

# Anchor Carehomes (North East) Limited

## Wynyard Woods

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 13 January 2017. The inspection was unannounced.

Wynyard Woods is a residential care home based in Wynyard, County Durham. The home provides personal care for up to 50 older people and people with dementia. It is situated close to the village of Sedgfield, close to transport links. On the day of our inspection there were 46 people using the service.

The home 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 atmosphere was homely with a feel that was warm and welcoming.

Without exception we saw staff interacting with people in a person centred and caring way. We spent time observing the support that took place in the service. We saw that people were always respected by staff and treated with kindness. We saw staff being considerate and communicating with people well.

We saw that people were encouraged to enhance their wellbeing on a daily basis to take part in activities that encouraged and maximised their independence and also contributed positively to the homely atmosphere.

We spoke with a range of different team members; care, kitchen staff, domestics and maintenance staff who told us they all felt well supported and that the registered manager was supportive, and they were all polite, receptive, open and approachable.

Throughout the day we saw that people who used the service, relatives and staff were comfortable, relaxed and had an extremely positive rapport with the registered manager and also with each other.

From looking at people's detailed care plans we saw they were written in plain English and in a person centred way and they also included a 'one page profile' that made use of pictures, personal history and described individuals care, treatment and support needs. These were regularly reviewed by including family members and people. These plans were regularly updated by the care staff and the registered manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care records we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary, for example: their GP or chiropodist.

Our observations during the inspection showed us that people who used the service were supported by

sufficient numbers of staff to meet their individual needs and wishes in a person centred way.

When we looked at the staff training records, they showed us staff were supported and able to maintain and develop their skills through training and unique development opportunities were accessible at this service. The staff we spoke with confirmed they attended a range of valuable learning opportunities. They told us they had regular supervisions and appraisals with the registered manager, where they had the opportunity to discuss their care practice and identify further mandatory and vocational training needs. We also viewed records that showed us there were robust recruitment processes in place.

We observed how the service administered medicines and how they did this safely. We looked at how records were kept and spoke with the registered manager about how senior staff were trained to administer medicine and we found that the medicine administering process was safe.

People were consistently actively encouraged to participate in numerous activities that were well thought out, organised, personalised and meaningful to them including, outings and regular entertainers. We saw staff spending their time positively engaging with people as a group and on a one to one basis in fun and meaningful activities. We saw evidence that people were not only being supported to go out and be active in their local community, but on holidays and they were also valued members of the local community.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. We observed people being offered a varied selection of drinks and fresh homemade snacks. The daily menu that we saw was reflective of people's likes and dislikes and offered varied choices and it was not an issue if people wanted something different.

We saw a complaints and compliments procedure was in place. This provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. The compliments that we looked at were overwhelmingly complimentary to the care staff, management and the service as a whole and particularly around end of life care. People also had their rights respected and access to advocacy services if needed.

We found an effective quality assurance survey took place regularly and we looked at the results. The service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were regularly asked for their views about the care and service they received at meetings and via surveys.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

This service was safe.

There were sufficient staff to safely cover the lay out of the building and the needs of the people using the service.

People had personalised risk assessments in place to enable them to take risks in a safe way.

Staff knew what to do when safeguarding concerns were raised and they followed effective policies and procedures.

Medicines were managed, administered, reviewed and stored safely.

### Is the service effective?

Good ●

This service was effective.

People's hydration and nutrition needs were met.

Staff were encouraged to develop skills within chosen champion roles.

Staff were regularly supervised, appropriately trained with the skills and knowledge to meet people's assessed needs and choices.

The service understood the requirements of the Mental Capacity Act 2005, its Codes of Practice and Deprivation of Liberty Safeguards, and put them into practice to protect people.

### Is the service caring?

Good ●

This service was caring.

People and their families were valued and treated with kindness and their dignity was respected at all times.

People felt they were listened to, were understood and had their individual needs met.

People had choices and had access to Advocacy services if they needed it and staff knew when and how to access this.

### Is the service responsive?

Good ●

This service was responsive.

People received care and support that reflected their preferences, interests and needs.

People and those that mattered to them were actively involved and able to make their views known about their care, treatment and support.

People had a range of activities and outings to access.

A complaints and compliments procedure was in place and used appropriately.

### Is the service well-led?

Good ●

This service was well led.

There was a clear set of values that focussed on people being independent and safe.

There were effective quality assurance systems in place to review the service including safeguarding concerns, accidents/incidents.

The registered manager was approachable and operated an open door policy.

# Wynyard Woods

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 January and was unannounced. This meant that the service was not expecting us. The inspection team consisted of two Adult Social Care inspectors and an expert by experience that had a professional background in supporting older people.

At the inspection we spoke with 10 people who used the service, three relatives, the registered manager, the deputy manager, care staff, kitchen staff and domestic staff. During the inspection we were able to speak with visiting professionals including; A GP and a medicine auditor from the local clinical commissioning group.

Before we visited the service we checked the information we held about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. We also contacted professionals involved in caring for people who used the service; including; the local authority commissioners.

Prior to the inspection we contacted the local Healthwatch who is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

During our inspection we observed how the staff interacted with people who used the service and with each other. We spent time watching what was going on in the service to see whether people had positive experiences. This included looking at the support that was given by the staff, by observing practices and interactions between staff and people who used the service.

We also reviewed records including; five staff recruitment files, medication records, safety certificates, five care plans and records, five staff training records and other records relating to the management of the

service such as audits, surveys, minutes of meetings and policies.

# Is the service safe?

## Our findings

The people who used the service that we spoke with told us they felt safe living at Wynyard Woods. One person who used the service told us "I feel safe. When I was living alone I didn't. I go to bed and relax, there's always someone about when you need help" another told us; "The staff tell me what medication I am having and why. I get my medication on time."

The registered manager told us it was their aim for the service was to provide "A family atmosphere, keeping everyone safe at the same time."

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They could describe the different types of abuse and the actions they would take if they had any concerns that someone may be at risk of abuse. One staff member told us; "Safeguarding concerns go to the manager and we have safeguarding contact numbers too." and they told us about a safeguarding incident in the home that had required police involvement and the subsequent actions taken to keep the person safe. Training records showed staff had received safeguarding training. We saw records that demonstrated the service notified the appropriate authorities of any safeguarding. This showed us that staff knew how to recognise and report abuse.

During the inspection we observed that staff were able to respond to people's needs in a timely manner and that people were not placed at risk due to understaffing. One person told us; "I use the buzzer and they come."

We saw staff interacting with people on a one to one basis and helping people to take part in activities. Staff were not rushed and had time to talk with people and relatives. Both staff, people living at the service.

The service used an assessment to determine the dependency of people using the service. This helped the registered manager determine how many staff were required to meet people's needs. We saw from rotas that there was a consistent staff team and a low turnover of staff. The home had not used agency because there was sufficient staffing to provide cover arrangements within the existing staff team. One staff member told us, "It's mainly the same staff; lots of us have been here from the beginning [since the home opened]." The visiting GP told us; "This home provides a core team of long standing staff, who really do understand people's needs." This meant that there was a consistent staff team who new people who used the service well.

The registered manager told us they were currently recruiting for a senior care assistant but wanted to ensure they employed someone with the right skills and personality. In the meantime this role was being covered by a senior carer employed as 'bank staff' meaning they worked occasional hours when required.

We looked at five staff files and saw the registered provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, two previous employer references and a Disclosure and Barring Service (DBS) check, which was carried out

before staff commenced employment and periodically thereafter. The DBS carry out a criminal record and barring check on individuals who intend to work with children or vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We also saw proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates.

We spoke with the registered manager about recent staff disciplinary investigations and saw records to demonstrate that staffing issues, such as inappropriate conduct, had been responded to appropriately.

We saw that systems were in place to ensure that the medicines had been ordered, stored, administered, disposed of and audited appropriately, in-line with guidance issued by the National Institute for Health and Clinical Excellence (NICE). This included the administration, storage and disposal of controlled drugs, which are medicines which may be at risk of misuse and are subject to additional legal requirements in relation to their safe management.

We saw people's individual medicines records contained their photograph, allergy information, relevant contact numbers, medicine information and their preferences regarding how they liked to take their medicines. We watched staff administer medicines. Staff carefully explained what they were doing and asked the person's permission. They offered people water to take with their medicines. For example one person's information stated 'I'm unable to administer my own medicines and I would like staff to do so with a spoon. I like fresh water or juice to take them. I will at times refuse to take them and I require lots of verbal prompts.' Medicines administration records were completed when medicines were administered to people; we found they had been completed correctly. We saw that staff administering medications had received training and had their ability to administer medicines assessed.

The medicines fridge temperatures were monitored and recorded together with room temperature; and were within the safe temperature ranges. This meant that the quality of medicines was not compromised, as they had been stored under required conditions.

An external medication practices audit was being completed by North of England Commissioning Support (NECS) which is a commissioning support unit and part of the NHS. A pharmacist from NECS told us that the home had been compliant with the audit and no actions were required. They told us, "I have observed staff administering medicines and I have no concerns. The staff are always able to take on any advice." We found that medicines were being managed appropriately and people were getting their medicines when they needed them.

There were effective systems in place for continually monitoring the safety of the premises. These included recorded checks in relation to the fire alarm system, hot water system and appliances. We also saw records that equipment such as bath hoists were checked regularly to ensure they were working safely. Any faults or maintenance issues were recorded in a maintenance book and we saw that action was taken in relation to any issues identified.

Risk assessments were held in relation to the general environment and fire risks. Risk assessments were personalised to the service and contained actions to reduce the likelihood of any risks. People had Personal Emergency Evacuation Plans (PEEPS) that were person centred. These were kept near the entrance of the home in a "grab bag" with other items, such as high visibility jackets, that may be useful in the event of a fire or other emergency. We found that the registered manager kept track of premise safety checks and contractor inspections as part of the audit process.

Any accidents and incidents were monitored during audits by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

We saw people's care files explained how to keep them safe and risk assessments had been developed where risks had been identified, for example one file explained about the level of prompting a person required with their mobility, when and how equipment such as hoists and sensor mats should be used. We saw that people at high risk of falls had falls prevention plans in place which considered risks around the environment and when to refer on to other agencies for support around falls prevention.

We looked around the home and found that all areas were clean and well presented. Personal protective equipment (PPE), paper towels and liquid soap were available throughout the home. We also witnessed care staff using PPE appropriately, for example when dispensing medicines.

We saw records that showed the service undertook regular cleaning, including deep cleaning when required. We spoke to a member of domestic staff who explained how cleaning tasks were delegated to the domestic staff and how these were recorded. People and relatives we spoke to told us they thought the home was maintained to a high standard of cleanliness.

# Is the service effective?

## Our findings

Throughout this inspection we found there were enough skilled and experienced staff to meet people's needs. We found that there was an established staff team, people who used the service and their relatives felt that staff knew them and their care needs well. One person told us; "You know the staff, I know who to go to." One relative told us; "[name] had a couple of falls and the staff had called her and the paramedics. The staff were very good at calling the GP if their relative was unwell."

During the inspection we spoke with the visiting General Practitioner who visited the service regularly and they told us, "The staff here work really well as a team and also work very well with families and don't just give them lip service. I have just spoken with some relatives about my patient's health needs. I didn't have to explain anything as the staff have kept them so well informed."

We saw records that showed us a wide range of community professionals were involved in the care and treatment of the people who used the service, such as the advanced nurse practitioner, dieticians, speech and language therapy and opticians. Evidence was also available to show people were supported to attend medical appointments.

At the time of our inspection Individual staff supervisions were planned in advance for the year ahead and tracked by the registered manager. Supervision and appraisals take place with staff to enable staff to review their practice. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to raise any concerns and discuss personal development. Staff told us; "I asked to do an extra 1st aid course, I brought it up at my supervision and it is being arranged." Another told us; "I don't have to wait for my supervision, I can bring things up with the manager anytime."

The service in the process of developing a 'champion's scheme' that developed staff to lead on a subject area. The champions provided support and training to their peers and were responsible for updating them on any new information. The champion areas covered; moving and handling, infection control and care planning. The registered manager told us; "We look at the staff and use their strengths. The scheme gives team leaders a little more investment in the company and carers get more inclusion to be champions."

The service had made some environmental changes to make the service more accessible for people living with dementia. The service did this by making adjustments and using contrasting colours in the dining areas, clear signage on bathroom/toilet doors, grab rails in bright colours and toilet seats. Although hallways were not in contrasting colours, the registered manager showed us evidence of their plans to remove mirrors from the hallways and to improve these areas to include a shop area and memorabilia to create a more accessible and stimulating environment.

Where possible, people were asked to give their consent to care, before any treatment or support was provided by staff. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals. We looked at people's care plans and could see how this was recorded.

For any new employee, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed the 'Care Certificate' induction training to gain the relevant skills and knowledge to perform their role. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life and it covers standards that should be part of induction training of new care workers. Training needs were monitored through staff supervisions and appraisals and we saw evidence of this in the staff supervision files.

We saw the staff training files and the training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people who used the service. The courses included; equality and diversity, dementia awareness, nutrition and wellbeing. We spoke with staff about the training and received positive feedback, one staff member told us; "The dementia awareness training is one of the best courses I've ever done. We can explain to families what we have learned and help them to understand dementia a little more."

We saw staff meetings took place regularly. During these meetings staff discussed the support they provided to people and guidance was provided by the registered manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had.

We saw people were encouraged to eat and drink sufficient amounts to meet their needs. Throughout the inspection we observed people being offered a selection of drinks and fresh homemade snacks and support to have them if needed. Drinks were also available in people's rooms and communal areas for people to access. The menu that we looked at was balanced and offered two choices at every meal and was compiled with the people who used the service to reflect their favourite meals. We could see that if a person didn't want what was on the menu or even changed their mind that this wasn't a problem and other options could be arranged.

We saw people enjoying their lunch in both dining rooms. We could see that there were enough staff available to support people and staff were encouraging and supporting people who needed assistance. The atmosphere in the dining area was relaxed with music playing and the people were giving positive feedback. However when we spoke with people they gave us mixed comments about the food they told us; "The food is tasty." And "The food is dull." And "I can't complain about the meals, they are all home cooked." Others told us they were unhappy with the timings of the meals they told us; "Tea is only a couple of hours after lunch, it's too early."

We could see during our inspection that the service had been made aware of issues with the food and had arranged tasting sessions and meetings between the kitchen staff and the people who used the service to address these issues. One person told us; "The food was discussed at our residents meeting and suggestions were made to add to the menu and if the meal was not to my liking the cook would prepare an alternative such as a jacket potato, an omelette, or a sandwich." This meant that the cook was clearly listening to the comments and suggestions adapting the menu to suit the people who used the service. One relative told us; "I attended the food tasting meeting and I know if my relative wants a lie in they can have their breakfast in bed."

From looking at people's care plans we could see that the MUST (Malnutrition Universal Screening Tool) focus on undernutrition was in place, completed and up to date. Food and fluid intake records were used when they were needed.

We saw that special diets were managed. Kitchen staff were knowledgeable of people's different needs,

preferences or special dietary requirements and were able to show us how they kept up to date with this information.

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 and hospitals 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. There were a number of people who used the service with a DoLS in place and these were applied for and monitored by the registered manager.

# Is the service caring?

## Our findings

When we spoke with the people who used the service and their relatives they told us about the positive attitude of the staff and that the staff were; caring, supportive and professional at all times. One person who used the service told us; "The staff are always kind." A relative told us; "I can't fault the service they are very good with the people." And "The staff are on the ball." Another told us; "I have no complaints or concerns 'I'm very well looked after."

Staff we spoke with were able to demonstrate how they promoted peoples independence, we observed staff offering support to people and encouraging people to be independent. one staff member told us; "If someone can do something themselves we support this."

We saw staff interacting with people in a positive, encouraging, caring way. We spent time observing the support that took place in the service. We saw that people were respected at all times by staff and treated with kindness.

People who used the service were given choices and we observed this at meal times and when we spoke with people and their relatives they told us; "The staff are proactive and listened to our family about [name] eating habits, and preferences. They devised a special menu with the family involved and we would plan together to improve [name] diet.

We looked at the arrangements in place to ensure equality and diversity and support people in maintaining important relationships. People who used the service told us they had been supported to maintain relationships that were important to them. They told us family and friends were able to visit, at any time. One person who used the service told us; "Our visitors can always come and go as they wish and the staff encourage me to make my own decisions."

We observed that the staff respected people's dignity and the staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at all times and told us that this was an important part of their role. One staff member told us; "We always respect people's dignity - it's a must. We close doors and protect people's dignity."

We spent time observing people throughout the inspection and there was a consistent relaxed, warm homely atmosphere. Through these observations we found that above everything in the service the staff attitude shone. The visiting district nurse told us, "It really doesn't feel like a care home, everyone knows everyone really well, it's clean and has a lovely atmosphere. I like how every time I come in there's always staff spending time chatting with people and there's always something stimulating going on for people. The staff are really patient and so caring with everyone." All of this showed us that people and those that mattered to them were supported by staff in a very caring, dignified way.

People who used the service had access to advocacy services and when we spoke with staff and the registered manager they were knowledgeable and knew who to contact if anyone needed advocacy.

## Is the service responsive?

### Our findings

The service had an activities co-ordinator and a programme of planned events and activities. During our inspection there was a singer providing entertainment that was planned weekly. We spoke with people about the activities and one of the people who used the service told us; "There is nothing I dislike about the place, I don't get bored." And "I enjoy puzzles and going out to church."

We saw that people were involved in planning the activities and regular resident's meetings were held to discuss and organise them. We could see that there was a range of activities planned for people to choose from including; outings to the local panto, music motivation, coffee mornings, crafts, singers, and musicians, puppet shows, gardening in the community, library visits and quizzes."

When there were no planned activities happening there were various activity boxes throughout the home that were easily accessible. In one lounge there was a memorabilia box that had lots of items for people to look at and talk about for example dress jewellery and the registered manager told us; "The jewellery has been very popular." The service also had a lounge area that was a designated games room that had a pool table, darts board, games and activities.

When we discussed the activities with the staff and the people who used the service they told us; "A lot of people really enjoy the puppet show, it's really simple but it went down so well we have it regularly now." And one person told us; "I am never bored."

The care plans that we looked at were person centred and were in an easy read format. The care plans gave in depth details of the person's likes and dislikes, risk assessments and daily routines. These care plans gave an insight into the individual's personality, preferences and choices. The care plan held a 'one of a kind one page profile' that listed all that you would need to know to care for that person in a person centred way. People's histories were also recorded in the care plans and included documents that were easy to follow and included photographs.

When we asked the staff and the people who used the service if they knew how to make a complaint or raise issues they told us; "Yes I know what I need to do and would go straight to the manager." and One person told us; "I had to complain as 'the people (residents) upset me' the staff listened to me and 'sorted' the issue straight away." Another told us; "The managers would 'do their best to sort it out but I've never had anything to complain about'.

We could also see that issues raised by relatives in the resident's meetings were taken on board. This showed us that the complaints procedure was well embedded in the service and staff and visitors were confident to use it when needed. When we looked at the complaints and compliments file we found that there were a number of compliments. Where the service had received complaints we saw they had been addressed by the registered manager appropriately and outcomes were recorded.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the home had a registered manager in post. A registered manager is a person who has registered with CQC to manage the service. We saw that the registered manager had an open door policy to enable people and those that mattered to them to discuss any issues they might have.

We asked people who used the service if their views on the management of the service and they told us; "If I have any problems I talk to [name] the registered manager." Another told us; "They have a residents committee but I'm not interested in it, the place is well run, there's a good atmosphere."

We spoke with the staff team and they gave positive feedback about the management of the service. One member of staff told us; "I can go to the manager any time, if I had an issue, I would go straight to the office and the manager would see me there and then."

From speaking with staff and observing them we could see that the service had a clear vision and set of values that included; involvement, dignity, promoting independence, respect, equality and safety. These were understood and put into practice. The service had a positive culture. The registered manager told us that their main aim for the service was to have; "Happy people living here supported by happy staff who are engaged in what they do."

During our inspection staff told us that team meetings took place for them on a regular basis and they were encouraged by the registered manager to share their ideas and views. We saw meeting minutes to confirm this. We could see that they were regular and well attended and that staff were asked for their views.

The registered manager ran a programme of audits throughout the service and these were carried out regularly. We saw there were clear lines of accountability within the service and external management arrangements with the registered provider. We saw quality monitoring visits were also carried out by the registered provider and these visits included the following; staffing, health and safety, and facilities. The manager also carried out quality assurance checks and had an action plan in place to address issues raised from their own findings and from the registered provider.

The registered manager showed how they adhered to company policy, risk assessments and general issues such as trips and falls, incidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service, their representatives, staff and other stakeholders to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service, their relatives, friends and health and social care staff who were involved with the home.

During the inspection we saw the most recent quality assurance survey results and these were also on display throughout the service in a 'you said, we did' format for people to see. Relatives and people who used the service they could attend meetings to raise issues. We saw evidence that changes had been made to the menu as a result of people sharing their views.

We discussed partnership working to tackle social isolation with the registered manager and they explained to us how they maintained links with the local community and they told us; "We go to a local pub sometimes." The registered manager also told us; "People go to the local pub for lunch, however we can be quite isolated here as we are part of an estate."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. All records observed were kept secure, up to date and in good order, and were maintained and used in accordance with the Data Protection Act.