New Century Care Limited

Aldington House

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 02 and 04 March 2016 and was unannounced. At our last inspection in June 2014, we found the provider was meeting all the regulations we inspected.

Aldington House is located in Blackheath, South East London. It is a residential care home which accommodates up to 31 older people. At the time of our inspection 23 people were using the service.

There had been no registered manger in post since July 2015. A permanent manager was recruited into post in September 2015 but left their post in January 2016. At the time of the inspection, an interim manager was responsible for managing the service whilst the provider recruited a permanent manager into post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service said they felt safe and were happy living at the home. The provider had safeguarding adults and whistleblowing policies in place and staff understood how to safeguard the people in their care from abuse. Staff knew of the whistleblowing procedure and told us they would use it if required; however, they were confident that the management team would take action if any concerns were raised. The provider had appropriate recruitment and selection processes in place before new staff started work with the service. There were appropriate numbers of staff on each shift to ensure people's needs were met. Risk to people had been assessed and where risks were identified, appropriate action plans were in place to prevent or minimise the risk. People's medicines were managed safely and people received their medicines as prescribed by healthcare professionals. There were arrangements in place for foreseeable emergencies and a refurbishment project was on-going to improve the quality of the environment for people.

Support was in place for staff in the form of induction, training and supervision to ensure they had appropriate skills and knowledge to perform the role which they had been employed to undertake. Both staff and the management team demonstrated a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. People were supported to have sufficient to eat and drink for their wellbeing. Where required, people had access to a range of healthcare professionals.

People's privacy and dignity were maintained and their independence promoted. People were supported to keep relationships with their family and friends. Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. People were provided appropriate information and were involved in their care planning and delivery.

Each person using the service had a care plan in place with appropriate guidance for staff on how to support

them. People's care plans were reviewed monthly or as required to ensure their changing needs were identified and met. There was a range of appropriate activities available for people to enjoy. People knew how to make a complaint if they were not happy about the quality of care delivery. At the time of our inspection, people and their relatives told us they did not have anything to complain about.

The provider had systems in place to monitor the quality of the service including surveys, residents and staff meetings. All staff we spoke with were happy working at the home and health and social care providers were complimentary about the care delivery.

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.

There were safeguarding adults' and whistleblowing policies and procedures in place and staff had a clear understanding of these procedures and actions to take to ensure people in their care remained safe.

Risk to people had been assessed and were reviewed monthly to ensure people's individual needs were met safely.

Medicines were managed safely and people received their medicines as prescribed by healthcare professionals.

There were arrangements in place to deal with foreseeable emergencies and refurbishment works were being carried out to improve the environment.

Is the service effective?

Good

The service was effective.

Staff had completed an induction when they started working with the service and had been supported through training and supervision.

The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation.□

People had enough to eat and drink to ensure they were protected against the risk of malnutrition and dehydration.

People had access to relevant healthcare professionals when they needed them.

Is the service caring?

Good

The service was caring.

Staff treated people in a respectful, dignified and caring manner.

Staff spoke with people in a friendly and respectful manner and care plans contained guidance for staff on how best to support each person.

People were provided with appropriate information that met their needs and were involved in making decisions regarding their care and support needs.

People were encouraged to maintain relationships with their family and friends and people's end of life wishes had been discussed with them.

Is the service responsive?

Good

The service was responsive.

Each person using the service had an individualised care plan in place to ensure their needs were met.

People were engaged in a range of activities to keep them stimulated throughout the day.

The provider had a complaint policy in place and people who use the service and their relatives knew how to complain if they were not happy with the service.

Is the service well-led?

Good

The service was well-led.

The provider monitored the quality of care and support that people received.

The provider took into account the views of people using the service and took action where issues were identified.

There were residents meetings where people were able to talk about the home and things that were important to them.

Aldington House

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.

The inspection took place on 02 and 04 March 2015 and was unannounced. Before the inspection, we looked at all the information we had about the provider and this included notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

The inspection team on the first day consisted of two inspectors. A single inspector returned to the home on the second day of the inspection.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke with five people using the service and six visiting relatives. We interviewed eight members of staff including the area, home and deputy managers, three care staff and two catering staff. We also spoke with one visiting health professional and observed the care and support in place for people in communal areas. We looked at four care plans, seven medication records, staff recruitment, induction, training and supervision records and records relating to the management of the service including policies and procedures, audits and minutes of meetings.

After our inspection, we contacted the local commissioning group to find out their views about the service.

Good

Is the service safe?

Our findings

People who used the service and their relatives told us they or their loved ones were safe at the home. One person said, "It is nice and I feel safe." Another commented, "I am happy here…I have no concerns." A relative told us, "Coming here is the best thing that has happened to my mum…she is safe."

The provider had safeguarding adults and whistleblowing policies in place to protect people from the risk of abuse. A copy of the policy document was made available to all staff and visitors in the reception area and there was a notice board which highlighted the local authority's safeguarding contact information. Staff knew of the types of abuse and actions to take to ensure people in their care remained safe. Staff told us they would report any concerns of abuse to their line manager or any senior person on duty to ensure it was investigated. Staff also understood the whistleblowing procedure and told us they would speak with someone "higher" or to the Care Quality Commission. However, they told us they were confident the current management team would take action about any concerns of abuse brought to their attention. The home manager was aware of their responsibility to report abuse to the local safeguarding team. Where required, the provider had followed appropriate local authority safeguarding reporting protocols as well as notifying CQC. All staff had completed safeguarding training to ensure they had appropriate skills and knowledge to protect people in their care from abuse and neglect.

Risk to people had been assessed in areas relevant to their care and support needs. Risk assessments covered areas such as medication, personal care, pain, falls, pressure sore, bed rail and call bell. The risk assessments were specific to each person's individual needs and included information for staff on how to manage risk safely. For example, where a person was at risk due to breathing difficulties, there was guidance available for staff such as ensuring the person sat in an upright position at all times to enable easier breathing and the signs that should alert staff to contact their GP. In another instance a person who had a pressure area and ulcer had a body map which illustrated which part of the body was affected. There were also photographs of the affected areas on file so that staff could track progress of healing. The person was also being treated by the district nursing team and the podiatrist to ensure this risk was safely managed and their care and treatment needs met. There was also guidance available for the staff to follow in relation to their skin care to enable recovery. Each risk assessment was reviewed monthly to ensure people's changing needs were identified and met.

The provider had safe recruitment and selection processes in place. Appropriate recruitment checks took place before staff started work at the home. Recruitment files showed the provider had obtained criminal record checks, proof of identification, copies of completed applications forms that had no gaps evident, two references and evidence of the right to work in the United Kingdom. This showed that staff were well vetted by the provider to reduce risk.

People and their relatives told us there were sufficient staff available on each shift to support them or their loved ones needs. Staff we spoke with felt the number of staff on each shift was adequate. The manager informed us that staffing levels were decided by using the provider's dependency tool to ensure the service had the appropriate complement of staff to meet people's needs. However, they us they had devised a

system to enable staff to provide a continual update so they were aware of people's current needs and could then provide additional staff support when needed and they showed us the document to confirm this. We observed that staffing levels were suitable for example at meal times and people did not have to wait for long to be attended to.

People and their relatives told us there was adequate support in place to manage their medicines safely. Medicines were stored securely and medicines that required refrigeration were also stored appropriately. Temperature checks were conducted in the medicines room and medicines refrigerators to ensure medicines were effective and safe for use. Medicines were locked in secure medicines trolleys which were kept in a locked medicines room that only authorised staff had access to. Controlled drugs were also safely stored.

Medicines were administered safely. We observed staff administer lunch-time medicines to people. The majority of medicines administered were in a monitored dosage system supplied by a local pharmacy. Each person had a medicines administration records (MAR) where all the names of medicines, dosage, frequency and time of day the medicines should be given were recorded. The seven MAR we looked at included individual photographs, allergies, medical diagnosis and their preferred method of taking medicines. People were supported to receive their medicines as prescribed by healthcare professionals and there were no gaps evident in the MAR. Where people were supported with 'when required medicines' (PRN), there were appropriate protocols in place which inform staff under what circumstances these medicines should be administered.

There were up to date medicines policies and procedures in place which provided staff with guidance on the safe management of medicines. All staff responsible for the administration of medicines had their full name, job titles, signatures and initials on file to ensure there were no discrepancies. MAR file included people's medicines review date, list of approved homely remedies and residents' allergy list. There was appropriate information available for staff on safe management of medicines such as the British National Formulary (BNF) reference book which was located in the medicines room. Staff responsible for the administration of medicines had received appropriate medicines training and their competency had been assessed to ensure they had appropriate skills to manage medicines safely.

There were appropriate plans in place to deal foreseeable emergencies. People who used the service had personal emergency evacuation plans in place and this was specific to their needs. Staff knew of actions to take in the event of an emergency and staff had completed fire safety training to ensure they had appropriate skills to support people when needed.

People and their relatives were complimentary of the refurbishment work and said the care delivery had not been affected. One person said, "The team had been very professional and staff had kept us informed". Both internal and external refurbishment work were on-going at the time of our inspection. New double glazed windows had been installed and new carpets were being laid in communal areas to reduce trip hazards. Staff showed us a model show room and told us the provider had plans to convert all rooms in the home to this standard once people had agreed to it.

A legionella test was last carried out in August 2015 to ensure the water supply was safe for use. Fire tests, emergency lighting, carbon monoxide monitoring checks were completed to ensure people were safe using the facility. Individual call bells and wheelchairs were also checked and maintained regularly to ensure they were in good working order.

Good

Is the service effective?

Our findings

People and their relatives were complimentary about the staff team. One person told us, "They do a pretty good job; I wish I haven't to leave my own home but on the whole it is alright." A relative commented, "The staff are fantastic, they are looking after them very well…my [relative] is eating and drinking well which is a great improvement." Another relative commented, "She is thoroughly looked after by staff." A visiting health professional told us, "The staff here are very good and I have no concerns in how they do their job."

New staff completed an induction programme when they started working at the home. The induction programme included familiarising themselves with the provider's policies and procedures, training and shadowing experienced members of staff. Staff files demonstrate all new staff received an induction to ensure they had the appropriate knowledge and skills to do the job which they had been employed to undertake and this was confirmed by staff.

Staff were supported with regular training. A training matrix showed that staff had completed training that the provider considered mandatory in areas such as safeguarding adults, health and safety, moving and handling, food hygiene, equality and diversity, fire safety and Mental Capacity Act 2005. Records showed that staff had also completed training relevant to the needs of people such as medicines management and dementia awareness. The home manager informed us that staff training consisted of both internal and external training from the local authority. A training matrix had been put in place to monitor completed training and future bookings to ensure staff were kept updated with all training required. Staff had also completed Health and Social Care Diploma training level 2 and 3 to enhance their professional development and to support them in developing relevant skills and training to perform their roles effectively.

Staff told us they were supported in their role through regular supervision. One staff member said, "Supervisions are good, it keeps us on our feet and up-to-date." Records showed that staff supervisions were being carried out in line with provider's policy. The manager had a supervision and appraisal tracker in place which showed that annual appraisals for all staff had been planned in to take place in April 2016. Therefore we were unable to check on this at our inspection.

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 whether the service was working within the principles of the MCA, and whether any conditions of authorisation to deprive a person of their liberty were being met. The home manager demonstrated a good understanding of the MCA and DoLS and said they also monitor the delivery of care to ensure staff were adhering to the principles of MCA and DoLS. They said if they had any concerns regarding a person's

ability to make specific decisions for themselves, they would ensure appropriate capacity assessments were carried out. If the person was found not to have capacity to make decision about their care they would work with their relatives [where applicable] and healthcare professionals would be involved in making decisions for them in their best interest in line with the Mental Capacity Act 2005. At the time of our inspection, applications had been authorised by the supervisory body (local authority) to deprive some people of their liberty for their safety. The authorisation documents were in place for each person and we checked and confirmed the conditions of the authorisations were being met.

People said they enjoyed the food they were being served. One person said, "The food is lovely." Another person told us, "I do get my favourites, I like the food very much and I get a choice of food every day." One other commented, "The food is well cooked." Relatives were complimentary of the food people were served and told us there was always sufficient amounts of nutritious foods and drink to meet people's needs. A relative commented, "I only bring [sweets], I don't have to bring in food because the food here is good and it is nicely served." After lunch we overheard one person saying, "That was very delicious."

The kitchen was clean and was awarded a five star food and hygiene rating. We observed how people were being supported and cared for at lunchtime. People's independence was encouraged and they ate independently with minimal support from staff. People were offered a choice of food and drink and people's choices were respected. People were supported each morning to decide on the food they would like to eat during the day. We saw that one person refused to eat their lunch and was offered the second option which they refused as well. They were later presented with another choice which they accepted. The cook told us they had to prepare that meal promptly for the person because they knew it was their "favourite." Both care and kitchen staff knew of people's dietary preferences and requirements. For example a separate meal was prepared for a person who did not eat certain protein groups and people who were recommended by health professionals to be offered soft diets were served these. People at risk of malnutrition were being weighed on weekly basis and were supported with fortified diets to improve their weight. Both the GP and dietician were involved in their care and treatment to ensure appropriate support was in place for them. People's meals were well presented on the plate and the atmosphere in the dining room was relaxed and not rushed. As part of planning the menu for the next season, people were asked for their views on what types of food they would like to be included in the menu and all 23 residents completed the survey. The provider told us they were taking people's views into consideration and would discuss with them further before planning the menu.

People told us they were able to see healthcare professionals when they needed it. One person said, "I see the doctor when I need too." Visiting relatives also told us, "When she had chest infection, I had a call and the GP came to see her." People's care plans details the support they required to meet their physical and mental wellbeing and where concerns were identified people were referred to appropriate healthcare professionals in a timely manner. Records showed that people using the service had access to a range of healthcare professionals and this included a visiting GP, chiropody, dentist, tissue viability nurses (TVN), dieticians and access to a mobile optician that provided a user friendly lifestyle passport with recommendations for eye care. The manager informed us that a pressure ulcer specialist attended the home on weekly basis and we met two distinct nurses on our second day of inspection which confirmed other healthcare professionals were involved in peoples care. People were also supported to attend hospital appointments when needed to ensure they received safe care and treatment that met their needs.

Good

Is the service caring?

Our findings

People and their relatives told us staff treated them and their loved ones in a respectful and caring way. One person said, "My privacy and dignity is respected, I have a [condition] and all of them speak to me properly." A relative commented, "She is having over and above what is expected, the staff have been fantastic." Another relative commented, "My [relative] was transferred here from a bad home and it is the best thing that has happened to us." Another relative said, "Staff are lovely, you trust them, they are like a family." One other relative commented, "Everyone is approachable…even the maintenance man. It is lovely, absolutely lovely; the night staff are lovely and the kitchen staff too."

Throughout our inspection, we observed staff speaking and treating people in a respectful and dignified manner. Staff appeared to know all the people using the service well and called them by their preferred name. One person told us their official name and said everyone called them by their preferred name because that was how they had been called all their life. Another person told us of their favourite member of staff which showed people had good relationship with staff.

Staff told us how they respected people's privacy and dignity. They said they knocked on people's doors before they entered their rooms, gave people choices, closed doors when they provided personal care and sought consent before they supported people. A staff member told us, "Privacy and dignity is fantastic here, people can request for private conversations." We observed staff sought permission before supporting people and explained their actions to them. Staff also told us they made sure information about people using the service was kept confidential at all times. We saw that confidential information about people using the service such as their care plans were kept in locked cupboards in the dining area.

People's independence was promoted. We saw people mobilising with different walking aids throughout our inspection. We observed staff telling people "take your time…don't rush." We saw people taking the lift themselves to various floors in the home and some people attending to their own personal care. Staff we spoke with told us they promoted independence by encouraging people to do things for themselves where they were able to do so. People's care plans identified things they could do for themselves and those that they needed staff support with. One staff member said, "We always give them choices to promote their independence and to make them feel involved."

People and their relatives had been consulted about they or their loved ones care and support needs. One person told us, "I am involved in the care planning because I know what I want." Care files included information on regular consultation with people and their relatives. People's views were sort about all aspects of their care including personal care and the food they ate. Comments made by people were documented in their care files to improve the care delivery. We saw that people's life stories were recorded in their care files and included their place of birth, details of relatives, their career history and their interests and hobbies to ensure staff were aware of the lifestyle they lived and support them accordingly. The home manager informed us that a family tree was being developed for each person to support and aid people's memories.

People using the service and their relatives were provided with appropriate information about the service. The provider's 'statement of purpose' and an information pack about the home were given to people and their relatives when they started to use the service to ensure they were aware of the standard of care delivery. The information pack included the provider's aims and objectives and the complaints procedure.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes. Where required people were supported to practice their faith and we saw a visiting religious leader visiting some people in the home. The provider informed us that other spiritual representatives also visited the home to support people with their faith. A staff member told us that one person did not like to use a piece of furniture because of their religious beliefs and they respected their views. Where people had no religious interests or needs, their views were respected. Care records included information on people's preferences of clothing and a visiting hairdresser supported people to maintain their appearances.

People were supported to maintain relationships. One visiting relative commented, "You can come here anytime, day or night and you are welcome." Staff told us relatives could take their loved ones out into the community and the relatives we spoke with confirmed this.

People were supported with end of life care where required. People's care records demonstrate their end of life wishes had been discussed with them where they wished to do so. For example some people had specific directives in place for their religious needs to be respected. People's capacity had been assessed in relation to their end of life care. Where people did not want to be resuscitated, Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where applicable] and their GP to ensure their end of life wishes would be respected.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support in place for them. One person said "I am happy here. I enjoy the activities." Another person said, "We get the entertainers and I love them." A relative told us, "My mum is a solitary person but the staff are fantastic and have gotten her involved in activities." Another relative said, "Mum did not want to go to hospital because she was scared of not coming back here… that is how good it is." One other relative said, "She is always clean, well dressed and look lovely…they clean their glasses and paint their nails and she has strived well here."

Assessments were undertaken to identify people's needs before they moved into the home. Each person had a care plan in place which was specific to their needs and covered areas such as personal care, mobility and dexterity, dietary, communication, medication and mental health. The care plans included people's likes and dislikes about how they would like to be supported. All the care plans included guidance for staff and staff we spoke with knew of people's individual support needs and the support to provide. People's care plans were well documented and easy to follow. Each care plan was reviewed monthly or when people's needs changed and included relevant information regarding people's current care needs. Daily care notes we looked at demonstrated the care delivery was in line with the care that had been planned for people.

People were supported to engage in a range of activities to reduce the risk of them feeling isolated. On the first day of our inspection we saw people participated in an exercise class which most people seemed to had enjoyed. The deputy manager told us, "Residents really look forward to their exercise section…they love it." On our second day of inspection, people told us that they were waiting for the entertainers in the afternoon. A relative told us that every Friday afternoon, professional entertainers visited which their relative enjoyed very much and our observations confirmed this. The home had an activities coordinator and a copy of the activity plan was displayed in communal areas to inform people of the planned activities for the day. The home manager told us they were looking into adding more meaningful activities to the programme to provide varied choices especially during the summer months. They said they would like to include reminiscence activities to aid people's memories and they showed photographs of the old Blackheath town which they had recently acquired to display in the home. The local library also provided people with books, CDs, DVDs and large prints every week where people required them.

People and their relatives knew how to complain if they were not happy with the service. All the people and their relatives we spoke with told us they did not have anything to complain about at the time of our inspection. The provider had a complaints policy in place and this was provided to people when they first started using the service. A copy of the complaints procedure was on display in the reception area at home. The manager held weekly open surgery which was also available for people and their relatives to speak with them if they were not happy. A comments book was accessible to all visitors at the reception area. The home manager who was new in post told us they had not received any complaints since they started managing the service.

The provider's complaints log showed that where people or their relatives had made a complaint or comment, this was documented and appropriate action was taken to resolve the matter. For example we

saw that a relative complained about their loved one's dentures not being cleaned properly. We saw that the matter was discussed at a staff meeting to ensure learning and staff were supported through supervision sessions to ensure they had the appropriate skills. The person's oral care plan was also updated to ensure their needs were met.

Good

Is the service well-led?

Our findings

People and their relatives knew who the home managers were and told us they felt there was good leadership in place. One relative commented, "The new manager is really bringing the place to a higher standard… there have already been changes since she has been here." Another relative commented, "[The manager] is fantastic." Staff were also complimentary of the current management team. A staff member commented, "The management is fantastic now, [The manager] is the best one by far, things are changing and it's all for good… if we could have a permanent manager with half of her abilities we will have nothing to worry about."

At the time of our inspection there was no registered manager in post; the last registered manager left their post in July 2015. A new permanent manager was appointed to post in September 2015 but left the service in January 2016. At the time of our inspection, an experienced interim manager was in post who had experience of managing other care homes in London and the South East regions; however, they would not be applying to become the registered manager of the home. Both the home and the area managers told us they were currently recruiting into the post and had carried out three interviews but had not found a suitable candidate and they showed us documentation to prove that they were making every effort to recruit a registered manager with suitable skills.

The home manager was supported by a deputy manager who had been in post for some time and was familiar with all aspects of the service. The home manager told us that although they were new in post, it was their "aim to make the service very much like a top range hotel." We saw that some of their plans had already been implemented including new carpets in the communal areas. Where required the provider had submitted statutory notifications to CQC.

The provider had systems in place to monitor the quality of the service. These included internal and external audits undertaken at regular intervals. Internal audits carried out at the home covered areas such as pressure areas and wound care, weight loss, medication, infection control, accident monitoring and night care. The area manager also carried out monthly audits and rated the compliance level of the service. Where issues were identified, this was followed-up on the subsequent monitoring visit to ensure improvements were made to the service delivery. Boots pharmacy had also carried out a medicines audit and it was recommended that two staff should sign for medicines delivered to avoid discrepancies and this was in place at the time of our inspection.

Residents' meetings were held to gather the views of people using the service and to update them on any events of the home. Minutes of residents meetings showed areas of discussions included, the menu, activities, personal care needs, care planning, refurbishments work and feedback about the Christmas party. People were kept up to date about the day-to-day management of the service including the refurbishment work. Where requests were made these were implemented. For example, people wanted hand wipes during meal times to promote hand hygiene and these were provided.

Regular staff meetings were also carried out to gather the views of staff. The home manager told us they had

devised an anonymous feedback form for staff to ensure they were part of driving improvement at the home. A feedback form we looked at showed areas staff wanted improvement on included purchasing new bedroom furniture for people using the service. We saw that an action plan had been put in place and some of items requested on the feedback form had been approved to be implemented. However, we were unable to check on this at our inspection.

All staff said they were happy working at the home. One staff member said, "It's because we work as a team." Another said, "I have not got any concerns, I am really happy here at the moment." Staff said they were confident that the current management team would improve the standard of care and "residents will be more involved in running the home."

Health and social care professionals were complimentary about the home. The local authority monitoring team told us they currently did not have any concerns about the home and felt "The care plans were of a high standard." A visiting health professional from the local mental health team told us, "People are being cared for…you don't hear any one shouting, the place doesn't smell and the staff team always welcome me with a smile. The manager and deputy manager are both very helpful."