

V Gulati

# Catterall House Residential Care Home

## Inspection report

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## Ratings

Overall rating for this service

Good 

Is the service safe?

**Requires Improvement**



Is the service effective?

**Good**



Is the service caring?

**Good**



Is the service responsive?

**Good**



Is the service well-led?

**Good**



# Summary of findings

## Overall summary

This comprehensive inspection was carried out on the 18 July 2017 and the 21 July 2017. The first day was unannounced.

Catterall House is located on the outskirts of Garstang and is within easy reach of the Cities of Preston and Lancaster. Accommodation is provided for up to 24 older people who need help with personal care. Most bedrooms are of single occupancy. Bathrooms are located throughout the home. A variety of sitting rooms are accessible and a separate dining room is provided. A variety of amenities are available within Garstang village centre and public transport links are easily accessible.

At the time of the inspection visit there was a manager in place who was registered with the Care Quality Commission. 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.

We last inspected Catterall House Residential Care Home in December 2016. We identified no breaches in the regulations we looked at.

During this inspection visit carried out in July 2017 we found medicines were managed safely. We saw people received their medicines in safe way, at the time they needed them.

We observed care and support being provided in a safe way and people told us they felt safe. One person told us, "I'm safe enough."

Staff were able to explain the actions they would take if they were concerned someone was at risk of harm or abuse. They told us they would report concerns to the registered manager, the Care Quality Commission or the Lancashire Safeguarding Authorities so further investigations could take place.

We checked to see if people without mental capacity were lawfully deprived of their liberty if this was necessary. We found appropriate applications to deprive people of their liberty were made to the local authorities as required.

We reviewed staff files and found there were processes that ensured staff were suitably recruited. Staff we spoke with confirmed checks had been carried out prior to starting work at the home.

Staff told us they received training and supervision to enable them to fulfil their role. Staff said they enjoyed the training and further training was available if this was required. We viewed documentation which evidenced staff received supervision and training.

We discussed staffing with people who lived at the home. People told us, "Sometimes I have to wait when I ring the bell, but it's not for long." And, "I think there's enough here to look after us all." During the inspection we saw staff were patient and kind with people who lived at the home. We saw people were supported at a pace appropriate to their individual needs.

People who lived at Catterall House Residential Care Home told us they considered staff were caring. One person told us, ""They're really good, kind and patient, I can't fault the staff". We observed people being supported with kindness and compassion.

People who lived at the home told us activities were available for them to participate in if they wished to do so. One person said, ""I like reading, I get books from the mobile library. The home and relatives take me out". During the inspection we saw people being supported to take part in activities which were important to them.

People told us they enjoyed the meals provided. We observed the lunchtime meal and saw this was a positive experience for people who lived at the home. Staff gently encouraged people to eat and we saw people enjoyed their meal.

We reviewed documentation which described the care and support people required. The documentation we viewed contained the social histories and interests of people who lived at the home. We saw if people required advice from other health professionals, referrals were made appropriately.

The registered manager carried out checks to ensure improvements could be identified. These included checks on care records, attendance at training and accidents and incidents. There was a quality survey in place, which was provided to people who lived at the home. This enabled people to give feedback on the service provided. We saw any actions as a result of this feedback was carried out when possible. This was displayed on a notice board within the home.

We noted some areas of the home smelt malodorous. We have made a recommendation about implementing actions from an external professional's infection control audit.

We found some areas of the home required redecoration. We discussed this with the registered manager and registered provider. We have made a recommendation regarding the documentation of action plans relating to this.

We saw window restrictors had been fitted to windows in occupied bedrooms. The registered manager told us bedrooms would be redecorated and window restrictors would be fitted as the rooms were re-furbished. We saw PEEP'S (Personal Emergency Evacuation Plans) were in place and fire doors were closed. This helped minimise the risk of fire spread and ensured staff had access to be able to evacuate people from the home if the need arose.

There was a complaints policy available at the home. People told us they would talk to staff if they had any concerns.

People who lived at the home told us they could speak with the registered manager if they wished to do so. We saw meetings were held for people to express their opinions and people who lived at the home and their relatives told us the manager was approachable.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Areas of the home required decoration and the home was malodorous in some areas.

There were systems in place to manage medicines appropriately.

Staff were suitably recruited, and staffing levels were sufficient to respond to peoples' individual preferences.

Assessments of risk were carried out and care records contained information on how risks should be managed.

Staff were aware of the policies and processes to raise safeguarding concerns if the need arose.

### Is the service effective?

**Good** ●

People were enabled to make choices in relation to their food and drink and were encouraged to eat foods that met their needs and preferences.

Referrals were made to other health professionals to ensure care and treatment met people's individual needs.

There was a training programme to ensure people were supported by suitably qualified staff.

The management demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

### Is the service caring?

**Good** ●

The service was caring.

Staff were patient when interacting with people who lived at the home and people's wishes were respected.

Staff were able to describe the likes, dislikes and preferences of people who lived at the home.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service was responsive.

Activities were available for people to participate in.

People were involved in the development of their care plans and documentation reflected their needs and wishes.

There was a complaints policy to enable people's complaints to be addressed.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place to ensure improvements were identified.

The manager consulted with people they supported and relatives for their input on how the service could continually improve.

People, relatives and staff told us the manager was approachable and supportive.

# Catterall House Residential Care Home

## **Detailed findings**

### Background to this inspection

We carried out this comprehensive 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 comprehensive inspection was carried out on 18 July 2017 and the 21 July 2017 and the first day was unannounced. The inspection team consisted of one adult social care inspector and an expert by experience. An expert by experience is someone who has experience of health and social care. The expert by experience who participated in this inspection had experience of older people. At the time of the inspection visit 14 people lived at the home.

The provider returned the completed Provider Information Return (PIR), within the requested timeframes. A PIR is a form which asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. The PIR included details of external health professionals who had involvement with the home. Prior to the inspection we contacted the external health professionals. We did this to seek their feedback on the service provided. We received no negative feedback.

Before the inspection visit we viewed information the Care Quality Commission (CQC) holds about Catterall House Residential Care Home. This included any statutory notifications, adult safeguarding information and comments and concerns. To assist in the planning of the inspection, we also contacted the local commissioning authority to gain their views. We received no concerning information.

As part of the inspection visit we spoke with six people who lived at the home and two relatives. We also 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 spoke with the registered manager of the home, the registered provider and the chef. In addition, we spoke with three care staff and the deputy manager. We walked around the home and spent time in the communal areas. This allowed us to observe the interactions between people who lived at the home and staff. We also spoke with three external health professionals who were visiting the home.

We looked at a range of documentation. We looked at four care records and three staff files, staff rotas and health and safety documentation. As part of the inspection we viewed a sample of medicine records. We also viewed a sample of accident and incident records.

# Is the service safe?

## Our findings

We asked people if they felt safe. People told us, "I'm safe enough." And, "I'm safe here." A relative we spoke with told us, "I've never had any worries."

We observed medicines being administered. The staff member concentrated on their duties and checked the medicine administration records (MAR) and the medicine prior to administering medicines. We noted the staff member consulted with people and the MAR record was signed when people had taken their medicines. We checked a sample of MAR records and medicines and found the quantities matched. This indicated people received their medicines as prescribed. We discussed the ordering and disposal of medicines with staff. There were arrangements in place to ensure medicines were ordered and disposed of appropriately. This helped ensure medicines were managed safely.

We noted that some bedroom windows did not have window restrictors on them. We discussed this with the registered manager who told us these rooms were currently unoccupied. They told us the rooms would be redecorated prior to the rooms being occupied, and window restrictors would be fitted at that time. We saw the windows had locks and prior to the inspection concluding, the windows were locked. This helped minimise the risk of falls from height.

We found people had individual PEEPS (Personal Emergency Evacuation Plans) in place. These are documents which record the help people need to evacuate the home in the event of fire. We spoke with staff and asked them to explain the procedure they would follow in the event of a fire. Staff we spoke with were able to explain the procedure. They were knowledgeable of the PEEPS in place and the support people would require to enable them to evacuate the home. This helped ensure people received the correct support in the event of a fire.

We reviewed care records and saw risk assessments were carried out to ensure risks were identified. Written records were in place to instruct in how risks would be managed. Staff told us they were aware of the risk assessments in place and were knowledgeable of the help people required to keep them safe.

We spoke with staff about safeguarding. They told us they had received training to deal with safeguarding matters. We asked staff to give examples of abuse and they were able to describe the types of abuse that may occur. Staff also demonstrated an understanding of signs and symptoms of abuse and explained how they would report these. They said they would immediately report any concerns they had to the registered manager, the Care Quality Commission or the Lancashire Safeguarding Authority. One staff member told us, "I'd report anything that affected a resident's wellbeing so it could be investigated." This helped ensure concerns were raised appropriately to enable investigations to be carried out if required.

We looked at staff files to check suitable recruitment processes were in place. We reviewed documentation which showed appropriate recruitment checks were carried out before a person started to work at the service. Staff we spoke with told us they had completed a disclosure and barring service (DBS) check prior to being employed. This is a check which helped ensure suitable people were employed to provide care and



support. We saw records of the checks were kept and references were sought for each new employee. In one staff file we saw no explanation had been documented for a gap in employment. The registered manager told us they had discussed this with the staff member prior to their appointment, but the discussion had not been documented. Prior to the inspection concluding we saw this had been carried out.

We asked people their opinion on the number of staff available to support them. People told us they had no concerns. We were told, "Sometimes I have to wait when I ring the bell, but it's not for long." And, "I think there's enough here to look after us all."

We spoke with two relatives who told us they had no concerns with the numbers of staff available to support people. We carried out observations during the inspection visit. We timed a call bell and saw this was answered promptly. We saw staff spent time with people and this was welcomed by people who lived at the home.

Staff we spoke with raised no concerns regarding the staffing levels at the home. They told us they did not have to rush people and they could support people at a pace appropriate to their individual needs. One staff member commented, "There's no pressure here. We can spend as much time as we like with people."

We discussed staffing with the registered manager. They told us they used an assessment tool to help calculate the number of staff required to support people. They informed us this was used when a new person came to live at the home or if people's needs changed. In addition they told us they worked alongside staff. They said this enabled them to support staff, carry out observations of practice and assess the numbers of staff required. This demonstrated the needs of people were considered when staffing was arranged.

We looked at a range of health and safety documentation. We found agreements and checks were in place to ensure equipment and services were maintained safely. We found water temperatures were monitored to minimise the risk of scalds. At the time of the inspection we checked a sample of taps within the home and saw these were below the temperature recommended by the Health and Safety Executive, 'Managing the risks from hot water and surfaces in health and social care.'

During the inspection visit we noted the home required redecoration in some areas. For example, we saw wallpaper in one of the lounges was loose and the cupboard doors in a hairdressing room had missing laminate, exposing wood underneath. We discussed this with the registered provider who told us they would refurbish rooms as occupancy at the home increased. There was no documented plan in place to evidence this.

We recommend the service seeks and implements best practice guidance in relation to action planning to ensure improvements are made.

On the first day of the inspection we noted the home smelt malodorous in some areas. This had decreased on the second day of the inspection. We discussed this with the registered provider and registered manager. The registered manager told us carpets were cleaned regularly and an infection control audit had identified a steam cleaner was required. The registered provider told us they were considering this.

We recommend the service implements best practice guidance in relation to the recommendations from the infection control audit.

# Is the service effective?

## Our findings

People who lived at Catterall House Residential Care Home told us they were supported to see other health professionals if the need arose. People told us, "I don't have to sort the doctor out, the girls do that." And, "I don't have to worry, the staff arrange that for me." A relative said, "They're very good at calling the doctor out."

Documentation we viewed evidenced people were enabled to seek further medical advice. We saw referrals to doctors, district nurses and community health professionals had been made if this was required. During the inspection we spoke with two visiting health professionals. They told us appropriate referrals were made to them in a timely manner. This demonstrated people were able to access external health professionals if this was required.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw documentation which evidenced if people were unable to consent to care and support, mental capacity assessments were carried out. We found applications to restrict people's liberty were submitted to the local authority if these were required. Staff we spoke with were knowledgeable of the applications in place. This helped ensure people received care and support in accordance with their assessed needs.

We spoke with staff to check they received sufficient training to enable them to deliver safe and effective care. Staff explained they had received training in areas such as safeguarding, MCA, safeguarding and moving and handling. Staff told us they were provided with training to refresh their skills and they were reminded to complete this. One staff commented, "We're all doing courses. We're encouraged to learn and develop, it means better care for people." We reviewed the training matrix. This is a document that records the training staff have completed and the training staff are required to complete. This evidenced staff were provided with training to ensure their skills remained up to date.

Staff we spoke with told us staff received an induction prior to starting to work with people who received care and support. In addition, staff explained they received one to one meetings to discuss their performance and any training needs. We saw documentation which evidenced these meetings took place. Staff told us they attended staff meetings and could discuss any areas of practice at these. Staff told us the registered manager was 'hands on' and they could approach them for advice or support at any time.

We asked people their opinion of the meals at Catterhall House Residential Care Home. Overall, people told us they enjoyed the food provided. We were told, "Very good, I enjoy it." And, "It's good, I'm putting weight

on, you've got two choices. For tea we have soup and sandwiches, there's a choice of filling, it varies". One person told us they felt one of meals at the home could be improved and they were always offered an alternative. Relatives we spoke with told us they were happy with the food provision at the home.

We checked to see there were sufficient supplies of food at the home. We were informed the home was awaiting a delivery of fresh fruit and vegetables. We saw some fruit and vegetables were available and there was a supply of dry and tinned stores if these were required. We checked the freezers and saw these were stocked with frozen vegetables, fish, meats and ice creams.

During the inspection we found no vegetables were provided with the main meal. We looked at the menu which recorded vegetables should have been provided. We discussed this with the registered manager. They explained the delivery had been delayed, however people should have been provided with frozen vegetables. They told us they would discuss this with the chef and we saw evidence this took place.

We were told alternative meals were provided and during the inspection we saw this was the case. We saw one person requested an alternative to the pudding. We saw this was provided. In addition, we saw people could eat their meal where they chose. One person chose to eat their meal away from people. This was accommodated. We observed people being supported to eat. We saw this was done with dignity and compassion. People were not rushed or hurried in any way and people were offered extra portions if they ate all their meal.

We spoke with the chef who was knowledgeable of people's individual needs. We saw one person required a specific diet. We noted the person was provided with food to meet their needs. The chef told us they were committed to ensuring people ate well and enjoyed their meals. They showed us a cake they were baking. We saw this was offered to people as a pudding after the main meal. This was enjoyed by people and we saw they commented on the cake as it was given to them. We heard comments such as, "How lovely is that!" And, "It's smashing!"

Documentation we viewed also evidenced people were supported to eat and drink sufficiently to meet their needs. We saw people's weight was monitored, where appropriate, to ensure their dietary needs were considered as part of the care planning process. For example, we saw if people were at risk of malnutrition or dehydration. This was recorded in their care plan with information on how they should be supported. This helped ensure people's needs were met.

During the inspection we saw hot drinks and biscuits were available and offered to people throughout the day. Staff reminded people to drink their drinks and cold drinks were replenished as required. This helped ensure people drank sufficiently to meet their needs.

## Is the service caring?

### Our findings

People who lived at the home were complimentary of staff who worked at the home. Feedback included, "They're really good, kind and patient, I can't fault the staff". And, "They're very friendly, very kind." One relative told us, "They're fine, lovely, I can't complain, they're friendly." A further relative said, "Everyone is loving and caring towards [my family member.]"

We found staff were caring. We observed staff talking with people respectfully and offering help. For example, we noted one person was moving in their chair. We saw a staff member approached them and asked if they were uncomfortable. They helped the person arrange a cushion to support their comfort. This had a positive impact on the person who stopped moving and appeared relaxed. This demonstrated staff had a caring attitude.

Staff were patient with people who lived at the home. We observed people being helped to mobilise and saw this was carried out in a supportive and respectful way with understanding. Staff offered encouragement and were gentle in the way they spoke with people. We noted people responded to this by smiling and chatting with staff.

We asked people who lived at the home if staff understood them and their individual needs. People told us they did. Comments we received included, "They know what I need and what I don't." And, "Of course they do." Our observations showed staff knew people's preferences and social history. We observed staff talking with people about things which interested them. For example, we observed a staff member chatting with a person about their family. The person was smiling as they talked to the staff member. We saw a further staff member talking to a person about an area of local interest. The person relayed their memories and we observed the staff member shared their own memories with the person. This demonstrated staff knew the social histories and interests of people and used this knowledge to support people and build meaningful relationships.

Care records contained person centred information. We saw people's preferences, social histories and needs were documented. Staff we spoke with were able to explain what was important to people. One staff member told us a person who lived at the home preferred a particular type of music. We looked at the person's care record and saw this was the case. The staff member said, "I know all the words to most of the songs now. We sing them together." This demonstrated staff had access to important information to support the development of positive relationships.

People told us their privacy was respected and their dignity was upheld. We were told, "They knock before they come in." And, "They always knock and wait." During the inspection visit we noted staff took care to ensure people's privacy and dignity was respected. We observed bathroom doors were closed when personal care was delivered. We saw staff knocking on people's doors prior to entering their rooms.

We found care records were stored securely. This helped ensure private information was only available to authorised people. We noted if staff needed to discuss people's needs or wishes, this was done in a private

area to ensure details could not be overheard. This helped ensure individual personal details remained private and people's dignity was protected.

Staff spoke fondly of people who lived at the home. They told us they were proud to work at the home and be part of people's lives. We were told, "I love working with residents. They deserve the best." And, "We give people individual care because people are individual."

We discussed the provision of advocacy services with the registered manager. The registered manager informed us advocacy support was arranged at people's request and information was available to support this.

## Is the service responsive?

### Our findings

We asked people who lived at the home if they were involved in the planning of their care. People told us they were. One person commented, "Yes, it's reviewed twice a year." A relative we spoke with told us they were involved in the planning of their family members care. They told us, "I've seen it and it's been reviewed, last time I saw it seemed up to date." A further family member said, "I'm involved in everything about [my family member's] care."

Documentation we viewed also evidenced people were involved in their care planning. We saw whenever possible, people were asked to sign to indicate they had agreed with their care plans. In addition, we saw people were consulted. During the inspection we saw a staff member asking a person if they wanted to see a doctor. This demonstrated people were involved in their care.

People who lived at the home told us they could have visitors when they wished. One person told us, "My friends pop round." A visiting health professional told us they were welcomed by staff when they visited the home. During the inspection we saw visitors were greeted by staff when they arrived at the home and were offered hot drinks. A relative told us, "Staff always offer you a drink." This demonstrated the home took action to ensure visitors felt comfortable when at Catterall House Residential Care Home.

We asked people their opinion of the activities provided at the home. One person told us, "I like reading, I get books from the mobile library. The home and relatives take me out." A further person said, "I like sitting outside in the sun, or watching TV. I talk to the residents and visitors." A relative we spoke with commented, "They're very good with activities, making paper flowers and Christmas decorations, it makes it feel more homely."

During the inspection we did not see any external activities taking place. We were informed a musical entertainer came to the home and the home organised internal activities such as exercise to music. One person we spoke with confirmed this took place. They told us they were able to choose the activities they took part in and if they declined, their wishes were respected. They said, "If the music man comes the girls remind me. I sometimes want to go. I don't always and I have a cup of tea and watch tv instead."

During the inspection we saw people being asked if they wanted to take part in board games or have their nails done. One person chose a manicure. We saw this was provided. The person was smiling and took great pride in their nails. They were smiling and showed them to other people who lived at the home. Staff helped people take part in activities which were meaningful to them. We saw one staff member dancing with a person who lived at the home. The person was laughing and clapping as they danced. We could see this was enjoyed by them. A further person wanted to sit outside. The staff member and the person sat together and chatted as they had a hot drink. The person was relaxed and told the staff member they loved to sit in the sunshine. They explained this was something they used to do. This demonstrated people were supported to follow their own routines which were important to them.

At the time of the inspection visit people told us they had no complaints. We found there was a complaints

procedure which described the response people could expect if they made a complaint. We reviewed the complaints file and found if a complaint was made, this was investigated and a resolution sought. Staff we spoke with told us they would report any complaints to the registered manager. We were told, "I'd report complaints so they can be dealt with." And, "Any complaints would go to [registered manager] so they could explore it." This demonstrated there was a complaints policy which was known by staff, to investigate any complaints.

## Is the service well-led?

### Our findings

We asked people if they felt the registered manager was approachable. People told us they were. We were told, "Yes." And, "She comes in every morning." The registered manager told us it was important to them that people could share their experiences of living at the home with them. They explained they spent part of each day they were at the home speaking with people. They further explained this enabled them to obtain feedback on the service provided and ensure people at the home were happy. This demonstrated the registered manager was keen to identify any areas of concern and resolve them.

We asked people what they felt the atmosphere at the home was like. People told us, "'I think it's quite good, nothing worries me about it. I get well spoken to by the staff.'" And, "I think it's a friendly atmosphere" Also, "Compared to February 2016, there's a vast improvement." A relative we spoke with told us, "The home's improved a lot under [registered managers] direction."

All the staff we spoke with told us they felt teamwork had improved. Staff told us they found the registered manager at the home to be supportive and approachable. Staff told us they had staff meetings where they were kept up to date with any changes and they could discuss any areas they wished. One staff member told us, "We have staff meetings where we can ask anything and get an answer." A further staff member said, "We're a good team. [Registered manager] is very proactive."

We asked the registered manager what audits were carried out to ensure a high quality of care was achieved. We were told checks were carried out on the environment, care records, medicines and accidents and incidents. We saw documentation which evidenced this.

Staff we spoke with told us checks were carried out to ensure improvements were identified. They confirmed checks on medicines, and the care records took place. They also told us the registered manager worked alongside them and would inform them if an improvement was required in their working practice.

We saw people were offered the opportunity to give feedback on the quality of the service provided. The registered manager told us they offered people and relatives the opportunity to complete surveys. We viewed six completed surveys and saw that people were satisfied with the service the home provided.

We saw documentation which demonstrated people who lived at the home were invited to attend 'residents and relatives meetings.' The registered manager told us this was a way of supporting people to shape the home in which they lived. We viewed minutes of the last meeting. This showed discussion had taken place regarding the meal provision at the home. We saw a comment had been made that the pastry on a homemade pie was not to a person's satisfaction. We discussed this with the chef. They told us they had been informed of this and had taken action to ensure the person's preferences were accommodated. We saw a further comment that some people felt the external musical entertainer could be improved. We discussed this with the registered manager. They told us they would discuss the feedback with the external musical entertainer to enable changes to be made. This demonstrated people's comments were acted upon to improve the service provided.



We saw that any areas of improvement from the meetings were recorded on a notice board in the home. A 'You said - We did' document was displayed. This is a document which records what people who lived at the home had raised and what the home had done in response. We noted the points raised were upon it. The registered manager said this was done so people and relatives were aware of the changes being made. They also explained this helped support close working between themselves, relatives and people who lived at the home. They said they aimed to be open and transparent at all times. This demonstrated the registered manager was committed to develop open and transparent relationships and sought to make improvements.

The service 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.