

NR & VGP Carehomes Ltd

Fleetwood Nursing Home

Inspection report

Grange Road
Fleetwood
Lancashire
FY7 8BH

Tel: 01253779290

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02 October 2018
04 October 2018

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19 December 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Fleetwood Nursing home provides support for up to 30 people who require residential or nursing care. The home has two floors. A lift is available for access to both floors; some rooms are en-suite.

Fleetwood Nursing home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a registered manager. 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.

This inspection took place on 02 and 04 October 2018 and was unannounced on the first day.

The last inspection of this service took place in January 2018. During that inspection, we found a number of breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to Regulation 9 (Person-centred care), Regulation 11 (Need for consent), Regulation 12 (Safe care and treatment), Regulation 13 (Safeguarding service users from abuse and improper treatment), and Regulation 17 (Good governance). We also found a breach of Regulation 18 (Notification of other incidents) CQC (Registration) Regulations 2009, because the provider had not notified CQC of important events which affected the health and safety of people who lived at the home.

Following the last inspection, we met with the provider to discuss our concerns and asked them to complete an action plan to show what they would do and by when to improve the all the key questions to at least good. At this inspection we found the provider had made improvements in all areas. You can see more information about this in the detailed findings of the report.

However, as some key questions were rated as 'Inadequate' at the last inspection, although the provider has made improvements, we need to see improved practice, sustained over time, in order to award a rating of 'Good' for these key questions.

This service has been in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe. During this inspection the service demonstrated to us that improvements have been made and is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is now out of Special Measures.

Staff assessed risks to the health and well-being of people who lived at the home and plans were put in place to lessen these risks. Environmental risk, for example around fire safety, had been assessed and

appropriate plans put in place to lessen risks. The service promoted positive risk taking in order to help people maintain as much independence as possible.

The provider had systems to safeguard people against abuse or improper treatment. Staff had received training to spot abusive or inappropriate practices and knew how to report them. The service followed a robust recruitment process to ensure only suitable candidates were employed.

The service ensured a sufficient number of staff were deployed at all times. Staff recruitment and retention had improved and use of agency staff had decreased significantly. The registered manager reviewed staffing levels against people's needs to ensure there were always enough staff.

The provider had systems which recorded any adverse incidents or events. We saw analysis of accidents and incidents was undertaken in order to make positive changes to reduce the risk of recurrence.

The service followed best practice in relation to the safe and proper management of medicines.

Staff had received training to reduce the risks related to the spread of infection. We observed staff follow good practice guidance whilst undertaking their duties. The home was clean and tidy during our inspection.

The service ensured staff had the skills, knowledge and a good level of support in order to meet people's needs effectively. Staff received a thorough induction when they began working at the home, alongside additional training and regular supervision from senior staff.

People's nutritional needs had been assessed and care planned in order to meet them. People's specific dietary needs were monitored and catered for appropriately.

People's needs and choices were assessed and care and treatment provided in line with current legislation and guidance in order to achieve effective outcomes for people who lived at the home. This included planning for end of life care.

Staff supported people to live healthier lives and to receive ongoing healthcare support. People were supported to attend appointments and healthcare professionals visited the home when required.

The service followed good practice guidance in relation to obtaining consent from people. Where people lacked capacity to consent, the service followed best interests processes, as outlined by the Mental Capacity Act 2005 code of practice.

We received consistently positive feedback about how caring the service was, including staff and management. People were able to make their own choices and express their views. People, their relatives and staff were actively involved in shaping the service delivered.

People who lived at the home enjoyed a variety of activities and trips out which were organised for their entertainment.

The provider had a complaints policy. People we spoke with, and their relatives confirmed they would have no hesitation in making a complaint and felt any concerns would be dealt with appropriately.

The provider had systems in place to assess, monitor and improve the quality of the service provided to people. We saw improvements had been made in all areas since our last inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Systems were in place to safeguard people against the risks of abuse and improper treatment.

The service had systems to ensure the proper and safe management of medicines.

The registered manager continually reviewed staffing levels to ensure enough staff were deployed at all times.

Requires Improvement ●

Is the service effective?

The service was effective.

People received care from a well-supported staff team who received a good level of training and support from senior staff.

People's preferences had been taken into account in relation to food provision. Where people were at risk, their food and fluid intake was closely monitored.

People were supported to access external healthcare services as appropriate.

Requires Improvement ●

Is the service caring?

The service was caring.

We received consistently positive feedback about the approach of staff. We observed this during our inspection.

People's privacy and dignity was maintained at all times. Staff spoke with people in a dignified and compassionate manner.

Staff had a good understanding of protecting and respecting people's human rights.

Good ●

Is the service responsive?

The service was responsive.

Requires Improvement ●

Staff assessed people's needs on an ongoing basis and ensured written plans of care were in place to guide staff to meet people's needs.

Staff were able to explain in detail the support people received, but this was not always documented fully.

The service had a complaints policy. People and their relatives were confident any complaints would be dealt with appropriately.

Is the service well-led?

The service was well-led.

The provider had systems to monitor the quality of the service provided and to seek the views and experiences of people who received a service.

Checks to make sure the premises and equipment were safe had been carried out.

There were clear lines of responsibility and accountability within the service. The staff team received a good level of support from management.

Requires Improvement 

Fleetwood Nursing 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 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 02 and 04 October 2018 and was unannounced on the first day.

The inspection was carried out by two inspectors.

Before our inspection, we reviewed the information we held on the service and completed our planning tool. Information we reviewed included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the services had been received.

We also contacted the commissioning department at the local authority. This helped us to gain a balanced overview of what people experienced accessing the service.

During the inspection visit we spoke with a range of people about the service. This included four people who lived at the home and four visiting relatives. We also spoke with five staff including the registered manager. We also received feedback from an external professional. This helped us understand the experience of people who lived at the home.

We looked in detail at care records of six people who lived at the home. We also viewed a range of other documentation related to the management of the service. This included records related to medication, staff recruitment and supervision arrangements, staffing levels, quality assurance and safety checks. We checked the building to ensure it was clean, hygienic and a safe place for people to live.

Is the service safe?

Our findings

When we last inspected the service in January 2018, we identified concerns in relation to staffing, safeguarding service users from abuse and improper treatment, safe care and treatment, including medicines management, risk management, moving and handling, fire safety and infection control.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who lived at the home. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

At the last inspection, the service was rated as 'Inadequate' for this key question. Therefore, although the provider was meeting legal requirements when we carried out this inspection, we need to see improvements sustained over time before the service can be rated as 'Good'.

People we spoke with, and their relatives, told us they felt the service was safe. Comments we received included, "I feel safe. There is always someone around if you need them." And, "[Family member] is safe, it's clean and people seem well cared for." Another person told us, "[Family member] has got to be taken care of and they're as safe as they can be."

At the last inspection, we found no oversight of accidents and no action taken following these to lessen the risk of accidents happening again. People's risk assessments and care plans had not been reviewed and updated following incidents. This was in breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2008 (Safe care and treatment).

During this inspection, we found clear recording of accidents and incidents, along with management oversight, had taken place. We saw where people had an accident, such as a fall, staff reviewed the incident and updated risk assessments and care plans. We saw professional guidance was sought, when appropriate. We saw analysis of accidents and incidents was undertaken in order to make positive changes to reduce the risk of recurrence. This showed the service learned from such events to make improvements to help keep people safe.

At the last inspection, we found staff were able to tell us about safeguarding principles and recognised signs of possible abuse. However, they did not always put this knowledge into everyday practice. Safeguarding incidents had not been reported to the relevant authorities, in line with current legislation and the policies and procedures of the home. This was because the previous registered manager and deputy manager did not know the incidents needed to be reported. This was in breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment).

During this inspection, we discussed reporting of safeguarding incidents with the new registered manager and staff. We found they were knowledgeable about safeguarding principles and incidents that needed to be reported. There had not been any safeguarding incidents that needed reporting since our last inspection.

At the last inspection, we found shortfalls in the safe and proper management of medicines which amounted to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment). We found numerous errors related to administration of medicines, a lack of guidance to guide staff and overstock of many medicines, including for people who no longer lived at the home.

During this inspection, we found improvements had been made and medicines were being managed safely and properly. We checked records related to administration of medicines, guidance for staff on the use of medicines, people's medicines care plans and looked at medicines systems, including storage.

The manager had carried out a medicines audit to identify areas for improvement and told us they would continue to do this regularly. We saw people's care plans now included person centred information about how people liked to take their medicines. Guidance was available for staff to follow with regard to medicines prescribed for use 'when required' and where people could receive a variable dose. This helped to ensure people received their medicines safely and in line with their wishes.

We checked arrangements the home had for receipt, storage and disposal of medicines. We found suitable arrangements were in place and excess stock had been removed since our last inspection. We observed a member of staff administering medicines. We saw they followed good practice guidelines. No one we spoke with raised any concerns about how their medicines were managed.

At the last inspection, we found inconsistencies in individualised risk assessments and the plans in place to mitigate risk. Documentation did not always contain information for staff to follow to adequately reduce the risks to individuals. Where plans were in place to mitigate risks, these were not always followed by staff. Additionally, we found people had not been properly assessed for the safe use of moving and handling equipment, such as hoists and slings.

During this inspection, we looked at care documentation and risk assessments for six people. We saw risk assessments and plans to reduce risks had been reviewed regularly and provided information to guide staff to lessen risks. For example, where people required regular pressure care, we saw this was recorded and staff followed the guidance. We saw professional guidance had been reflected in care plans, for example the use of thickening agents for people who were at risk of choking. We saw everyone had been assessed individually for the use of moving and handling equipment and guidance was now available for staff on the correct equipment to use. However, the home was not following best practice guidance in that people did not have individual slings, for use with the hoist. The registered manager told us they would address this following our inspection.

At the last inspection, we found hazardous chemicals were not stored safely, the premises and equipment were not well maintained, fire safety and other safety checks had not been carried out appropriately. We saw staff did not follow good infection control practices, which were particularly important as one person was being barrier nursed. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection, we found these issues had been addressed. We looked around the home and found hazardous chemicals, such as cleaning products, were being stored safely where people could not access them. We looked at records related to fire safety, water temperatures as well as gas and electrical safety. We found checks had been carried out, which helped to ensure people's safety.

We observed staff made use of personal protective equipment appropriately, such as disposable gloves and aprons. We saw hand washing facilities were available in people's rooms and communal bathrooms and toilets. The registered manager provided us with training records, which showed staff had completed training in infection prevention and control. The registered manager had implemented an infection control audit which was to be completed regularly. This showed improvements had been made in this area.

At the last inspection, we made a recommendation to the provider to assess people's needs and to use a dependency tool to calculate staffing levels, in line with best practice guidelines. At the time of the last inspection, the home was using a large amount of agency staff. During this inspection, we discussed staffing levels with everyone we spoke with and observed staff deployment within the home. The registered manager told us staffing was based on people's needs and they could increase or decrease staffing levels accordingly. People we spoke with, visiting relatives and staff all told us there had been an improvement in staffing levels since our last inspection. During our observations, we saw staff had time to complete tasks, assist people without rushing and had time to hold conversations with people. The use of agency staff had reduced greatly, which provided better continuity of care for people who lived at the home.

People were protected by suitable procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the home. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. This helps the provider make safer recruitment decisions. However, we found the provider had not ensured they recorded a full employment history for each member of staff recruited, or investigated gaps in employment. The registered manager told us they would address this for any new staff recruited.

Is the service effective?

Our findings

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

When we last inspected the service in January 2018, we found breaches of regulations related to the need for consent and safeguarding service users from abuse and improper treatment. This was because people's consent had not always been gained, people's capacity to consent had not always been considered appropriately and people were subject to restrictions that had not been lawfully authorised.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who lived at the home. During this inspection, we found the provider had made improvements.

The provider had policies and procedures to assess people's mental capacity and to support those who lacked capacity to manage risk. Staff we spoke with had an awareness of the MCA and were able to explain how they supported people to make decisions about their day to day lives. People were able to choose what they wanted to do and were supported by staff. This was confirmed by people we spoke with. Where people lacked capacity to make decisions, this had been assessed and recorded. Staff followed a process to ensure decisions were taken in the person's best interests.

Care documentation the provider used had a section where people's consent to care could be recorded. We saw the documents were signed by people to say they gave consent, or, where appropriate, someone else acting on their behalf. However, where people had given powers to other to act on their behalf, the service had not requested sight of legal documentation before allowing any decisions to be made. We discussed this with the registered manager who assured us they would address this following our inspection.

Where people lacked capacity to give informed consent and restrictive practices were employed in order to maintain people's safety, the registered manager had taken steps to ensure restrictions were in the person's best interests and as least restrictive as possible. Where restrictions were necessary to keep people safe, the registered manager had applied for authorisation under DoLS. This showed the service was operating in accordance with the principles of the MCA. However, we found bed rails were being used for one person's safety, but their capacity around this decision had not been assessed and no application had been made under DoLS, even though staff told us the person lacked capacity. We discussed this with the registered manager who confirmed they would address this as a priority.

At our last inspection, we made a recommendation the service seeks guidance and follows best practice for supporting people living with dementia. This was because the provider had not paid regard to best practice in relation to environments for people who are living with dementia. There was very little signage around the home to help people orientate themselves. We found the decoration of the home was dated with marks on walls and woodwork. We discussed this with the registered manager who told us they were currently working with the provider to develop a refurbishment plan and would take into account best practice guidance when planning any works.

People were cared for by staff who had the knowledge, skills and support to provide effective care. Staff we spoke with told us they were provided with access to a wide range of training. This was confirmed when we looked at training records. Staff we spoke with told us the registered manager provided them with a good level of support, which included supervision and appraisals. These are a one to one meeting between staff and management, where performance, development and any concerns could be discussed. Comments we received about staff included, "The staff are great." And, "The staff are nice. They all know what they're doing."

People were supported to access external healthcare professionals as required. For example, where people had been assessed as being at risk of choking, we saw guidance had been sought from speech and language professionals and was included in people's care plans. We saw GPs and district nurses had been involved in people's care when the need arose.

We found people were supported to eat and drink enough to maintain a balanced diet. People had been assessed for nutritional and hydration risks. Where risks were identified, plans of care had been written to guide staff to lessen these risks. During our inspection we observed staff supported people sensitively and patiently where they required support to eat and drink. Staff encouraged people to take fluids and snacks in between meals.

We observed the lunchtime service and saw people eating in a relaxed manner. People appeared to enjoy their meals. People we spoke with told us they enjoyed the meals provided. One person told us, "I think the food is very good and there's always a choice." People were offered a variety of meal options, such as two choices at lunch. People told us if they did not want what was available staff would provide another alternative.

Is the service caring?

Our findings

We received positive feedback from everyone we spoke with about how caring the service was. Comments we received included, "The staff are great. The manager is great and she is helpful." And, "I don't know what I would've done without them. They can't do enough." Another person said, "The staff are caring."

When we last inspected the service in January 2018, we found the provider had not ensured people were fully involved in planning their care and their likes, wishes and beliefs were not always recorded. People's life histories were not always recorded, to support staff in developing positive and meaningful relationships with them.

During this inspection we found improvements had been made. People we spoke with and their relatives told us they had been involved in deciding what care was provided and how. This included people's preferences around routines, how they preferred to be addressed and how personal care should be delivered. We saw records which showed staff had recorded life histories for people, where information could be gained. The registered manager told us they would continue to improve their systems for involving people in care planning and how this could be demonstrated.

We discussed the provision of advocacy services with the registered manager. We were informed there were no people accessing advocacy services at the time of the inspection, but details would be made available to people or their families if required.

People's privacy and dignity were respected and promoted. Staff were able to explain how they protected people's dignity, such as when helping them with personal care. They demonstrated they had a good understanding of the importance of maintaining people's dignity and treating people with respect.

We witnessed many positive, caring interactions during our inspection. We observed staff carrying out their duties and supporting people in communal areas. Staff treated people with dignity and respect at all times.

People had their own bedrooms and were encouraged to personalise them. We saw people had bought in their own ornaments, pictures and paintings to personalise their rooms.

Staff had a good understanding of protecting and respecting people's human rights. Staff had received training around equality and diversity. We spoke with staff who described the importance of promoting each person's individual uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Is the service responsive?

Our findings

When we last inspected the service in January 2018, we found the provider had not ensured written plans of care reflected people's current needs and circumstances. Additionally, information recorded was inconsistent, staff did not follow care plans and no person-centred information was available to share with professionals. For example, if someone attended hospital. This was in breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Person-centred care).

During this inspection we found improvements had been made. The care plans and assessments of people's needs we looked at were fully completed, reviewed regularly and reflected people's circumstances. However, for one person there was no care planning in relation to how staff should support them when they were anxious and no information to guide staff around possible symptoms of the person's diabetes. Staff we spoke with were able to describe the support they provided, but this had not been recorded. We discussed this with the registered manager who ensured this information was available to staff by the second day of our inspection.

We discussed care plans with the registered manager. They explained they had identified and addressed areas for improvement since they took up their post in May 2018. During our inspection they showed us a new care planning format that was to be introduced which would make care plans more user friendly. They told us they hoped this would lead to more consistent and accurate recording.

The registered manager also explained they would be introducing hospital passports alongside the new care plans. These documents would contain important information about people's needs, preferences and communication abilities which would help ensure external professionals were better informed about people if, for instance, they attended hospital. However, these documents had not yet been introduced.

We looked at what arrangements the service had taken to identify, record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen identified information about whether the person had communication needs. These included whether the person required, for example, a member of staff to read to them or large print for reading.

The provider had a suitable complaints procedure, which outlined how complaints should be dealt with. Everyone we spoke with told us they would have no hesitation in raising concerns or making a complaint. They told us the registered manager was approachable and were confident any concerns would be taken seriously and addressed. The service had not received any complaints since our last inspection.

We looked at how the service supported people with meaningful activities and encouraged social interaction. People told us they could choose how to spend their time and were invited to join in activities but could decline if they wished. We saw people had been involved in a range of activities including parties for the royal wedding, trips out to Blackpool and the home had hosted a summer fair. Other activities included entertainers and singers who visited the home every couple of weeks, baking sessions, quizzes and board games. People were also able to relax and watch TV or films in the communal areas. The registered

manager explained they were looking to increase staffing hours for activities because they felt this was an important area to maintain people's social health.

We saw care documentation which showed end of life care had been discussed with people who lived at the home or, where appropriate, others acting on their behalf. This helped to ensure people's wishes for their final days were recorded so they could receive the care and support they wanted at that time. If people did not wish to discuss their end of life wishes, this was respected and was revisited at a later time. The registered manager explained they worked with other professionals to ensure everything was in place for people to ensure they had a comfortable, dignified and pain-free death. We looked at the service's training matrix which showed the majority of staff had received training in end of life care.

Is the service well-led?

Our findings

At our last inspection in January 2018, we found shortfalls in leadership and quality assurance amounted to a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following that inspection, we met with the provider and received an action plan from them, which explained how they planned to make improvements for people who lived at the home. During this inspection, we found the provider had made improvements and was now meeting legal requirements.

At the last inspection, the service was rated as 'Inadequate' for this key question. Therefore, although the provider was meeting legal requirements when we carried out this inspection, we need to see improvements sustained over time before the service can be rated as 'Good'.

The service had a registered manager. The manager had been employed since the last inspection and took up their post in May 2018. 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.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events that happen in their services. At the last inspection, we found the registered manager of the service had not informed CQC of significant events as required. This meant we were unaware of the safeguarding incidents and could not check appropriate action had been taken. This was in breach of Regulation 18 (Notification of other incidents) CQC (Registration) Regulations 2009. During this inspection, we checked and found notifications were being submitted as required.

At the last inspection, in January 2018, we found the service did not have a robust quality auditing system. There were no audits for care files or daily notes. Audits of medication administration records had not been completed since June 2017. The maintenance and safety audits had not been completed since November 2017. We found issues during that inspection which could have been identified by audits such as errors in care documentation and environmental issues.

During this inspection, we found the registered manager had implemented and completed a range of audits and quality assurance measures. These included audits around medicines, care planning, health and safety, fire safety, falls and accidents. This helped to ensure any shortfalls in standards could be identified and addressed. For example, the falls analysis that had been undertaken showed a person was at high risk of falls. We saw action had been taken to reduce the risk which included moving the person to a downstairs bedroom and the use of a sensor to alert staff when they got out of bed during the night. The care planning audit we reviewed was completed in August 2018 and had identified various issues. We saw action had been taken by staff to address the issues and the registered manager had checked actions had been completed.

At our last inspection, we found a lack of oversight from the provider and registered manager. The leaders of the home did not have the oversight needed to ensure the home ran effectively. The registered manager at the time told us this was partly because they did not have time to complete managerial tasks as they were needed to carry out nursing duties, due to a shortage of staff.

During this inspection, we found improvements had been made. The registered manager had recruited nurses to fill vacant posts and ensured they had enough time to complete managerial tasks. People we spoke with and staff all told us they felt the home was better organised since the new registered manager started in May 2018. Comments we received about the management of the service included, "[Registered manager] is good, very easy to talk to." And, "[Registered manager] is approachable and competent. She's turned quite a few things around. She lets you speak and listens. She's a breath of fresh air."

The home had on display in the reception area of the home their last CQC rating, where people who visited the home could see it. This is a legal requirement from 01 April 2015.