Avante Care and Support Limited

Weybourne

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 26 and 28 January 2016 and was unannounced. At our last inspection on 18 July 2014, we found the provider was meeting all the regulations we inspected.

Weybourne provides accommodation and personal care for up to 40 older people and specialises in caring for people living with dementia. The home is located in Abbey Wood, Royal Borough of Greenwich, London.

At the time of our inspection there was no registered manager in post. The appointed manager was in the process of registering with the Care Quality Commission (CQC). 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 that staff were kind to them. The provider had safeguarding adults and whistleblowing policies in place and staff understood how to safeguard the people they cared for 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. 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 sufficient staff available on each shift to ensure people's needs were met.

New staff were supported with induction to ensure they were familiar with the service and had appropriate skills and knowledge to undertake the job they were employed for. Staff received regular training and supervision to support their professional development. The care staff and management team demonstrated a clear understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguard. People were supported to eat and drink sufficient amounts for their wellbeing. People had access to relevant healthcare professionals that ensured they received safe care and treatment. People were cared for in an environment that was clean and hygienic.

People's privacy and dignity were respected and staff promoted people's independence where they were capable. Staff understood people's needs in regards to their race, religion and sexual orientation and supported them in a caring way. People were supported to maintain relationships with their family and friends. People were engaged in various activities of their choice to stimulate them.

Each person using the service had a care plan in place which was reviewed monthly to ensure their individual needs were met. The provider had a complaints policy in place and people and their relatives knew how to make a complaint. The provider had systems in place to monitor the quality of the service and this included surveys, audits and various meetings such as residents and relatives meetings. Where

improvements were identified there were action plans in place and these were followed up to improve the quality of the service. All staff we spoke with told us they were happy working at the home. All health and social care professionals we spoke with complimented the standard of care being provided.

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' procedures in place and staff had a clear understanding of these procedures. There was a whistle blowing procedure available and staff said they would use it if they needed to.

Risk to people had been assessed and reviewed monthly to ensure people's individual needs were met safely. There were arrangements in place to deal with foreseeable emergencies.

The provider had appropriate recruitment and selection protocols in place. People using the service and their relatives told us there was always enough staff on duty to meet their needs.

People's medicines were managed safely and people were receiving their medicines as prescribed by healthcare professionals.

Is the service effective?

Good

The service was effective. Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

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 and people were cared for in an environment that was clean and hygienic.

Is the service caring?

Good

The service was caring. Staff spoke to people in a respectful and dignified manner and people's privacy and dignity were respected.

Staff understood people's needs in regards to their race, religion and sexual orientation and supported them in a caring way.

People were involved in their care planning and reviews and their independence promoted.

There were arrangements in place to meet people's end of life needs where required.

Is the service responsive?

Good

The service was responsive. People's needs were access and their care planned with appropriate guidance for staff about how their needs should be met.

People were supported with various stimulating activities throughout the day.

People and their relatives knew about the complaints procedure and told us they were confident their complaints would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led. At the time of our inspection, the appointed manager had applied to CQC to become a registered manager.

There were appropriate arrangements in place for monitoring the quality of the service delivered and this included surveys, various audits, and meetings to gather the views of people.

All staff we spoke with told us they enjoyed working at the home because it was a friendly atmosphere and the management team were approachable.

Weybourne

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 26 and 28 January 2016 and was unannounced. The inspection team on the first day consisted of an inspector, a specialist advisor and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. One inspector returned to the home on the second day of the inspection.

Before the inspection, we looked at the information we held about the provider including statutory notification they had sent us. A notification is information about important event which the service is required by law to send us.

We spoke with eight people using the service and three visiting relatives. We spent time observing the care and support being delivered. Not everyone using the service was able to communicate their views to us so we used the Short Observational Framework (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who could not talk with us. We interviewed the home manager and two assistant managers, the activities coordinator, two kitchen staff and eight care workers including team leaders. We also spoke with six visiting health and social care professionals. We reviewed seven care plans, eight medication administration records (MAR), staff records including training, supervision and recruitment and other records used in managing the service such as policies and procedures.

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

Good

Is the service safe?

Our findings

People said they felt safe living at the home and that staff treated them well. The home had a safeguarding adults and whistleblowing policy in place. Staff we spoke with demonstrated a clear understanding of the types of abuse that could occur and the signs to look out for. Staff told us they would report any concerns of abuse to the manager or their team leader. Staff knew of the whistleblowing procedure and one member of staff told us they had used the procedure in the past; however they were confident the current management team would take action if any concerns were raised. The home manager told us all staff had received safeguarding adults training and the training records confirmed this. Where required, the provider had followed appropriate local authority safeguarding reporting protocols as well as notifying CQC.

Each person using the service had been assessed and where risks had been identified, appropriate risk assessments which covered areas such as malnutrition and dehydration, skin integrity, mobility, medical health and medication were in place. For each identified risk there were appropriate action plans to mitigate the risks. For example, where people were at risk of malnutrition and/or with a low body mass index (BMI) score, there were plans in place to support them with food and drink. They were weighed on weekly basis and food and fluid charts were completed to monitor their intake. Staff we spoke with were aware of people's support needs and told us for example they offered people additional food and fluid which included full fat dairy products which ensured people at risk of malnutrition maintained a healthy weight.

We saw that some people were at risk of falls and these people's care plans were identified with a green finch bird. All staff we spoke with were aware that the green finch bird represented people at risk of falls. Staff told us they recently received training on falls prevention from the local authority and knew of actions to take to prevent or minimise the risk of falls, for example ensuring the environment was well lit and people's shoes were well fitted and comfortable. We found that the local commissioning group provided additional support to people at risk of falls. Specialist Occupational Therapists visited the home twice a week to undertake specific exercise regimes with people at risk of falls with the aim of strengthening their bones and reducing hospital admissions.

Relatives we spoke with told us there was always sufficient staff available to support people's needs. The home manager informed us staffing levels were assessed and planned according to the needs of people living at the home. Staff said they felt there were enough staff available on each shift to meet people's needs. One staff member said, "Staffing is pretty good here." The provider told us vacant shifts were first offered to permanent staff as overtime if they are available. The provider had an internal staff bank which was used to cover staff vacancies such as sickness or annual leave. Agency staff were only used as their last resort. On both days of our inspection, we observed a good staff presence and staff were attentive to people's needs.

The provider had safe recruitment and selection processes in place. Appropriate recruitment checks were conducted before staff began working at the service. Staff files contained completed application forms which included details of their employment history, qualifications and fitness to work. The files also contained two references, criminal records checks, proof of identify and the right to work in the United

Kingdom.

People and their relatives told us that there was adequate support in place to manage their medicines safely. We found that medicines were administered safely. Each person had a medicines administration records (MAR) where all the names of their medicines, dosage, frequency and time of day the medicines should be given were recorded. We looked at the MAR for eight people using the service. The records included people's photographs and information about any allergies they had. We found that that people were receiving their medicines as prescribed by healthcare professionals. Where people were prescribed medicines as required (PRN), there were protocols in place to advise staff under what circumstances these medicines should be given. People on covert medicines also had protocols in place on how they should be supported to take their medicines safely. Records of mental capacity assessments and best interest decisions were in place to demonstrate administering medicines covertly was in their best interest.

We observed staff administer lunch-time medicines to people. The majority of medicines were administered to people using a monitored dosage system supplied by a local pharmacy. We checked the balances of medicines stored in the secured cabinets against the MAR for eight people and found these records were up to date and accurate. People's MAR charts were accurately with the exception of one instance where a medicine that was prescribed had not been recorded as given. Staff on the next shift had spotted the error and brought this to the attention of the management team. An assistant manager showed us the actions they had taken and management plans put in place to prevent future occurrence.

Medicines were stored safely in a locked trolley which was kept in the medicines room. The medicines room had a digital lock which was accessible to specific staff members. We found that controlled drugs were also stored safely. Medicines that needed to be refrigerated were stored at the required temperatures and we saw that staff kept a record of the room and fridge temperatures to ensure that medicines were effective for use. The provider had a system in place to safely dispose unused medicines. A local pharmacy was responsible for collecting all unused medicines for safe disposal and all the unused medicines were labelled and safely stored whilst awaiting collection by the local pharmacy. Training records showed staff responsible for administering medicines had completed training on the safe management of medicines. An assistant manager also showed us medicines competency tests that staff had completed to ensure they had the knowledge and skills to administer medicines safely.

There were arrangements in place to deal with foreseeable emergencies. Each person had a personal emergency evacuation plan (PEEP) in place and we saw this was specific to their individual needs. Staff we spoke with knew of the support to provide in the event of an emergency. They told us they would contact the emergency service or the local GP depending on the seriousness of the injury. Staff had also completed fire safety and first aid training to ensure they had appropriate skills to support people in the event of an emergency.

Good

Is the service effective?

Our findings

People were complimentary about the staff team. One person said "They look after us well here and they do their job and they know what they have to do."

New staff completed and induction programme when they began working at the home. The home manager informed us that all staff received an induction which included familiarising themselves with the provider's policies and procedures, training and shadowing experienced colleagues. All staff we spoke with confirmed they completed an induction when they started working for the provider. The staff files we looked at included induction records to demonstrate new staff had been supported with skills and knowledge to undertake the job role which they had been employed for.

Staff were supported with regular training. Mandatory training records confirmed that staff were up to date in areas such as moving and handling, safeguarding adults, health and safety, first aid, fire safety, infection control and dementia care. Staff we spoke with told us that they felt training was "good". We found that staff were also supported through training specific to people's needs such as caring for a person after a stroke, conflict management and crises prevention, urinary tract infections, falls and head injury to ensure people's individual needs were met. Staff were also supported with relevant professional development and most staff had completed additional qualifications such as the Diploma in Health and Social Care level 2 and 3. On the day of our inspection, a lecturer from a local college was present to support some staff achieve these qualifications.

An assistant manager informed us it was the provider's policy to undertake three supervisions with staff each year and this included an end of year review. Staff told us they received regular supervision sessions. One staff said, "I used it to discuss the way forward." The supervision records we looked at showed staff were being supported with supervision in line with the provider's policy. The assistant manager informed us that catch-up sessions were undertaken for staff where shortfalls were identified in their work and we saw records to confirm this.

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. Care staff knew of the importance of gaining consent from people when offering them support. Both care and management team were familiar with the requirements of the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS). Staff told us of how they support people by giving them opportunities to make decisions and

choices for themselves when providing personal care. They told us that when people could not make specific decisions for themselves best interest meetings took place involving the person using the service, their relative where applicable, staff and other healthcare professionals involved in their care. We observed staff offering choices and respecting people's decisions throughout our inspection. People's records showed that mental capacity assessments had been carried out where this was appropriate and best interest decisions made where required.

We found the provider was working within the principles of the MCA and DoLS and had submitted an application to the local authority (Supervisory Body) for 37 people to legally deprive them of their liberty when it was in their best interests. The home manager told us an application had to be made for everyone because they kept the front door locked to protect the people using the service. We saw that applications under DoLS had been authorised for one person and we checked and confirmed that the provider was complying with the conditions applied under the authorisation.

People told us they enjoyed the food provided at the home. One person said, "The food is excellent". Another commented, "I always go to the dining room for breakfast and lunch and the food is good." All meals served in the home were freshly cooked each day by the kitchen staff. Meal choices were discussed with people the day before, however people could change their mind if they wanted to eat something different on the day. Kitchen staff we spoke with told us for every dish they made extra portions in order to cater for anyone who changed their mind and we observed this during our inspection. We saw that there was sufficient food and drink available and staff offered people a choice of food or drink and respected the choices people made. Most people ate independently; however people who could not eat or drink on their own were supported to eat sufficient amounts for their wellbeing. We saw that staff were patient and did not rush people when supporting them to eat or offering them choices. The atmosphere in the dining room was relaxed and there were sufficient staff to assist people where required.

We saw that people were offered hot and cold drinks in between meals to ensure they were kept hydrated. Staff told us that there were always sandwiches and salads in the fridge for people if they were hungry in between meals. We spoke with two cooks and found they were aware of people's dietary requirements including people that required pureed and/or diabetic food. People's personal files included a food and drink care plan and we saw that people dietary needs were being met. We noted that the kitchen was clean and well-kept, all food in the fridge had been labelled with a date of opening and the home had been awarded a five star food hygiene rating.

People told us they had access to a range of healthcare professionals when they needed them. They said they saw the GP, dentist, chiropodist. People's care records included information on the healthcare professionals involved in their care and treatment such as dieticians and ophthalmologists. This ensured that the care and treatment they received was safe and met their needs. People were also taken to hospital when required, and we saw one person returning from a hospital appointment at the time of our inspection. On both days of our inspection we met visiting healthcare professionals such as the GP, district nurse, physiotherapists and an occupational therapist. All the health care professionals we spoke with told us they were happy with the standard of care and support people received at the home.

People and their relatives were involved in decisions about the environment they lived in. Relatives told us they had been consulted about a planned refurbishment work and minutes of relatives meetings we looked at confirmed this. We looked round the building and we saw that the home was warm, clean and tidy and free from any unpleasant odour. There were handrails throughout all the corridors to support people mobilise independently. The home and area managers confirm of the refurbishment work starting in April 2016 and assured us that this would not have an impact on the quality of care people received. They showed

us an architectural plan and told us the decorations were aimed to improve the quality of life for people using the service.

Good

Is the service caring?

Our findings

People said they were happy and pleased to be in the home. One person said "I am happy and I think [my relative] is happy too." Another person said "Staff are very kind." One other commented, "The girls are lovely." They all know their job." Relatives we spoke with were complimentary about the care their loved ones received. One relative said, "The care is very good." Another commented, "The standard of care is brilliant." Another relative told us, "The staff are very good and they communicate very well and keep me updated."

We observed positive interactions between people who used the service and staff on both days of our inspection visit. Staff called people by their preferred names as documented in their care plans. The atmosphere in the home was relaxed and friendly and we could hear laughter in most of the communal areas where people spent most of their day. We heard meaningful interactions between people and staff and some people were supported to reminisce on the past with pictures.

People said their privacy and dignity were respected and staff treated them well. Relatives told us that people's privacy and dignity were maintained and that personal care was always provided in private and the doors were shut to maintain the person's dignity. Staff we spoke with told us of ways they maintained privacy such as covering the parts of the body that were not being washed when providing personal care and knocking on people's doors before entering. During our inspection, we observed staff address people quietly and take people out of the communal areas to support them with personal care when needed.

People's independence was supported. We saw that people walked around the home using walking aids including walking frames and handrails. We saw one person who was being supported to walk by staff. Staff we spoke with told us they encouraged people to be as independent as possible where they were capable of it. We saw staff encouraged people to be independent and complimented them for their efforts.

People were supported to express their views and were involved in making decisions about their care delivery. People and their relatives we spoke with told us that they were involved in the development of the care plans and were able to express their views as to the way they would like their care delivered. People's likes and dislikes were recorded in their care plans and staff we spoke with told us that people were given choices about their daily care needs such as the food they ate and the clothes they wore if they had the capacity to do so and their preferences respected. People's care plans included their life history which covered the person's previous education and occupation and things they did for leisure. This ensured care staff knew about their lifestyles and choices they had made in the past. Staff were aware of some people's life history and the things that interested them.

People were supported to maintain relationships. People's care records showed that their relatives were encouraged to be involved in their care. We saw that some relatives were involved in providing personal care to their loved ones in support of their wishes. Relatives told us they could visit the home at any time and that they were always welcome. One relative told us, "I am here four to five times in the week and there are no problems at all." Relatives told us they could take their loved ones out into the community when this was

arranged in advance to support them get them ready and records we looked at confirmed this. All of the relatives we spoke with told us staff kept them informed of changes in their loved ones needs when required.

Staff understood people's needs with regards to their race, religion and sexual orientation and supported them in a caring way. We saw that people from ethnic minority backgrounds were living at the home and we observed staff engage with them respectfully throughout our inspection. People were supported to practice their faith where required. There were two different places of worship across the road from the home and staff who shared the same religious faith with some people using the service supported them to attend these places of worship. Also the provider informed us of other spiritual representatives who visited the home to support people with their faith. Where people had no spiritual interests or needs, their views and wishes were respected. We found that married couples who lived at the home were supported to share a room if they chose to and the provider respected their wishes. There was also a hairdresser at the home to support people maintain their appearances.

People were supported with end of life care where required. The provider worked in collaboration with a local hospice to ensure people's end of life wishes were respected. People's capacity had been assessed in relation to their end of life care. Where people did not want to be resuscitated, we found Do Not Attempt Cardiopulmonary Resuscitation (DNAR) forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected. At the time of our inspection, no one was being supported at the end of their life.

Good

Is the service responsive?

Our findings

People told us they were happy with the care and support in place. One person said, "The staff are always kind and helpful." Another commented, "I have nothing to complain about, I am happy."

People and their relatives told us they were given adequate information before they started using the service. The provider had a "Service User Guide" in place which included the provider's aims and objectives, how to make a complaint and various terms and conditions. The service user guide was kept in people's bedrooms to ensure information was readily available to them and their relatives. All the people we spoke with and their relatives told us they felt they had access to information relevant to them or their loved ones care and support.

Assessments were undertaken to identify people's needs before they started living at the home. Each person using the service had a care plan in place which covered areas such as personal care, food and drink, medication, communication, physical and mental health. The care plans included people's likes and dislikes such as the food they would like to eat. People's care plans included guidance for staff and staff we spoke with knew of individual needs and the support to provide. People and their relatives told us they or their loved ones needs were being met. Each care plan was reviewed every month or when people's needs had changed. For example, we saw staff updating an individual's care plan upon their return from hospital. People and their relatives told us that they were involved in the care planning and its reviews and their views were taken into consideration. Daily care notes we looked at demonstrated the care delivery was in line with the care that had been planned for people.

People were provided with stimulating activities throughout the day. There was an activities coordinator in post who was being supported by a volunteer to provide meaningful activities for people using the service. There was a weekly activities plan in place which was presented with pictures and included bingo, knitting, puzzles, art and crafts and a movie session. We observed some people actively participate in a bingo session and the winners were given prizes to encourage them. One person told us "We want to go to a real bingo hall", and we found that the provider was looking into organising this for them. The activities coordinator told us people took part in a cake baking session which they had during tea time. Materials from a knitting session were sewn together and donated to a local vet and we saw that several jig-saws puzzles completed by people were framed and displayed in the home. A local school had a close relationship with the home and pupils from the school visited the home every week to spend time with people using the service. The provider told us that people also visited the school for events. They told us the school sent each resident a birthday card and a present which were displayed in several bedrooms. The home also had a pet which some people were fond of.

People and their relatives told us they knew how to complain if they were not happy about the standard of care provided. However, people told us they did not have anything to complain about at the time of our inspection. One person said, "I have no complaints", and another told us, "No complaints whatsoever." Relatives we spoke with told us they did not have any complaints at the time of the inspection. The provider had a complaints policy in place and this was provided to people when they first moved into the home.

People said they would speak to the management team or staff if they were not happy and they were confident that their views would be taken seriously and acted upon. We looked at the provider's complaints log book and we saw that where people or their relatives had made a complaint or comment, the provider took appropriate actions to resolve the matter and improve on the quality of the service. For example a complaint was made about a person who was taken into hospital without an important record about their wishes. We saw that the provider took appropriate action and apologised to the family and discussions were held with both staff and relatives on how to prevent future occurrence. We saw that some suggestions had been made and the provider was taking these into consideration to improve on the quality of the service. In addition they had kept the complainant updated on the actions they had taken and the future plans they had in place to ensure peoples end of life wishes were respected by all health and social care professionals.

Good

Is the service well-led?

Our findings

People and their relatives knew who the home managers were and told us they felt the home was well-led. One relative commented, "I have a good relationship with everybody including the managers". We observed them joking and laughing with some of the managers. Staff were complimentary about the management team including the home manager. One staff said, "She is god-sent."

At the time of our inspection there was no registered manager in post; the last registered manager for the home left their post in August 2015. However the home had an experienced manager in post. The current appointed home manager was a registered manager in one of the provider's homes and was transferred to become the home manager at Weybourne; they were in the process of registering with CQC. The home manager was supported by two assistant managers we had been in post for some time and were familiar with all aspects of the home. The home manager told us their aim was to drive improvement and they showed us an action plan they had developed since being in post from October 2015. The action plan included areas for improvements such as DoLS, nutrition and hydration, moving and handling, care plans and reviews, infection control, accident and incident reporting and records management. The provider was taking action to rectify the issues identified in areas such as records management and applying for DoLS for people where required.

The provider had systems in place to monitor the quality of the service. These included both internal and external audits undertaken weekly, monthly, quarterly and annually. The home manager showed us records of regular audits which were being carried out at the home such as infection control, medicines management, staff recruitment, care plan reviews, complaints and compliments, and kitchen audits. The provider's quality team were responsible or carrying out the external audits. Where issues were identified the home manager's attention were drawn to this and action plans were developed and followed-up on to ensure identified issues had been corrected. We saw that the home had taken appropriate actions following each audit report to improve the quality of service provided.

The provider used various meetings to gather people's views and improve on the quality of the service and these included, residents meetings, relatives meetings, care staff meetings, senior staff meetings, domestics, maintenance and kitchen staff meeting. Residents' meeting were held quarterly and topics discussed included the menu, activities and how to make complaints. Minutes of the relatives meetings also included discussions on a planned refurbishment work at the home, CQC inspections and report, activities, recruitment and how to make a complaint. Both the home and area managers told us there were plans in place to refurbish the home starting April 2016 to ensure it was meeting the needs of the people especially with dementia. They showed us the architectural plans and were confident the refurbishment work will go ahead this year. They told us that there were plans in place to ensure this work did not affect the care delivery.

We saw a residents and relatives survey undertaken in 2015. The survey document showed that 29 out of 40 people responded to the survey questionnaires. The survey covered areas such as food, staff in the home, building and surroundings and person centred care. We saw that the results of the survey were good. For

example 97% of people felt the menu provided choice and variety, a further 97% felt staff were respectful and courteous towards people using the service and 83% felt the staffing levels had been consistent over a period of three to six months.

All staff we spoke with told us they enjoyed working at the home because it was a friendly environment and the management team were approachable. Staff told us that they could raise any issues of concern with the management team and their views would be taken seriously and acted upon.

All the healthcare professionals we spoke with were highly complementary of both care staff and the management team. One healthcare professional stated, "This is a brilliant place…the staff are well trained, they communicate effectively with us and we liaise very well with the managers." Another commented, "The service is very good, people are well looked after." The local commissioning group told us they felt although some refurbishment work needed to be carried out at the home, the care delivered made up for it. They said the care staff go the extra mile to maintain people's dignity and that the atmosphere was always full of laughter, chats and they felt staff engaged well with people who used the service.