

White Lodge Rest Home Limited

White Lodge Rest 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 November 2018 and was unannounced. The inspection continued on 23 November 2018 and was announced.

White Lodge Care Home is a privately-owned care home and can provide accommodation for up to 28 people who are generally older and may have dementia, learning disabilities or mental health problems. At the time of our inspection there were 28 people living in the home.

White Lodge Care Home is a 'care home'. 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. People were supported in two detached houses which were joined by a corridor at the rear of the properties. Bedrooms were spread over two floors in both houses. There were two large communal lounges and a dining area on the ground floors. Access to the first floor was via stair lifts and two staircases. There were accessible outside areas to the rear of the home and an enclosed garden.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were protected from avoidable harm as staff understood how to recognise signs of abuse and the actions needed if abuse was suspected. There were enough staff to provide safe care and recruitment checks had ensured they were suitable to work with vulnerable adults. When people were at risk of falling or skin damage staff understood the actions needed to minimise avoidable harm. The service was responsive when things went wrong and reviewed practices in a timely manner. Medicines were administered and managed safely by trained staff.

People had been involved in assessments of their care needs and had their choices and wishes respected including access to healthcare when required. Their care was provided by staff who had received an induction and on-going training that enabled them to carry out their role effectively. People had their eating and drinking needs understood and met. Opportunities to work in partnership with other organisations took place to ensure positive outcomes for people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People and their families described the staff as caring, kind and friendly and the atmosphere of the home as homely. People were able to express their views about their care and felt in control of their day to day lives. People had their dignity, privacy and independence respected.

People had their care needs met by staff who were knowledgeable about how they were able to communicate their needs, their life histories and the people important to them. A complaints process was in place and people felt they would be listened to and actions taken if they raised concerns. People's end of life wishes were known including their individual spiritual and cultural wishes. The home was in the process of reviewing accessible information for people with learning disabilities.

The service had an open and positive culture that encouraged involvement of people, their families, staff and other professional organisations. Leadership was visible and promoted teamwork. Staff spoke positively about the management and had a clear understanding of their roles and responsibilities. Audits and quality assurance processes were effective in driving service improvements. The service understood their legal responsibilities for reporting and sharing information with other services.

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?

Good ●

The service remains Good

Is the service effective?

Good ●

The service remains Good

Is the service caring?

Good ●

The service remains Good

Is the service responsive?

Good ●

The service remains Good

Is the service well-led?

Good ●

The service remains Good

White Lodge Rest 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 inspection site visit took place on 20 November 2018 and was unannounced. The inspection continued on 23 November 2018 and was announced. The inspection was carried out by an inspector and expert by experience on day one and one inspector on day two. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Their experience related to older people and people with dementia.

Before the inspection we reviewed all the information we held about the service. This included notifications the home had sent us. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We contacted the local authority quality assurance team and safeguarding team to obtain their views about the service.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with 12 people who used the service and four relatives. We met with three health and social care professionals, seven staff, and the head chef.

We spoke with the registered manager, head of care and nominated individual. We reviewed four people's care files, four medicine administration records, policies, risk assessments, health and safety records, consent to care and treatment, quality audits and the 2018 resident and relative's survey results. We looked at four staff files, the recruitment process, complaints, training and supervision records.

We walked around the building and observed care practice and interactions between care staff and people

who live there.

We asked the registered manager to send us information after the visit. This included policies and the staff training record. They agreed to submit this by Wednesday 28 November 2018 and did so via email.

Is the service safe?

Our findings

People, relatives and staff told us that White Lodge Rest Home was a safe place to live. A person told us, "I feel very safe here, I think the staff here (all of them) are marvellous, and the manager is doing a great job. This place is wonderful". Another person said, "Nothing is too much trouble, and I know I am safe and being looked after". A relative said, "My loved one is safe, well looked after, no worries". A health professional commented, "People appear safe and happy. I don't have any concerns". Staff described the service as safe and told us that safe systems in place included; clear guidelines, risk assessments, policies, audits, checks and support.

We found that the home had implemented safe systems and processes which meant people received their medicines on time and in line with the providers medicine policy. The service had safe arrangements for the ordering, storage and disposal of medicines. However, not all opened creams and bottles had open dates recorded on them. The head of care told us that this will be included as part of daily checks. The staff that were responsible for the administration of medicines, were all trained and had had their competency assessed. The temperature of the room where medicines were stored was also monitored and was within the acceptable range. Medicines that required stricter controls by law were stored correctly in a separate cupboard and records kept in line with relevant legislation. Medicine Administration Records (MAR) were completed and audited appropriately. A health professional said, "I have looked at MAR sheets today. These were legible and up to date".

There were enough staff on duty to meet people's needs. We found that the registered manager had reviewed staffing levels based on roles, staff workload, dependency levels of people and ratio of staff to people. The registered manager said that they were confident that staffing levels met people's needs and that additional staff were put on rotas as and when people's needs changed. A person said, "I think there are enough staff here and they are all really kind". Staff comments included; "There are mostly enough staff. We always meet people's social and care needs". "There are enough staff around. We never feel rushed and have time to spend with people". A social care professional said, "There are enough staff. Needs are met". The service also employed cleaning and kitchen staff to help ensure the service ran effectively. The registered manager explained that staff who worked in the kitchen had appropriate food hygiene training.

The service had a suitable recruitment procedure. Recruitment checks were in place and demonstrated that people employed had satisfactory skills and knowledge needed to care for people. All staff files contained appropriate checks, such as references and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with vulnerable people.

Staff were clear on their responsibilities with regards to infection control and keeping people safe. All areas of the home were kept clean to minimise the risks of the spread of infection. There were hand washing facilities throughout the building and staff had access to Personal Protective Equipment (PPE) such as disposable aprons and gloves. Throughout the inspection we observed staff wearing these. Staff were able to discuss their responsibilities in relation to infection control and hygiene. Signage around the home reminded people, staff and visitors to the home of the importance of maintaining good hygiene practices.

Staff could tell us how they would recognise signs of abuse and who they would report concerns to. Staff confirmed that they had no safeguarding concerns. There were effective arrangements in place for reviewing and investigating safeguarding incidents. There was a file in place which recorded all alerts. We found that there were no safeguarding alerts open at the time of the inspection. A professional told us, "We have no safeguarding concerns. We had a team meeting this morning and nothing has been flagged up for a long time. The service is very transparent".

Staff understood their responsibilities to raise concerns, record safety incidents, concerns and near misses, and report these internally and externally as necessary. Staff told us if they had concerns the registered manager would listen and take suitable action. Accident and incident records were all recorded, analysed by the registered manager and actions taken as necessary. These had included seeking medical assistance and specialist advice. Lessons were learned, shared amongst the staff team and measures put in place to reduce the likelihood of reoccurrence. A staff member told us, "If an incident occurred I would assess the situation, get my senior or the registered manager, call 111 or 999 for advice and support and then record it".

People were supported by staff who understood the risks they faced and valued their right to live full lives. This approach helped ensure equality was considered and people were protected from discrimination. Staff described confidently individual risks and the measures that were in place to mitigate them. Risk assessments were in place for each person. Where people had been assessed as being at high risk of falls, assessments showed measures taken to monitor the person and reduce the likelihood of injury. For example, sensor mats and walking aids.

Some people presented behaviour which challenged staff and the service. We found that positive behaviour support plans were in place, up to date and in line with best practice. These plans gave staff clear guidelines on approaches to use if people displayed behaviours which may challenge. A staff member told us, "Behaviour is ok to manage. Support plans help. Also, being calm is key whilst showing compassion. It really helps".

Equipment owned or used by the registered provider, such as adapted wheelchairs, hoists and stand aids were suitably maintained. Systems were in place to ensure equipment was regularly serviced and repaired as necessary. All electrical equipment had been tested in 2018 and was to ensure its effective operation. People had Personal Emergency Evacuation Plans (PEEPs) in place. These plans told staff how to support people in the event of an emergency such as a fire.

Is the service effective?

Our findings

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.

Consent to care was sought by staff from those that had capacity this included consent for photos. A person said, "They (staff) always ask for my consent to do anything". A relative told us, "Yes they seek my loved one's consent, my relative enjoys life here and the staff are excellent, they understand his needs". We found that MCA and best interest paperwork was in place, complete and up to date. Capacity had been assessed and best interest meetings involved relatives and other relevant parties. A staff member told us, "Where people lack capacity or can't talk we involve families, professionals etc." Best interest decisions included; the delivery of personal care, medicines, and the use of equipment, for example; sensor mats. A social care professional said, "I am involved in best interest decisions. Care is always delivered in people's best interest".

Staff were aware of the Mental Capacity Act and told us they had received MCA training. The training records confirmed this. A staff member told us, "MCA is to determine whether people have capacity and protect those who don't. Assessments and best interest's decisions are completed".

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that seven people had authorised DoLS in place and 11 people were pending assessment from the Local Authority. We found that no authorisations had any conditions attached to them.

Staff told us that they felt supported and received appropriate training and supervisions to enable them to fulfil their roles. A person said, "I know the staff are certainly well trained, and we know they are often on training courses". A staff member told us, "We get good training and it's practical too which works for me". Another staff member commented, "Training is brilliant here. I am due for my moving and assisting refresher next week. Training is important and the registered manager always provides more if we ask for it". Training records confirmed that staff had received training in topics such as health and safety, moving and assisting, infection control and prevention and first aid. We noted that staff were also offered training specific to the people they supported for example; end of life, behaviour, diabetes and dementia. In addition, staff had also completed levels two or three diplomas in health and social care. A staff member said, "Staff receive regular supervisions. These are done by either the head of care or registered manager. I think these are important and give us an opportunity to share issues/grievances, learn and improve".

There was a clear induction programme for new staff to follow which included shadow shifts and practical

competency checks in line with the care certificate. The Care Certificate is a national induction for people working in health and social care who have not already had relevant training. A staff member said, "I had a good induction. It was informative. I shadowed senior staff and was shown what to do".

People's needs and choices were assessed and care, treatment and support was provided to achieve effective outcomes. Care records held completed pre admission assessments which formed the foundation of basic information sheets and care plans details. There were actions under each outcome of care which detailed how staff should support people to achieve their agreed goals and outcomes. As people's health and care needs changed ways of supporting them were reviewed. Changes were recorded in people's care files which each staff member had access to.

People were supported to maintain a healthy diet and food and fluid charts were maintained where appropriate. A person told us, "The food is very good, we get a choice for breakfast and main course each day, we can also have something different if we like". The kitchen had been awarded a five-star food standard rating and all staff had received food hygiene training. We met with the head chef who told us that there is a four-weekly menu which was currently under review with the people who lived at White Lodge Rest Home. The chef was able to tell us people's dietary requirements including their likes and dislikes. They told us they went around each day informing people what the meal options were and offering alternative options if people didn't like the options. We observed this happening on both days of the inspection. We were told that visual menus were not being used currently but that they were going to incorporate this in the menu review.

We observed people eating and found that there was a relaxed atmosphere. Food looked appetising, was plentiful and overall it appeared to be a pleasurable experience. Tables were nicely laid and drinks were available to people. People requiring assistance were helped in a manner which respected dignity and appeared to demonstrate knowledge of individual dietary and food consistency needs. People chose whether to have their meals in their own rooms or the communal dining room.

People had access to health care services as and when needed. Health professional visits were recorded in people's care files which detailed the reason for the visit and outcome. A person said, "Yes, I only have to ask for an appointment, it is like a hotel with medical support". A health professional said, "People are well cared for and the staff are very good at seeking outside help if needed. Care is always in the best interest of the person receiving it". Other health and social care professionals told us that they were always made to feel welcome and that staff knew why they were visiting and were always available to help. Recent health visits included; District Nurse, GP, social worker, and a psychiatrist.

People told us they liked the physical environment. The home was split across two levels and had been adapted to ensure people could access different areas of the home safely and as independently as possible. There were working stair lifts in place providing access to each floor. There was access to secure, outdoor spaces with seating and planting that provided a pleasant environment. A person said, "I can go outside if I want to". We observed a person sat in the rear garden bird watching. A professional said, "It's a homely environment. It's kept clean and rooms are personal to people".

Is the service caring?

Our findings

People, professionals and their relatives told us staff were kind and caring. One person told us, "The staff are genuinely caring, and always kind to us – they are a fantastic team". Another person commented, "I would not think of going anywhere else, this place is unique. They are all committed to the art of caring". A health care professional told us, "Staff are kind and caring. They are patient and compassionate". A social care professional said, "I feel staff empathise and are empathetic to people's emotions and anxieties. Staff always lifts people's moods. I take my hat off to them!". Relative comments included; "Staff are always very patient and attentive", "Staff are kind and caring, they always want what is best for my loved one"; "Staff are caring, they are patient and always reassure my loved one if they are anxious".

People were treated with dignity and respect. We observed staff knocking on people's doors before entering and not sharing personal information about people inappropriately. A relative said, "The attention to detail here is excellent – the care staff are well trained, and my relative is treated with dignity and respect". A professional told us, "Staff are caring and respectful. I have never witnessed disrespectful care here". A staff member said, "I respect privacy and dignity. I respect private time. I close curtains and doors. I seek consent before delivering personal care". Bedrooms were personalised with people's belongings, such as furniture, photographs and ornaments to help people to feel at home.

White Lodge had a dignity champion who told us that they encouraged; knocking on doors and waiting for answers, calling people by preferred names and covering private areas. They told us that they had also introduced a visual aid to use on doors to indicate when personal care is being delivered. The champion said, "I am encouraging staff to use softer language with people. For example, rather than staff saying, 'do you want', staff are using 'would you like' as it is a lot softer and more respectful". They went on to say, "I am here for people and staff alike. I am always happy to listen and help where I can. This makes me feel quite honoured actually!".

People who were able to talk to us about their view of the service told us they were happy with the care they received and believed it was a safe environment. Comments from people and their relatives included. "They are a wonderful team who are committed to looking after anyone that stays here.". "the staff try in every way possible to give us all the help we need, I am genuinely happy here". "I could not ask for a better place, I have been here for fourteen years the staff are all angels" and "All aspects of life here are good, I have all I want – this place is just like being at home, they always go that extra mile. I am a very fortunate person, I am also aware of those who are not so lucky, and I see the kindness and dignity with the way they are treated. This is the standard of care here". A professional said, "I see the care as good at White Lodge Rest Home".

People's cultural and spiritual needs were respected. Staff encouraged people to receive visitors in a way that reflected their own wishes and cultural norms, including time spent in privacy. A relative told us, "The service promotes equality and diversity". We found that people's cultural beliefs were recorded in their files and that they were supported to attend services and meetings of their choice. The registered manager told us that people are supported to practice their faiths and that services are arranged.

People were supported to maintain contacts with friends and family. This included visits from and to relatives and friends and regular telephone calls. There was a quiet lounge so people were able to meet privately with visitors in areas other than their bedrooms. A relative told us, "We are able to visit any time that we like really". Another relative said they came when they wished and were always greeted politely by staff and made to feel welcome. Staff were aware of who was important to the people living there including family, friends and other people at the service.

On both days of the inspection there was a calm and welcoming atmosphere in the home, punctuated with moments of singing and laughter. We observed staff interacting with people in a caring and compassionate manner. For example, during lunch staff were patient and attentive as they supported people. They demonstrated a concern for people's well-being and were gentle and encouraging.

People were encouraged to be independent and individuality respected. We observed a staff member encouraging a person to walk independently to another room. The staff member was reassuring, patient and did not rush the person. A person said, "When I first came here I was completely broken. I had no confidence, I did not want to get out of bed. Look at me now, I am active and enjoying life, it is all down to them they are simply marvellous". A staff member told us, "We treat everyone equally but recognise that everyone is different and that needs are not the same".

People were encouraged to make decisions about their care, for example what they wished to wear, what they wanted to eat and how they wanted to spend their time. A person said, "We are involved as much as we like. We have a residents meeting every month, the comments are recorded in a book, and they always respond to any suggestion that are made". Another person said, "The staff are just so easy to communicate with which makes decision making easier, nothing is too much trouble – I am not just saying that, they are just simply brilliant". A staff member told us, "I ask people if they would like things like; activities, food, clothes etc. I never force decisions on people. I give them the information they need to make their own choices". People appeared well cared for and staff supported them with their personal appearance.

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. Staff were able to tell us how they put people in the centre of their care and involved them and / or their relatives in the planning of their care and treatment. A person said, "I am even invited to discussions with the care team who look after me". A relative told us, "We are involved in planning and reviewing our loved one's care. The home keeps me up to date with appointments and general health". The head of care told us, "I lead on care plan reviews with people and families. Care plans are put together in a person centred way and changes are made through observation and feedback. Reviews take place every six months or sooner". We found that one person's dietary needs had recently changed and in response their care plan had been updated and shared with the staff. Another person now had a profile bed and their care plan had also been updated. A professional told us, "People's needs are met and staff work in a person centred way. They [staff] adapt their way of working around people's needs".

Care plans were available to staff, up to date, regularly reviewed and audited by the management to ensure they reflected people's individual needs, preferences and outcomes. The registered manager and head of care alerted staff to changes and promoted open communication. We found that care plans contained photos of people and information about the person, their family and history. A professional told us, "Care plans are detailed and up to date. Information is always available".

At the time of inspection, the service was not fully meeting the requirements of the Accessible Information Standard (AIS). The AIS is a law which requires providers to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. People's communication needs were assessed, met and shared with others as and when required. For example, hospital admissions. On day one we found that people with a learning disability did not have hospital passports which reflected people's communication needs and that the complaints policy was not available in an easy read format. We discussed this with the registered manager. On day two of the inspection the registered manager showed us that they had worked with people and staff to create these.

The home employed an activities coordinator. We found that people were supported and encouraged to participate in activities inside and out of the home. The activities coordinator told us that activities were arranged based on feedback received in resident meetings. They said, "People here have life history profiles which give us information on their past hobbies and interests. We also try and tailor activities around these". There were a number of photos on the walls of people enjoying activities such as singing, animal visits, parties and dancing. We were told that the home had celebrated Halloween and put on a party for people who chose to be part of it. We read that people were supported to access community events. For example, a local school was hosting a pensioners Christmas party in December and which people told us they were looking forward to. We were told that there had been a street fete in the summer and a MacMillan coffee morning at the local church. The activity coordinator said, "Community involvement is important". During the inspection we observed people being involved in quizzes, singing and dancing.

The registered manager told us that they welcomed complaints and saw these as a positive way of improving the service. The registered manager said, "It would upset me if people felt they couldn't complain. I am passionate about people and giving them the best care possible". The service had a complaints system in place; this captured the nature of complaints and steps taken to resolve these. We found that there were no live complaints at the time of our inspection. A person said, "I don't have any problem raising a complaint, thank god I have never had the need to do so". Another person commented, "I would talk directly to the manager, she is here all the time. I have never had to complain and I don't expect to". Other people we spoke to told us they felt able to raise concerns with staff or management. Relatives we spoke to said that they had no concerns or complaints. A professional mentioned that the home was really good and that they had never had any concerns.

People were supported with end of life care and preferences were recognised, recorded and respected. Care plans had a last wishes section which identified people's preference and requests. We read that one person wanted to be buried some of their favourite items. The head of care said, "It is important we discuss last wishes with people. However, I would never do this on admission. I let people settle in first and build a relationship with them. I find this works better". We were told that as a sign of respect when people died at the home and were taken by undertakers that all staff and people if they chose to formed two lines in the hallway where the body would be passed through. The head of care said that this is a form of respect and gives staff and people a final opportunity to pay their last respects and say good bye.

Is the service well-led?

Our findings

The service had 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.

Quality monitoring systems and processes were in place and up to date. These systems were robust, effective, regularly monitored and ensured improvement actions were taken promptly. Audits covered areas such as; care plans, infection control, kitchen, medicines and equipment. The registered manager and head of care told us that they regularly worked care shifts with staff which enabled them to observe practice, make sure staff were completing records and take action to improve as and when necessary.

The manager told us that they promoted an open door policy. The manager's office was located in a room just off the main communal dining area. The registered manager told us they recognised good work which was positive and promoted an open culture. Staff told us that they felt acknowledged by the management for good work, commitment and flexibility.

Throughout the inspection we observed the management demonstrating positive, strong leadership. The registered manager and head of care told us that they felt they were good leaders. The registered manager said, "I treat people and staff with dignity and respect. I lead by example and tackle any issues. I work on the floor. I safeguard people and report what we need to". The head of care told us, "I feel supported by the registered manager and have learnt a lot from them. I support staff through handovers and supervision. I also work alongside staff to support, observe and offer advice and support. It works well".

Staff, relatives, professionals and people's feedback on the management at the home was positive. A person told us, "I am delighted about the way the place is run. The staff are properly supervised – I think the manager is marvellous - this is a well-managed home". Staff comments included; "The registered manager is fantastic, really supportive. So approachable and open to any suggestions. The nominated individual is great too. Very open and approachable. The head of care is lovely. There is no them and us we all work together", "[Registered managers name] is amazing. I think they are the best manager I have had in all my many years working in care. They work the floor and their door is always open" and "The registered manager is friendly and approachable. They used to be a carer once which I think helps. They are a really good registered manager". A relative said, "A very good manager, very involved in everything. Knows what is happening. I feel this is important and shows that the home is very well run". A professional said, "The management are very competent and professional. They also know people here well".

White Lodge Rest Home worked in partnership with other agencies to provide good care and treatment to people. Professionals fed back that they felt information was listened to and shared with staff. A health professional said, "My experiences have only been positive here at White Lodge Rest Home. They work very well in partnership with us and communication is good". A social care professional told us, "The home works

very well in partnership with us and responds promptly. We have many meetings here and the service is very proactive at arranging these".

The manager understood the requirements of duty of candour that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of harm. They fulfilled these obligations where necessary through contact with families and people. A staff member said, "I think the service learns from mistakes. Learning is shared with staff, people and relatives through meetings. A positive open environment is always promoted". A professional said, "The managers are very open and transparent. When issues have arose, I have been informed". We were given an example of learning following a time when a person who was being supported in their room had been missed off the afternoon tea round. In response the registered manager had implemented change which meant that everyone in their rooms were served first. This had been shared with all staff and people alike.

People, relatives and staff told us that they felt engaged and involved in the service. A relative said, "Yes- I am confident that if I raised any suggestion it would be welcome. There is an atmosphere of 'can do' that starts from the top". A staff member told us, "I'm involved in decisions. Management listen to my views and opinions". Another staff member told us, "We are all one big extended family here".