Victory Care Home Limited

Victory Care Home

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 20 March 2017. The inspection was unannounced.

Victory Care Home was registered to provide accommodation and personal care without nursing for 52 people. There were 50 people living at the home on the day of our inspection. The service was in the process of an extensive refurbishment, comprising of an extension to the building which plans to add a further nine bedrooms, lounge, dining room and laundry room. The people living in the home were all living with dementia and some had other health conditions they required support with.

Victory Care Home was purpose built as a care home. Set at ground level, the premises comprised of a main building and three 'wings' giving a smaller more personal feel to the home. Hallways and corridors were decorated in colours that were pleasing to the eye. Lounge and dining room seating was available in each wing but people were able to, and encouraged, to move around and sit where they wished. Pleasant seating areas were available around the outside of the premises where people could sit out when the weather permitted. There were plans to refurbish these areas once the building works were complete.

At the last Care Quality Commission (CQC) inspection on 19 March 2015, the service was rated Good in all domains and overall.

At this inspection we found the service remained good.

There was a registered manager in post who had been registered manager at the last inspection. 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.

People continued to be safe, the provider continued to have systems in place to safeguard people from abuse. Staff understood their responsibilities in this area well and said they would have no hesitation in raising concerns, confident they would be listened to and action would be taken. Medicines were managed safely and effectively.

The registered manager made sure individual risks were identified and guidance was in place to make sure risks were managed well. People had a comprehensive care plan that provided detail of the individual support they required. People and their family members were involved in developing and reviewing their care plan.

People were supported to eat and drink enough to meet their needs. They also received the support they needed to maintain their health and well-being and to access healthcare services.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards. The provider and staff understood their responsibilities under the Mental Capacity Act 2005.

The staff had a caring approach, supporting people to maintain their independence as far as possible with dignity and respect. People's privacy was understood by staff who recognised the importance of it.

Staff were well supported through one to one supervision meetings, training and regular staff meetings to keep them updated and ensure their personal development was valued. The registered manager provided good leadership. They checked staff were focussed on people
experiencing good quality care and support. People and staff were encouraged to provide feedback about how the service could be improved. This was used to make changes and improvements that people wanted.

The provider had a robust approach to quality assurance, making sure systems were in place to check the quality and safety of the service.

Further information is in the detailed findings below.

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**

Victory 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 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 was a comprehensive inspection, which took place because we carry out comprehensive inspections of services rated Good at least once every two years. This inspection took place on 20 March 2017 and was unannounced. The inspection was carried out by two inspectors and one expert by experience who has experience of a family member living in a care home. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). 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 looked at previous inspection reports and notifications about important events that had taken place in the service, which the provider is required to tell us by law. We used all this information to decide which areas to focus on during our inspection.

We spoke with 12 people who lived at Victory Care Home and five relatives, to gain their views and experience of the service provided. We also spoke to the registered manager, three care staff and the cook. We asked for feedback from health and social care professionals.

We spent time observing the care provided and the interaction between staff and people. We looked at five people's care files and four staff records as well as staff training records, the staff rota and staff team meeting minutes. We spent time looking at the provider's records such as; policies and procedures, auditing and monitoring systems, complaints and incident and accident recording systems and medicine administration records. We also looked at residents and relatives meeting minutes and surveys.

We asked the registered manager to send additional information after the inspection visit, including environmental risk assessments. The information we requested was sent to us in a timely manner.

Good

Is the service safe?

Our findings

The people we spoke with who lived at Victory Care Home indicated to us they felt safe. Most people could not articulate this fully. One person said when asked if they felt safe, "The carers are nice, there are so many people here to help me".

The relatives we spoke with felt their loved ones were safe living at Victory Care Home and they had no concerns regarding their care. One relative said, "Mum is very, very happy, I do not have to worry anymore, I know she is safe and they keep me informed". Another relative told us, "I do like her being here, there is an alarm on the front door and call buttons in her room. They look after her".

People continued to be protected from abuse or harm. The registered manager made sure the staff maintained their understanding of their responsibilities in keeping people safe. Staff were able to tell us how they would report any concerns if they had them and who they would report to. They knew who they could go to outside of the organisation to report any worries if this proved necessary. We saw evidence that the registered manager had taken action quickly when they had suspected potential safeguarding incidents, referring to the local authority as required by the local safeguarding protocols. A record was kept of all safeguarding investigations carried out, actions taken and the outcome.

The registered manager had identified the individual risks specific to each person and set out control measures within a risk assessment. This gave staff the guidance they needed to support people to stay safe. Some people who were living with dementia found some situations quite challenging at times. This could result in refusing assistance from staff when they needed it. Risk assessments individual to each person assisted staff to understand the situation and respond accordingly, supporting people in the most appropriate way by support and encouragement. Where people were at risk of falls or had a history of falls, risk assessments were clear, identifying each person's vulnerability and how staff supported people to stay safe while maintaining their independence.

All accidents and incidents were reported appropriately when an incident happened. A detailed recording of the incident, including what happened and the action taken was kept in people's care plans. Where an incident had taken place as a result of behaviour that was challenging, a separate recording was made of the lead up to the incident, what happened and the action taken immediately after the incident. This meant the registered manager could analyse incidents and use the analysis of these to try to prevent a re-occurrence. The provider's reporting and recording system helped to keep people safe by capturing incidents and reported risks to enable the management and learning from events.

People continued to receive their medicines as prescribed, from staff that were suitably trained. Medicines were kept safe and secure at all times when not in use within a medicine room. Systems were in place for the ordering, obtaining and returning of people's medicines. The staff ensured that medicines used for people at the end of their life were stored correctly and accurate records kept of when they were administered by the staff or other health care professionals.

The staff who administered medicines received appropriate training and staff had a good understanding of the policy and procedures for administering them to people. People's records contained up to date information about their medical history and how, when and why they needed their prescribed medicines. Some people had 'As and when required' (PRN) medicines. Guidance was in place for staff to follow which included the dosage, frequency, purpose of administration and any special instructions. We observed people being asked if they were in any pain prior to being offered their PRN medicines.

The registered manager and provider continued to promote and protect people's safety in the event of an emergency, such as a fire. People had a personal emergency evacuation plan (PEEP) located in the fire file and a copy kept within their care plan. A PEEP sets out the specific physical, communication and equipment requirements that each person had to ensure that they could be safely evacuated from the service in the event of a fire.

The premises continued to be maintained to ensure the safety of people, staff and visitors. The provider employed a maintenance person whose role included a weekly test of the fire alarm system, checking the temperatures of the hot water taps and the emergency lighting systems. Staff had access to a maintenance log where they recorded any issues that required attention such as light bulbs that required replacement, blocked sinks and dripping taps. People's equipment such as hoists and bath lifts were serviced and maintained to ensure they were in good working order. These checks enabled people to live in a safe and adequately maintained environment. Environmental risks continued to be assessed and recorded, such as risks relating to the building and grounds. Although a major refurbishment was taking place, to provide a further nine bedrooms, disruption was kept to a minimum. The works had been planned to minimise the effects on people of disorientation or anxiety.

The provider had a comprehensive business continuity plan in place setting out the guidance staff would need if an emergency situation arose. Circumstances such as severe weather conditions or a loss of utilities were included in the plan. Relevant contact details including how to contact senior members of staff to support the situation were recorded.

The provider continued to have systems in place to ensure that staff were recruited safely. Staff files contained a 'recruitment and personnel file check list'. This was used by the registered manager and recruitment team to ensure the correct documents had been received and were within the recruitment files. Records showed the provider carried out checks to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclosure and Barring Service (DBS) background check. An audit of the recruitment files had recently been completed by a member of the management team.

There were suitable numbers of staff available to care for the needs of people living in the service. We looked at staff rotas, observed the response to care needs around the service and spoke to staff who told us they though there were enough staff to provide the care needed. In addition to care staff, the provider employed domestic and kitchen staff. The registered manager told us they were in the process of recruiting new staff in preparation for the completion of the new extension. One relative said, "They (staff) are all good and from what I've seen there seems to be enough, but they are all busy".

Good

Is the service effective?

Our findings

People and their relatives were very complimentary about the food and were consistent in saying the food was of good quality. One person told us, "It's smashing, it's really good, I like it all. I get porridge in the morning - with salt. I always sit in the same place. Everyone gets on with each other". Another person was just as happy with the food and said, "I always like it, it's always nice".

One relative told us when asked about the food, "They come round with the menu, it's brilliant they have a choice and its good quality". Another relative said, "She's eating well and never appears to be hungry".

People continued to be supported to eat and drink enough to meet their needs. The chef received a weekly delivery from a local butcher and green grocers to ensure people received fresh produce. People were offered the choice of two hot meals for lunch, but were also able to request other preferences such as omelettes or salads. The kitchen staff were aware of people's nutritional needs, a copy of each person's nutritional assessment was kept within the kitchen. The information had also been broken down into what people's specific requirements were, such as vegetarians or people who were diabetic.

People mainly ate their meals in one of the dining areas although people could choose to eat in their bedroom if they wished, or in an armchair. Meal times were pleasant with music being played quietly in the background. Staff assistance was available for those who required it. A choice of juices was available for people to have with their meal. One person had a beer that their family had supplied and requested they have this with their meal. People who were at a higher risk of malnutrition, for example if people refused to eat at times, had a care plan to detail the individual support required to ensure their health was maintained. For instance the care plan included, what the person's favourite foods were, if they required weighing regularly or referring to a healthcare professional such as a dietician.

Staff continued to be supported and supervised in line with the provider's policy. New staff completed a weekly competency check with their line manager during their initial four weeks. New staff worked alongside more experienced staff prior to working unsupervised. This enabled people and staff to get to know each other, and for the member of staff to observe current staffs working practice. The registered manager had given the opportunity of apprenticeships to enable young people to set out on a career in adult social care. Apprenticeships are government funded work-based training programmes for people aged 16 and over. They combine on the job training with nationally recognised qualifications. Staff continued to receive the training necessary to support people with their care and support needs. Specialist additional training had been provided such as dementia awareness and diabetes. Staff told us they had been given the opportunity, encouragement and support to progress in their careers by taking on more senior roles within the service.

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 told us about the choices and decisions they made. One person told us, when asked who chooses what they wear each day, "I do, I open the drawers and tell them what I will wear, It's my choice". One staff member said, "People get complete choice here, they get out of bed when they want in the morning and go to bed when they want at night".

People's consent and ability to make specific decisions had been assessed by the registered manager and recorded in their records. Where people lacked capacity, their relatives or representatives and relevant healthcare professionals were involved to make sure decisions were made in their best interests. Each person had a care plan to specifically address their support needs around mental capacity and personal decision making, guiding staff to ensure all decisions and choices were made in people's best interests.

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. People's capacity to be able to choose where they lived and to be able to consent to care and support was assessed as soon as they moved in to the service. Where people had lacked the capacity to make this decision, applications had been appropriately made to deprive people of their liberty. The decision making process and how the decision had been made in the person's best interests was recorded in detail. Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. Records showed the provider was complying with the conditions applied to the authorisation. Staff had received training in MCA and DoLS and understood their responsibilities under the act.

The registered manager continued to liaise closely with health care professionals to ensure people were supported to maintain their health and well-being. GP's were contacted regularly for advice or to request a home visit. Referrals were made to the appropriate specialists when necessary. One person told us, "They give me medication, it's what the doctor prescribes for me. A gentleman came last week and I had my eyes tested". Some people were at risk of developing pressure sores or other conditions affecting their skin integrity. District nurses visited regularly if advice was required or if people had wounds that needed dressing. In some cases referrals had been made to a specialist tissue viability nurse. Careful attention was given to the mental well-being of people living at the service. Specific care plans were in place to detail the support required by each individual to assist people to relax and reduce anxieties. People were referred to specialist mental health teams or for a dementia support assessment as appropriate, if staff were concerned about a change in their mental health. Relatives told us they were kept informed if their loved one was unwell or required a doctor's appointment. One relative said, "Oh yes, they keep me informed. If [my relative] is not well, they will call a Doctor". Another relative told us, "If [my relative] needs a doctor they will phone up the surgery, but they let us know beforehand".

Good

Is the service caring?

Our findings

The people we spoke with thought the staff were kind and caring. One person said, "They're all kind, nice helpful people. They are nice kids, they are lovely". Another person told us, "They are very good, they look after me, they look after me very well, they are kind, I've been with them quite a while".

People's relatives were equally happy with the care their loved ones received and the attitude of the staff. One relative told us, "The care here is marvellous and as far as we can tell [our relative] is happy". Another relative said, "We were recommended this place, its brilliant, we fell in love with it. The staff are so friendly, caring and they are so funny. They are brilliant".

Since our last inspection on 20 March 2017, the registered manager continued to ensure that people were treated with dignity and respect by a caring team of staff. Staff described how they made sure they maintained people's privacy, such as knocking on bedroom doors before entering, making sure doors were always closed when providing personal care or making sure personal conversations were held in a private place. One person told us, "The carers [staff] are nice and they knock on the door before they come in".

Staff knew people well. One person sat by the front door most mornings, waiting to go home. Staff knew the person well and regularly stopped for a chat, aware that this was something the person needed to do. By late morning the person did not have the need to do this anymore and could be seen walking around the home quite relaxed. The registered manager told us this was their daily routine and by the afternoon they were helping with the chores, tidying up, collecting cups and chatting to people and staff. One member of staff said, "We do get to know people really well as we have the time to sit and chat with them. There is lots of reminiscing".

The layout of the premises suited people well. Consideration had been given to the particular issues faced by people living with dementia when redecorating had taken place. People's room doors were designed as the front door of a house. Strong external door colours with a high gloss finish were used, such as yellow, red, bottle green and navy blue. Door furnishings such as door knockers, letter boxes and door numbers were in place. Each door was a different design as external front doors might be. The registered manager told us people had chosen their door colours, furnishings and design when they were originally refurbished. They said that people recognised their own room door more easily because of the uniqueness of each one.

People were given a service guide about Victory Care Home when they first moved into the service. This provided people and their families with all the information they required about the home, the services provided and the provider.

People were involved in developing and reviewing their care plan. People's relatives were also included to make sure all the information necessary to support people well was gathered. One relative said, "We had a review last year, she said I could read it whenever I want. We had an appointment and went through everything". Another relative told us, "All staff are friendly and good, there seems to be adequate numbers. Just recently we have redone the care plan for [my relative]".

Small kitchenette areas were available around the service where people could make a drink if able. Their families and friends were welcome to make drinks when visiting. The kitchenette areas were convenient for staff to make breakfasts, drinks and snacks for people through the day and evening.

We observed many examples of good practice and caring exchanges between people and staff. One person was sitting in the lounge and called out for assistance. Staff were assisting another person in another area close by. As soon as they were able, a staff member went to speak to the person and said, "I am just helping this person to sit down then I will come to you next". We then saw the staff member return to assist the person within a short time.

Staff were seen to be calm and patient, reassuring people when they were anxious or were feeling lost. One person was very concerned that they had not paid for a drink they had at lunchtime. Staff were very caring in their approach, reassuring them and explaining the situation many times as the person forgot that they did not have to be concerned.

A life history was in place for each person with comprehensive detail of their life, including where they were born and grew up, their brothers and sisters, where they worked, their hobbies and interests and if they married. The life history went on to record if the person had children and grandchildren and where they now lived, including how often they saw them.

Staff got to know people's family members well which helped families to raise concerns straight away if they had any. One staff member said, "We've got some lovely families. You have to earn the families trust as we are looking after their loved ones".

Good

Is the service responsive?

Our findings

People and their relatives were happy with the amount and variety of activities available to join in with. One person told us, "I love the television – I learn so much. Sometimes I join in (the activities), but you've got to be in the right mood, if I'm not, I won't. If I don't like something I will tell them".

One person's relative told us, "There is an activity list on the wall where you sign in, they have things such as singing, [my relative] likes that. There's Tai-chi on a Monday. They have a sweet round once a month where she can buy what she wants. The staff paint her nails and she has her hair done every Monday". Another relative said, "They have quizzes and everything its marvellous, they have cake sales about every three months – with tiered plates. They had a celebration party at Christmas. There was a drop of sherry each, the decorations were great, and it was lovely. They have PAT dogs that come round – [my relative] loves it".

There continued to be a range of activities to appeal to people's differing wishes and needs. The registered manager had an activity plan in place for the week which included external organisations or individuals coming into the home to provide popular activities. We saw Tai-chi in progress during the morning which was popular and enjoyed by many people. A music session was booked another day of the week and armchair exercises on another day. The registered manager subscribed to an activities programme where they received a monthly magazine giving ideas for themed days through the month. For example, to celebrate 'nutrition and hydration week' staff had recently had an 'ice cream sundae' day and a 'popcorn day' where they made popcorn with a popcorn machine that had turned out to be very popular.

Care plans showed what people's interests were and the activities they liked to do. A weekly activity record was kept up to date in each care plan. This recorded the activities each person had taken part in each day and the reasons why if they had not engaged in activities. Where people preferred their own company staff were guided to continue to encourage activities while at the same time respecting their choice to not join in.

We saw staff doing quizzes with people in the morning and the afternoon in the lounge areas. People were joining in, answering the questions and chatting to each other. Individual time was given to people by staff. We saw one member of staff sitting with people doing manicures, chatting as they were doing this, about their life, what they liked to do and where had they been on holiday through their life. Various styles of music were being played through the day and people were singing along to a 1960's CD.

A hairdressing salon was available with a hairdresser visiting twice a week. The hairdresser knew people well and knew how they liked to have their hair done. We saw both men and women having haircuts and enjoying the experience.

The registered manager and the deputy manager continued to assess people's care needs before they moved into the home. People, and their family members where appropriate, were involved in the assessment to make sure the correct information was gathered. This meant the registered manager could make the decision whether staff had the skills and qualifications necessary to be able to support people correctly.

Care plans were developed using the assessment and further involvement of people and their family members. The care plan covered all the areas of the person's life and what support was required by staff to assist them. Some people may refuse help from staff at times due to the progression of their life with dementia. Detailed guidance was provided for staff within the care plan how to encourage and support the individual to accept the support required while at the same time maintaining their independence as much as possible. Some people found communicating verbally difficult. The care plan documented how to support the individual in the most appropriate way to encourage communication. For instance, one person's care plan said, 'Give time for [name] to express themselves' and 'Speak clearly'.

People's care plans were reviewed regularly to ensure the appropriate support was being provided, taking into account changes in people's circumstances, to adapt their plan of care accordingly. One staff member said, "It is important we update care plans and risk assessments as soon as there is a change to make sure people are supported correctly. The information always has to be right".

The provider's complaints procedure was still in place and the process to follow was detailed in the service guide given to each person when they moved in to Victory Care Home. People and their relatives knew how to make a complaint if they needed to. One person told us, "I would tell someone in the office or my daughter, I wouldn't put up with anything I didn't like or thought was wrong". A relative said, "I've never had any cause to complain, but if I did I would go to the manager".

The provider continued to have systems in place to receive people's feedback about the service. The provider sought people's views on the quality of the service by using annual questionnaires. The last survey was carried out in July 2016 with generally good feedback. Family members had the opportunity to complete a questionnaire to give their views on the care received by their loved one and on the service as a whole. The completed questionnaires demonstrated that people who used the service and their families were happy with the service provided. Further feedback was sought during the residents meetings, held regularly to give people the chance to speak face to face about things that were important to them at that time.

Good

Is the service well-led?

Our findings

People's relatives thought the service was well run and they all appeared to know the management team well. One relative told us, "The manager is [registered manager's name], she's a really nice lady, she's brilliant". Another relative said, "Oh without a doubt, I know there are some bad care homes, but I have no concerns about this one. I have sheer contentment that [my relative] is looked after well".

The registered manager had a deputy manager to support her with the day to day management of the service and care staff. Both the registered manager and the deputy manager worked a share of weekends. The registered manager told us they thought it was important the management team were available at weekends, to support the staff and to be aware of any pressures. A night check was also carried out by the management team once a month to maintain an oversight of the whole care and support function. A member of staff said, "The registered manager and deputy manager know everyone really well. They are always around, chatting and joining in".

The registered manager told us they continued to be supported well by the provider to enable them to be able to carry out their role. As well as having the opportunity to take part in regular one to one supervision with their line manager, they attended meetings every three months with their peer group of managers from across the provider's other services. The registered manager told us this was invaluable to their own personal development by sharing ideas and solving problems.

The registered manager continued to support the staff well by holding regular staff meetings to make sure staff were kept in touch and updated. A night staff meeting had been held on 16 March 2017 when discussions included; duties and responsibilities of night staff, break times, offering people drinks and snacks through the night and the safe administration of medicines. An 'all staff' meeting was held on 8 March 2017 with fully documented discussions about; update on the building works, staff roles and responsibilities, management spot checks, clarifying break times and an item on safeguarding. A senior care staff meeting had taken place on 7 February 2017 and the previous all staff meeting had been held on 17 November 2016. Staff told us they were encouraged to speak up and bring ideas and suggestions to the staff meetings and they found their suggestions were taken seriously and acted on where possible.

The staff we spoke with were very complimentary about the registered manager and their leadership. One member of staff told us, "You wouldn't get a better boss. They are always there for the staff, the door is always open". Another member of staff said, "I do think it is well led, we always get the support we need". Staff were also happy with the investment and support from the provider. One member of staff said, "They are good, it has actually worked out well, the changes they have made have proved to be good. We are kept up to date". Another said, "I love it here, this is one of the best homes I have worked in".

A newsletter was printed every two months with up to date information about the service including photographs. A regular feature produced updates on the building work, how it was progressing and what was due to happen next. Information and updates about the provider and their other care homes was also included.

The provider continued to understand the principles of good quality assurance and had a process in place to check the quality and safety of the service. The registered manager and the deputy manager were responsible for undertaking a range of quality audits each month to review the service. The monthly audits covered a comprehensive range, across all aspects of the service, such as medication, care plans, nutrition and hydration, tissue viability, safeguarding, health and safety, kitchen, infection control and staff files. We found the audits routinely identified areas they could improve upon and the registered manager produced action plans, which clearly detailed what needed to be done and when action had been taken.

The provider's operations manager carried out an independent comprehensive audit every three months. The independent approach meant further areas for improvement were identified. An action plan was developed with timescales for the registered manager to make the improvements necessary.

The provider continued to use the information from the monitoring of complaints and accidents and incidents in order to learn from incidences. Complaints were analysed each month and the information used to check if, for example, a complaint had been raised more than once about the same member of staff, or if complaints of a similar nature were received, such as laundry issues. Accidents and incidents were similarly analysed each month to check if there were contributing factors to be aware of, such as similar times of the day or similar staff on duty.

As well as people and their family members being asked to give their views of the service provided, health and social care professionals were also invited to provide feedback about their involvement. All comments showed that there was complete satisfaction from those who responded, with more than one responder saying they would recommend the service to others. A staff survey had been undertaken, however, this had been sent out shortly before the inspection so responses had not been received back by the provider. The provider took the views of people, family members, staff and others involved in the service seriously, seeking their views and analysing the information received to make improvements to the service provided.