Cedarmore Housing Association Limited

Beechmore Court

Inspection report

267 Southlands Road
Bromley
Kent
BR1 2EG

Tel: 02084687778

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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

At our last inspection of the service on 8 and 11 January 2016 the service was rated Good. At this inspection we found the service remained Good and they demonstrated they continued to meet the regulations and fundamental standards.

Beechmore Court is a residential care home that provides care and support for up to 36 older people who may have dementia care needs. At the time of our inspection the home was providing care and support to 34 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. At the time of our inspection there was a registered manager in post. 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.

Risks to people were assessed, recorded and managed safely by staff. Medicines were managed, administered and stored safely. People were protected from the risk of abuse, because staff were aware of the types of abuse and the action to take. There were systems in place to ensure people were protected from the risk of infection. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed to meet people's needs.

There were processes in place to ensure staff were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively. Staff were aware of the importance of seeking consent and demonstrated an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met. People had access to health and social care professionals when required.

People told us staff treated them well and respected their privacy and dignity. People were involved in making decisions about their care and had care plans which reflected their needs and preferences. There was a range of activities available to meet people's interests. The service provided care and support to people at the end of their lives. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met. There were systems in place to monitor the quality of the service provided. People's views about the service were sought and considered. People, relatives and staff spoke positively of the management and the running of the home.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Beechmore Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider was 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 14 March 2018. The inspection was unannounced and carried out by two inspectors and an expert by experience. 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 reviewed the information we held about the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. The provider also completed a Provider Information Return (PIR) prior to the inspection which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also contacted local authorities who commission the service to obtain their views. We used this information to help inform our inspection planning.

During our inspection we spent time observing the support provided to people in communal areas. We 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 also spoke with eight people using the service, two visiting relatives and seven members of staff including the registered manager, a provider board member, care staff and domestic and maintenance staff. We looked at eight people's care plans and records, five staff records and records relating to the management of the service such as audits and policies and procedures. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

People told us they felt safe with staff that supported them. Comments included, "Oh yes, people here are all nice. Carers are very good", "Yes, my daughter would give everything she possessed for me to stay here. They are nice people and there isn't anything they wouldn't do for you", and, "Oh yes, I just feel it's a safe place. I'm completely relaxed with no worries."

There were policies and procedures in place for safeguarding adults from abuse and whistle-blowing procedures for staff to use should they want to report any issues or concerns. Staff we spoke with demonstrated a clear understanding of how to safeguard people and the types of abuse that could occur. They said they would report any concerns they had to the registered manager and felt confident their concerns would be addressed. One member of staff told us, "I would report any safeguarding concerns to the registered manager and if required I would also report to social services or the CQC." Training records confirmed that staff had received training on safeguarding adults from abuse. All of the staff we spoke with said they knew about the providers whistle blowing procedure and said they would use it to report poor practice to the provider.

Thorough recruitment checks were carried out before staff started working at the home. We looked at the personnel files of five staff that had been recruited since our last inspection. We saw completed application forms that included references to their previous health and social care experience, their qualifications and their full employment history. Each file included a recent photograph, two employment references, health declarations, proof of identification and evidence that criminal record checks had been obtained. Where appropriated we saw that evidence regarding staff rights to work in the United Kingdom had also been obtained.

People told us they felt there were enough staff working at the home to meet their needs. One person said, "Oh yes, of course there is. There is always someone around to help." Another person told us, "Yes I think there is enough. I never have to wait long if I press the bell." During our inspection we observed there were enough staff on duty to meet people's care needs in a timely manner. One member of staff told us, "There is always enough staff on duty. We are never rushed and we get time to sit down a chat with the residents." Another member of staff said, "The manager would know if we were struggling. They always ask if we are okay. If we needed extra staff they would make sure we get them." The registered manager told us they used a dependency tool that helped them to arrange staffing levels and plan a staffing rota according to people's needs. They told us if extra support was required for people to attend social activities or health care appointments, additional staff cover was arranged.

There were safe systems in place for storing and administering medicines. Medicines were stored securely in locked trolleys in locked offices and a clinical room. The clinical room was clean and had hand washing facilities to prevent the risk of infection. Where medicines required refrigeration we saw they were stored in a medicines fridge. Staff responsible for administering medicines checked the minimum and maximum room and fridge temperatures daily and we saw that temperatures were in the correct range for medicines to remain safe and effective for use.

We spoke with the deputy manager about how medicines were managed and observed a medication round. They told us that only trained staff administered medicines to people. We saw records confirming that competency assessments had been completed by the registered manager with staff before they could administer medicines to ensure safe practice. We observed the deputy manager administering medicines to people safely in a caring and unrushed manner. We saw that people had individual medication administration records (MAR) that included individual's photograph, details of their GP, information about their health conditions and any known allergies. There was individual guidance in place for staff on when to offer people as required medicines (PRN). MAR records had been completed in full and there were no gaps in recording. Some people administered their own medicines. We saw self-medicating assessments and risk assessment were in place in these people's care files advising staff on how people needed to be supported to manage their medicines safely. The deputy manager told us there were no controlled drugs currently held at the home, however there was a locked cupboard and policies and procedures in place for the management of controlled drugs if required.

We saw that the registered manager carried out weekly medicines audits. These confirmed for example that there were no gaps in the MAR records, refrigerated medicines were stored correctly, medicine dossette boxes contained the correct number of medicines against what was recorded on the MAR's and that loose boxed medicines tallied with what was recorded on the MAR's. However the audit did not record the actual number of boxed tablets in reconciliation with the MAR's. When asked, the deputy manager could not tell us how many tablets there should have been in boxes where some people had been prescribed medicines that way. We drew this to the registered manager's attention who took prompt action to ensure that medicines audits recorded the number of boxed medicine remaining to ensure safe practice.

People told us they felt the home environment was well maintained and clean. One person commented, "It's always kept clean here. They are very good at making sure the home is nice and tidy. They clean my room every day." There were systems and policies and procedures in place to protect people from the risk of infections and to manage emergencies. There were personal emergency evacuation plans in place which detailed the evacuation plan for individuals in the event of a fire. Staff knew what to do in the event of a fire and told us they received training in fire safety and health and safety. Throughout our inspection we found the home to be warm, clean, tidy and free from any unpleasant odour. There was a team of domestic staff employed to ensure the home environment was clean which we observed during our inspection.

There had been a recent respiratory illness outbreak at the home. The registered manager took appropriate action by contacting the public health department and the local authority for advice and support and the home was temporary closed to visitors to minimise the risk of infection. Residents showing symptoms of respiratory illness were isolated and barrier nursed, hand washing for staff and other residents was emphasised and there was an increase in cleaning at the home. The registered manager showed us an email from an officer from the health protection team stating as far as they were aware this was the best managed outbreak they had known about. Records showed that infection control audits were carried out on a regular monthly basis. We saw hand washing reminders in bathrooms and toilets and hand sanitizer was available and was being used by staff throughout the home. Training records confirmed that all staff had completed training on infection control and food hygiene. We saw and staff told us that personal protective equipment was always available to them when they needed it. Equipment used within the home was maintained and checked, water tests were conducted and electrical and gas appliances were tested to ensure their safety.

Accidents and incidents involving the safety of people were recorded, managed and acted on appropriately. Records demonstrated that staff identified concerns, took actions to address concerns and referred to health and social care professionals when required. There was an up to date accident and incident policy in place and we saw that notifications to the CQC and referrals to other professional bodies were sent as

appropriate.

Assessments were conducted to identify and assess risks to people's physical and mental well-being. Care plans and risk assessments identified and documented areas of risk to people, such as skin integrity, diet and nutrition, mobility, oral health, sensory impairment, behaviour, falls and epilepsy management amongst others. Risk assessments included detailed guidance and actions for staff on how to support people safely. For example, one person who was at risk of choking had a dietary risk assessment in place providing staff with detailed guidance on how to safely support the person at meal times, consistency and texture of foods required and the use of thickening fluids to prevent choking. Staff we spoke with knew people well and were aware of the areas in which people were at risk and the actions to take to manage them safely whilst reducing the risk of reoccurrence. We saw that appropriate referrals were made to health care professionals when required such as speech and language therapists and dieticians to minimise and manage identified risks.

Good

Is the service effective?

Our findings

People told us staff sought their consent and respected their wishes and independence. Comments included, "They are very good. They always ask me", "They respect that I like to do some thing's for myself", "Oh yes, they ask what I want", and, "They do seek my permission and talk to me." Staff demonstrated good knowledge of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) including people's right to make informed decisions independently but where necessary to act in someone's best interests. One member of staff told us, "Training we received on the Mental Capacity Act 2005 was very good. I have a much better understanding of how we need to support people that might not have the capacity to make decisions about their care and how we can support them in their best interests."

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 application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We checked whether the service was working within the principles of the MCA. Care plans showed that where people lacked capacity to make specific decisions for themselves, mental capacity assessments were conducted and decisions were made in their best interests, in line with the requirements of the MCA. We saw that applications were made to local authorities to deprive people of their liberty where this was assessed as required. Where applications were authorised we saw that appropriate documentation was in place and kept under review and any conditions of authorisations were appropriately followed by staff.

Staff told us they completed an induction when they started work and they were up to date with the provider's mandatory training. They told us they shadowed experienced staff as part of their induction. One member of staff commented, "This helped me to get to know the home and understand what the residents needed." The registered manager told us that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Staff said they received regular supervision with their line managers and this supported them to carry out their roles. One member of staff told us, "I get supervision on a regular basis. I find it very helpful but I can also speak with the manager at any time if I need to." Records seen confirmed that all staff received regular supervision and an annual appraisal of their work performance.

We saw a training matrix confirming that staff had completed training that the provider considered mandatory. Mandatory training included moving and handling, health and safety, first aid, MCA and DoLS, safeguarding, food hygiene, fire safety and infection control. Staff had also received other training relevant to people's needs for example dementia care, equality and diversity, the safe handling of medicines, catheter care, pressure sore prevention, dignity in care, end of life care and bereavement. One member of staff told us, "The training I had on moving and handling was very good; I learned how to use hoists and other equipment safety and correctly and how to keep myself safe, for example using the right lifting

technique to protect my back."

Assessments of people's care needs and preferences were completed before they moved into the home to ensure staff and the home environment could meet their needs. Assessments incorporated information about peoples' past histories to help develop and implement individual care and support plans. Assessment conducted covered areas such as peoples physical and mental health needs, medicines, nutrition and hydration and behaviours amongst others. Care plans documented involvement from people and their relatives where appropriate and any health and social care professionals involved to ensure all individual needs were addressed.

People told us they enjoyed the food on offer at the home. Comments included, "We are given choice, if we didn't like what lunch is offered we can have something else", "The food is always nice", "I love the food, I'm always guaranteed that it's going to be something nice", and, "Oh yes I enjoy the food. It's always hot and there is plenty." People's care plans included assessments of their dietary needs and preferences. These assessments indicated individual's dietary requirements, food allergies and their care and support needs. We saw that speech and language therapists' and dieticians' advice was sought for people with swallowing difficulties and weight loss. Eating and drinking guidelines were in place, where required, for staff to follow in order to provide people with sufficient amounts of nutritional foods and drink to meet their needs. The registered manager showed us documents located in the kitchen which alerted kitchen staff to people's dietary needs, personal preferences and cultural and medical needs. We saw a cold storage room that was very well stocked with fresh fruit and vegetables and a well-stocked dry foods storage room. The registered manager told us they only bought branded foods as this was what people liked. They said residents can tell the difference and we want to give them what they like. We noted that the kitchen was clean and well-kept and the home had been awarded a rating of five stars in June 2016 by the food standards agency.

Staff monitored people's health and wellbeing and people had access to a GP and other health and social care professionals when needed. One person told us, "Oh yes they call the doctor out if I'm feeling unwell." Another person commented, "The staff look after me well. If they think I need to see the doctor they will call them." Where there were concerns we saw people were referred to appropriate health professionals. We saw records from the GP and health care professional's visits recorded in care records we looked at. During our inspection we spoke with the visiting GP. They told us it was a lovely place, one of the nicest homes around and the home was providing a good standard of care. They said residents were always well presented when they visited, and they could ask any member of staff about any particular person and they would be fully briefed as the staff knew the residents really well. They commented if the manager or staff had any concerns at all they would contact them for advice and the advice would be followed.

Good

Is the service caring?

Our findings

People spoke positively about the care and support they received and told us staff were caring and friendly. Comments included, "Oh yes, they are excellent", "What can you say I don't think I could pick one of them that I've ever had any trouble with", "They will come and sit and talk with you", "Yes they are really good", "They listen to me", "Yes they are very good company. I feel they are very friendly, they are like friends", and, "I have become very fond of them." Throughout the course of our inspection we observed positive friendly interactions between staff and people. We saw that staff were attentive to people's requests and were prompt to offer support when needed.

People told us they were provided with information about the service when they moved into the home in the form of a 'residents guide' which was kept in their care plans for reference. One person said, "Yes I remember them giving me lots of information about the home and all the things they can help me with. It was very useful." The registered manager told us they gave people a copy of the resident's guide which included information on the provider's purpose and ethos, standards of care, resident's choice rights and responsibilities and how to make a compliant amongst other information.

People told us they were involved in making decisions about their care and staff communicated with them effectively. One person said, "Staff are very good at speaking to me and asking me what I want." Another person commented, "They are interested in me and my past." Another person said, "Yes I know what I want and so do the staff. They know what my wishes are." Care plans and records showed that staff met with people on a regular basis to discuss their care and support needs. Care plans also included information on individual communication methods to ensure staff communicated with people appropriately.

The registered manager told us they had recently implemented a residents and relatives e mail service in which relatives could send messages to their loved ones and these were printed in formats to meet people's needs, for example in large text so people continued to communicate with relatives and friends that were unable to visit or communicate by telephone. We saw that care plans and records were kept securely in staff offices and when staff were not present, office doors were locked to maintain security and confidentiality. Staff had good knowledge of people's personalities and behaviour and was able to communicate effectively with them. During our inspection we observed that staff addressed people by their preferred names and answered people's requests and questions with understanding and patience. For example we saw that for one person whose hearing was impaired, staff sat close facing them and spoke slowly so they could engage in conversations with them.

People told us staff treated them respectfully and maintained their dignity and privacy. One person said, "Yes, staff always knock on the door and knock and ask if you feel alright." Another person told us, "Staff knock on my door. They always ask before they come in." Another person commented, "Staff cover me up and don't leave me dripping wet when they help me with washing." Staff we spoke with told us ways in which they maintained people's dignity and privacy. One member of staff said, "This is their home and we all respect that. It's important to remember to knock on doors before we enter and to ensure we respect people's dignity when supporting them with personal care. I always make sure doors are closed."

Throughout our inspection we observed staff spoke to people and their relatives in a respectful manner and staff knocked on people's doors before entering their rooms displaying signs of respect for their privacy.

Good

Is the service responsive?

Our findings

People told us they received care and support that was responsive to their needs and wishes. One person said, "There is nothing you couldn't ask them for." Another person said, "I wake up when I like and go to bed when I want. I can please myself." Another person commented, "I feel I am free to do whatever I want here. Staff are always around when I need them but they respect my independence."

Individual care and support needs were assessed and care plans were developed from information gathered about people and with people's participation and their relatives where appropriate. Care plans documented the support people required in a range of areas relevant to meeting their needs such as physical and mental health, diet and nutrition, medicines, communication, mobility, emotional health and social activity, behaviour and end of life care planning amongst others. We saw that where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to ensure people's needs and wishes were met. Care plans documented how people's needs should be met and provided detailed guidance for staff on how best to support people to meet their identified needs and wishes. For example one care plan documented that the person preferred only female carers to support them with personal care. Another care plan detailed the support the person required when eating and drinking including directions for staff on textured food and fluids.

Staff we spoke with were knowledgeable about the content of people's care plans and how people preferred their care to be delivered. One member of staff told us that care plans were reviewed on a regular basis so people received the correct and appropriate care they required. Records we looked at confirmed that reviews of people's needs were conducted on a regular basis and were up to date reflecting the care people required. We saw that daily records were kept by staff about people's day to day wellbeing to ensure that people's planned care met their needs. Care plans documented people's end of life care needs and wishes. One person told us, "When I first came here we spoke about my end of life wishes a lot. I told them that I did not want to be resuscitated." We saw that where appropriate 'do not attempt resuscitation advanced directives' were completed and information on people's choice of funeral arrangements were documented to ensure people's wishes were respected.

People's diverse needs were supported and respected. The home environment and equipment in place assisted in the promotion of people's independence. For example pictorial signage to aid orientation and wheelchairs and walking aids to support safer mobility. Staff were knowledgeable about people's needs with regards to their physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. We saw that staff received equality and diversity training to ensure people's needs could be met and care plans showed cultural and spiritual support was available. One member of staff told us, "This is a Christian home but you don't have to be a Christian to live here everyone is welcome. I would be more than happy to support any resident with any diverse needs that they had no matter what their background was." We spoke with a visiting Chaplain who told us they felt residents religious and spiritual needs were being met at the home. They said there was a team of people from a local Church that attended the home regularly and there were bible study groups held every other week and 1-1 sessions with some residents. They said on the first Wednesday of the month communion service was available for people

to attend and some residents go in a minibus to church on Sundays. One person told us, "If you want to go to church on a Sunday you can." Another person said, "There are Church service here and you can go to church on Sundays as we have a bus."

There was a range of activities offered to people to support their need for social interaction and stimulation. People told us they felt activities on offer were good, comments included, "They take us out when the weather is good, we go to the seaside", "When the weather changes we go out a lot, before that we can go in the garden", "We do quite a few outings. I had a trip to Faversham and I go out for tea", "The activity lady comes and talks to me in my room", and, "I join in nearly everything. I go out to local areas and like cream teas and shopping. I've also been to the seaside." We saw activities information displayed on a notice board in the hallway to inform people and visitors of planned activities and events. Activities included visiting singers and musicians, bible study, reminiscence sessions, a men's fellowship group, chair exercises and ball games, book reading and quizzes. During our inspection we observed group and individual activities being conducted and people appeared to be happy and engaged.

There was a complaints policy and procedure in place and this was displayed within the home for people and visitors to refer to. The procedure included information on what people could expect if they raised any concerns, details of the timescale for responses and actions to take if they remained unhappy with the outcome. Complaints records we looked at showed that when complaints were received these were responded to appropriately in line with the provider's policy. People told us they were aware of how to raise a complaint. One person said, "I would tell the staff. I know they would do something to put things right." Another person said, "I don't have any issues here but I know staff would listen if I did."

Good

Is the service well-led?

Our findings

People spoke positively about the manager, staff and the care and support they received. They told us they felt the home was well managed. Comments included, "Nice to be able to choose what you want. I've been here a couple of weeks and it's a fabulous home to come to. It's fabulous as far as I'm concerned", "We know where the manager is, she talks to us and she knows where we are", "The staff are all very lovely and very helpful", "I saw the manager this morning. I had a chest infection she came to see me", "They all get the thumbs up from me. They do a good job here" and, "Yes, I think they run it well. I never have any issues and I'm happy living here."

There was a long standing registered manager in post at the time of our inspection. They were an experienced home manager and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. During our inspection we observed that the registered manager made themselves visible within the home and spent time speaking with people, their relatives and staff.

Morale among staff appeared high and staff told us there was a strong sense of teamwork within the home which was promoted by the manager who was approachable and supportive. One member of temporary staff said, "This is the best place I have ever worked, I love coming here. The home is always clean and the care staff are very good and the residents are very well looked after. The registered manager is very good too and always asks me how I am doing." Another member of staff told us, "The registered manager has been really supportive to me. There is an open door policy and I can talk to her about anything at any time I want. I love working here. There is a great atmosphere of compassion and caring and I can feel it. It is really great when you feel you are appreciated by the residents, their relatives and the registered manager for the work we do." A third member of staff commented, "I love working here. I always feel appreciated. The registered manager has been very supportive to me. We have very good team work here. We all pitch in to make sure the residents get great care."

All staff we spoke with told us there was an out of hours on call system in operation that ensured that management support and advice was always available to them when they needed it. During our inspection we observed an afternoon staff handover meeting which ensured staff communicated effectively about people's daily needs. Discussions included people's general well-being, daily preferences and planned activities. We saw that staff meetings were held on a monthly basis and were well attended by day and night staff. We noted that staff training sessions were held during staff meeting and the meeting held in January 2018 showed that staff discussed topics such as medicines, pain scales and effective communication. Staff told us and we saw that incidents and accidents, near misses and any health and safety issues were monitored and also discussed at daily handovers and team meetings to reduce the likelihood of reoccurrence.

The provider recognised the importance of regularly monitoring the quality of the service and there were systems in place to ensure audits and checks were conducted. Records showed that audits were conducted

in a range of areas, including accidents and incidents, daily environment and maintenance safety checks, supervisor daily spot checks, falls, care plans and records, manager's monthly environmental audit, infection control and medicines audits and staff spot checks amongst others. Records of actions taken to address any highlighted concerns were documented and recorded as appropriate.

There were systems in place to ensure the provider sought the views of people using the service through regular residents meetings, annual surveys and through the use of a comments and suggestions box. People told us they were provided with opportunities to give feedback and help drive improvements. One person said, "Yes there are residents meetings and I go to them. If I'm not able to go we do get to see the minutes." Another person commented, "Yes meetings are every few weeks. They do listen to what we say."

We looked at the results for the resident's survey that was conducted throughout November and December 2017 and saw respondents were very happy living at the home. Comments from respondents included, "Yes, it's lovely", "Excellent", and, "Quite happy here." A relatives survey was also conducted at the same time and comments included, "Very good and caring", and, "First class." Visiting health and social care professionals were also asked to participate in surveys and again the result were positive. Were people had made comments or suggestions about the service we saw an action plan was implemented to address them. For example we saw that some comments made about the food had instigated the registered manager to introduce daily feedback sessions about the quality of the food and to record the findings in order to drive improvements.