

Sukhvinder Marjara

Gresham Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Good



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection was undertaken on 12 and 13 October 2015 and was unannounced.

Gresham Lodge Care Home is registered with the Care Quality Commission [CQC] to provide accommodation and personal care for up to 21 older people some of whom are living with dementia. The service's communal areas are situated on the ground floor with bedrooms located on the ground and first floor. There is a car park for visitors to use. Staff are available 24 hours a day to support people.

This service has a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

Staff understood how to protect people from harm and abuse. They knew how to report abuse and told us they would report issues to the manager and the local authority, or directly to the Care Quality Commission.

Staffing levels observed during our inspections met people's needs. Recruitment processes in place protected people from staff who may not be suitable to work in the care industry.

People's care records reflected their full and current needs. Staff understood people's needs and were aware of potential risks to their health and wellbeing. Staff placed their emphasis on providing effective care and support to people.

Training was provided for staff in a variety of subjects, supervision was in place and appraisals were scheduled. This helped to support staff and maintain their skills.

People were provided with home cooked food. Meal times were social occasions. People's food and fluid intake was monitored, where this was necessary to maintain their health and wellbeing. People were prompted or assisted with meals and drinks by patient and attentive staff to ensure their dietary needs were met.

Visiting health care professionals told us that staff contacted them in a timely way and acted upon their advice to promote people's wellbeing.

Pictorial signage was in place throughout the service which helped people find their way around. People's bedrooms were personalised to their needs. Refurbishment plans had been completed downstairs.

Some further work was to be carried out at a later stage to the rooms upstairs to improve these facilities. The building was maintained and service contracts were in place.

Staff respected people's privacy and dignity. People made decisions about how they wished to spend their time. Staff asked people about the support they wanted to receive and acted upon what they said. There was an extensive programme of activities and outings available to people.

We found the registered provider usually worked within the Mental Capacity Act 2005 [MCA] and Deprivation of Liberty Safeguards [DoLS] with regards to making applications to the local authority when people who lacked capacity were deprived of their liberty. However, we found one person who lacked a capacity had been cared for in bed when they were not able to consent to this, and that the general MCA principles were not followed in this case. There were other instances when MCA principles were followed for people which meant there was a lack of consistency by the registered provider, in this case. The recording of some decisions made in people's best interest could be improved. This issue was addressed straight away at the time of our inspection.

There was a complaints procedure in place. The registered manager undertook regular audits covering all aspects of the service. The management team reviewed the service provided regularly to help them to develop or improve the service provided. We have made a recommendation in this report for the registered provider to ensure applications are sent timely to the local authority in relation to Deprivation of Liberty Safeguards.

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?

People's safety was maintained. Minor environmental shortfalls were addressed during our inspection to ensure the service remained safe for people.

Staff knew how to recognise the signs of potential abuse and knew how to report issues which helped to protect people from harm.

People we spoke with told us they felt safe living at the service. Staff understood the risks present to each person's health and wellbeing.

Medication systems in operation were robust.

Good



Is the service effective?

The service was generally effective. People's mental capacity was assessed and reviewed to help prevent people being deprived of their liberty. The registered provider followed the principles of the Mental Capacity Act. However, applications regarding Deprivation of Liberty Safeguards had not recently been submitted to the local authority in a timely way.

Staff effectively monitored people's health and wellbeing and gained help and advice from relevant health care professionals.

People had their dietary need met. Those who needed monitoring were kept under observation to maintain their wellbeing.

Staff were provided with training to maintain and develop their skills. They were skilled and experienced at meeting people's needs.

Requires improvement



Is the service caring?

The service was caring. People were treated with dignity, respect and kindness.

Staff attended to people in a gentle and enabling way to promote their independence and choice.

Staff understood people's needs, likes, dislikes and preferences. There was friendly banter held between the staff and people living at the service.

There was a caring and welcoming atmosphere within the service.

Good



Is the service responsive?

The service was responsive. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Staff understood people's preferences for activities. There was a wide variety of activities and outings provided.

Good



Summary of findings

A complaints procedure was in place. People were supported to make a complaint. Issues were dealt with appropriately.

Is the service well-led?

The service was well led. The registered provider and management team monitored the service and took action to correct issues that were identified. This helped to maintain and improve the standard of service provided to people.

People living at the service and their relatives were asked for their views; these were listened too and were acted upon.

Staff understood the management structure of the service they could speak with the registered provider manager or management team at any time.

An auditing system was in place to ensure the quality of the service could be maintained or improved, when required.

Good



Gresham Lodge 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 registered 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 12 and 13 October 2015 and was unannounced. The first day of the inspection was undertaken by a social care inspector with an expert by experience. The second day the inspector visited by themselves. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to our inspection we looked at the notifications on file and reviewed all the intelligence the Care Quality Commission [CQC] had received to help inform us about the risk level for this service. This information was reviewed to help us make a judgement. We spoke with the local authority and their safeguarding team prior to our visit regarding this service. There were no concerns raised.

We used a number of different methods to help us understand the experiences of the people who used the

service. A Short Observational Framework for Inspection [SOFI] was used to help us understand the experiences of people who used the service who were unable to tell us their views.

During our inspection we undertook a tour of the building. We observed how people were treated in the communal areas of the service. We inspected the medicine systems in place. We watched lunch and tea being served. We looked at a variety of records; this included three people's care and medicine records. We looked at records relating to the management of the service; policies and procedures, maintenance records, quality assurance documentation and complaints information. We also looked at staff rotas, three staff files, training and supervision records and information about recruitment. We found some minor environmental issues needed to be addressed; the shower room required cleaning and a commode required cleaning and a shower chair was replaced.

We spoke with the registered provider and deputy manager, five staff and the cook. People living at the service were spoken with in general and we interviewed eight people in detail. We gained the views of five relatives. We asked six visiting health care professional for their views about the service. The feedback we received was positive.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. One person we spoke with said, “Yes I feel safe here; they take excellent care of us. They make us feel very safe and sound and that’s a very nice feeling.” Another person said, “I feel safe here.”

All the relatives we spoke with told us they felt the service was safe. One said, “We come and go at all times of day and can honestly say we have never seen or heard anything to cause any concern. In fact they [staff] treat the residents with the utmost care and treat everyone with respect. They [staff] are all good, every one of them.” Another relative said, “There seems to be sufficient staff on. They are attentive.”

We saw that the staffing levels during our inspection ensured people received their care and support in a timely way. Staff we spoke with said; “Staffing levels are okay.” and, “They are adequate.”

Staff were provided with regular training about safeguarding vulnerable adults. There was a whistle blowing [telling someone] policy in place to help advise the staff. The registered provider had effective procedures in place for protecting people from abuse. Staff we spoke with understood the types of abuse that may occur and knew what action they must take to help protect people. A member of staff we spoke with said, “I would report issues straight away.”

We asked all the visiting health care professionals if they had any safeguarding concerns about this service they confirmed they had no issues. One health care professional said, “I have never seen anything that has concerns me in this care home. I would report issues straight away. The provider oversees the service quite closely, with a very strong presence.”

The registered provider told us they reported safeguarding issues to the local authority for their consideration and said they worked with them to resolve any issue. This was confirmed by the local authority.

We inspected three people’s care records. Information was present about the risks to people’s health or safety. There were individual risk assessments in place for the risk of

falls, prevention of skin damage and the risk of choking. The staff we spoke with knew people’s care needs in detail and were able to tell us about the support each person needed to receive.

We saw that as people’s needs changed health care professionals were asked for their advice. The health care professionals who were visiting the service confirmed that the staff contacted them in a timely way to gain help and advice. They said their advice was always acted upon. One health care professional told us, “The staff are lovely and approachable, they are very helpful, they ring me to come and check patients and my instructions are followed. Staff are always timely, they don’t wait for problems they think of the future and anticipate issues.”

Staff were knowledgeable about the equipment people needed to use to help maintain their wellbeing. Equipment used for moving and handling people was seen to have been assessed as being required. Information was in place about people’s abilities and the assistance they would need in an emergency. This information was contained in personal evacuation plans so that staff were informed.

There was a secure door entry system in place to help to prevent unauthorised people gaining entry to the service. Sanitising hand gel was present for people to use. Staff were provided with gloves and aprons to help maintain infection control.

Systems were in place to maintain and monitor the safety of the premises. Audits were completed regarding the general environment and water temperatures. Regular fire safety checks were undertaken on the emergency lighting, fire extinguishers and fire alarms. Staff received fire training which helped them prepare for this type of emergency.

If general repairs were required this information was recorded and action was taken. However, during our inspection we found the shower chair was rusty round the wheels, the shower room needed cleaning and a commode chair needed to be cleaned. All these issues were immediately addressed by the registered provider.

The management team undertook monthly audits of accidents and incidents that occurred. They looked for patterns and considered what corrective action could be taken to prevent further accidents occurring. This helped to maintain people’s health and safety.

Is the service safe?

We inspected the medicine systems in operation, this included how medicines were ordered, stored, administered, recorded and disposed of. People's medication administration records [MAR] contained their photograph to aid identification. Allergies were recorded to inform staff and health care professionals of any potential hazards. People's medications were stored in their own bedrooms in a locked cupboard within their wardrobe.

Staff who had received training in the safe handling of medicines dispensed medicines. We observed a member of staff giving people their medicine, they were skilled and competent. They checked the person's identity and stayed with them until their medicine was taken. We checked the controlled medicines at the service and these were found to be correct.

Is the service effective?

Our findings

People we spoke with told us that the staff were effective at looking after them. A person we spoke with said, “We can go to bed and get up when we wish. They [staff] just come and help you if you need it.” One person commented about the environment, they said, “My room is very nice, clean and tidy.” We received positive comments about the food provided at the service: “We have lovely cooked breakfasts. They cook everything as and when you want it. We have homemade soup or sandwiches at tea-time, and Horlicks around 8 o’clock at bedtime.” “We can have snacks if we want anytime and there’s no restrictions whatsoever.” We observed that the care provided to people appeared person centred and people we spoke with told us their needs and preferences were always taken into account.

Relatives we spoke with were satisfied that the service provided to their relation was effective in meeting their needs.

During our inspections we observed how staff supported people in the communal areas of the service. We saw that the staff knew people’s likes, dislikes and preferences for their care and support. Staff encouraged people to be as independent as possible, even if there were some risks attached to this. This ensured people’s freedom to exert their independence was not restricted.

Staff undertook regular training in a variety of subjects which included; First aid safeguarding, infection control, dementia and the Mental Capacity Act 2005, moving and handling and medicine administration. Staff we spoke with told us there was plenty of training provided which had to be completed. New staff were provided with an induction programme and they had to work with senior care staff to support and develop their care skills. A member of staff said, “At induction I received a training booklet, it had to be completed in 12 weeks. It covered everything, fire, infection control, emergency and disciplinary procedures and safeguarding. I have completed a dementia care course and have learnt a lot about the Mental Capacity Act and Deprivation of Liberty Safeguards.” The staff confirmed the training helped them to develop and maintain their skills.

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 can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards [DoLS]. We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the registered provider had previously submitted applications to the ‘Supervisory Body’ for authority to deprive specific people of their liberty, we were told some applications were awaiting authorisation. Staff had received training regarding MCA and DoLS. Leaflets were available at the service to inform people about advocates that could be provided for them locally.

We found the registered provider generally followed the principles of MCA but had not done so on one occasion for a person who was now cared for in bed to maintain their safety. The person’s care records and risk assessments were immediately reviewed and an urgent application was made to the local authority regarding this issue. We found capacity assessments had taken place for other people and there was evidence in place to record the decision-making process to ensure care was provided in people’s best interests. The management team undertook a review of everyone’s needs to ensure others were not being deprived unlawfully of their liberty. **We recommend that DoLS applications are completed in line with current guidance and that they are reviewed and submitted in a timely way.**

The registered provider had a programme of supervisions and appraisals in place for the staff. This allowed the staff to discuss any training and support needs and gain feedback in relation to their performance.

People had their nutritional needs assessed. Information was provided to the cook and to the staff about people’s preferences and food allergies. Special diets were catered for. The cook told us how diabetic meals, soft and fortified foods were provided to meet people’s dietary needs. At resident and relatives meetings people were asked for their suggestions which were included on the menu.

Is the service effective?

The dining room was situated off the main lounge. This was well presented. A menu board was displayed to remind people of the food which was available. We observed lunch and tea on the first day of our inspection. Mealtimes were sociable, music played in the background and people spoke with each other. People choose where to eat. The food provided looked wholesome and nutritious. Drinks were offered continually throughout the day. Fresh fruit and cold drinks were provided so that people could help themselves to these in the communal areas.

Staff encouraged and supported people to eat, where necessary. Adapted crockery and cutlery was provided to help people to maintain their independence with eating and drinking. People who needed to have their dietary needs monitored had food and fluid charts in place. Relevant healthcare professionals were involved to ensure people's dietary needs were met.

People had their needs assessed by health care professionals for any specialist equipment they may need to help to maintain their wellbeing. This included profiling beds and pressure relieving mattresses, hoists and equipment to assist people with their mobility or transfers.

There was a secure entry system at the service. Level access was provided to the front of the service and to the garden. The communal areas were well decorated and there was easy access throughout the ground floor. Pictorial signage was provided throughout the service to help people find their way around. The bedrooms doors downstairs were numbered and had memory boxes which contained photographs of the person, their family or friends. They had the word `Family` written across the bottom. This helped people living with dementia to find their bedroom. Four bedrooms upstairs were not numbered and had no memory box present. These were accessed by a stair lift. There were plans in place to refurbish the upstairs bedrooms and bathroom in the future.

The registered provider told us that they had researched how best to improve the environment during a recent refurbishment of the service to make sure older people and those living with dementia would have an effective environment provided to meet their needs.

Is the service caring?

Our findings

We asked people if they felt the staff were caring. We received the following comments from people that we spoke with: “The staff are lovely, every one of them.” “It’s a wonderful caring place. Nothings too much trouble. “Yes I could not be happier. It’s a lovely place to be, a real home from home.” and “I am very happy here. I like my own company and they don’t mind that. The girls [staff] are absolutely marvellous, you can’t choose between them.”

We observed that the staff were kind and caring when assisting people and they spent time speaking with them. Relatives we spoke with told us that the staff were kind, courteous and treated the people who used the service with respect. They felt they were well trained and competent.

We observed staff knocking on bedroom doors and waited for the person’s response before entering their bedroom. Personal care was delivered to people in their bedrooms and in the communal bathrooms with the doors closed. This protected people’s privacy and dignity.

All the health care professionals we spoke with told us they observed the staff during their visits, they confirmed they cared for people appropriately and were supportive of the people living at the service. We received the following comments from the health care professional: “Staff seem to genuinely care. They have time for clients and interact very well with them.” “It is the warmth I see from staff myself, people are very well looked after. They [staff] seem to care for service users, the care shows.” and, “It’s lovely here warm and cosy, day to day there’s lots happening. We don’t worry about this place.”

The registered provider told us that they took pride in the service being a family business which promoted a caring attitude from all staff in every department. They said this

helped to make the service homely and inviting for people. There was a picture board displaying photographs of most of the staff present which helped people recognise who would be looking after them.

Staff supported people with kindness and care. Staff we spoke with told us that they loved working at the service and would not want to work anywhere else. They confirmed they worked as a team to provide care to people and that they supported each other to cover holidays, sickness and absence so that continuity of care could be provided. A member of staff we spoke with said, “I do like this job, caring for people. I get lots of support from colleagues and the banter is good.” Another member of staff said, “I love the size of the home and the passion the staff have for people, there is an excellent rapport. It is about making sure things are right for people. The staff are genuine.” Staff ensured that the ladies had nicely manicured and painted fingernails. A member of staff specialised in ‘pampering sessions’ for people.

During our inspection we observed that the staff constantly asked people if they needed help or if they were alright. We saw staff speak to people at their eye level and did not rush to gain a response. They were patient and took their time to listen to what people said before they acted upon it. We saw some people held the staff’s hands, or hugged the staff. People looked relaxed and happy in the company of the staff.

Visitors were made welcome by the staff. Refreshments were offered to visitors including health care professionals. One health care professional said, “This is my third visit this week, it is lovely, lots of activities, I am made welcome straight away and offered tea and cake. I am introduced to the service user by the staff and the staff introduce themselves to me.”

We were informed that if a person needed to go to hospital in an emergency staff escort them to help support them and relieve their anxiety.

Is the service responsive?

Our findings

People we spoke with told us that the staff were responsive to their needs. One person said, “They [staff] always respond quickly to call bells, you don’t have to wait long that’s a fact.” Another person spoke of activities they liked and how staff provided these by getting them the paper. They said, “I complete the crossword every day in my newspaper.” Another person said, “Most days there’s something going on you can join in if you want to. They are good at keeping us entertained.”

People knew about their care plans and about the staff writing in their records daily to capture the care given to them and to monitor their individual health needs.

People we spoke with told us they would feel able to raise a complaint if they needed too, but said they had no complaints about the service. A relative said, “Complaints leaflets and information packs were available.”

Relatives we spoke with told us the service was responsive to their relations needs. A relative told us staff responded quickly to people. They said, “We never hear buzzers going off for long when we are here visiting. They [staff] seem very good at responding.” Relatives knew who to go to and what to do if they had any worries or complaints.

During our inspection we saw that people’s needs were assessed or information was gained about people’s needs from the local authority before they were offered a place at the service. This helped to ensure that the staff could meet people’s needs.

We saw people had hospital discharge letters on their care files or support plans from the local authority which helped to inform the staff. Before people were offered a place at the service their needs were assessed and this information was used to start developing people’s care plans and risk assessments. Relatives confirmed they knew about the care plans and said they had been involved in devising them, where necessary. This helped staff to provide individualised care and support to people.

Staff worked with all the people throughout the service so they knew people’s needs well. Staff we spoke with told us they gained a handover of information at the start of their shift which given them up to date information about

people’s physical, psychological and emotional condition. This helped staff to understand what was happening with each individual and be informed about any changes in their care needs.

We saw evidence which confirmed people’s changing needs were acted upon and were known by the staff. Equipment needed to prevent deterioration in people’s conditions was provided. For example, pressure relieving mattresses and seat cushions, these help to protect people from the risk of developing skin damage due to immobility. Staff told us how they reviewed and updated people’s care records with the person or with their family members input, where this was necessary. This helped to ensure that people received the care and support they wanted to receive. People were consulted about what drinks and meals they would like and what activities they would like to join in with. Staff acted upon what people said. People were encouraged to go out with their relatives to maintain their family life.

The staff knew people’s needs, likes, dislikes and preferences for their care and support. They were called by their preferred name. Staff prioritised the care and support delivered to people. For example, we saw a person became unsteady on their feet. The staff observed this and acted quickly to help sit them down safely.

Health care professionals we spoke with confirmed staff were responsive to people’s needs.

They confirmed they were contacted for help and advice generally and when people’s needs changed. People were supported to visit health care professionals. We saw that general practitioners, dentists, chiropodists, opticians, speech and language therapists, dieticians and district nurses visited the service to support people. This helped to maintain people’s wellbeing. A healthcare professional we spoke with said, “The staff are very quick to inform us if people are declining in health or if improving. Staff know their residents very.”

During our inspection we carried out a SOFI observation. We saw that staff used distraction techniques when people living with dementia were getting upset or agitated. For example, we saw one person was upset and said they wanted to go out. A member of staff tried to settle the person and get them to join in with activities or talk about

Is the service responsive?

different things. When this was unsuccessful another member of staff tried to support them, when the person repeated they wanted to go out the provider acted immediately and took them out for lunch.

There was an activities co-ordinator in place who provided a programme of activities sourced from external providers. Activities included trips to Ashby lodge, local garden centres, the theatre or out for meals. Mystery tours on the services mini bus occurred which people said they enjoyed. A sing along and a church service took place during our inspection. People took part in activities if they wished too. Special themed meals were provided and 'treat nights' occurred where takeaways were brought in on an evening. A hairdresser visited the service. People we spoke with about activities said there was always something going on, which was well organised.

The service entered the Care Home Olympics and had won at this event which was attended by people living at the service and the staff. There were good links with the community. Pupils from a local school visited the service.

A complaints procedure was displayed in the service. People we spoke told us they would raise a complaint if necessary, but had no complaints. Staff reported issues to the registered provider manager or management team for them to take action. Complaints received were investigated and the outcome was recorded and shared with the complainant.

Is the service well-led?

Our findings

People we spoke with said that the service was managed effectively. They told us their views were sought and were acted upon by the management team. One person we spoke with said, "The management is good and they try to keep us happy." Another person said, "I feel like royalty sometimes the way they treat me."

During our visit relatives we spoke with told us they were satisfied with how the service was run. A relative said, "I think the manager and the owners have a good presence. We all know them and they know us. The provider is always around in the background." Another relative said, "Everything here is open and transparent. We are always kept well informed and know what's happening." Relatives we spoke with confirmed their views were sought. A relative said, "Yes there are meetings held for the residents and relatives."

The registered provider told us how they continued to develop the service to make sure it would be a homely and welcoming service for people to live. The management team continually monitored and reviewed the quality of the service provided. Policies and procedures were available to help advise the staff. Staff we spoke with said they were clear about the management structure in place and they confirmed the management team supported them effectively. The registered provider acted immediately when given feedback during the inspection relating to DoLS, the condition of wheels on a shower chair the cleanliness of a commode and shower room. These issues were all resolved.

The registered manager and registered provider assessed and monitored the quality of service provided. A range of audits were in place to help the management team monitor the service. External auditing of the medication systems and food hygiene took place. There was an 'open door' policy in place, the management team made themselves available to people, relatives and staff at any time. They were contactable by phone and an on call system was in place. The registered provider attended Local authority meetings, for example North Lincolnshire infection control meetings and worked well with the local authority.

The service had a dignity, dementia, health and safety and infection control champion in place. These were designated members of staff who took on the role of ensuring these areas were understood by the staff and to help promote training and support for all parties in these areas.

Residents and relatives meetings were held to gain people's views and to gain suggestions about how the service could improve. People we spoke with told us they did not have to wait for meetings to occur because they were able to discuss anything with the staff, registered manager or registered provider at any time.

Staff meetings were held to gain their staffs views. We were told by the staff they had an issue they would speak to the management team. They confirmed they felt listened too and supported. A member of staff said, "The management team are approachable about anything, they take on board everything that is said. They are so supportive and very happy to help and support staff. They phone several times a day and want to know how we are and to give continued support, it is more than just a business they really do care." Another member of staff said, "The registered provider has come in when we are busy at tea time before. If we ask for help we are given it."

The deputy manager had allocated time to undertake their office duties so they did not have to complete this whilst they were caring for people.

Quality assurance surveys were sent out every couple of months, they were anonymised or people could record their names on them if they wished. We looked at the results of the surveys sent out in September 2015, these results were positive. We saw 'thank you' cards from people and their family which reported they had been happy with the service they had received. A suggestions box was present to enabled people, their relatives or visitors to give further feedback to the management team.

The registered provider told us they were committed to the continuous development of the service. They were currently considering what improvements could be made to enhance the facilities provided, this included commencing a refurbishment upstairs and the provision of a larger bathroom and assisted bath.