spoke with a visiting professional from St Catherine's Hospice regarding the end of life support that was provided. They told us, "Staff here are proactive and often speak to me for advice and

guidance if they are not sure. I have recently delivered more training to staff, which they requested as they wanted to develop their skills which I think is great. They are now using new documentation as a result of that training. I have been coming here for about two years now and people are well supported. [Registered manager] attends meeting and forums we hold and always contributes to new ideas." Records confirmed that people were receiving support they required to be cared for comfortably.

Good

Is the service responsive?

Our findings

People we spoke with were happy that staff understood how to meet their care and support needs. Everybody who lived at the service had a care plan in place. We saw regular reviews were carried out and people using the service and their relatives were involved in these.

We saw care plans began with a pre-admission assessment, which had been completed before the person moved to the service. This meant the service was ensuring they could meet people's care needs before they moved to the service and looked at areas including medical history, mobility, skin condition and communication needs.

We saw care plans included background information centred on the individual. Information included a personal history, current and past interests, keeping in touch with people and information on doing things the person liked to do. We also noted records included information on the person's next of kin, contacts and information on any allergies.

The care plans we looked at were person-centred and contain information which was important to the person. For example, one care plan detailed how a person wished to be supported to bathe, what they could manage independently and what they wished staff to assist with.

There was little evidence to document who had been involved in the development of the care plans. Most people we spoke with were aware of the care plans that were in place and told us they had been involved in making decisions about their care. One person told us, "There is a care plan and they review it every month or so I think. They ask me questions about the care at the reviews." A relative we spoke with told us, "They always ask me if I am happy with the care that is being provided to [Name] so I do have an input."

We saw people were supported to follow their interests and take part in social activities. People spoke extremely positively about the activities coordinator and the activities they arranged. One person told us, "[Name] is the activities lady and she comes and visits me every day as I don't really like to join in with activities. Lovely lady she is" Another person told us, "[Activities coordinator] really is a beautiful person who shows so much care and spends quality time with me." People were not isolated in their rooms. A relative we spoke with told us, "[Activities coordinator] has arranged for carol singers and other entertainers to come into [Name's] room as they don't like to join in as a group."

On the morning of the inspection we observed a visiting professional offering hand massage and manicure treatments which was very well received by people. One person told us, "My nails look beautiful now. I love the colour. Makes you feel a million dollars." Staff were on hand to assist anybody and ensured drinks were available where people wanted. Refreshments were readily available in the lounge along with homemade cakes which people enjoyed. It was clear everybody enjoyed the activities they were involved in. The service had a weekly activities program which including activities for each day. This was printed out and distributed to people as well as being displayed around the service. This meant that people were aware of the activities on offer.

Where people were at risk of social isolation, concerns were managed well by staff and people said they were regularly invited to take part in the activities. For example, if people were reluctant to leave their rooms, staff made sure they had support to engage in activities which they enjoyed. The activities coordinator visited people daily to offer one to one interactions.

People using the service were encouraged and supported to develop and maintain relationships with people who were important to them. Friends and relatives were able to visit at any time. Relatives said they felt welcome and had a good relationship with staff and the management team. They told us they felt involved in decisions about the health and welfare of their relatives. They told us communication between the home and themselves was good and things had improved since the new manager joined the service.

We were given a copy of the registered provider's complaints procedure. The procedure provided people with details about who to contact should they wish to make a complaint and timescales for actions. We looked at the recording of complaints and could see that there had been no complaints raised in the past 12 months.

People and relatives confirmed they knew how to make a complaint. One relative told us, "I have and I would!" The relative confirmed that they had previously raised concerns but these had been swiftly dealt with by staff and management.

The service had received 16 compliments in the past 12 months. Comments included, "Thank you for all your kindness and care", You are all so kind and caring, I am so grateful for the sensitivity you have all shown", Your thoughtful actions have been a great comfort" and "Staff are patient, have good humour and most of all love."

Good

Is the service well-led?

Our findings

The manager had registered with CQC in October 2016. Prior to this they had many years' experience working in this type of service as a qualified nurse and offering managerial support in deputy management roles.

The registered manager had a good understanding of their role and responsibilities. Services that provide health and social care to people are required to inform the CQC of important events that happen at their location in the form of a 'notification'. Important events include accidents, incidents or allegations of abuse. We had received required notifications from the registered manager although we did need to provide some clarity around when notification should be submitted.

During our inspection we looked at records, information and paperwork that was used to manage the service. This was maintained, and kept securely and was available for us to inspect.

At the last inspection there was no registered manager in post and we received negative feedback about the management arrangements that were in place. Staff had told us that moral was low. At this inspection we could see that improvements had been made and the staff we spoke with confirmed this. One member of staff told us, "[Registered manager] is great. There has been a lot of changes but all for the better. Staff are happy and the whole moral of staff has lifted." Another member of staff told us, "We now have a stable team of staff and it is much better. I like that we are kept update with what is going on and that things are explained to us." We observed a warm and friendly atmosphere and it was evident that the registered manager and staff team were working hard to review all aspects of the service.

The registered manager had a clear presence at the service and people were confident in approaching them with any concerns or for a general chat. The registered manager's office was located at the front of the building and we observed them welcoming people who had been out into the community as well as visiting professionals and relatives. The registered manager told us they had an open door policy and this was evident as staff came to talk to the registered manager throughout the inspection.

The registered manager told us they received regular support from the registered provider's senior management team who generally visited every month to monitor the quality of the service and offer advice and guidance. These visits were recorded and included action points for the registered manager to address.

Staff were now being supported with regular supervision sessions and regular staff meetings had also taken place. These meetings were used to share information about changes to the service but also seek the views of staff. Staff confirmed they were able to suggest areas for improvement and told us that there suggestions were taken on board by management. An example of this was training in End of Life care and support requested by staff. This had been agreed by the registered manager and prompt action had been taken to ensure the training was provided to all staff.

We saw evidence of resident and relatives 'in house' meetings taking place every month. The minutes of the

last meeting showed that people were asked about activities, food options, informed of any changes to the service and what they liked or disliked. Minutes of these meetings were displayed around the service as well as in people's bedrooms.

Quality questionnaires had been distributed in October 2016 to people who lived at the service and relatives. A further quality questionnaire had been distributed in March 2017. The results from the March 2017 questionnaire showed that there had been an improvement in areas such as meals provided, staff responding to people's needs in a timely manner and staff approach. The registered manager told us, "We distributed the questionnaires in October and this was when changes were just being implemented. The improvement in results in the questionnaires submitted in March 2017 shows just how hard all the staff have worked to improve the service. We listened to people's feedback; what they were and were not happy with and as a result we have implemented changes that have helped to improve the care and support for everybody."

Everybody we spoke with spoke highly of the service as a whole. Comments included, "It's a lovely place", "[Registered manager] is always available and easy to talk to", "The manager pops in and talks to me every day. I am never lonely" and "I am extremely happy here."

Quality assurance audits were completed on a monthly basis in areas such as medicines, health and safety, clinical governance, falls and care planning. Action plans had been developed following all audits and we could see that appropriate action had been taken to address any concerns found.