

Eastbourne House Ltd

# Eastbourne Care 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 was unannounced and took place on 11, 26 and 30 October 2017. The staff and registered provider did not know that we would be visiting.

This was the first inspection since the new provider registered to operate this service.

Eastbourne Care Home provides care and accommodation for up to 42 people. It provides care to 24 people with nursing needs on the first floor and two people with nursing needs on the ground floor. It has a separate unit on the ground floor with 15 intermediate care places that are funded by the local Clinical Commissioning Group. These places are for people who require a short rehabilitation service to recover following an illness or injury. On the day of our inspection there were 35 people using the service.

The registered manager had been in post since the service was registered in September 2016. A registered manager is a person who has registered with the Care Quality Commission (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.

People were happy and told us they felt safe. The staff had a clear understanding of safeguarding and ensured that action was taken if concerns arose about the way people were supported. Staff ensured any risks were closely managed. Following the purchase of the service we found that the registered manager and provider had consistently worked to drive improvements within the service.

People who used the service and the staff we spoke with told us that there were enough staff on duty to meet people's needs. The management team closely considered people's needs and ensured sufficient staff were on duty each day and night.

Effective recruitment and selection procedures were in place and we saw that appropriate vetting checks had been undertaken before staff began work. The checks included obtaining references from previous employers to show staff employed were safe to work with vulnerable people.

We reviewed the systems for the management of medicines and found that people received their medicines safely. Medicines were closely managed and this ensured people received their medication exactly as prescribed.

The service was being totally refurbished and action was taken to ensure the building and equipment was maintained to a satisfactory standard. When issues were raised with the maintenance person these were dealt with straight away.

People's care plans were tailored for them as individuals but the lack of a comprehensive assessment led

staff to create numerous and often repetitive care plans. People were cared for by staff who knew them really well and understood how to support them.

Where people had difficulty making decisions we saw that staff gently supported them to work out what they felt was best. Staff understood the requirements of the Mental Capacity Act 2005 and had appropriately requested Deprivation of Liberty Safeguard (DoLS) authorisations. DoLS authorisations are used for people who need to be deprived of their liberty lawfully in their best interests to maintain their health and safety.

We observed that staff had developed very positive relationships with the people who used the service. The interactions between people and staff were jovial and supportive. Staff were kind and respectful and we saw that they were aware of how to respect people's privacy and dignity. Staff sensitively supported people to deal with their personal care needs. People felt they would receive support from staff when needed. We found that a range of stimulating and engaging activities were provided at the service.

Sufficient staff were on duty to meet people's needs and those receiving intermediate care were also supported by physiotherapists and occupational therapists. Staff across the home used the advice they provided to improve the care for all of the people. A training programme was in place that enabled staff to provide the care and support people needed. The regional manager and registered manager had introduced reflective practice, which is a system staff can use to consider how lessons can be learnt following all types of incidents and positive outcomes. Staff told us this practice actively supported them to develop and they felt empowered to raise an issue. Staff were all clear that they worked as a team and for the benefit of the people living at Eastbourne Care Home. The feedback from staff was used to assist the continuous improvement of the service.

The management team investigated even the smallest concern. We saw that they thoroughly looked at the concern and took prompt action to resolve them. They freely admitted where they had made mistakes and were very open and honest with people who raised issues. A couple of visitors discussed concerns that they had raised, prior to this provider being registered to operate the service which they felt had not been resolved. We discussed these with the registered manager, who told us they had not been raised with them but they would investigate and resolve these issues.

People told us they were offered plenty to eat and we observed staff assisted individuals to have sufficient healthy food and drinks to ensure their nutritional needs were met. The cook also provided a range of fortified meals for people who needed extra calories to maintain their weight.

People were supported to maintain good health and had access to healthcare professionals and services. People were supported and encouraged to have regular health checks and were accompanied by staff or relatives to hospital appointments.

The registered manager had a clear vision about the direction of the service. They were committed and passionate about the people they supported and were constantly looking for ways to improve. Thorough and frequent quality assurance processes and audits ensured that all care and support was delivered in the safest and most effective way possible.

The registered manager actively sought feedback from people who used the service, relatives, staff and external agencies to measure the effectiveness of the service delivered and satisfaction levels.

## 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.

Staff recognised signs of potential abuse and reported any concerns regarding the safety of people to senior staff.

There were sufficient skilled and experienced staff on duty to meet people's needs. Robust recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Risks were monitored and managed appropriately with the least restrictive option always considered

People lived in a clean and well maintained service with environmental risks managed appropriately.

People's medicines were managed safely and audited regularly.

### Is the service effective?

Good 

The service was effective.

Staff had the knowledge and skills to support people who used the service. They were able to update their skills through regular training.

Staff felt supported by their colleagues and the registered manager and staff worked as a team.

People's consent was sought at all times. Staff followed the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards appropriately.

People were provided with a choice of nutritious food.

People's on-going healthcare needs were managed and monitored.

### Is the service caring?

Good 

The service was caring.

Staff knew people really well and used this knowledge to care for them and support them in achieving their goals.

People felt listened to and their views were taken into account and helped to shape the service.

Staff were considerate of people's feeling at all times and always treated people with the greatest respect and dignity

### **Is the service responsive?**

**Good** ●

The service was responsive.

People's needs were assessed and care plans were produced, which identified how to meet each person's needs. However, a comprehensive assessment would reduce the volume of repetitive care plans.

We saw people were encouraged and supported to take part in a wide range of activities.

The people we spoke with were aware of how to make a complaint or raise a concern. Concerns that had been raised with the registered manager had been thoroughly investigated and resolved.

### **Is the service well-led?**

**Good** ●

The service was well-led.

People benefitted from a service which had a strong management team.

People's and relatives' views were sought and acted upon.

Robust and frequent quality assurance processes ensured the safety, effectiveness and standards at the service were maintained.

# Eastbourne Care 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 was planned to check 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.

This unannounced inspection took place on 11, 26 and 30 October 2017. On the first day of the inspection the team consisted of an adult social care inspector, a specialist advisor who was an occupational therapist and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses a service.

Before the inspection, we had received a completed Provider Information Return (PIR). The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are reports about changes, events or incidents the provider is legally obliged to send CQC within required timescales.

Before the inspection we also reviewed reports from recent local authority contract monitoring visits.

During our inspection we spoke with nine people who used the service and seven relatives. We also carried out observations using the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not communicate with us. We also spoke with the registered manager, regional manager, peripatetic deputy manager, two nurses, three senior carers, eight care staff, an occupational therapist, the cook, two domestic staff, the activities coordinator, a visiting performer and the maintenance person.

We spent time with people in the communal areas of the service and observed how staff interacted and supported individuals. We observed the meal time experience and how staff engaged with people during activities. We looked at eight people's care records, four recruitment records and the staff training records, as well as records relating to the management of the service. We looked around the service and with permission went into some people's bedrooms. We also looked in all of the bathrooms and all of the

communal areas.

# Is the service safe?

## Our findings

We asked people who used the service and relatives what they thought about the service and staff. People told us they were very pleased to be living at the service and found the staff were kind. Relatives told us they thought the staff provided safe care that met people's needs.

People's comments included; "The staff make me feel at ease and I can't praise them enough." and, "We have it good here, people are looked after properly."

Relatives said, "We find the staff are very helpful and make sure my relative has everything they need." Another told us, "The staff let us know if [person's name] is unwell or needs anything."

People who were identified to be at risk had appropriate risk assessments and plans of care in place in areas such as managing pressure area care. Charts used to document change of position and food and hydration intake were clearly and accurately maintained in order to monitor risks and any changes in their conditions. The records reflected the care we observed being given. The risk assessments and care plans we looked at had been reviewed and updated on a monthly basis. We found that the risk of people sustaining harm was reduced because the registered provider had suitable arrangements in place to minimise these risks as much as possible.

Staff were able to clearly outline the steps they would take if they felt they witnessed abuse and we found these were in line with expected practice. We asked staff to tell us about their understanding of the safeguarding process. Staff gave us appropriate responses and told us they would report any incident to senior managers and knew how to take it further if need be. Safeguarding incidents that had been raised since the new provider had purchased the service were dealt with appropriately.

We found information about people's needs had been used to determine the number of staff needed to support people safely. Through our observations, review of the rotas and discussions with people and staff members, we found that there were enough staff with the right experience and training to meet the needs of the people who used the service. Throughout the day there was therapy input from the RIACT team, which is the external team of physiotherapists and occupational therapists from the local NHS trust. A nurse, senior healthcare assistant, two senior carers and six care staff members were on duty during the day and a nurse, a senior carer and four care staff were on duty overnight. In addition to this the registered manager and peripatetic deputy manager provided cover during the week and routinely started work at 6am. Support staff were on duty during the day such as activity coordinators, an administrator, maintenance person, catering, domestic and laundry staff.

The registered provider had reviewed staffing levels and was in the process of recruiting a deputy manager, clinical lead and additional care staff. The registered manager was also in the process of introducing flexible shifts so more support could be offered throughout the day and night. New 5pm to 11pm, and 6am to 6pm shifts were being rolled out.



We looked at the recruitment records for four staff members. We found recruitment practices were safe and relevant checks had been completed before staff had worked unsupervised at the service. We saw evidence to show they had attended interview and obtained information from referees. A Disclosure and Barring Service (DBS) check had been completed before they started work in the service. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimises the risk of unsuitable people working with vulnerable adults.

We saw that staff had received a range of training designed to equip them with the skills to deal with all types of incidents including medical emergencies. The staff we spoke with during the inspection confirmed that the training they had received provided them with the necessary skills and knowledge to deal with emergencies. Staff could clearly articulate what they needed to do in the event of a fire or medical emergency. Staff were also able to explain how they would record incidents and accidents. A qualified first aider was on duty throughout the 24 hour period.

Accidents and incidents were managed appropriately. The management team discussed how they analysed incidents to determine trends. They outlined how they had used this to assist them to look at staff deployment, which had led to reduction in accidents, and to prevent repeat events. We saw that where accidents had occurred they had been fully recorded and appropriate remedial action taken to reduce these reoccurring.

We saw evidence of Personal Emergency Evacuation Plans (PEEP) for all of the people living at the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. We also found that fire drills were completed every six months for day staff and every three months for night staff and refresher training was undertaken annually. This frequency was in line with that required in the fire regulations.

All areas we observed were very clean and had a pleasant odour. We saw that personal protective equipment (PPE) was available around the service and staff explained to us about when they needed to use it. Ample stocks of cleaning materials were available. We saw that the domestic staff had access to all the necessary control of substances hazardous to health (COSHH) information. COSHH details what is contained in cleaning products and how to use them safely.

We saw records to confirm that regular checks of the fire alarm were carried out to ensure that it was in safe working order. The water temperature of showers, baths and hand wash basins in communal areas were taken and recorded on a regular basis to make sure that they were within safe limits. We confirmed that checks of the building and equipment were carried out to ensure people's health and safety was protected. We saw documentation and certificates to show that relevant checks had been carried out on the lift, moving and handling equipment, the gas boiler, fire extinguishers and the portable appliance testing (PAT). Appropriate steps had been taken to protect people who used the service against the risks of unsafe or unsuitable premises.

Care staff told us that the senior care worker would assess the moving and handling requirements for people on the upstairs floor as part of their admissions assessment. We saw this was updated if a person's needs changed. A senior care worker and occupational therapist told us that the occupational therapists and physiotherapists from the RIACT team assessed the mobility of the people who used the intermediate care service.

We found that one toileting sling had no label or serial number so we could not ascertain whether this had been included in the recent check by the external company who completed these. HSE guidelines state that upon identification of a fault with either a hoist or sling the person is to withdraw it immediately from use and follow the organisations reporting procedures. We highlighted this requirement to the nurse and maintenance person. They immediately removed the sling and replaced it with a new one.

We found that there were appropriate arrangements in place for obtaining medicines, checking these on receipt into the service and storing them. We looked through the medication administration records (MAR's) and found medicines had been administered and recorded correctly. Adequate stocks of medicines were securely maintained to allow continuity of treatment. Information was available in both the medicine folder and people's care records, which informed staff about each person's protocols for their 'as required' medicine. All staff who administered medicines had been trained and had completed competency checks to ensure they could safely handle medicines.

# Is the service effective?

## Our findings

The people and relatives we spoke with told us they thought the staff were good and had the ability to provide a service which met their needs and goals. All of the people we spoke with told us they had confidence in the staff's abilities to provide a good service.

People's comments included; "The staff really make us feel important", "There is always someone around", "Staff know what they are doing", and "I have never found it a problem or had to wait."

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS) authorisations.

We found that the staff understood of the Mental Capacity Act 2005 (MCA) and what actions they would need to take to ensure the service adhered to the code of practice. The care records we reviewed contained assessments of the person's capacity to make decisions. We found that in line with the MCA, code of practice assessments were only completed when evidence suggested a person might lack capacity. Care records also described the efforts that had been made to establish the least restrictive environment.

When people had been assessed as being unable to make complex decisions discussions had taken place with the person's family, external professionals and senior members of staff. Records were in place to show the outcome of these discussions and any decisions that would be in their best interests. Best interest decisions were clearly recorded in relation to care and support, finance, administering medicines and going out, amongst other things. However, the template needed to be amended so staff could more readily record who had been involved in discussions. The regional manager and registered manager undertook to ensure the template was amended.

At the time of the inspection, we found that where appropriate people were subject to Deprivation of Liberty Safeguards (DoLS) orders. Staff we spoke with had a good understanding of DoLS and why they needed to seek these authorisations. We found that they had recognised that people may have physical and mental health conditions but they were able to retain the capacity to make decisions about their care. The registered manager also kept a record of when the DoLS expired and were aware they may need to do further assessments and re-apply for another authorisation. The staff were aware of the person's right to contest the DoLS and apply to the Court of Protection for a review of this order.

All the staff we spoke with told us that they were supported to access a variety of training and learning opportunities. They were able to list a variety of training that they had received over the last year such as moving and handling, infection control, meeting people's nutritional needs and safeguarding. Staff told us they felt able to approach the management team if they felt they had additional training needs and were confident this would be arranged. We confirmed from our review of staff records and discussions that the staff were suitably qualified and experienced to fulfil the requirements of their posts.

New staff completed the Care Certificate induction. The Care Certificate sets out learning outcomes, competences and standards of care that are expected.

Staff we spoke with during the inspection told us they had regularly received supervision sessions. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff told us that plans were already in place to make sure they had an annual appraisal. We saw records to confirm that supervisions were taking place. The regional manager had introduced reflective practices, which is a mechanism that allows staff to consider any incidents, near misses or new practices they have introduced to determine how effective the actions being taken are and where improvements can be made. Staff we spoke with were very positive about the introduction of this practice and felt it empowered them to implement changes.

People received appropriate assistance to eat in both the dining room and in their own rooms. The tables in the dining room were set out well and consideration was given as to where people preferred to sit. The cook told us that the registered provider gave them a very ample budget. They explained that the registered provider expected food to be of a high quality. We saw that MUST tools, which are used to monitor whether people's weight were within healthy ranges, were being accurately completed. Where people had lost weight the staff ensured referrals were made to their GPs and dietitians for further external input into their care.

We saw records to confirm that people had regular health checks and were accompanied by staff to hospital appointments. Staff contacted other healthcare professionals as soon as people's needs changed or where they needed additional expertise such as contacting tissue viability nurses. People were regularly seen by their treating teams and when concerns arose, staff made contact with relevant healthcare professionals.

## Is the service caring?

### Our findings

The people we spoke with said they were happy with the care provided at the service. They told us that staff respected them and were considerate. A couple of people told us about care staff who they found had been less considerate. They discussed how they had raised this with the registered manager and informed us that prompt action had been taken to ensure these staff's behaviours improved. People found that all of the staff were kind. The majority of relatives told us they thought the care being received was very good.

People's comments included; "The staff are kind and caring. Even the handyman takes an interest in how you are", "I can't think of anything they could do to make the service any better", and "The staff really look after us really well."

We saw that staff were caring and compassionate when working with the people who used the service. Staff we spoke with described with great passion their desire to deliver high quality support for people. We found the staff were warm and friendly. All of the staff talked about the ethos of Eastbourne Care Home being to place the people who used the service at the centre of the service. Staff told us, "This is people's home and we always remember that we are the guests here", "I always treat people how I would expect my family to be looked after", and "I love working here, as I really want to make sure people get excellent care."

The registered manager and staff that we spoke with showed genuine concern for people's wellbeing. It was evident from discussions that all staff knew people very well, including their personal history preferences, likes and dislikes and had used this knowledge to form very strong therapeutic relationships. We found that staff worked in a variety of ways to ensure people received care and support that suited their needs.

The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for and told us that this was a fundamental part of their role. We saw that staff knocked on people's bedroom doors and waited to be invited in before opening the door.

People were seen to be given opportunities to make decisions and choices during the day, for example, what activities to join. The care plans also included information about personal choices such as whether someone preferred a shower or bath. The care staff told us they used this information and took the time to read the care plans of new people.

We saw that information about advocacy services was available, and when needed, the staff enabled people to access these services. Advocates help to ensure that people's views and preferences are heard where they are unable to articulate and express their own views.

At the time of our inspection people were receiving end of life care, when this was appropriate. Staff understood the actions they needed to take to ensure pain relief medicines were available and used in line with expected practice. Care records contained evidence of discussions with people about end of life care, so that they could be supported to stay at the service if they wished.

The environment was designed to support people's privacy and dignity and people's bedrooms had personal items within them.

## Is the service responsive?

### Our findings

People told us they were provided with care and support that was tailored to meet their specific needs. People's comments included; "They seem to know me better than I do, at times", "I have never had a problem but find even the littlest of niggles are sorted out", and "When I told the manager about one of the staff being a bit off-hand, they sorted it straight away and this has never happened since."

Staff were extremely knowledgeable about the care and support people needed and received. We found that the staff made sure the service worked to meet the individual needs and goals of each person. Where people who used the service needed support to manage their emotional responses to everyday activities and stress, staff were very effective at supporting people in these areas.

We found the care records were well-written and clearly detailed each person's needs. We saw as people's needs changed their care plans and risk assessments were updated. The provider only supplied a very limited record for staff to record their full assessment of a person following admission. Other documents they relied upon were tick box assessment forms, which did not allow staff to describe how the person was impacted by their condition. The lack of a full assessment meant crucial information about people's past experiences and risk history was unavailable. This had led staff to using care plans as the assessment information, which meant that copious care plans were generated. The regional manager and registered manager confirmed they would ask the provider to revisit the care documentation and look to introduce a fuller assessment tool.

The occupational therapist from the RIACT team told us how they ensured that essential information was shared with the staff. The RIACT team had a weekly MDT meeting with the senior care worker to update them about individual people's progress in their therapy sessions. They also told us that this information was held on 'SystmOne', but currently Eastbourne Care Home staff do not have access to this system but registered manager had told us that they had requested access to this. 'SystmOne' is the computerised record keeping tool that the local Trust uses for recording information about people's needs.

We saw that people were engaged in a variety of activities. From our discussion with the staff and people we found that the activities were tailored to each person. People told us the range of activities they enjoyed. We saw photographs from recent events and could see that everyone was laughing and smiling. One person said, "The activities are such good fun."

Staff were able to explain what to do if they received a complaint and how they encouraged people to discuss any concerns or issues with them. We saw the complaints policy was on display on both floors as well as in the lift. We looked at the complaints procedure and saw it informed people how and who to make a complaint to and gave people timescales for action. The majority of people we spoke with told us that if they were unhappy they would not hesitate in speaking with the registered manager. Two of the relatives told us they had raised concerns over a year ago but felt nothing had changed. We discussed this with the registered manager who told us they had not been aware of these concerns but undertook to ensure these concerns would be revisited and resolved. They also undertook to discuss again at relatives meetings and

with visitors the complaints procedure and to reassure people that they were eager to hear everyone's views. We saw that since the provider had purchased the service, any concerns that had been raised had been thoroughly investigated.



## Is the service well-led?

### Our findings

The people and majority of the relatives we spoke with were very complimentary about the service and how it was run.

People's comments included; "It is a great home and the staff are lovely", "I find the manager is always checking in with me and making sure I am happy", and "It seems to be well run."

The registered manager had been in post since the provider had become registered to operate the service. We found they provided focused leadership and demonstrated a great desire to provide an excellent service. They adopted an approach that empowered staff to constantly look at how improvements to the service could be made. The staff said that they had an excellent relationship with the registered manager and they were comfortable about being able to challenge each other's practice as needed. They told us the registered manager truly valued them as well as the people using the service. A member of staff said "The team has been working hard to make sure the service constantly improves and runs well."

The registered manager said they were extremely well supported by the registered provider and regional manager. They told us that the provider gave them autonomy to operate the service. They were supported by a peripatetic deputy manager but the registered provider was in the process of recruiting a permanent deputy manager, clinical lead and more staff. They told us the provider had been receptive to their suggestions and had agreed the recruitment of additional staff and the use of flexible shift patterns. We found that the management team had encouraged staff to be innovative and to reflect on their practice. We found this had motivated staff to think of improvements that could be made to the home, such as the additions of 6am to 6pm shifts.

We found the whole staff team expressed the view that they were there to provide care and support for the people living at the home. People told us that they found that the maintenance, domestic staff, catering staff and care staff would go the extra mile to make sure people were content.

The registered manager held regular discussions with the people who used the service, relatives and staff, which provided a forum for people to share their views. Questionnaires were regularly sent out to people and their relatives, and resident and relative meetings were held. Records confirmed that a wide range of topics were discussed at these, for example food and activities. The registered manager analysed the feedback from questionnaires to identify areas highlighted where improvements could be made.

The quality, safety and effectiveness of the service was monitored by a wide variety of quality assurance processes and audits. Quality assurance and governance processes are systems that help providers to assess the safety and quality of their services, ensuring they provide people with a good service that meets appropriate quality standards and legal obligations. The service had a monthly monitoring visit from the regional manager who reported their findings to the provider. The staff regularly audited all of the processes and records relating to the care and support of people using the service. These included audits of health and safety, infection control, medicine management and people's care plans. The regional manager and

registered manager reviewed the audits to ensure these were effective and would challenge staff to critically review the service. When gaps in practice and recording were identified, action plans were developed and these had been used to drive improvements. For example an audit of the kitchen had led to the purchase of new equipment and review of the menus.

The staff we spoke with displayed pride about the service that they worked in. One member of staff said, "I love working here." All the staff members we spoke with described that they felt part of a big team and found the registered manager supported them to deliver the best level of care possible.