Barchester Healthcare Homes Limited

Caldy Manor

Inspection report

Caldy Road
Caldy
Wirral
Merseyside
CH48 2HY

Tel: 01516252311
Website: www.barchester.com

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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 was an unannounced inspection carried out on 12 and 13 July 2016. Caldy Manor provides personal care and accommodation for up to 38 older people. Nursing care is not provided.

Caldy Manor is a listed building set in its own gardens in Caldy Woods just off the main road through Caldy Village. The home is decorated to a good standard throughout with accommodation provided across four floors. A passenger lift enables access to bedrooms located on the upper floors. All bedrooms are single occupancy with en-suite facilities. Specialised bathing facilities are also available. On the ground floor, there is a communal lounge and dining room with access to a pleasant outside garden and patio area. The lower ground floor of the home is called 'Memory Lane' and is reserved for people who require more support from staff with daily living activities.

There was a registered manager in 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.' On the day of our visit, the registered manager had only been in post approximately six months but they participated fully in the inspection visit.

We reviewed three care records and saw that care plans gave staff clear person centred guidance on how to meet people's needs safely in accordance with the person's wishes. The majority of people's risks were assessed and well managed and we saw that people received care from a range of other health and social professionals. For example, doctors, dentists, district nurses and chiropody services.

People who lived at the home said they were happy the support they received. They told us staff looked after them well and treated them kindly. Everyone held the staff in high regard and felt they had the skills and abilities to meet their needs. During our visit, we saw that staff supported people with patience and compassion whilst at the same time gently encouraging them to be as independent as possible. From our observations it was clear that staff knew people well and genuinely cared for the people they looked after. Support was person centred, warm and positive.

People we spoke with told us that they were able to choose how they lived their life at the home for example, what time they chose to get up / go to bed, and what they wanted to do during the day. A good range of activities were provided to interest people and we saw staff simply took the time to sit and chat to people socially in addition to meeting their support needs. This promoted their well-being.

We saw that some of the people who lived at the home, lived with mental health conditions that impacted on their ability to make decisions. Where people needed to be deprived of their liberty to protect them from harm, mental capacity assessments and deprivation of liberty safeguard applications had been submitted to the Local Authority in accordance with the Mental Capacity Act 2005. This ensured legal consent was obtained. Further work was required to ensure that these elements of good practice were routinely applied

to other specific decisions about people's care. It was clear however from people's care records and our observations of people's care, that gaining people's consent to their care was important to the manager and the staff team.

People had access to sufficient quantities of nutritious food and drink. People's special dietary needs were catered for and people's preferences were noted and acted upon. The majority of people we spoke with said the food was good. We observed the serving of lunch. The food looked and smelled appetising and was served pleasantly by staff.

We observed a medication round and saw that medicines were administered safely. The majority of medication was stored securely but we found some prescribed creams in people's bedrooms which meant they were accessible for unauthorised use. We spoke to the manager about this, who assured us this would be rectified without delay.

Staff were recruited safely and there were sufficient staff on duty to meet people's needs. Staff received appropriate training and worked well in a team. Staff appraisal and supervision records however did not show that all staff had received adequate support in their job role. We spoke to the manager about this who, had already put a plan in place to address this prior to our visit.
People told us they felt safe at the home and they had no worries or concerns. Staff we spoke with were knowledgeable about types of potential abuse and the action to take if they suspected abuse had occurred.

The premises were safe, well maintained and clean but at the time of our visit, some of the equipment at the home had been identified as requiring repair in order to be safe to use. These repairs were still outstanding at the time of our visit. We spoke to the manager about this. Shortly after our inspection we received evidence that the repairs were organised and in progress.

The home was well led and the culture of management was open and transparent. There were a range of quality assurance systems in place to assess the quality and safety of the service and to obtain people's views. A survey of people's views had been completed in 2015 and showed people were happy with the service 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?

Requires Improvement

The service was generally safe.

People told us they felt safe and had no worries or concerns. Staff knew how to recognise and report signs of potential abuse

Staff were recruited safely and there were sufficient staff on duty.

The majority of people's risks were assessed and well managed to protect people from harm.

The administration of medication was safe and people received the medicines they needed. Storage of prescribed creams required improvement.

The environment was well maintained but some equipment repairs were outstanding at the time of our visit.

Is the service effective?

Good

The service was effective.

There were elements of good practice in respect of the Mental Capacity Act and people's decision making ability. This good practice needed further development to ensure these principles applied to other decisions in relation to people's care.

Staff received the training they needed to do their job and improvements to the supervision and appraisal of staff were being made.

People said they were well looked after. It was clear from our observations that staff knew people well and had the skills/knowledge to care for them.

People were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs. Meals were served in a relaxed social atmosphere.

Is the service caring?

Good

The service was caring.

People we spoke with held staff in high regard. Staff were observed to be kind, caring and respectful when people required support.

Interactions between people and staff were warm, pleasant and person centred. People were relaxed and comfortable in the company of staff.

People's independence was promoted and people were able to make everyday choices in how they lived their lives.

People were given appropriate information about the home and the service they received.

Is the service responsive?

Good

The service was responsive

People's needs were individually assessed, planned for and regularly reviewed.

Care was person centred and it was clear staff knew people well and genuinely cared for the people they looked after.

People received support a range of healthcare professionals to ensure they remained in good health.

People's social and emotional needs were met by a range of activities.

People we spoke with had no complaints. Any complaints received were responded to appropriately.

Is the service well-led?

Good

The service was well led.

People who lived at the home and staff we spoke with said the home was well managed.

The culture of the home was open and inclusive and the staff team worked well together to ensure people's needs were met.

A range of quality assurance systems were in place to ensure that the home was safe and provided a good service.

People's satisfaction with the service was sought through the use of satisfaction questionnaires and regular resident meetings.

Caldy Manor

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 14 January 2015 and was unannounced. The inspection was carried out by an Adult Social Care (ASC) Inspector.

Prior to our visit we looked at any information we had received about the home. This included the Provider Information Return (PIR). A PIR is a pre-inspection survey that seeks key data and information about the service prior to the inspection. The PIR is then used by inspectors to effectively plan their inspection visit.

During the inspection we spoke with three people who lived at the home, two relatives, the registered manager, the regional manager, the regional director, a care assistant, the maintenance officer, a catering assistant, the chef and the activities co-ordinator.

We looked at the communal areas that people shared and visited a sample of people's bedrooms. We looked at a range of records including three care records, medication records, staff personnel files and records relating to the management of the home. We also undertook observations of the interactions between staff and people who lived at the home.

Requires Improvement

Is the service safe?

Our findings

We spoke with three people who lived at the home. They told us that they felt safe and no-one raised any concerns about the care they received. Relatives we spoke with confirmed this.

The provider had a policy in place for identifying and reporting potential safeguarding incidents. We spoke to a staff member about types of abuse and the action they would take in responding to any suspected safeguarding incidents. We found that they had a good understanding of different types of abuse and the action they should take if they suspected abuse had occurred.

We reviewed a sample of the provider's safeguarding records. Record showed that any potential safeguarding incidents had been appropriately investigated and reported in accordance with local safeguarding procedures. This showed us that the provider had robust systems in place to prevent and protect people from the risk of abuse.

We looked at the care files belonging to three people who lived at the home. We saw that the majority of people's individual risks were assessed and well managed in the delivery of care. For example, risks in relation to malnutrition, moving and handling, skin integrity, falls and the person's level of dependency were all assessed with suitable management plans in place for staff to follow We found that the risks associated with one person's specific health condition required further explanation so that staff to had sufficient guidance on how to mitigate any risks should the person's condition deteriorate. We spoke to the manager about this, who told us they would address this without delay.

People's risk management plans were monitored regularly to ensure they were up to date. We saw that the manager had ensured people were referred to appropriate support services where specific risks had been identified. For example, the falls prevention team, podiatry, district nurses and specialist community nursing teams for people who lived with medical conditions that impacted on their physical wellbeing. This assured us that the manager had a proactive approach to ensuring people remained safe and well for, as long as possible.

There were personal emergency evacuation plans in place to advise staff and emergency services how to safely evacuate people in the event of an emergency. Appropriate fire evacuation procedures and a monthly check of the home's fire escape routes ensured that staff had clear guidance to follow and a safe exit route to guide people to safety in an emergency situation.

A maintenance person was employed at the home and they carried out regular health and safety checks. For example we saw evidence that call bells, water temperatures, fire alarm and fire doors were checked regularly. The premises overall was well maintained, clean and free from odours but we found that some improvements were required with regard to equipment repairs and the safe the storage of cleaning products potentially hazardous to people's health.

For example, we looked at a variety of safety certificates for the home's utilities and services, including gas,

electrics, heating, specialised bathing equipment and small appliances. Records showed the majority of systems and equipment in use conformed to the relevant and recognised standards and were regularly externally inspected and serviced. We found however that a recent external inspection of the home's passenger lift and stair-lift had identified that both pieces of equipment required repair in order for them to continue to be safe to use. At the time of our visit, both repairs were outstanding. We spoke to the manager about this, who told us they would rectify this immediately. Shortly after our visit, we received formal notification from the manager that the repairs had been organised and were in progress.

On the day of our visit we found the key to the room that stored the home's cleaning products left in the lock which meant that unauthorised people were able to access this room. Two cleaning trolleys containing cleaning products and two filled mop buckets were also accessible. We spoke to the manager about this who told us they would rectify this without delay.

We saw that there was an infection control policy in place to minimise the spread of infection and adequate supplies of personal protective equipment such as aprons, disposable gloves and antibacterial hand gel were available for staff to use in the delivery of care.

We found the number of staff on duty was sufficient to meet people's needs and the provider had a system in place to continually review people's dependency needs so that the number of staff on duty could be changed to ensure people's needs continued to be met. People who lived at the home said there were enough staff on duty the majority of the time. The relatives we spoke with agreed with this. We observed staff caring for people throughout our visit. Staff supported people in a patient and unhurried manner and answered people's calls for assistance promptly.

Staff were recruited safely with appropriate pre-employment checks carried out prior to employment to ensure they were suitable to work with vulnerable people. For example, personal identify checks had been undertaken, previous employer references sought and criminal record checks completed. Staff personnel files were organised and demonstrated that the provider's recruitment process was well managed.

We reviewed a sample of people's accident and incident records. Accident and incident records were completed with body maps in place to record any injuries that people had sustained. Records showed that appropriate action had been taken when an accidents or incidents occurred.

We looked at how the home managed people's medication. On the day of our visit, we found some prescribed creams were stored un-securely in people's bedrooms. This meant they were accessible for unauthorised use. Only one of the people whose bedroom we found prescribed creams in, had a risk assessment showing that they were competent and capable to self- administer their own cream. We spoke to the manager about this, who told us they would ensure that the safe storage of these medicines was acted upon immediately.

We checked a sample of three people's medication administration charts (MAR). We found that the balance of medication in stock matched what had been administered which indicated they were administered correctly. People who had 'prescribed as required' (PRN) medication such as painkillers, had specific plans in place to guide staff on how, when and why to administer this medication. This was good practice and ensured people had safe access to additional medications to relieve discomfort or distress. People we spoke with told us that staff made sure they received their medication. We saw that people's medication was administered in a safe and discreet way.

Good

Is the service effective?

Our findings

The people we spoke with during our visit told us the staff team looked after them well. Their comments included staff are "Very good" and "Staff are very helpful if you want anything doing". The relatives we spoke with said "Staff here are fantastic" and "We are really, really happy" with the care provided.

Everyone we spoke with spoke highly of the manager and felt staff were trained and skilled to meet their needs. One person said "Staff are always on these training things". The training records we looked at confirmed staff received regular training to do their job.

For example, training was provided in health and social Level 2 and 3 qualifications, medication administration, moving and handling, safeguarding, fire, health and safety, falls prevention, infection control and food safety. The manager had put a plan in place to ensure all new staff completed the 'Care Certificate' as part of their mandatory induction to the home. The Care Certificate is a set of new minimum care standards which came into force on 1 April 2015. They are designed to ensure all new care workers undergo the same basic training and achieve the same standards in care before they work with people unsupervised. This showed us that there were systems in place to equip staff with the skills and knowledge they required in order to care for people effectively.

We looked staff appraisal and supervision records and found that they were inconsistent. They did not demonstrate that all staff had received adequate supervision in their job role or had their skills and competency reviewed. We spoke with the manager about this. The manager told us that when they came into post, approximately six months ago, there was no effective system in place to ensure staff received the support they needed. They told us about the new system they had implemented to rectify this, and we saw evidence that the new system was in progress. This assured us that the manager had identified a deficiency in the support given to staff and had taken appropriate action to remedy this without delay.

People told us they got enough to eat and drink and that the quality of the food was satisfactory. A relative told us that they were made welcome at the home and could join the person they were visiting for lunch or dinner if they wished. They told us "Food is great. The curry is the best ever and the choice of dessert is amazing".

We observed the serving of lunch and saw that the meal was served promptly and pleasantly by staff. The food provided was of sufficient quantity and people were offered a choice of suitable and nutritious food. We saw that there were two choices on offer at meal times and people told us they could always ask for an alternative if they did not like what was on the menu.

The dining room itself was light, airy and inviting. Dining tables were nicely decorated with a cotton tablecloth, napkins and a floral centre piece which set a pleasant environment in which people who lived at their home and their visitors could enjoy their meal. We saw that the dining room was well attended. People sat in communal groups with the people they had developed friendships with and the atmosphere was relaxed and social.

We spoke to the chef about people's nutritional needs. We saw that information about people's special dietary requirements was displayed in the kitchen for all staff to follow and there was a system in place to record and regularly review people's nutritional needs, risks and preferences.

People's weights were monitored monthly or more frequently if required and medical advice sought if people's dietary intake significantly reduced. People at risk of malnutrition, had their dietary intake monitored by staff daily to ensure that their dietary intake was sufficient to maintain their physical well-being.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We saw that people had mental health and cognition care plans in place which provided guidance to staff on people's mental health needs. Some of the people whose care files we looked at, had mental health conditions that may have impacted on their ability to make specific decisions about their care. It was evident from the culture observed at the home, that people were supported where possible to make their own decisions but, where they were unable we saw the beginnings of good practice in how the provider made decisions on their behalf.

For example, where people needed to be deprived of their liberty to keep them safe, a brief assessment of the person's capacity to make this decision had been completed. There was also s evidence that the person and their family were involved in discussions about this. This was in accordance with the Mental Capacity Act (MCA) 2005 and meant consent was legally obtained. Further work was required to ensure people's capacity was routinely assessed for other specific decisions about their care and to ensure staff had clear information on the types of decisions people could make for themselves.

Although the home was pleasantly decorated and well maintained, the environment was not dementia friendly to support people who lived at the home with dementia to remain as independent as possible. For example, signage throughout the building was limited, the home's walls were decorated throughout in pastel shades and the home itself was an intricate set of corridors. This meant the environment was potentially confusing for people who lived at the home to orientate themselves to their surroundings in order to find their way about.

We saw that some people's en-suite toilets had coloured seats to help people identify them more easily and grab rails fitted to aid their mobility but further improvements were required to maximise people's opportunity to remain as independent as possible. We spoke to the manager and regional manager about this who told us that the provider had plans in place to make the home more dementia friendly.

Good

Is the service caring?

Our findings

People we spoke with were positive about the staff who supported them. They told us staff were kind, respectful and always willing to help. One person told us staff are "Like family, exceptional the staff here" and "It's a home from home. Another person said "The staff make the home good. They are all very friendly".

One person told us that the manager had given them a warm welcome home after they had returned from a short holiday. They said that despite it being late on, the manager ensured they had something to eat. Another person told us that the manager was "Warm" and "Makes you feel welcome". This showed us that staff at the home genuinely cared about the people they looked after and worked hard to ensure people were happy with life at the home.

Relatives we spoke with were equally complimentary about the manager and the staff. One relative told us that when the person was first admitted to the home, the manager and the staff team "Were amazing". They said that when they were in the process of moving the person's belongings into the home, the manager "Was great, making them cups of tea. They made them (the person) very welcome". They went onto tell us that staff at the home had helped the person to personalise their room to make it feel like their own.

Another relative told us that when the person first came to live at the home, they were encouraged to be fully involved in the admission process. They said "All the staff are caring and they make the time to talk to them (the person). Nothing is too much trouble".

We saw that staff took the time to re-assure a person who had recently moved to the home. Throughout the day they made frequent impromptu visits to check on the person's welfare and to chat socially to the person so that they felt included and relaxed.

People's comments, feedback from relatives and our own observations indicated that the manager and staff team cared about people's possible insecurities about moving into home and did their best to ensure people experienced a positive start to their new life and living arrangements.

The manager and staff we spoke with, spoke warmly about the people they looked after and demonstrated a good knowledge of their needs and preferences. It was clear from these conversations and from our observations of care throughout our visit that staff knew people well.

People were well dressed and looked well cared for. We observed staff supporting people throughout the day and noted that all interactions were positive. Staff were respectful of people's needs and wishes and supported them at their own pace. There were periods throughout the day when staff took the time to simply sit with people and have a general chat. Interactions were warm, pleasant and showed that people felt safe and cared for. This supported people's wellbeing.

All the care files we looked at showed evidence that people and/ or their families had been involved in

planning their care. Care plans outlined the tasks people could do independently and what they required help with. This promoted people's independence. One person told they were able to "Come and go as they want" and once a week went out to visit a relative for tea. Another person told us "There is no-one telling you, you must do this". This showed us that people were able to choose how they lived their life at the home which included the right to be independent whenever possible.

Relatives we spoke told with, said staff at the home were good at keeping them up to date with any changes in the person's well-being or care and one relative told us that staff always ensured the person's privacy was respected.

The home had a service user guide for people to refer to. This information was easy to read and gave people details of the services included in their care package and the home itself. A seasonal newsletter was circulated which gave people up to date information on forthcoming events, birthdays, staff issues and news related to the running of the home. This showed us that people were given appropriate information in relation to their care and the place that they lived.

Good

Is the service responsive?

Our findings

People felt staff provided support that was responsive to their needs. People's comments included "The doctor comes to see me every week" and "Staff make sure I have taken my medication".

The two relatives we spoke with had nothing but praise for the support provided by the staff. One relative said "Staff here are fantastic". Another relative told us their family member had been admitted to the home using a wheelchair but that staff had supported the person to become independent with the use of a walking aid. This relative went onto tell us "I really like the way staff are very personal and "They always remember the red wine for (name of the person)".

During our visit, we observed several examples of good person centred care. For example, staff ate some of their meals with people who lived at the home, chatting socially. Visitors were also made welcome and accommodated for lunch or dinner. These informal 'get togethers' at mealtimes promoted good relations between staff, people who lived at the home and their visitors.

We saw that staff discreetly observed those people who had not eaten very much or who required prompting to eat. They quietly reminded people of the meal in front of them and allowed the person the time and opportunity to eat independently before providing support. Support provided was done sensitively and in a dignified manner.

People with mobility needs were supported patiently and kindly. We saw that staff gently promoted their ability to be independent with the use of mobility aids. Staff encouraged people to go at their own pace and used positive touch to reassure them that they were there for support if needed.

Activities were organised every day and the two activities co-ordinators employed at the home, worked hard to ensure everyone was included and encouraged to participate. We saw that activities for people who lived with more advanced mental health needs were appropriate to the person's ability and some thought had been given to the way in which people with more advanced mental health needs interacted with their environment. This aspect of activity planning showed that activities were organised with the individual in mind and the best way to engage with them.

One of the activities co-ordinators explained how people who lived at the home were actively encouraged to make activity suggestions and helped to plan the activities decided upon. They told us this had recently resulted in some people at the home making their own 'home brew'. We were told that one person liked the golf and that they were organising for the list of dates and times for when the golf was on the TV to be displayed in the person's room so that they knew exactly what was on and when. This showed us activities were person centred as they were designed around people's social interests and hobbies. This meant it was likely more people would fully engage with the activities on offer. This promoted their emotional and social well-being.

A list of the activities was displayed on communal noticeboards around the home and we saw that two

'street' parties had recently taken place which people at the home had helped to plan. Other activities included memory singers, sing-alongs, arts and crafts, national chocolate cake day, ball games. On the day we visited, a local singing group sang a selection of songs suited to the generation of the people who lived at the home. This took place in the lounge and was well attended.
We looked at three care files and saw that care plans were holistic and person centred. People's preferences and individual needs were described well and staff had clear guidance on how to support people in accordance with their preferences. It was clear that people who lived at the home or their relatives had been involved in discussing people's care both on admission to the home and at regular intervals thereafter.

Care plans and risk assessments had been regularly reviewed and updated promptly when people's needs had changed to ensure that people's care remained person centred to their needs and risks. We found that one person's behavioural needs required further investigation for staff to have sufficient guidance on how to support this person to communicate their needs more constructively and we spoke to the manager about this. They told us that action would be taken to address this without delay.

From people's care files, we saw that people had access to a wide range of multi-disciplinary teams in relation to their individual needs as and when they needed it. For example, one person had a specific medical condition. We could see that this person's needs were supported by specialist support services to ensure that this medical condition was well managed.

Another person had special dietary requirements that required annual health checks up and routine dietary monitoring. We saw that all to the necessary provisions to support this person's nutritional health had been made.

People and the relatives we spoke with said they had no concerns or complaints about the care. The provider had a complaints procedure in place that gave people adequate information on how to make a complaint. The procedure could have been further improved by adding in the contact details for the Local Authority Complaints Department to whom people can also direct their complaints.

Two complaints had been received and both had been appropriately recorded and responded to by the manager in accordance with provider's complaints policy.

Good

Is the service well-led?

Our findings

The service was well led.

People and the relatives we spoke we said the service was well led and the manager was very approachable. Staff we spoke with said the manager managed the service well and they were supported in their role.

We observed the culture of the home to be open and inclusive. The staff team had a 'can do' attitude, were observed to have good relations with each other and worked well as a team. We saw that people were happy and comfortable in the company of staff and we observed lots of positive interactions between staff and people who lived at the home. We found the manager and staff to be kind, caring and compassionate in all aspects of the care delivered. Visitors to the home received a friendly, warm welcome and were treated with genuine hospitality. Everyone we spoke with were positive about the care provided and people said they were happy living at the home. This demonstrated good leadership and management.

We saw that a range of monthly audits was undertaken to monitor the quality and safety of the service. This included an audit of care planning; medication, accident and incident audit, health and safety and infection control. We saw that where actions had been identified, appropriate action had been taken. We found that these audits were thorough and were effective in identifying and mitigating any risks to people's health, welfare and safety. This meant that the service was managed and delivered in such a way to protected people from harm where possible.

We found that safeguarding incidents, accident and incidents and complaints were all appropriately investigated and responded to. Referrals were made to the Local Authority involved in people's care when necessary and the manager had notified The Care Quality Commission in accordance with their legal responsibilities.

Regular staff and management meetings took place. These meetings discussed any issues or suggestions for improvement that could be made in respect of activities, training, budgets, staff and resident issues. We saw that where actions had been identified these had been acted upon.

The provider had commissioned an independent survey of people's views about the quality of the service called 'Your Care Rating'. We looked at the results of the survey undertaken in 2015. We saw that the survey assessed people's satisfaction across a range of categories such as the staff team; the care provided; home comforts; choice and having a say and quality. We saw that the home scored well in all categories and 100% of those surveyed said "Overall, I am happy living here" and that they would recommend the home to others looking for residential care.

Resident meetings took place to ensure that people's views and suggestions were regularly sought on how the service was delivered. Where people had made suggestions about the home, they had been acted upon where practicable. It was clear from people's comments and the mechanisms the provider had in place to gain people's views. that people's experience of care was important to the provider, the manager and the

staff team.

We found the home to be well organised with a person centred, flexible approach to people's care.