Scimitar Care Hotels plc

Hargrave House

Inspection report

103 Cambridge Road
Stansted
Essex
CM24 8BY

Tel: 01279817272
Website: www.scimitarcare.co.uk

Date of inspection visit:
18 August 2016
19 August 2016

Date of publication:
27 September 2016

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 18 and 19 August 2016 and was unannounced. We last inspected this service in February 2014 and found that they were meeting the legal requirements in the areas we looked at.

Hargrave House is a residential home in Stansted, providing care and accommodation for people over the age of sixty-five who require personal care. There were fifty-two people living at the home at the time of our inspection, some of whom lived with dementia.

The home has a registered manager in post. 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 who lived at the home were safe because the provider had taken appropriate measures to safeguard them from avoidable harm. These included the safe recruitment and training of staff who supported people, the completion of risk assessments of the home environment and that of the care people received, and the effective management of people's medicines and healthcare needs.

Everyone agreed that staff were adequately trained, and that they were knowledgeable about people's care needs. Staff were supported in carrying out their roles by way of regular supervision and appraisal of their performance. They understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and supported people appropriately. People were supported to access healthcare services when required. They had been given food and drinks that was healthy and nutritious.

People were cared for by staff that were friendly, kind and empathetic. Staff supported people in ways that promoted their privacy, dignity and respected their views. They provided the support that was personalised to people and with support from the management team, they ensured people's complaints and concerns were resolved.

The registered manager with support from the provider and the provider's senior management team ensured that the service ran appropriately. They provided visible leadership and oversight at all levels. This ensured the provision of a good level of care and support to the people who used the service.

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.

The provider had robust policies and procedures in place for the safe recruitment of staff. Staff were trained in safeguarding people and they knew how to keep people safe.

There were enough staff to safely meet people's needs.

People's medicines were managed and stored appropriately.

People had individualised risk assessments in place that included robust measures to manage risks they could be exposed to.

Is the service effective?

Good

The service was effective.

Everyone said that staff were adequately trained.

Staff were knowledgeable about people's care needs and they understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff were supported in their roles by way of regular supervision and appraisals of their performance.

People were supported to access healthcare services when required.

Is the service caring?

Good

The service was caring.

Staff were friendly, kind and empathetic towards people who used the service.

Staff were respectful and supportive in the way they interacted with people. People had their privacy and dignity respected.

People were supported to maintain relationships with their

family members.

Is the service responsive?

Good

The service was responsive.

People's care needs were identified before they started using the service and they had appropriate care plans in place.

People were supported in a personalised way.

There was an effective system in place for handling complaints.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post who understood their role and responsibilities.

Together with the provider and the provider's senior management team, the registered manager provided stable leadership of the service.

The provider had systems in place for monitoring the quality of the service provided.

Hargrave House

Detailed findings

Background to this inspection

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

This inspection took place on 18 and 19 August 2016 and was unannounced. It was carried out by one inspector 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 care service. The expert had experience of caring for older people who use services such as this one.

Before the inspection, we reviewed the information available to us about the home, such as previous inspection reports and notifications that they had sent us. A notification is information about important events which the provider is required to send us by law. We also reviewed the report issued following a local authority monitoring visit.

During the inspection, we spoke with nine people who used the service and eleven relatives of people who used the service to gain feedback. We also spoke with two care staff, one head care worker, an activities coordinator, the housekeeping and laundry supervisor, the staff trainer, two visiting professionals, the operations manager and the registered manager.

We observed staff interactions with people who used the service, visitors and with each other throughout our inspection and particularly, at meal times and during organised activities. We reviewed the care records, risk assessments, medicines and medicines administration records for five people who used the service. We also looked at six staff recruitment and training records, and reviewed information on how the quality of the service, including the handling of complaints, was monitored and managed.

Good

Is the service safe?

Our findings

The service was safe because the provider had systems in place to safeguard people from avoidable harm. These systems included ensuring there were sufficient numbers of suitably trained and skilled staff to support people, ensuring that people's medicines were managed appropriately, and carrying out risk assessments to make sure the hazards posed to people were managed accordingly.

People and their relatives told us that people were safe using the service. One person said, "I feel safe here." Another person told us, "I like it here, I'm really very happy here." One other person added, "I'm quite happy here." A relative we spoke with told us, "I have no concerns, I feel [Relative] is safe here, I would choose to live here if I had to live in a home." Another relative said, "We have no concerns. We've checked out other homes and we think this one is very good." One other relative added, "This is the best home we could have chosen for [Relative]."

The provider had recruitment policy in place to provide guidance on the safe recruitment of new staff. We looked at the recruitment records for six members of staff and found that the required pre-employment checks had been completed before they started working at the service. The checks carried out included checking each employee's identity, their employment history, and a health check to ensure potential staff were fit for the role they were considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

We found there were enough staff to safely meet the needs of people who used the service. A person we spoke with told us, "Yes there is enough staff. They are very caring." A relative said, "Generally there's enough staff. Sometimes people go off sick, but it's not long till they get on top of it." The registered manager told us that the staffing levels were determined by the needs of the people who used the service. They said, "We review the number of staff that each [person] requires to meet their needs on a monthly basis. This feeds into our main 'staff dependency tool' and gives a scoring band of one, two, three or four, with four being for people with the highest needs. We then adjust the number of staff needed per shift accordingly." We reviewed the staff dependency tool for the four months prior to our inspection, together with the staff roster for the four weeks before we inspected the service and found that the staffing numbers were adequate to meet people's needs.

We found the provider had up to date safeguarding policy that gave guidance to the staff on how to keep people safe. Staff were aware of this policy and had received training on safeguarding people. They demonstrated a good understanding of what constituted abuse, and the signs that indicated that someone was at risk of abuse. The staff we spoke with were able to tell us who they would report safeguarding related concerns to. A member of staff told us, "I have done my safeguarding training. If I suspected or witnessed any abuse I will report it to [registered manager] straightaway and to CQC." Additionally, the registered manager was aware of their responsibility to report issues relating to safeguarding to relevant safeguarding bodies and to the CQC.

Similarly, the provider had a whistleblowing policy that provided staff guidance or ways they could report misconduct or concerns within their workplace without fear of doing so. Again, staff were aware of this and told us they would use it if required. A member of staff we spoke with said, "Yes I will be happy to whistle blow if I had concerns."

Furthermore, risk assessments that were personalised to each person who lived at the home were put in place. These identified the risks relating to people's care, health or wellbeing, and detailed the measures that had been put in place to safeguard people from potential harm. The care staff were aware of the identified risks to people and the measures that were in place to manage or minimise the risks. A member of staff we spoke with was confident in describing the identified risks to some of the people they supported. We reviewed five people's risk assessments and found that they were reviewed regularly to ensure that the level of risk was still appropriate for them.

In addition, the provider had put in place health and safety risk assessments to manage risks that were associated with the home environment. These risk assessments identified potential hazards, those who could be at risk of harm and the measures that were in place to minimise risks. They covered areas such as the use of the back garden and patio area, the use of bathrooms and bedrooms, falls from heights and intruders coming into the home. We found these risk assessments needed to be updated as the recommended review dates had passed. We spoke with the manager about this and they took immediate action to update all the risk assessments.

People and their relatives told us that medicines were managed safely. One person said, "They always come round to my room with medicines at meal times and give them to me." A relative told us, "I don't have any concerns at all about medicines. I have seen them giving them [people] their medicines three or four times a day and they give my [Relative] on time too. The thing I like the most is the MAR sheets have people's pictures, so the chance of them making errors is really slim." Medicines were stored safely within a locked trolley in the medicines room. We looked at the medicine administration records (MAR) for five people and found that the records for one person had gaps for the morning of the second day of our inspection. The person's stock of medicines showed that they had received their medicines. We spoke with the person who was responsible for administering medicines on that particular day and they confirmed that they had given the person their medicines on the day. We were satisfied that the person had received their medicine, but a recording error had been made. There were no other gaps found.

We also carried out a reconciliation of the stock of medicines held for the five people against the records and found this to be correct. There were protocols in place for people to receive medicines that had been prescribed on an 'as and when needed' basis (PRN). Staff were trained and their competencies assessed every six months by the registered manager to ensure their practices were safe and met people's needs. They were aware of their role and responsibilities in ensuring the safe management of people's medicines.

Good

Is the service effective?

Our findings

People's relatives commented positively about the staff. They told us that the staff were knowledgeable about their role and responsibilities and knew how to meet people's needs. One relative said, "My [Relative] has been here for a long time and the staff know [them] very well. They treat [Relative] extremely well and I've never heard [Relative] say anything bad about staff. They all get on well." Another relative told us, "Staff are hardworking, they understand my [Relative's] needs. People's needs are complex but they try and come to some solution."

People told us that the service was effective. They said that staff sought their consent before providing any care, supported them to have access to food and drinks as appropriate, made sure, where required, that they had access to health care services to maintain their wellbeing, and they understood their needs." Although one person said that there was better staff working during the day than at night, another person did not agree with this. They said, "The night team are good and the one in charge at night is really lovely." Other people we spoke with were happy with the staff and the service provided. They made comments such as, "I like it here, I'm really very happy here," and "I can't fault the staff, they're all lovely to me."

We observed staff supporting people appropriately. We spoke with the registered manager about the difference in view around the quality of staff. They and another member of staff told us that there were minor staff retention issues. However, there were plans in place to reduce the number of hours staff worked per shift from twelve hours to seven, with the hope that this would help with staff retention. Another member of staff we spoke with welcomed this and said, "My wish list in the ideal world would be for greater staff stability and less turnover, losing skilled staff."

Staff records confirmed they had received an induction at the start of their employment. This induction took place during the first four weeks of their employment and involved new members of staff meeting the people who used the service, reading their care plans in order to understand people's needs, and completing some of the training required to carry out their new job role. A member of staff we spoke with told us that they also worked alongside more experienced members of staff during this period so that they could see first-hand how people were supported. As of 2015, new members of staff completed the care certificate as part of their induction into the service.

Staff told us that they were well trained and supported in carrying out their job roles. One member of staff said, "I feel well trained and supported." Another member of staff told us, "We seem to be continually doing courses which is a good thing." One other member of staff said that they had been with the home for two and a half years during which time they had been supported in completing a National Vocational Qualification (NVQ) Level 2 in health and social care, and that they had now progressed on to completing their level 3 in the same subject.

The home had a dedicated trainer who delivered training courses to all staff. We met them on the first day of our inspection when they were training some of the staff on fire awareness, and health and safety. They showed us the service's up to date training record and told us that they kept track of staffs' training and

arranged re-training where required. We saw that training was in areas such as manual handling, safeguarding people, infection control and food safety. Training was mainly classroom based.

Staff told us they had regular supervision with the management team as a way of supporting them in carrying out their job roles. This included one to one meetings and direct observations of their work practices. A member of staff said, "I feel well supported. We have three supervisions every year and an appraisal." We found that the manager had developed a schedule which they used to monitor and plan supervision meetings, and a review of the staff records confirmed that regular supervision took place.

The requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were being met by the service. The 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. Staff had received training on the MCA and had a good understanding of their role and responsibilities in supporting people to make informed decisions about their care. Assessments of people's capacity to make decisions had been completed in areas where it had been considered necessary.

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). The management team had assessed whether people were being deprived of their liberty due to the way their care was managed. They found that authorisations were required for some people and therefore applications had been made to the supervisory body as required by the MCA.

People mostly commented positively about food and drinks available to them. Although one person told us, "I don't like a lot of the food here because they use too many sauces and herbs. I like old fashioned wholesome food", most people said they liked the food. One person told us, "The food is good, you can always have more if you want it." Another person said, "We have good food here." One other person added, "The food is alright. They do ask you for your preferences, but you can't please everyone." Everyone however agreed that there was a variety of nutritious and healthy food and drinks on offer.

People's relatives told us that they did not have any concerns in relation to food. One relative said, "I find the food very nice, they don't skimp on things here." Another relative told us, "[Relative] always has or is about to have a cup of tea when I visit. It is pretty good, there is always some orange juice or other drinks in a jug that [Relative] can drink if they wanted. With regards to food, you can't please everybody at every time but they offer them [people] choices. The food is of good standard really, I will be pleased to get food like that. They also have a glass of Sherry before lunch for those who like a drink."

We observed people at lunch time on the first day of our inspection. Some people ate together in the dining room and others ate alone in their own rooms or in the areas adjacent to the dining room. Lunchtime was an orderly, relaxed and pleasant experience, with people who required assistance from staff to eat being supported accordingly. People's care plans contained information about their preferences around food and drinks and they all had menus in their bedrooms where they could choose what they wanted to eat on a daily basis. A relative we spoke with told us, "Staff had picked up that [Relative] was losing weight and not eating enough. [They] were particularly 'finicky' about food. I discussed this with [registered manager] and arranged a diet which [Relative] would eat. This had been actioned and now [Relative] is eating more.

People were supported to access a range of health care services in order for them to maintain their health

and well-being. A review of people's records showed that they had obtained support from professionals such as GPs, district nurses, and dentists as appropriate to their needs. We saw that people's health conditions were recorded in their care plans, together with the support they required from staff or healthcare professionals and outcome of treatments. A person we spoke with told us, "Doctors call on a Tuesday and if I need one I'll be put on a list to be seen. I could call my GP though whenever I want."

Good

Is the service caring?

Our findings

People talked of staff who were friendly, caring and kind. One person said, "The staff are very caring." Another person told us, "I like it here. I like the staff, they're kind and friendly." One other person added, "They always have a laugh with me when I'm down."

Relatives of people who lived at the home and professionals we spoke with were equally complimentary about the service and the staff. A relative told us, "Staff seem to be very kind and caring. They're very patient." Another relative said, "The staff are very nice, they interact with them [people] very well. It really is a great atmosphere." One professional added, "I really like it here, the people are so nice. Everything is done nicely."

We observed the registered manager and staff's interactions with the people who used the service and their relatives. We found they were friendly, caring and empathetic in nature. For example, we saw staff talking to and giving hugs to a person who used the service after lunch. We heard one person saying to a member of staff who was singing to them and holding their hand, "You are a real lovely lady, you've made me laugh." We observed the registered manager linking arms with one person who lived with dementia and was singing and chatting to them while escorting them to their room. We also observed them giving a hug and consoling a relative who was upset due to a change in behaviour of their relative who used the service.

The atmosphere within the home was relaxed and lively, with people at ease in the company of staff. Staff were knowledgeable about people's care needs. We found that people's care records contained information about their life history, preferences and the things that were important to them. There was a specific section in people's care plans called 'personal history'. This detailed information about people's early life, their family structure, their hobbies and interests, the schools they attended, the places they had worked in and their childhood memories. This was aimed at making staff aware of people's backgrounds and history so that they had relevant things to talk to them about. People were well presented and appeared well looked after. We saw that staff communicated with them in a friendly and respectful manner, calling them by their preferred names. A member of staff we spoke with told us about people they supported. They said, "I like to make them laugh."

Staff told us that they promoted people's independence and protected their privacy and dignity. People were able to do as much for themselves as they chose and received support from staff as appropriate. A relative we spoke with told us, "They respect people's wishes here." Another relative said, "They are respectful of [Relative's] privacy and dignity. They always ask for consent before doing anything and they make sure they knock on the door before they come in." We saw that some members of staff had received training to ensure they knew how to protect people's dignity. In addition, they were aware of the importance of maintaining confidentiality by not discussing people's care needs outside of the work place, or with agencies that were not directly involved in people's care. We also saw that people's care records were kept securely within the home.

People had been provided with the service's welcome pack which gave them information about the service,

including the complaints procedure, what to expect on their first day, catering, activities, accessing healthcare services, staff training and information about advocacy services. Some of the people's relatives acted as their advocates, where they were unable to do this by themselves. Others had support from advocacy services to ensure they understood the information given to them and that they received the care they needed.

Good

Is the service responsive?

Our findings

People and their relatives told us that the service was responsive to people's needs. They said that the service provided was personalised to people's individual needs, and that they listened and learned from people's feedback in order to improve the quality of care. A relative we spoke with told us, "The care is personalised, they try very hard to see to that." We found that the provider and staff actively endeavoured to make sure this personalised approach was reflected in all areas of people's care and support.

People's needs had been assessed before they started using the service. The provider's 'admission' assessment record for each person covered areas such as the date that they started using the service, their date of birth, photograph, name they liked to be called and signed consent form to receive care. These assessments identified the level of care people needed, and formed the basis from which their care plans were developed.

Each person who used the service had a personalised care plan that held information about their history, likes, dislikes, communication methods, their physical health needs and the health professionals involved in their care. Care plans also detailed people's identified care needs and the support they required from staff to have their needs met. Some people chose to have advance care plans which detailed how they wished to be cared in the future, if they lost the capacity to make decisions about their care. These formed part of people's care records and held details of their lasting power of attorney, diagnosis, where they wished to be cared for and their signatures.

Staff were aware of people's care needs and supported them accordingly. During our inspection the registered manager told us of a person who lived with dementia and was likely to approach us. They talked to us about the way in which we were to respond to them in line with their care plan, to make sure they received consistent responses. We saw that this was noted within the person's care plan and observed staff supporting the person in that same way throughout our inspection. This ensured that the person's needs were met in a consistent way and demonstrated that staff were aware of people's care plans.

People's care plans were developed with their involvement and that of their relatives, where required. This was evidenced by way of signatures in people's care plans and a relative we spoke with told us, "Yes, I am involved in care planning for [Relative]. I also read the care plan regularly and discuss it with [the registered manager]." Care plans were also reviewed regularly in response to people's changing needs. A relative confirmed this by saying, "In fact I have only just gone through it. We had a meeting in the office to discuss the care because [Relative's] needs changed and now [they] need [equipment] for mobility. As a result they [the provider] brought a new and very impressive [equipment] to meet [Relative's] changing needs."

There was a range of activities on offer at the home and people were actively supported to take part in what was of interest to them. Group activities were scheduled in the mornings and afternoons during week days and on alternate weekends. The provider had two members of staff employed as activities coordinators. We spoke with one of the activities coordinators and they told us that they normally engaged in one to one activities with people after 10.30am each day.

Staff told us that group activities took place in the home's large conservatory room which was closed for minor refurbishment at the time of our inspection. People therefore spent time at the licenced bar area, the rooms adjacent to the conservatory room or in the dining room. People and their relatives told us that activities were meaningful particularly the 'mini bus trips' which they said they enjoyed. People made comments such as, "Activities are really good, especially the entertainment", "The singer and the trips are the things I really like", "The activities are pretty good, they arrange lots of things for us to do like the trips out", and "Three times a year you go out for a visit, a pub lunch, the seaside or to Harlow." A relative added, "The trips out are good and I would like to see more mini bus trips."

The provider had a complaints procedure in place. People and relatives told us that they had no difficulty in raising concerns with the management of the home, who were approachable and responsive. A person we spoke with said, "The manager is really good, if you have a concern you can go to her." Another person told us, "I have no problems in raising concerns with [registered manager] she's very responsive." A relative we spoke with said, "If I had any concerns I would go to [registered manager], she's very approachable." We reviewed the records of complaints that had been made and found that they had been investigated appropriately.

Good

Is the service well-led?

Our findings

The service had a registered manager in post. People, their relatives and the professionals we spoke with were highly complementary in their feedback about the registered manager. One person told us, "[Registered manager] is very good, she's very nice." A relative said, "[Registered manager] is always approachable, her door is very rarely shut." A professional added, "[Registered manager] is very hands on, she always knows what's going on in the home. She's on top of everything."

The registered manager was supported by the staff team in the day to day operations of the service. In managing the service, the registered manager was supported by the operations manager, a compliance manager, the provider's care director and the provider. Together they provided a good level of leadership and oversight of the service. Again, people's relatives and professionals spoke positively about the leadership of the service. One relative told us, "I can't think of any problems, the place is just well held together." A professional said, "It is very well run, [registered manager] is very good and she has good deputies and staff. Whenever I have asked they've been able to give me an update on what I asked about."

Staff were equally positive in their comments about the management team. They told us that they enjoyed working at the service and that they felt well supported by the management team. One member of staff described how they had been supported by the management team throughout a personally difficult year that they had with family bereavement and illness. Other members of staff made comments such as, "I love working here", "I'm very well supported and supported emotionally which is important", "[Registered manager] is approachable and always willing to listen, she's willing to implement something new if she thinks it's practical", "[Registered manager] is very approachable. One of the lads to a point, but she keeps boundaries", and "If there are any problems they're very good at dealing with them".

We found the registered manager to be very enthusiastic and passionate about people and the service as a whole. Their pride of the home and the people they cared for resonated when they showed us around and spoke about people. They were clear about their role and responsibilities, and were in tune with what was going on within the service and the people who used it. They were positive about the support they received from the provider and told us, "I am supported by the director, the operations manager and the chairman [provider] who rings regularly to ask how things are. It is a nice company to work for, the chairman does not shy away because of financial constraints, and whatever we need is provided. One of the nice things is staff work their way up here, it is only on two occasions that we've had to go outside the company to recruit a manager." The registered manager further explained that they themselves were promoted within the organisation from a care worker up to their current role. They said this meant that they understood each member of staff's job role as they had once held it.
Staff were able to contribute to the development of the service during the quarterly staff meetings. We reviewed the minutes of the last meeting held on 6 June 2016 and found that the areas of discussion included people's care plans, the provider's grievance policy, staff training, communication and staff pay rise. There was also a discussion held around worries about one person's nutritional intake and what was being done to address this.

People were also able to contribute to the development of the service by way of monthly 'residents' meetings. A person we spoke with was positive about residents' meetings. They told us, "Food is usually the main item of discussion at these meetings." We reviewed the minutes of the meeting held in July 2016 and found that topics of conversation included food, activities and the fire procedure.

In addition, people and their relatives were encouraged to provide feedback about the service, again as a way of being involved in its development. This was done by way of satisfaction surveys which were carried out annually. The results of these surveys were used to identify areas of improvement to be made within the service. The latest satisfaction survey was carried out in 2015. We reviewed the outcome of this survey and found responses to be mainly positive, with comments such as, "[Name] works very hard, always ready to help. The domestic staff are good and pleasing", and "I have always felt that [Relative] receives excellent care and attention and that the staff have [their] best interest at heart". Other comments were made that called on the provider to improve in some areas. These included, "Is it possible to clear some of the scrubs in the garden that overlooks the cricket pitch so that interested residents could sit and watch?" and, "Sometimes the night [staff] can be a bit rushed." The manager had analysed the feedback received and had developed an action plan to address the negative comments that were made.

The provider had a robust quality assurance system in place. Quality audits were carried out by senior care workers, the registered manager, the compliance manager and consultants employed by the provider. Audits focused on areas such as infection control, people's medicines, their care records to include weight charts, nutrition and accident and incidents reports. Environmental health and safety audits included checking communal areas such as the dining room, laundry, bathrooms, health and safety signs and cleaning audits were also carried out. Some audits were carried out on a monthly basis, others on a quarterly and on a six monthly basis. Action plans were developed when required to address any improvements that were needed as a result of these audits.

The provider also had a system for handling and managing compliments that were made about the service, the staff and the care that was provided to people. We reviewed records of compliments and found one that read, "May I express my family's sincere thanks for the care your staff gave [Relative] at the time they were at Hargrave. I visited Hargrave on a regular basis and always found [Relative's] domestic and medical needs had been met."