Akari Care Limited

Crofton Court

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 26 March and 18 April 2018. The first day of inspection was unannounced. This meant the provider and staff did not know we would be coming.

Crofton Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Crofton Court provides care and support for up to 50 people who require support with personal care, some of whom are living with dementia. At the time of the inspection there were 43 people living there.

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

At the last inspection in February 2017 we found that there was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This related to systems not being place to ensure that care and treatment were only provided with the consent of the relevant person or action had been taken in line with the Mental Capacity Act (2005). During this inspection we found the service had made improvements.

We previously inspected Crofton Court in February 2017, at which time the service was not meeting all regulatory standards and was rated 'Requires Improvement'. At this inspection we found the service had improved to Good.

People and their relatives told us people were safe living at the service. Staff had completed training in safeguarding people and the registered manager actively raised any safeguarding concerns with the local authority.

Risks to people's safety and wellbeing were assessed and managed. Environmental risk assessments were also in place.

People's medicines were administered in accordance with best practice and managed in a safe way. People continued to receive their medicines in a timely way and in line with prescribed instructions. There were some ongoing issues with topical medicines administration records and work to improve these was ongoing.

People and relatives told us there were enough staff to meet people's needs. Staff continued to be recruited in a safe way with all necessary checks carried out prior to their employment.

Staff received regular training, supervisions and annual appraisals to support them in their roles.

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 were supported to meet their nutritional needs and to access a range of health professionals. Information of healthcare intervention was included in care records.

People and relatives spoke highly of staff and felt the service was caring. Staff treated people with dignity and respect when supporting them with daily tasks.

People had access to advocacy services if they wished to receive support. Independent Mental Capacity Advocates (IMCAs) services had previously been involved with people in the home.

People's physical, mental and social needs were assessed prior to them moving into the home. Care plans were personalised, detailed and reviewed regularly and included people's personal preferences.

There was a range of activities available for people to enjoy in the home. People were also supported, where necessary, to access activities in the local community including going for walks and shopping.

There were audit systems in place to monitor the quality and safety of the service. The views of people, relatives, staff and professionals were sought by the registered manager via annual questionnaires. There were no negative comments received during the latest questionnaires sent out in January 2018.

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 was safe.

People and their relatives told us the service was safe.

Staff knew how to protect people from abuse and the registered manager actively raised safeguarding concerns.

There were enough staff to meet people's needs. New staff members were recruited in a safe way.

Is the service effective?

Good

The service was effective.

People felt staff knew them well and supported them to meet their needs.

Staff received training, supervisions and annual appraisals to support them in their roles.

People were supported to meet their nutritional needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us staff were good and helpful.

Staff treated people with dignity and respect. The encouraged people to be as independent as possible.

People had access to advocacy services.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed prior to moving into the home.

Care plans were personalised, detailed and regularly reviewed.

They were up to date and reflected people's needs.

People knew how to make a complaint and felt confident in raising any issues.

Is the service well-led?

Good

The service was well-led.

People, relatives and staff spoke positively about the registered manager.

Regular staff meetings and audits took place to monitor the quality of the service.

Systems were in place to monitor the quality and safety of service provision.

Crofton 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 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 comprehensive inspection took place on 26 March and 18 April 2018. The first day of inspection was unannounced.

The inspection team consisted of one adult social care inspector and one 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 service.

Before the inspection took place we reviewed the information we held about the service. This included notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let us know about. We used the information the provider sent us in the Provider Information Return (PIR). 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 contacted the local authority commissioners of the service, the local authority safeguarding team and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection we spoke with nine people and four relatives. We spent time with some people who lived in the home and observed how staff supported them. We also spoke with ten members of staff, including a regional manager, the registered manager, the deputy manager, two senior care workers, two care workers, chef, activities co-ordinator, and the administrator. We looked at six people's care records and nine people's medicine records. We reviewed five staff files, including records of the recruitment process. We reviewed supervision, appraisal and training records as well as records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe living in the home. One person said, "I feel very safe. I have 24 hour care here. Sometimes I can't get off the toilet so I just pull the cord and someone comes to help." Another person told us, "Yes, I feel safe here too. I have Parkinson's Disease and I am in a wheelchair so I need lots of support." A third person commented, "Staff make me feel safe." A fourth person said, "Ooh aye! I feel safe because of the staff." A relative we spoke with told us, "Yes, [family member] does feel safe here." Another relative said, "[Family member] feels safe here. The staff are good, the keypads on the doors and lift are good and there are checks on everything."

Staff continued to receive safeguarding training to refresh their knowledge in how to identify potential abuse and told us they would report any concerns they had to management. Staff we spoke with had a detailed knowledge and understanding of people's backgrounds, behaviours, routines and ways they communicated their needs. This meant staff had the ability to identify potential signs of abuse through behaviours and mannerisms people displayed.

The registered manager actively raised safeguarding concerns with the local authority and maintained records of each referral made as well as concerns received. Records showed that all concerns were reported in a timely way and any subsequent actions recommended by the local authority safeguarding team were carried out.

The provider had a whistleblowing policy and we observed posters on walls around the home and in the lift advertising the whistleblowing helpline. There were also 'Tell us now' posters displayed around the home containing contact information for the Care Quality Commission. This meant staff had access to information to enable them to report any concerns via appropriate methods.

Risks to people's health, safety and wellbeing were assessed and managed. People had risk assessments in place where required. Risk assessments were stored within care files and were regularly reviewed. All identified risks had appropriate care plans in place which detailed how care was to be provided to prevent those risks. Environmental risks were also assessed to ensure safe working practices for staff.

Relatives told us staff managed risks to their family member's safety well. One relative said, "They put a mattress on the floor next to [family member's] bed to prevent her being hurt in a fall. She's always trying to get out of bed herself and often falls." Another relative told us, "[Family member] has a pressure pad on the floor next to her bed just in case she gets up in the night."

Medicines were administered and managed in a safe way. The service used an electronic medicine management system to manage the medicines in the home. We spent time with a senior care worker during a medicines round. We observed them using the electronic system to record when medicines were offered to each person, then to record when they had taken the medicines. The senior then demonstrated the system to us and showed us how they checked stock daily and how they ordered medicines for people when they needed them.

We noted medicines were administered in accordance with good practice and people were treated with respect and patience. People were approached in a gentle manner by the senior care worker and politely asked if they could take their medicines. The senior care worker waited patiently while each person took their medicines before recording on the electronic medicines management system. People appeared relaxed and at ease, engaging with the senior care worker and happily taking their medicines. People we spoke with told us they received their medicines on time.

Topical medicines continued to be managed through the use of a paper based system. Topical medicines are those applied to the skin, such as creams or ointments. These were signed for by the care staff applying the creams. We found some gaps in records for the application of topical medicines. The registered manager was aware of the problems and was working with staff to rectify these issues. They explained to us that staff were forgetting to record when people refused the topical medicines. The registered manager had discussed the matter with visiting GP for the home and they had reviewed everyone's prescription. They recorded in the communication book that they were satisfied with people's skin integrity and would be changing some prescriptions to 'when required'. The registered manager planned to address the ongoing issue with gaps in records with staff and had recently introduced a daily walk around audit that covered document checks such as TMARs. They confirmed they would be monitoring these records on an ongoing basis.

Recruitment processes continued to be followed for new staff to ensure suitable staff were employed. All necessary checks were carried out for each new member of staff including two references and Disclosure and Barring Service checks (DBS) prior to someone being appointed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

People and their relatives told us there were enough staff in the home to meet the needs of individual people's needs. One person said, "The amount of staff looking after me makes me feel safe here." Another person told us, "There are lots of staff here." A third person commented, "If I am in my room, the buzzer is answered quickly. Response times are really good at night. they are answered straight away". A fourth person said, ""Staff do come quickly. We have a buzzer in the bedroom and bathroom but staff don't have time to look after you at times." A relative commented, "There are always staff on hand to help [family member]. They always ask what she wants."

The provider had systems in place to regularly monitor staffing levels and the impact on people using the service. The registered manager explained that staff levels were assessed based on the dependency of each person. Areas of dependency included personal care, eating and drinking, mental wellbeing and behaviours. We reviewed staff rotas over a four week period and found there were consistent staffing levels.

Accidents and incidents were recorded and monitored for potential patterns and trends. Records showed some trends had been identified and subsequent action was taken. For example, referrals to the Falls Team and a sensor mat put in place.

The service had a business continuity plan in place for emergencies such as fire, flood or loss of power. This plan provided the registered manager with guidance to follow in the event of an emergency. Each person had a Personal Emergency Evacuation Plan (PEEP) which contained detailed information about their individual needs and support they would require in the event of an evacuation from the home.

Records relating to the maintenance of the building were up to date and monitored. The service conducted regular fire drills. Monthly health and safety checks were conducted. The service had infection control

systems in place. These included regular cleaning of premises and equipment. We observed when required staff wore Personal Protective Equipment (PPE).

Good

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.

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 authorisation 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.

At the last inspection in February 2017 we found a breach of regulations in relation to need for consent. We found some best interest decisions made were none specific and some consent forms had been signed by relatives without evidence and indication that those relatives had Lasting Power of Attorney (LPA). LPA is a legal process granted through the Office of the Public Guardian that permits designated individuals to make decisions on people's behalf, if they do not have the capacity to do so. We also found doors to several people's rooms were locked without any clear permissions or best interest decisions and therefore people's freedom had been restricted without the necessary legal safeguards being in place.

At this inspection we found best interest decisions were decision specific. Consent forms were only signed by relatives if there was evidence they had Lasting Power of Attorney (LPA) for the person and only one person had their door locked when they were not occupying it. This was documented in their care plan and a best interest decision had been made in relation to this. There were also directions in place to ensure the person was able to access their room whenever they wished.

For those who required a DoLS authorisation there was a clear audit trail showing when DoLS applications had been submitted to the local authority, and in some cases, when outcomes had been received and authorisations for those granted. There were ten outstanding applications that were with the local authority and records to evidence the registered manager was actively chasing these requests.

People were supported to live their lives with minimum restriction. For example, being supported by staff or relatives to access the community. One person told us, "Staff don't stop me doing anything, they encourage me to do things for myself. I do go out but a friend takes me by arrangement with staff."

People and their relatives told us staff knew people well and were able to meet their needs. One person said, "Staff know me very well. I need help to walk and staff help me." Another person told us, "I think staff know and understand what I want and need." A relative commented, "Staff are great with [family member]."

Staff told us and records showed that they completed a range of training to enable them to carry out their

roles effectively. Topics of training included moving and handling, medicines, safeguarding, fire safety and first aid. Staff had also completed training specific to people's needs such as challenging behaviour.

Staff received regular supervisions and annual appraisals. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. Records of these meetings showed they were used to discuss their roles, training, procedures and record keeping. There were also specific discussions around topics such as well pad use, nurse call bells and sensor mats. All agreed actions were recorded and revisited at the next supervision session.

The annual appraisal process involved the staff member completing a preparation form, reflecting on their performance over the past 12 months. As part of the appraisal meeting areas such as main duties and responsibilities, personal development and objectives were reviewed. Agreed actions and objectives for the following 12 months were recorded. For example, to be given support and training on the well pad system.

People continued to be supported to meet their nutritional needs. We discussed special dietary requirements with the chef. They told us, "We do have several people who are diabetic and I have a list of those. I make sugar free puddings for those people and there is always fruit on offer. We sometimes have a pureed diet or soft diet to cater for too." During the inspection we saw people being offered supplement drinks and milkshakes. A care worker told us, "We offer tea, coffee, milkshakes made with full cream and milk. People tend to have tea or coffee but we do try to encourage the milkshakes for those who need the extra calories."

We observed a meal time experience in the dining rooms on both floors. The atmosphere was relaxed and people were served their food in a polite and respectful manner. Staff encouraged people to eat independently, where possible. People who required support to eat their meals were patiently supported at a pace comfortable to them. Staff also prompted others where needed which seemed to be effective as we saw people who became distracted refocus and continue to eat their meals.

People had a choice of two meals every mealtime and the service also offered alternatives such as 'light bite' meals for those who didn't want a large meal or either choice on the menu. Due to the complex needs of some people, they were unable to choose a meal when asked verbally. We observed care workers showing people both options plated up and asking them which one they wanted. Staff explained what each option was.

People told us they enjoyed the food and snacks in the home and that there was plenty to eat. A refreshments trolley was taken around the home in between meals. People were offered hot and cold drinks as well as biscuits, cakes and scones. This meant there was always a variety of food and drinks available for people throughout the day.

People told us and records showed they were supported to access external professionals to monitor and promote their health. One person said, "There's a dentist, a chiropodist, GP, optician and hearing person who comes here." Another person told us, "The GP comes here every Wednesday afternoon so if I need to see them, I just ask." People's care plans contained records of intervention with GPs, dentists, podiatrists, opticians, district nurses and other professionals involved in their care.

Good

Is the service caring?

Our findings

People and relatives were complimentary about staff at the service, describing them as kind and caring. One person said, "Staff are very good, really helpful." Another person told us, "Staff are usually very pleasant with me." A third person commented, "Staff are lovely. They are busy though and don't always have time to chat." A relative said, "All staff are lovely with [family member]." Another relative told us, "Staff are lovely."

We observed staff chatting with people in communal areas about general things such as the weather, if they'd enjoyed their meals and when their relatives would be visiting. People appeared comfortable with staff asked them questions about their lives. For example, what they were doing when they finished work.

Staff treated people with dignity and respect. A relative said, "They (staff) know [family member] well. They really look after her. She gets food down her nails when she eats and they regularly come and clean her nails for her." We observed staff asking a person if they wanted to wear an apron at lunch time. They explained to the person that it would protect their clothing whilst eating their meal. We also observed staff knocking on people's doors and obtaining permission prior to entering.

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished. People told us they spend time how they want to during the day and we observed they were free to do what they wanted and when. One person told us they liked to watch television in their room and "enjoy some peace away from everyone." Other people were sat in seating areas off the main corridors listening to music.

During our inspection we observed staff supporting people with daily tasks, such as eating, drinking and doing activities. We also observed people receiving physical support when moving around the home with and without equipment. People were supported to make individual choices and decisions where possible. For example, where they wanted to sit and spend time in the home.

People told us staff encouraged them to be as independent as possible while always being available to provide assistance, when required. One person said, "Staff are always there if I need them. I also like to be independent and they take time to let me do things for myself. They are very patient." Another person told us, "Staff treat me very well. They are very obliging. Staff ask me what I want and they do encourage me to do things for myself." Care plans contained details of what people were able to do for themselves and what they required assistance with. For example, one person's personal care plan stated, '[Person] can complete washing and oral hygiene with guidance. However, [person] requires assistance with undressing due to mobility.'

People were supported to maintain the relationships that were important to them. During the inspection we observed a number of people receiving visits from relatives and friends. Staff were quick to welcome visitors and offer them a hot or cold drink while they spent time with their family members.

At the time of the inspection no one was actively receiving support from advocacy services. Advocates help

to ensure that people's views and preferences are heard. The registered manager was able to explain how advocacy services would be arranged should they be needed. They said, "No one has an advocate at the moment. If people wanted or needed one, we would arrange this for them. I would ring the care manager (in the local authority) in the first instance." They went on to tell us about a person who previously received support from an Independent Mental Capacity Advocate (IMCA). IMCAs support people who can't make or understand decisions by stating their views and wishes or securing their rights. They explained how the IMCA used to visit the person each month and have discussions with staff and the registered manager about their care.

Good

Is the service responsive?

Our findings

People told us the service was responsive to their needs. One person said, "I think they (staff) do understand me and my needs. They definitely know what I like. I lost weight and needed to eat more. Staff knew what I liked and made sure I ate more."

The service continued to assess people's needs prior to them moving into the home. Assessments were detailed and included medical diagnosis and history, health, physical and cognitive needs and nutritional requirements. They also covered people's typical routines, preferences, social and spiritual needs. One person said, "When I came in, I was asked lots of questions about how I wanted to be looked after." Another person told us, "I was told what was going to happen and that's good enough for me." A relative commented, "[Family member] had a thorough assessment of what her needs were and we were involved in that assessment."

People had a range of care plans in place to meet their needs identified in their pre-assessments. Areas covered included mobility and falls, personal hygiene, skin integrity, medicines and nutrition and hydration. Care plans were personalised, promoted independence where possible and included peoples' choices, preferences, likes and dislikes. Care plans were detailed and contained clear directions to guide staff how to support each person to meet their needs. Care plans were reviewed on a regular basis and in accordance with people's changing needs and were up to date.

During the inspection we observed a relative discussing a person's progress with a staff member commenting, "[Family member] looks brilliant." We spoke with the staff member further about this. They told us the person was underweight when they arrived at the home but had since gained over 10kgs in weight. They also told us the person's mobility had improved meaning they no longer used a wheelchair and some medicines had been reduced to 'when required' (PRN). The staff member told us the person, "Hasn't had it (medicines) for six weeks." The person had also overcome anxiety and had opened up and started talking to everyone in the home. The staff member said, "[Person] is thriving more than anything else."

The service had an activities co-ordinator who was fairly new to the post. They organised a programme of activities for people to enjoy in the home both on an one to one basis and in groups. One person said, "We do have church services sometimes but don't have a lot of trips out. We do have activities and I do enjoy taking part." Another person told us, "We have films, bingo, dominoes, talks and singers. I don't really get involved though." A relative commented, "[Family member] has done crafts, plays bingo and singers come in. It's really good. We've seen pets brought in for people to stroke." Other activities included Bollywood armchair exercises, knit and natter, hand massage and nail painting. A senior care worker told us about a virtual reality activity that comes to the home sometimes. This gives people a virtual reality experience of visiting local landmarks and areas. The senior care worker told us people really enjoyed it.

People were also supported to access the local community when possible. One person said, "I go out every Monday and Wednesday for an hour. I go for a nice walk." During the inspection we observed people leaving the home with relatives and friends to go out for lunch and shopping trips. The registered manager also told

us they arrange outings when the weather is nice and other trips such as to the theatre.

People and relatives knew how to raise any concerns and voice their feelings if they were dissatisfied with something in the home. One person said, "Staff do listen to me. If I don't like something I just tell them." Another person told us, "I would complain to the staff first." A third person commented, "I would see one of the (staff) first, but I've never needed to complain." One person told us about an issue in the home they were unhappy about. They said, "I did complain to a carer who reported it to the Manager. It was dealt with well."

The registered manager maintained a file of all complaints received. Records showed the home had received three complaints in the last 12 months. All complaints were acknowledged, fully investigated and actioned where required.

At the time of the inspection there was one person receiving palliative care. The person had a 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) in place as well as an emergency health care plan. Records showed discussions had taken place regarding the person's wishes in relation to their end of life care and where they would like to spend their last days. They received regular visits from district nurses to monitor their skin integrity and the GP to monitor their general condition.

Good

Is the service well-led?

Our findings

Since the last inspection there had been changes in management of the home and a new registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager clearly understood their responsibilities as a registered manager and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law.

We received positive feedback from people, relatives and staff regarding the registered manager. One person said, "Manager is very approachable and often does carers work when they are short staffed." Another person told us, "I know who the Manager is, she's here all the time." A relative commented, "[Registered manager] is very approachable. It was very good when they brought [family member] in for the first time. She wasn't just good with [family member], but with us too. It is very traumatic (for a family member to move into a care home), and she looked after all of us. We appreciated that very much. Put us at our ease." A staff member said, "The boss - She's good, she's very nice.

During the inspection we asked for a variety of records and documents from the registered manager and staff members. We found records were easily accessible, stored securely and maintained. Throughout our inspection we found the registered manager and staff to be open, approachable and cooperative when we spoke with them.

The registered manager operated an 'open door' policy. During the inspection we observed staff, people and visitors entering the registered manager's office to speak with them or the deputy manager.

At the last inspection in February 2017 we found there were issues with Topical Medicines Administration Records (TMAR) and audits did not cover topical creams or consent. During this inspection we found that audits covered MCA within the care file audits. Topical cream records were covered in regional manager audits and the issues had been identified. The registered manager had also recently implemented a 'daily walk around audit' which included checking a variety of documents including TMARs. However, we found there were still issues with TMARs and staff were not recording if people had refused the medicines. It was also too early to assess the effectiveness of the 'daily walk around audits' given duration of time they had been in place.

The registered manager and deputy manager completed a number of other audits around the quality and safety of the service. These included accidents and incidents, care plan audits, catering, medicines management, maintenance and fire safety. All findings were recorded as well as any required actions. During the inspection we saw that actions had been completed and signed off where identified.

Staff meetings regularly took place in the home. We reviewed minutes of meetings which showed discussions included topical medicines, care plans, staffing levels, medicines and a range of topics appropriate for specific meetings. For example, following an incident or update of information received.

The registered manager had recently implemented heads of department meetings to take place daily. Attendees included the registered manager, deputy manager and heads of each department including care, catering, domestic and maintenance. Minutes reviewed showed discussions covered areas such as specific events or incidents, people of concern, any repairs required and complaints received.

People, relatives, staff and professionals were asked for their views via an annual questionnaire. This asked their views about all aspects of the service. Annual questionnaires were sent out in January 2018 to gather their views about the service. The registered manager explained these were still being received at present. We viewed a sample of the surveys received and found all feedback received to be positive. Comments from staff included, 'Excellent training,' 'Good training' and 'Manager approachable.' Comments from professionals included, 'The care is of a very high standard and staff go out of their way to provide holistic care to residents,' 'Staff always well presented and know their residents,' '[Registered manager] is first rate' and 'Always friendly and welcoming home.'

Some people told us they weren't aware of questionnaires but records showed that they are given to people and their relatives annually. All responses received from people to date were positive.

We saw the service worked in partnership with a number of agencies, including the local authority, safeguarding teams and multidisciplinary teams, to ensure people received joined up care and support. The registered manager kept up-to-date with relevant changes, and had effective systems in place to cascade the information to all staff.

The service had received 14 'thank you' cards in the last 12 months from relatives of people who used the service. Comments included, '[Family member] could not have been looked after any better,' 'Staff all cared for [family member] with dignity, kindness and extreme fondness' and 'You all do a brilliant job and I would highly recommend Crofton Court to anyone.'

Providers are by law required to display their most recent quality rating in the home and on any website associated with the home. We saw the most recent rating was available on one of the home's notice boards and highlighted on the provider's website pages related to the home. This meant people and relatives had information on the quality of the home and the care being provided.