Four Seasons (No 7) Limited

Charlton Park Care Home

Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

At our inspection 29 and 31 December 2014 we found several breaches of legal requirements. The systems for the management of medicines were not safe and did not protect people using the service. People were not receiving sufficient food and fluids or the correct diet as advised by health care professionals. People's capacity to give consent had not been assessed in line with the Mental Capacity Act 2005 and the provider had not applied for Deprivation of Liberty Safeguards assessments in relation to restrictions placed on them where required. Accurate records relating to peoples care needs were not always maintained. There was no effective system in place to assess and monitor the quality of service that people received. We took enforcement action and served warning notices on the provider relating to the management of medicines and meeting people's nutritional needs.

We undertook a focused inspection on the 4 March 2015 to follow up on the warning notices. We found that action had been taken by the provider to improve the way medicines were managed. Systems for the management

Summary of findings

of medicines were safe. We also found the provider had taken action to make sure people using the service were receiving the food and fluids as recorded in their care plans and as advised by health care professionals.

You can read the full report from the focused inspection, 4 March 2015, by selecting the 'all reports' link for Charlton Park Care Home on our website at www.cqc.org.uk

Charlton Park provides nursing care and support for up to 66 people in the Royal Borough of Greenwich, South London. Following a number of safeguarding concerns raised in June 2014 the local authority placed an embargo on admissions to the home. They made a decision to lift this embargo in June 2015. Their safeguarding and quality monitoring teams concluded that there had been considerable sustained improvements made at the home. At the time of this inspection the home was providing care and support to 54 people.

There was a registered manager in place. 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.

At this inspection on 14 and 17 July 2015 we found the provider had maintained the improvements we saw at the March inspection. We also found that the provider was working in line with the Mental Capacity Act 2005 and had applied for and obtained Deprivation of Liberty Safeguards authorisations from the local authority in relation to restrictions placed on people using the service where required. Accurate records relating to peoples care needs were being maintained and there were effective systems in place to regularly assess and monitor the quality of service that people received.

People using the service said they felt safe and that staff treated them well. There were enough staff on duty and deployed throughout the home to meet people's care and support needs. Safeguarding adult's procedures were robust and staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. Appropriate recruitment checks took place before staff started work.

We found that people and their relatives, where appropriate, had been involved in planning for their care needs. Care plans and risk assessments provided clear information and guidance for staff on how to support people using the service with their needs. There was a range of appropriate activities available for people to enjoy. People and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took into account the views of people using the service, their relatives and staff through questionnaires. The results were analysed and action was taken to make improvements at the home. Staff said they enjoyed working at the home and received appropriate training and good support from the manager. The manager conducted unannounced night time checks at the home to make sure people where receiving appropriate care and support.

People using the service, their relatives, staff and visiting professionals we spoke with during this inspection told us there had been improvements made at the home since the manager arrived.

Summary of findings

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. Medicines were managed safely and records showed that people were receiving their medicines as prescribed by health care professionals.

There were appropriate safeguarding adults procedures in place and staff had a clear understanding of these procedures.

Appropriate procedures were in place to support people where risks to the health and welfare had been identified.

There were enough staff to meet people's needs. Appropriate recruitment checks took place before staff started work.

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 were protected against the risks of inadequate nutrition and dehydration. There were appropriate arrangements in place to ensure that people were receiving the food and fluids as recorded in their care plans.

People had access to a GP and other health care professionals when they needed it.

Is the service caring?

Good

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

People and their relatives, where appropriate, were consulted about and involved in developing their care plans.

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

Is the service responsive?

Good

The service was responsive. People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. Records relating to people's care and support needs were being maintained.

People were provided with a range of appropriate social activities.

People using the service and their relatives knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Is the service well-led?

Good

The service was well-led. There were appropriate arrangements in place for monitoring the quality of the service that people received.

Summary of findings

Staff said they enjoyed working at the home and they received good support from the manager. There was an out of hours on call system in operation that ensured that management support and advice was available to staff when they needed it.

The manager carried unannounced night time checks at the home to make sure people were receiving appropriate care and support.

Charlton Park Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

This unannounced inspection was carried out on the 14 and 17 July 2015. The inspection team on the first day consisted of three inspectors, a specialist speech and language 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 to speak with the registered manager and examine records related to the running of the home.

Before the inspection we looked at the information we held about the home including notifications they had sent us. We spent time observing the care and support being delivered. We spoke with six people using the service, eight visiting relatives, a hairdresser, nine members of staff, the registered manager and the regional manager. We looked at records, including the care records of twelve people using the service, four staff members' recruitment and training records and records relating to the management of the service. We also spoke with two visiting health care professionals and asked them their views about the home.

Not everyone at the service was able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

Good

Is the service safe?

Our findings

People told us they felt safe and that staff treated them well. One person said, “Yes, I feel safe here, the staff are always there for you”. Another person said, “I feel safe and well looked after.” A relative said, “My mum is very safe here. I’ve never had a problem with the staff here. They are very good with the residents.”

The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The manager was the safeguarding lead for the home. We saw a safeguarding adult’s flow chart that included the contact details of the local authority safeguarding adult’s team and the police. The manager told us this flow chart provided guidance for staff in reporting safeguarding concerns. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought someone was at risk of abuse, and who they would report any safeguarding concerns to. The manager said they and the staffing team had received training on safeguarding adults from abuse. Training records we saw confirmed this. Staff told us they were aware of the organisation’s whistle-blowing procedure and they would use it if they needed to.

At the time of this inspection there was one safeguarding concern being investigated by the local authority. We cannot report on this at the time of this inspection; however the local authority safeguarding team told us the provider had cooperated fully with their team and had addressed any concerns raised by them. The CQC will monitor the outcome of the safeguarding investigation and actions the provider takes to keep people safe.

People using the service, their relatives and staff told us there were enough staff on duty to meet people’s needs. One person using the service said “I think there are enough staff.” Another person said, “There are enough staff. I am always moved around by two staff. At night and at weekends it’s okay too. A relative said, “Staff numbers have stabilised. There is an extra volunteer for activities. There seems to be extra care available now.” Staff said that if there was a shortage, for example due to staff sickness, management arranged for replacement staff.

The manager said staffing levels were arranged according to the dependency needs of people using the service.

Staffing levels were maintained 10% above the current requirements for meeting people’s care needs. This was to cover annual leave and sickness as they no longer used agency staff. They told us as the numbers of people using the service increased, staffing levels would also increase. They said a new resident was due to move into the home the week following our inspection and two new staff had already been recruited.

Appropriate recruitment checks took place before staff started work. Staff personnel files had completed application forms, references to previous health and social care experience and qualifications, their full employment history, explanations for any breaks in employment and interview questions and answers. Each file contained evidence that criminal record checks had been carried out, two employment references and proof of identification. The manager told us the home worked with the United Kingdom Border Agency to ensure that right to work and identity documents obtained from staff during the recruitment process were valid.

Action had been taken to support people where risks had been identified. Assessments had been carried out to assess the levels of risk to people in areas such as falls, moving and handling, nutritional needs, and skin integrity. For example, where people had been assessed at risk of falling we saw information in their bedrooms on the prevention of falls. We saw their care plans recorded the support they needed from staff to ensure safe moving and handling. A staff member told us, “People are safe here and those at risk of falling are monitored by staff.” We saw a member of staff respond quickly to one person who moved away from their walking frame and became unsteady thus preventing a fall. People’s skin integrity was regularly assessed and risk assessments were documented in the care files we reviewed. Appropriate equipment was in use for the prevention of pressure ulcers. We found that a referral had been made to the podiatrist following the identification of a pressure ulcer on one person’s foot.

There were arrangements in place to deal with foreseeable emergencies. People had individual emergency evacuation plans which highlighted the level of support they would need to evacuate the building safely. Staff said they knew what to do in the event of a fire and told us that regular fire drills were carried out. Staff training records confirmed that

Good

Is the service safe?

all staff had completed training on fire safety. We saw that call bells had been placed within peoples reach. We tested two call bells, one on each floor of the home and saw on each occasion staff responded quickly.

The regional manager showed us the system for reporting and monitoring incidents and accidents. These were recorded on a data base and the provider's health and safety advisor assessed the reports. Any trends, patterns or queries would then be flagged up with the home manager. The regional manager told us there were no current concerns relating to Charlton Park.

The provider had maintained the improvements relating to the management of medicines that we saw at our March 2015 inspection. Medicines were administered safely. We spoke to a nurse about how medicines were managed and observed a medication round. They told us that only trained nurses administered medicines to people using the service. We saw medicines competency assessments had been completed by nursing staff before they could administer medicines. We looked at the medicines folders for the home. These were clearly set out and easy to follow. They included individual medication administration records (MAR) for people using the service, their photographs, details of their GP, information about their health conditions and any allergies. We saw people's medicine was safely administered and the nurse took their time to administer medicines to people in a caring and unrushed manner. Medicine was stored securely in locked trolleys and controlled drugs were stored in a cabinet in locked clinical rooms. The nurse told us that medicines audits were carried out each day on two people in the home and this information was collated to provide a monthly compliance audit report. The manager showed us the medicines audit report which confirmed our findings.

Good

Is the service effective?

Our findings

At our inspection, December 2014, we found the provider did not have suitable arrangements in place to ensure staff were supported to deliver care to people safely and to an appropriate standard. At this inspection we found staff were receiving the training and supervision they needed to work effectively with people using the service. A relative said, "The agency staff before did not know the residents but they don't use agency now. The staff are regular and know what to do now."

Staff said they had completed an induction when they started work and they were up to date with the provider's mandatory training. One said, "I have worked here for two years. I get plenty of training. Things have certainly improved in that area. I feel more confident to do my job and I know I can ask for more training if I need it." Another said, "We get supervision and appraisals that we didn't used to. There have been a lot of improvements since the turn of the year." Another staff member said, "I have done all of my mandatory training. I have also received training on medicines and diet and nutrition. I get regular supervision from the manager." A new member of staff said, "I had an induction which included safeguarding training. I worked with other staff first as part of the induction." All of the staff we spoke with said they were well supported by the manager.

We looked at staff training records which confirmed that staff had completed an induction when they started work, training the provider considered mandatory and training relevant to the needs of people using the service. Mandatory training included safeguarding adults, health and safety, moving and handling, infection control, first aid awareness, fire safety and food hygiene. Staff had also completed training on other topics such as the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Some staff had completed accredited qualifications relevant to their roles within the home. For example some care staff had completed qualifications in health and social care and kitchen staff had qualifications relating to food and hygiene. The local authorities Care Home Support Team (CHST) had provided training to staff at the home. The manager said the CHST were very supportive and the training was very helpful for staff. One member of staff told us they had received training from the CHST in nutrition, anticipatory management care planning and tissue viability in the last six months.

Charlton Park was accredited as a Positively Enriching And Enhancing Residents Lives (PEARL) dementia service. Staff had received additional specialised training in dementia as part of this organisational accreditation process. One member of staff said, "Staff have had training that helps us understand what it's like living here from the resident's perspective. I had to sit in the lounge all morning, not speaking to anyone and no one speaking to me. I felt isolated and frustrated. It really opened my eyes and I now have a better understanding of how people feel and what they need."

At our inspection, December 2014, we found the provider did not have suitable arrangements in place for obtaining, and acting in accordance with, the consent of people using the service. At this inspection we found that provider had acted according the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) legislation. The MCA and the DoLS sets out what must be done to ensure the human rights of people who lack capacity to make decisions are protected.

The manager and staff we spoke with demonstrated a good understanding of the MCA and DoLS. The manager said that most people using the service had capacity to make some decisions about their own care and treatment. Where they had concerns regarding a person's ability to make specific decisions they had worked with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA. Capacity assessments were completed for specific decisions such as taking covert medicines and using bed rails and were retained in people's care files. At the time of our inspection we noted that sixteen DoLS applications had been authorised to deprive people of their liberty for their protection. The authorisation paperwork was in place and kept under review and the conditions of the authorisations were being followed.

We also saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. The DNAR is a legal order which tells a medical team not to perform Cardio-pulmonary Resuscitation on a

Good

Is the service effective?

patient. However this does not affect other medical treatments. These had been fully completed, involving people using the service, and their relatives, where appropriate, and signed by their GP.

The provider had maintained the improvements relating to food and fluids that we saw at our March 2015 inspection. We looked at the care files of five people using the service. In each file we saw that nutritional needs assessments and swallowing risk assessments had been completed where appropriate. Where people were at high risk of malnutrition or swallowing, risk assessments indicated they were at risk of choking and referrals were made to the speech and language therapy team (SALT) for advice, support and guidance. There were guidelines in place advising staff on people's nutritional needs and how they should be supported with food and fluids. We saw a white board in the kitchen and an "at a glance" prompt sheet and meal time menus. These showed the dietary requirements of all of the people using the service. We checked these with all of the care files and found they accurately reflected people's dietary support needs. Staff told us they had attended a two day training course on nutrition and food texture modification in January 2015. This meant that staff were up to date with current guidance regarding supporting people with swallowing difficulties to eat and drink.

We observed how people were being supported and cared for at lunchtime. Some people required support with eating and some ate independently. The atmosphere in the dining room was relaxed and not rushed and there were plenty of staff to assist people when required. Some people ate their meals in their rooms. We saw that they received hot meals and drinks in a timely manner. We saw that people were also provided with drinks and fresh fruit and snacks throughout the day and these were available in the lounges on each floor.

People using the service and their relatives said they were able to see health care professionals when they needed. GP and healthcare professional's visits were recorded in all of the care files we looked at. We spoke with two visiting healthcare professionals. One told us they had been visiting the home every three months for the last eighteen months. They said, "Communication works well with the home and staff are friendly. I have always found the home to be clean." The other said, "The nursing staff always make appropriate referrals to our team and follow our advice. They do a really good job of looking after the residents here."

Good

Is the service caring?

Our findings

People and their relatives told us staff were kind and caring. One person told us, "The staff are very friendly. They join in things with us." Another person said, "The staff are all very nice, they always have time for you." A third person said, "They look after me well, I'm happy here." A relative said, "You can't fault the staff for the care they give. The care here is very personalised." Another relative said, "The staff are lovely with my mum, this is like home for her."

Two members of staff told us things had changed recently. One said, "The place is more homely and there is a relaxed atmosphere. We have more time to talk with people using the service and their relatives." Another member of staff said, "We work hard as a team to care for the people living here. When family are here they always seem to be appreciative of our work." A visiting hairdresser told us they had been tending to people at the home once a week for the last seven years. They said, "Its different here since the new manager came. There is a nicer atmosphere, there are more soft furnishings and it's more homely. People seem happier, more comfortable and livelier."

Throughout the course of our inspection we observed staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. We saw staff sitting with people engaged in meaningful conversations. They were aware of the need for confidentiality and we saw them speak quietly with people about the support they needed. Some people had visits from friends and family members. People were well presented and well dressed. They and their relatives and staff all appeared comfortable and relaxed in each other's company.

Where people needed support with personal care staff ensured their privacy by drawing curtains and shutting doors. Staff told us they tried to maintain people's independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person using the service told us, "The staff treat me well, they make sure the door is closed when they help me with my care." A relative told us, "The staff are so courteous and respect my mother's privacy."

The manager told us they met with the relatives of people admitted to the home to discuss their relatives care and support needs. We saw that some people's life stories were attached to their bedroom doors. This included their place of birth, details of relatives, their career history and their interests and hobbies. The manager said this provided staff with some background knowledge of the person using the service.

People and their relatives told us they had been consulted about their care and support needs. We saw evidence in some of the care files we looked at that family members had been consulted about the care given to their relatives. One person said, "The staff talk to my daughters about my care needs. My daughters only have to ask and it's done." A relative told us staff had asked them about their mother's needs when they moved into the home and they had attended a best interests meeting to help make a decision about their care needs. The friends of another person using the service told us, "Our friend has just moved into the home. They asked us about what he liked and didn't like. They asked us what we thought his needs were. I think they have a good picture of him now. He wanted to bring his parrot and they let him. That was very important for him."

People received appropriate end of life care and support. The manager told us that a local hospice palliative care team had been supporting two people using the service with end of life care and pain management. We found that these people's care plans had been reviewed with advice and support from a palliative care nurse. Their wishes had been recorded for example their wish not to be hospitalised. Next of kin were involved in care planning and records documented communication with them on any change in their relative's condition. One relative told us, "My wife is now receiving palliative care. In my opinion the care here is better than in hospital."

Good

Is the service responsive?

Our findings

At our inspection, December 2014, we found that accurate records in respect of people's needs were not always maintained. At this inspection we found that significant improvements had been made and accurate records relating to people's needs were being maintained.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. People were allocated a keyworker and a named nurse to coordinate their care. We looked at twelve people's care files which were well organised, easy to read and accessible to staff. We saw that people's health care and support needs were assessed before they moved into the home. The manager told us that people's care plans were developed using the assessment information. Care plans included detailed information and guidance to staff about how people's needs should be met. Care plans described people's daily living activities, their communication methods, mobility needs and support with personal and nursing care. The care files also included capacity assessments, records of best interest's decisions, Deprivation of Liberty Safeguards authorisation paperwork and, where required, Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms.

The home had a 'resident of the day' scheme. Their care plan was reviewed and staff made sure all the information about their needs was up to date. Daily notes recorded the care and support delivered to people throughout the day. We saw "at a glance", sheets which detailed peoples care needs without the need to seek out information from the care plan. All of the care plans and risk assessments we looked at had been reviewed and updated by staff on a monthly basis and reflected peoples changing needs.

People told us they enjoyed the activities provided at the home. One person said, "There is enough to do but I like reading books." Another person said, "There is enough going on in here for me to do and I like listening to music." Another person said, "A singer and a pianist came yesterday to entertain us. That was really nice." A relative told us, "There are enough activities to interest residents." Another relative said, "There are plenty of things to do but my relative never wants to join in with any of the activities."

The home employed three activities coordinators and volunteers also visited the home to help with activities. We saw an activities plan on display on each floor of the home. Activities included visiting entertainers and animal handlers, arts and crafts, manicures, and an upcoming garden party. We observed a number of activities taking place during the inspection. These included people making chocolate coated marshmallows, games of skittles, basketball and bingo. We saw an activities coordinator engaging with the people in a sensory room. We also saw them visiting people who were bed-bound for a chat. The activities coordinator told us the salvation army visited the home two or three times a year and religious heads from local churches visited once a month. We saw a notice board with photographs of activities that had recently taken place at the home.

A complaints system was in place and details of how to make a complaint and comment cards were displayed in the reception area. People using the service and their relatives told us they knew about the home's complaints procedure and they would tell staff or the manager if they were not happy or if they needed to make a complaint. They said they were confident their complaints would be fully investigated and action taken if necessary. The manager showed us a file with records of complaints received at the home. Records, included details of the complaints and the actions taken by the home to resolve them. We found that when complaints were raised the responses to them had been thorough and timely.

Good

Is the service well-led?

Our findings

At our inspection, December 2014, we found there were no effective systems in place to assess and monitor the quality of service, or to identify and manage risks relating to health, welfare and safety of people using the service. At this inspection we found that significant improvements had been made and systems were in place to monitor the quality of service that people received, identify and manage risks relating to health, welfare and safety of people using the service.

Audits were carried out to monitor the quality of the service and to identify how the service could be improved. The manager showed us the organisation's new electronic quality monitoring system. This monitored areas such as medicines, care plans, health and safety, falls, weight loss, infection control, incidents and accidents and complaints. The manager told us the new system was introduced at the beginning of June 2015 to enable managers to find and fix issues quickly and prevent them from happening again. They said they monitored the system on a daily basis. The regional manager told us they also had external access to this system. Where shortfalls had been identified they discussed these with the manager during their weekly visits to the home.

We saw evidence that paper audits were being completed on slings and hoists, food safety, pressure mattresses and call bells. We also saw reports from unannounced night time checks carried by the manager at the home to make sure people where receiving appropriate care and support. A recent report recorded that people using the service were checked and there were no concerns, staff were carrying out their duties as expected and records relating to people's care and support needs were being updated as required.

The manager and staff on each floor told us that flash meetings took place at 11.30am daily. These were attended by managers, nursing staff, senior health care assistants, activities coordinators, the maintenance man, the chef and the administration team. The focus of these meetings was to communicate any new admissions, the needs of people using the service for example, individual health issues of people such as pressure sores or weight loss. Information from these meetings was passed to staff on each floor. The manager also carried out a "walk around" the home each day and observed, for example, if the home was clean and odour free, if fire exits were unrestricted and if staff were wearing uniforms and personal protective clothing. Any concerns identified during the walk around were discussed at flash meetings.

Staff told us they liked working at Charlton Park and about the support they received from the manager. There was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. One staff member told us, "I feel proud to work in this home. I love my job." Another said, "The manager is approachable. I can go to them if I have a problem." A third member of staff said, "The manager is always on the floor and very visible."

Some staff at the home had been designated champions in specific areas of care and had received enhanced training in these areas. For example, there were champions in dignity, documentation, activities and dining experience. We spoke with a member of staff who was the documentation champion. They said it was their role to make sure staff knew how to complete records correctly and on time. They also made sure that documentation relating to people care needs were up to date. They said being a champion made them feel good.

The manager showed us an iPad in the reception area. They used these to obtain feedback from people using the service, their relatives and visiting health professionals. A second iPad was available in the home for use by people using the service, assisted by staff as appropriate. The iPad included a touch-screen questionnaire and space for additional comments. This information was transmitted in real time to the manager so they could quickly find and fix any care issues or consider any suggestions for improvements. The manager told us they also used the system to listen to the views and opinions of staff so that they could better understand how they need to support them.

The registered manager had been in post for one year. People using the service and their relatives were complimentary about the manager, the staff and the home. One person using the service said, "The manager is good. You can speak to them at any time." Another said, "The staff work really well together." A relative said, "The manager has made this place more like home. It's definitely improved since your last (CQC) visit. All the little things they do really matter." Another relative said, "This manager has sorted the staff out. There is a lot of teamwork. I would recommend

Good

Is the service well-led?

this home to anybody. Things are better since last December." A third relative said, "There have definitely been some improvements since this manager arrived." Visiting professionals also spoke of how the home had benefited from consistent leadership and the progress made since the manager had been in post.

A report from one of the local authorities that commission services from the provider recorded that the home was continuing with its improvement plan and with a full management team in place it believed that the service would develop a positive reputation.