Care Quality Commission

Purelake (Greenford) Limited

Greenford Care Home

Inspection report

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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?	Good
Is the service well-led?	Good

Overall summary

We carried out this inspection on the 9 and 13 April 2015, it was unannounced. We inspected this service due to concerns we received. It was alleged that people were not being provided with personal care to a good standard, and did not receive enough fluids to drink.

Greenford Care Home is an older style building, set over two floors with limited communal space and a small patio area to the rear. The service provides personal care, accommodation and support for up to 18 people. There were 16 people at the service at the time of the inspection. People had a variety of complex needs including, mental and physical health needs and mobility difficulties. Some of whom may also be living with dementia.

Not all medicines were stored, and disposed of safely. Some medicines had not been stored appropriately in a lockable cupboard or when not needed, disposed of in a timely manner. Eye drops and creams did not have the

Summary of findings

date of opening written on them to ensure creams and eye drops were used within the recommended timescales once opened. We have made a recommendation about this.

People demonstrated that they were happy at the service by showing open affection to the registered manager and staff who were supporting them. Staff were available throughout the day, and responded quickly to people's requests for help. Staff interacted well with people, and supported them when they needed it.

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. The management and staff team included a registered manager, deputy manager, a team leader and health care assistants. The ancillary staff team included an activity co-ordinator, kitchen and housekeeping staff.

The provider needs to enhance the environment for people living with dementia. Doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia. We have made a recommendation about this.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS, the registered manager understood when an application should be made. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. The service was meeting the requirements of the Deprivation of Liberty Safeguards.

Staff had been trained in how to protect people, and they knew the action to take in the event of any suspicion of abuse towards people. Staff understood the whistle blowing policy. They were confident they could raise any concerns with the manager or outside agencies if this was needed.

People and their relatives were involved in planning their own care, and staff supported them in making arrangements to meet their health needs.

People were provided with diet that met their needs and wishes. Menus offered variety and choice. People said they liked the home cooked food. Staff respected people and we saw several instances of a kindly touch or a joke and conversation as drinks or the lunch was served.

People were given individual support to take part in their preferred hobbies and interests.

The registered manager investigated and responded to people's complaints. People knew how to raise any concerns and relatives were confident that the registered manager dealt with them appropriately and resolved them where possible.

Staff were recruited using procedures designed to protect people from unsuitable staff. Staff were trained to meet people's needs and they discussed their performance during one to one meetings and annual appraisal so they were supported to carry out their roles.

There were systems in place to obtain people's views about the service. These included formal and informal meetings; events; questionnaires; and daily contact with the registered manager and staff. People were listened to and their views were taken into account in the way the service was run.

There were risk assessments in place for the environment, and for each person who received care. Assessments identified people's specific needs, and showed how risks could be minimised. There were systems in place to review accidents and incidents and make any relevant improvements as a result.

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?

Some aspects of this service were not safe. However, people told us that they felt safe living in the service, and that staff cared for them well.

People received their medicines as required and prescribed. However, the provider did not follow appropriate guidance on the safe storage and disposal of some medicines.

Staff were recruited safely, and there were enough staff to provide the support people needed.

Staff had received training on how to recognise the signs of abuse and were aware of their roles and responsibilities in regards to this.

Requires improvement

Is the service effective?

The service was not always effective.

The provider had not followed appropriate guidance on enhancing the environment for people living with dementia.

People said that staff understood their individual needs and staff were trained to meet those needs.

The menus offered variety and choice and provided people with a well-balanced diet.

Staff were guided by the principles of the Mental Capacity Act 2005 to ensure any decisions were made in the person's best interests.

Staff ensured that people's health needs were met. Referrals were made to health professionals when needed.

Requires improvement

Is the service caring?

The service was caring.

People were treated with dignity and respect.

Staff were supportive, patient and caring. The atmosphere in the home was welcoming.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

Good

Is the service responsive?

The service was responsive.

People and their relatives were involved in their care planning. Changes in care and treatment were discussed with people.

Good

Summary of findings

People were supported to maintain their own interests and hobbies. Visitors were always made welcome.

People were given information on how to make a complaint in a format that met their communication needs.

Is the service well-led?

Good

The service was well-led.

The staff were fully aware and used in practice the home's ethos for caring for people as individuals, and the vision for on-going improvements.

There were systems to assess the quality of the service provided in the service.

People's views were sought and acted on.

Greenford 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 checked 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 the 9 and 13 April 2015, it was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone whose uses this type of older person care service.

At the time of the inspection 16 people lived at the service. We spoke with ten people and nine relatives. We looked at personal care records and support plans for four people. We looked at the medicine records; activity records; and two staff recruitment records. We spoke with four staff, the activities co-ordinator, the hairdresser and observed staff carrying out their duties, such as giving people support at lunchtime.

Not everyone was able to verbally share with us their experiences of life at the home. This was because of their complex needs. We therefore spent time observing and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We normally ask providers to send us a Provider Information Return (PIR). Because we carried out this inspection in response to concerns the provider would not have had time to complete this form. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We sought information during the inspection from professionals that visited the service.

Before the inspection we examined previous inspection reports and notifications sent to us by the manager about incidents and events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law. We used all this information to decide which areas to focus on during our inspection.

The previous inspection was carried out on the 2 October 2013, when no concerns were identified.

Requires improvement

Is the service safe?

Our findings

People told us that they felt safe living in the service. People who were able to commented, "All safe here", "I do feel safe. The staff are wonderful here", and "I do not feel threatened at all". Relatives commented, "She is in safe hands", "For the first time in years, she is safe. A weight has been lifted", and "She is now happy and safe. She was not before".

Not all medicines were stored, and disposed of safely. There were two locked medicine trolleys in the medicine room. We found that some medicines had not been stored appropriately in a lockable cupboard. This was discussed with the registered manager who said she would seek advice from the pharmacy to make sure that all medicines were stored appropriately. We found that some medicines that were no longer needed, had not been returned to the pharmacy in a timely manner. Eye drops and creams did not have the date of opening written on them to ensure creams and eye drops were used within the recommended timescales once opened.

We recommend that the registered provider follows the guidance from the Royal Pharmaceutical Society for the "Administration of Medicines in Care Homes" or equivalent best practice guidance.

The contents of the medicine cupboards and register were checked and had been correctly accounted for. Staff accurately documented when each person was given medicines. Medicines had been given to people as prescribed by their doctors and a record was kept to show this had been done. One relative told us "I have seen the medication round, it is definitely on time, and they do it well". There were systems in place for checking in medicines from the pharmacy and for the correct disposal of unused medicines. There was information for staff about possible side effects people may experience in relation to certain medicines so they were able to recognise any of the symptoms and take appropriate action. Staff who handled medicines had completed training to do so safely.

There were suitable numbers of staff to care and support people. Staff and relatives confirmed there were enough staff to meet the needs of people. The registered manager showed us the staff duty rotas and explained how staff were allocated to each shift. There was one team leader and two carers, together with the activities co-ordinator, two housekeeping staff and a cook on duty at the time of the inspection. The registered manager said if a person telephones in sick, the person in charge would ring around the other carers to find cover. This showed that arrangements were in place to ensure enough staff were made available at short notice. The registered manager told us staffing levels were regularly assessed depending on people's needs and occupancy levels, and adjusted accordingly. People told us there was a stable staff group and enable staff on duty to meet people's needs. One relative said "There is usually enough staff". People received the support at a time that suited them and did not have to wait for assistance from staff.

The provider operated safe recruitment procedures. There was a recruitment policy which set out the appropriate procedure for employing staff. Staff recruitment records were clearly set out and complete. This enabled the registered manager to easily see whether any further checks or documents were needed for each employee. Staff told us they did not start work until the required checks had been carried out. These included proof of identity check, satisfactory written references; a Disclosure and Barring Service (DBS) criminal record check; and proof of qualifications obtained. These processes help employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Successful applicants were required to complete an induction programme during their probation period, so that they understood their role and were trained to care for people.

Staff were aware of how to protect people and the action to take if they had any suspicion of abuse. Staff were able to tell us about the signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team. Staff had received training in protecting people from abuse, so their knowledge of how to keep people safe was up to date. The registered manager was familiar with the processes to follow if any abuse was suspected in the service. If any concerns were raised, they would telephone and discuss with the local safeguarding team. The registered manager and staff had access to the local authority safeguarding protocols and this included how to contact the safeguarding team. Staff understood the whistle blowing policy and felt able to raise any concerns with the manager or outside agencies if this was needed. People could be confident that staff had the knowledge to recognise and report any abuse.

Requires improvement

Is the service safe?

Risk assessments were completed for each person to make sure staff knew how to protect them from harm. The risk assessments contained detailed instructions for staff on how to recognise risks and take action to try to prevent accidents or harm occurring. For example, moving and handling, skin integrity risk and falls risk assessments were in place for staff to refer to and act on. One falls risk assessment together with the moving and handling assessment stated "No longer gets out of bed unaided, so does not use the sensor mat. Is able to use the call system and will use it when something is needed". Staff told us that the person used the call bell when they needed assistance. Staff used appropriate moving and handling transfers to ensure people were supported safely.

Accidents and incidents were clearly recorded and monitored by the registered manager to see if improvements could be made to try to prevent future incidents. For example, one risk assessment had been reviewed following an incident. This stated that a sensor mat had been put in place and half hourly checks of the person were to be carried out by staff. A sensor mat was in place and records showed that half hourly checks had been carried out. There had been no further falls recorded since these measures had been put in place.

The premises had been maintained and suited people's individual needs. Upstairs, there was a long sloping area of floor. The risk had been minimised, as there was a long grab rail in place, the length of the slope, and two clearly placed signs, reminding people to use the rail to assist them. Equipment checks and servicing were regularly carried out to ensure the equipment was safe. The registered manager carried out risk assessments for the building and for each separate room to check the service was safe. Internal checks of fire safety systems were made regularly and recorded. Fire detection and alarm systems were regularly maintained. Staff knew how to protect people in the event of fire as they had undertaken fire training and took part in practice fire drills.

Risk assessments of the environment were reviewed and plans were in place for emergency situations. The staff knew how to respond in the event of an emergency and how to protect people.

Requires improvement

Is the service effective?

Our findings

People told us that staff looked after them well. One person said "They (the staff) are really good. I am looked after well". People's comments about the food included, "The food is good", and "It is quite good food, varied and does not get boring. They know that I do not like spicy food". Relatives commented, "The food looks good. There is a variety here, and it is fresh", "The food is lovely, and they seem to eat quite well. The staff cut the food up, if it is needed", and "She is eating well here, when she would not eat at home".

The premises were an older style building, with limited communal space, for example there was insufficient space for all of the people to sit at the tables at mealtimes. However, some people were happy to have their meal on small tables at their armchair in the lounge. The registered manager told us that a planned improvement was to have a conservatory built onto the front of the premises. This was to provide additional communal space, and different areas for people, in which to spend their time should they so wish. Three relatives mentioned the size of the service "Small" as a positive, in that it made it more responsive. One said "It is nice to see her with others who know her". Another relative said "We like it because it is small". There was a small outside area, and as the service was adjacent to a park, people were assisted to walk in the park grounds on a regular basis. The benefits for people living with dementia and gardens are well documented such as improving wellness, reminiscence and motor skills.

We found that doors were all the same colour, and toilets and bathrooms were not always clearly identified to aid and support independence of people living with dementia.

We recommend that the provider considers guidance on enhancing the environment for people living with dementia.

Staff told us that they had received induction training, which provided them with essential information about their duties and job roles. The induction training included workbooks that new staff completed. During induction new staff shadowed an experienced worker until they understood their role and were trained to care for people safely. Both carers on duty said they felt they had sufficient training to do their job and meet people's needs.

Some staff had completed vocational qualifications in health and social care. These are work based awards that are achieved through assessment and training. To achieve a vocational qualification candidates must prove that they have the competence to carry out their job to the required standard. This helped staff to deliver care effectively to people at the expected standard. Staff received refresher training in a variety of topics such as infection control and health and safety. Staff were trained to meet people's specialist needs such as dementia care awareness. This helped staff to know how to empathise with people who had old age confusion as well as anyone with dementia. This enabled the registered manager to ensure that all staff were working to the expected standards, caring for people effectively.

Staff were supported through individual one to one meetings and appraisals. These provided opportunities for staff to discuss their performance, development and training needs, which the provider monitored effectively. Staff were positive about this and felt able to discuss areas of concerns within this system. Staff received an annual appraisal and felt these were beneficial to identify what they wished to do within the service and their career.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Some people were currently subject to a DoLS, the registered manager understood when an application should be made and how to submit one. They were aware of the Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty. We found the service was meeting the requirements of the Deprivation of Liberty Safeguards.

Any application or consideration of DoLS starts with the assessment of their ability to make decisions. It is not until they are considered not to be able to make the decision that a DoLS is considered. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA), and the Deprivation of Liberty Safeguards (DoLS) and had been trained to understand how to use these in practice. People's consent to all aspects of their care and treatment was discussed with them or with their legal representative as appropriate. Care plans contained mental capacity assessments where appropriate. These documented the ability of the person to make less complex decisions, as well as information about how and when decisions should be made in the person's best interest. The registered

Requires improvement

Is the service effective?

manage was aware of how to assess a person's ability to make less complex decisions. The registered manager told us that an individual application had been made under DoLS in relation to the locked door policy, and this had been granted. Further applications were being completed for all of the people at the service.

People were supported to have a balanced diet. People's dietary needs were discussed before admission and the cook was informed. The cook was familiar with different diets, such as diabetic diets and vegetarian. There was a menu in place that gave people a variety of food they could choose from. People's likes and dislikes were recorded and the cook was aware of what people liked and did not like. There were two choices of main course and pudding each day. People were offered choices of what they wanted to eat and records showed what they had chosen.

Some people needed to have their food fortified to increase their calorie intake if they had low weights. Care staff weighed people monthly and recorded the weights in their care plans. They informed the registered manager of any significant weight gains or losses, so that the she could refer them to the doctor for any treatment required. Examples of making sure that people had sufficient food intake included, offering snacks throughout the day and night, and full fat bedtime drinks. There were plenty of drinks. One person said "I have had two cups of tea this morning". A relative commented "Whenever I come in, there is a beaker of drink beside her".

The registered manager had procedures in place to monitor people's health. Referrals were made to health professionals including doctors and dentists as needed. One relative commented, "They referred her to the Alzheimer's department, got her to the doctor's and the dentist". Another relative said "They let us know, she had seen the doctor for an infection, and they got her antibiotics". Where necessary other professionals were involved in people's care, such as speech and language therapist (SALT) and dieticians. One person who had swallowing difficulties had been referred to the SALT team. All appointments with professionals such as doctors, opticians, dentists and chiropodists had been recorded. Future appointments had been scheduled and there was evidence of regular health checks. People's health and well-being had been discussed with them regularly and professionally assessed and action taken to maintain or improve people's welfare.

Good

Is the service caring?

Our findings

People told us that staff are all very good. One person said, “The whole lot of them (the staff) are really good”. One relative commented, “It is a joy to come here, I am so grateful to everyone here. I feel that I have got my Mum back now”. Relatives said that they felt welcomed on arrival at the service. One family said “We can come anytime and stay as long as we like, no restrictions.” Another relative said, “You can come in anytime, even mealtimes, like now. I pop in most days”.

People and their relatives had been involved in planning how they wanted their care to be delivered. Relatives felt involved and had been consulted about their family member’s likes and dislikes, and personal history. People said that staff knew them well and that they made choices throughout the day regarding the time they got up, went to bed, whether they stayed in their rooms, where they ate and what they ate. One member of staff told us “We take a special interest and check people’s clothes and need for toiletries, little things like that make a difference. It is a more personal approach.” People felt they could ask any staff for help if they needed it. People were supported as required but allowed to be as independent as possible.

The staff recorded the care and support given to each person. Each person was involved in regular reviews of their care plan, which included updating their assessments as needed. The records of their care and support showed that the care people received was consistent with the plans that they had been involved in reviewing. Staff were able to describe the differing levels of support and care provided and also when they should be encouraging and enabling people to do things for themselves. Support was individual for each person. We saw that people could ask any staff for help if they needed it. Staff knew the needs and personalities of the people they cared for.

People were helped into the dining room and staff helped people that needed assistance during the mealtime, for example supporting them to eat their food. Staff chatted to people when they were supporting them with walking, and when giving assistance during the mealtime. The staff seemed to know the people they were caring for well. They knew their names, nicknames and preferred names. There was plenty of banter, which seemed to be well received. One person said “They are lovely girls; they call me their little ‘X’. I like that”. Staff recognised and understood people's non-verbal ways of communicating with them, for example people's body language and gestures. This meant staff were able to understand people's wishes and offer choices. We observed that the carer helping with the snacks knew which biscuits people preferred. There was a relaxed atmosphere in the service and we heard good humoured exchanges with positive reinforcement and encouragement. We saw gentle and supportive interactions between staff and people.

People said they were always treated with respect and dignity. Staff gave people time to answer questions and respected their decisions. The carer who was helping people with their clothes protectors at lunchtime, asked each person if she could ‘just cover your clothes with this’ before putting them on. Staff supported people in a patient manner and treated people with respect.

Staff spoke to people clearly and politely, and made sure people had what they needed. Staff spoke with people according to their different personalities and preferences, joking with some appropriately, and listening to people. People were able to choose where they spent their time, for example, in their bedroom or the communal areas. We saw people had personalised their bedrooms according to their individual choice. For example family photos, small pieces of their own furniture and their own choice of bed linen. People were relaxed in the company of staff, and often smiled when they talked with them. Support was individual for each person.

Good

Is the service responsive?

Our findings

People told us they received care or treatment when they needed it. Relatives commented, “They cater for all needs here”, “All the day to day things are perfect here and they are always helpful on the phone”, and “They are responsive when you say things, like when we have talked about their clothes”.

The management team carried out pre-admission assessments to make sure that they could meet the person’s needs before they moved in. People and their relatives or representatives had been involved in these assessments. This was an important part of encouraging people to maintain their independence. People’s needs were assessed and care and treatment was planned and recorded in people’s individual care plan. These care plans contained clear instructions for the staff to follow to meet individual care needs. For example, we saw in one care plan, “I have moved to a bedroom on the ground floor, as there is more space in there for staff to be able to assist me with my mobility needs”. The staff knew each person well enough to respond appropriately to their needs in a way they preferred and was consistent with their plan of care.

People's needs were recognised and addressed by the service and the level of support was adjusted to suit individual requirements. The care plans contained specific information about the person’s ability to retain information or make decisions. Staff encouraged people to make their own decisions and respected their choices. For example, people were encouraged to choose what to wear and, supported to make decisions about what they wanted to wear. Changes in care and treatment were discussed with people before they were put in place. People were included in the regular assessments and reviews of their individual needs.

People were supported to take part in activities they enjoyed. The activities co-ordinator had received a day’s training specifically for activities for people living with dementia. They said they were still learning but enthusiastic about their role. In the morning of the inspection, she took time to do people’s nails, and people were clearly pleased with this. It complemented the hairdressing activity, also going on in the same environment. In the afternoon, she undertook a dance activity, that some seemed to enjoy. The activities co-ordinator talked about craft sessions, fashion show, trips to the local shop, and the use of the nearby park. One person said, “We are lucky to have a park next door”. Another person said “There is plenty going on, I am never bored”. A relative mentioned picnics outside and buffets that people had enjoyed. Another relative said “A man with a guitar comes in, and people from the church come in and sing”. There were links with local services for example, local churches and local entertainers. People were supported in going out of the home or out with relatives when they were able to do this. People’s family and friends were able to visit at any time.

Some adaptations to the environment had been made to meet people’s physical needs. For example, there were grab rails along the corridors, to aid people when walking. Special equipment such as adjustable bed with special mattress was obtained, to support a person who had poor skin integrity.

The complaints procedure was displayed in reception. People were given information on how to make a complaint in a format that met their communication needs, such as large print. People were given the opportunity at regular reviews to raise any concerns they may have. All visitors spoken with said they would be confident about raising any concerns. People commented, “I would go to the manager or a senior member of staff”, “I would go to the manager, I have confidence in her, I go to her for any queries”, and “I am quite happy to see anyone really. They all talk to us”. The registered manager investigated and responded to people’s complaints. Records of complaints showed that they were taken seriously, investigated appropriately and reported on. The registered manager said that any concerns or complaints were regarded as an opportunity to learn and improve the service, and would always be taken seriously and followed up. People told us they knew how to raise any concerns and were confident that the registered manager dealt with them appropriately within a set timescale.

Good

Is the service well-led?

Our findings

People and staff told us that they thought the service was well-led. Thank you comments received from relatives included "We wanted you to know how much we appreciate the loving care you gave our Mum. She was happy and content and really seemed to think of Greenford as her true home", and "To the fantastic staff at Greenford. I would like to thank each and every one of you for looking after Mum. The love and care you showed her made the illness she suffered so much easier to bear. To see my Mum smile was amazing, she never lost that and that is all thanks to you".

The registered manager told us that since October 2014, she had been managing two homes for the company. Therefore her working hours at Greenford Care Home had reduced. The deputy manager had also not been able to work at the service for the past three weeks, but was hoping to resume duties in the near future. Concerns had been raised that the registered manager was no longer at the home on a full time basis. Action had been taken by the provider, and the registered manager confirmed to us in writing that she would be back to working full time at Greenford Care Home from the 22 May 2015.

The provider had a clear vision and set of values. These were described in the Statement of Purpose. People were given a copy of the Statement of Purpose, so that they had an understanding of what they could expect from the service. The management team demonstrated their commitment to implementing these values, by putting people at the centre when planning, delivering, maintaining and improving the service they provided. From our observations and what people told us, it was clear that these values had been successfully cascaded to the staff and were being put into practice. It was clear that they were committed to caring for people and responding to their individual needs. For example, bedrooms being decorated to meet individual needs either prior to admission to the service, or as part of on-going re-decoration.

The management team at Greenford Care Home included the registered manager, deputy manager and team leader. The company provided support to the registered manager through regular meetings with the area manager, and the area manager visiting the service to carry out quality audits. Additional support was provided by the managing director of the company. This level of business support allowed the registered manager to focus on the needs of the people and the staff who supported them. Staff understood the management structure of the home, which they were accountable to, and their roles and responsibilities in providing care for people.

People and relatives spoke highly of the registered manager and staff. We heard positive comments about how the service was run. They said the registered manager had an open door policy. People said that staff and management worked well together as a team. They promoted an open culture by making themselves accessible to people, visitors, and staff, and listening to their views.

The registered manager had recently sent out quality assurance surveys to gain people's views about the service, following concerns that had been raised with her, about the service. The surveys asked questions for example, "How do you rate the choice of food offered", and "How do you rate the care provided". The questions were answered on a scale of 1 to 5, with 5 being excellent. The majority of answers on the survey were between 3 (Average), and 5 (Excellent). People commented on the surveys, "I am completely satisfied with my Mother's care"; "This is a homely place. Staff are friendly and caring"; "Staff are excellent"; "Mum is always clean and tidy. She has gained weight due to the good food. The carers are attentive to her needs and address any concerns I have", and "I find the staff always friendly and respectful". The registered manager told us that completed surveys were evaluated and the results were used to inform improvement plans for the development of the service.

There were systems in place to review the quality of all aspects of the service. Monthly and weekly audits were carried out to monitor areas such as infection control, health and safety, care planning and accident and incidents. Appropriate and timely action had been taken to protect people and ensure that they received any necessary support or treatment. There were auditing systems in place to identify any shortfalls or areas for development, and action was taken to make improvements whenever possible.

People were asked for their views about the service in a variety of ways. These included formal and informal meetings; events where family and friends were invited; questionnaires and daily contact with the registered manager and staff. Thank you cards received by the service

Good

Is the service well-led?

commented, “Thank you for the love and care you gave my relative”; “Thank you for all the kindness you showed my Mum whilst she was in your care”; “Thank you for the talks, the hugs, for holding my hand, for listening”.