Warmest Welcome Limited

Ashgrove House

Inspection report

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Date of inspection visit:
16 October 2018

Date of publication:
27 November 2018

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 of Ashgrove House took place on 16 October 2018 and was unannounced. At the previous inspection in September 2017 we found an issue with medication which was swiftly dealt with. As this was a breach of the Health and Social Care Act regulations the home was rated requires improvement. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions, safe and well led, to at least good. On this inspection we found significant improvement had been made.

Ashgrove House 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. Ashgrove House accommodates 30 people in one adapted building. During this inspection there were 27 people living at Ashgrove House.

There was a registered manager in post on the day of the inspection and we spent time with them. 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 and relatives told us they felt safe and secure at Ashgrove House. This was because they knew all the staff, many of whom had been at the home some time, and also because they felt staff were well trained and knowledgeable. They also felt there were sufficient numbers of staff.

Risks were managed according to individual need and we saw staff support people safely and appropriately with transfers. These were supported with detailed risk assessment and management plans which were regularly reviewed. There were few accidents in the home but those that did occur were properly assessed and reviewed to ensure all possible risk reduction measures were in place, and lessons learned were shared.

Medication was administered, recorded and stored safely, and people's medication needs were regularly assessed with the support of the local GP who had established a weekly surgery in the home. This ensured any issues were dealt with promptly. Staff were aware, and practised, effective infection control reducing the likelihood of harm.

Best practice principles were adhered to and known as they were fed through the Director of Care, who attended many good practice forums. The registered manager was experienced and shared their knowledge and led by example. Staff had access to regular supervision and training, and were supported by newsletters and meetings of changes in policy or procedures.

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 had effective nutritional and hydration support and staff were attentive to people's differing abilities. They encouraged people to be independent as far as possible, and promoted choice and involvement. Teamwork was evident in the home and staff were extremely supportive of each other, to the extent if any were ill, they would cover for each other. There was a strong commitment to person-centred care and staff supported people discreetly and sensitively, always mindful this was people's home.

The home was in the midst of a significant extension but had utilised as much as possible of the outdoor space, including the building of a large decked area accessible through the lounge.

Staff were consistently kind, patient and compassionate with people, and clearly knew all residents well. They were involved in reviews of people's care needs and responded to changes quickly and appropriately to ensure the person had the maximum quality of life. People's privacy and dignity was promoted.

The provision of activities was extensive and reflected people's preferences. The activity co-ordinator oozed enthusiasm and commitment and was constantly seeking to incorporate new ideas.

Care records were thorough, detailed and reflective of the individual they pertained to. They were regularly reviewed and amended as needed. The evidence of so many compliments showed the appreciation the staff and management were given.

The atmosphere was positive, welcoming and very friendly. People were settled and calm, enjoying each other's company and interactions with staff in equal measure. The registered manager was visible, and extremely supportive of their staff showing understanding and compassion at all times. People spoke positively of the links they had with the local nursery.

The provider and senior management team were committed to providing the highest possible standard of care and this was demonstrated in robust audits, which were honest and unflinching in their quest for perfection.

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 were safe and risks were managed robustly, ensuring people's needs were met.

Staffing levels ensured people's needs were met promptly.

Medication was administered, stored and recorded properly, and the home was clean and well cared for.

Is the service effective?

Good

The service was effective.

Staff knowledge and the practice we observed was embedded in current legislation and guidance. Staff received informative supervision and training.

People were supported with their nutritional and hydration needs appropriately.

Staff demonstrated effective team work and the home was compliant with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff displayed kindness, sensitivity and compassion in all their interactions with people, and people responded positively.

Privacy was respected and dignity promoted at all times.

Is the service responsive?

Good

The service was responsive.

Records focused on the individual and how they preferred their needs to be met.

There was a full range of activities available for people to engage with.

The home had only received one complaint since the last inspection but this had been dealt with thoroughly and with a satisfactory resolution.

Is the service well-led?

Good

The service was well led.

The registered manager provided clear and consistent leadership and guidance and led by example.

Staff felt supported and strove to provide the best possible care.

Quality assurance systems were robust and showed if actions were necessary, these were dealt with promptly and effectively.

Ashgrove House

Detailed findings

Background to this inspection

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

This inspection took place on 16 October 2018 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people living at Ashgrove House and two of their relatives. In addition, we spoke with eight staff including three care staff, a member of the maintenance team, the cook, the activity co-ordinator, the registered manager and the operations manager.

We looked at four care records including risk assessments and other related records, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

During the last inspection we found issues with medication but these had been resolved during this inspection. The home had invested in an electronic system which was proving easier for staff to use and meant the likelihood of human error was much reduced.

We asked people if they received their medication on time and one person told us, "I get my tablets on time and they remember my creams." Each box of medication was scanned onto the person's record before any tablets were removed to ensure it was the right medication. It also ensured any staff administering medication were prompted to check stock levels matched what the person's record stated. Medication was given at correct intervals and times of day as the system would not allow for medication to be distributed at the incorrect time, providing a further safeguard. If any medication had been missed during a round, the system would alert the care assistant. Controlled drug stocks matched records and storage was in line with guidance. Care staff who administered medicines had annually updated training and competency checks.

One person told us, "Everything makes me feel safe. The staff talk to me." Another person said, "I feel safe because of the staff and the way they look after you." A further person advised us they had felt safe since being admitted to the home as "I'm being looked after and have someone to lean on." Systems and practice safeguarded people from abuse. Care staff understood different types of potential abuse and knew how to minimise risk and detect signs. One care assistant said they would not hesitate to raise concerns externally if necessary, saying, "I think that could be my mum or dad, I wouldn't have a second thought." They knew when and how to raise concerns which were reported appropriately and actions taken as necessary.

Risk was effectively managed with the person at the centre. Assessments were in place for risks such as malnutrition, choking, mobility and skin integrity. These were individualised, and regularly reviewed. When risks were identified, appropriate care plans had been written in response to prevent or minimise risks. For example, if a person was deemed at risk of falls, a care plan was in place to support staff to minimise the risk further based on their mental and physical health needs. When people needed to use specialist equipment to transfer we saw laminated pictures in the care file of the equipment to assist staff in its safe use, and we observed staff were competent using this equipment in practice.

Where people had fallen, records were detailed and body maps completed to indicate any injuries. People were monitored closely after a fall for any changes in their condition. Any equipment or guidance to reduce further incidents was also considered and put in place, along with a full monthly analysis of any trends.

Personal evacuation plans (PEEP) were in each care file and in an emergency 'grab' file near the entrance of the home. Regular fire drills and alarms had taken place. Fire extinguishers had been serviced regularly and appropriate signage was in place. The fire alarm, fire detection alarms and call system were checked weekly as well as emergency lighting.

One person said, "The staff are there if you want them and I have a buzzer at night." Another said, "There's enough staff." A further person stated, "There's enough staff all the time. [Names of staff] are nice on nights."

One relative we spoke with also said, "There is always somebody about. [Name] are always last to bed, they like that." They also said, "Some of the staff have been here years" which indicated stability in the home. One person was keen to tell us, "The best thing is the security; I go to bed knowing I'm safe and there's someone here all the time."

The service ensured there were always sufficient numbers of staff to support people to stay safe and meet their needs. We saw there was always at least one care assistant in communal areas during the day. Staff said there were always enough staff to care for people safely and they usually covered extra shifts in the event of unexpected absences. They told us, "We support each other." The service did not use agency staff. We reviewed rotas for four random weeks over the previous six months and saw on only two occasions there had been only three staff, but the registered manager had been on duty at those times to support them more directly. The service had a low staff turnover and no staffing vacancies. A care assistant said, "Staff tend to stay." They had worked at the service for many years and said, "I wouldn't still be here if I didn't like it."

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

People told us, and we saw, the home was clean. One person said, "It seems clean, I like things clean." Daily, weekly and monthly schedules of cleaning and deep cleaning were maintained, and if issues were found these were quickly resolved. Staff had a plentiful supply of personal protective equipment such as aprons and gloves. The registered manager conducted six-monthly audits and any actions had been dated and signed when completed.

Lifting Operations and Lifting Equipment Regulation Checks (LOLER) had been conducted as required, as were regular checks on wheelchairs, window restrictors and other fixtures and fittings.

Good

Is the service effective?

Our findings

Staff had the skills, knowledge and experience to deliver effective care and support. All staff had received an induction which incorporated all aspects of the Care Certificate, a set of minimum standards all care assistants needed to follow. Staff received regular supervision, appraisal and training. Supervision allowed for one to one interaction and updates on key topics such as the recent changes to data protection, mental capacity and safeguarding. All care staff received training in moving and handling, safeguarding, infection control, first aid, pressure ulcer prevention, dementia care with MCA and DoLS, food hygiene and palliative and end of life care. Staff were knowledgeable about effective skin integrity practice showing the training was embedded.

People consented to care and treatment unless they lacked mental capacity to make their own decisions. We saw people had signed consent forms for photography, administration of medicines, information sharing and moving to the home. We observed one person asked if they would like to wipe their hands before lunch but they refused and the care assistant discreetly walked away.

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.

Although one person was deemed to lack the ability to decide to live in the care home as it was a complex decision, they were supported to make more simple decisions. This was reflected in their care records where it indicated how they should be supported to make such decisions, such as considering how the person fared during different times in the day. Another capacity assessment had shown the person various objects to try and facilitate understanding. People's capacity was regularly reviewed. We saw and heard care assistants constantly seek people's permission before any support was offered, which was given with clear instruction. One care assistant said, "We listen to people." Another care assistant described how they could recognise different facial expressions for some people to gauge their view.

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). 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 had the appropriate legal authority and were being met. People had appropriate authorisations in place and we found conditions were adhered to.

People spoke positively of the food provided in the home. One person said, "The food is brilliant; we have nice puddings." Another person told us, "The food is good but some things are not my 'cup of tea'. However, there's always a choice and they make different sandwiches for me at tea time." A further person said, "The food is good; I can't fault it." One person even went onto say they wouldn't get any better if they were at

home. We saw people presented with freshly prepared breakfasts of their choosing.

We observed the main meal and comments included, "It's very good," "I don't like beans – apart from that it's alright" and "I'm enjoying it." The tables looked attractive with cloths, flowers, napkins and condiments available. Some tables had extra condiments reflecting people's choices and included beetroot and butter. People had a choice of beverage. Clothes protectors were offered to people if they wished to use them.

The meal was served by kitchen and care staff and looked hot and appetising. It was nicely presented and people had a choice of main course and dessert. Food was provided in the appropriate consistency and people were supported as needed. One person was offered sandwiches at their own request. We did observe two people being served their meal before two others at the same table which meant those without became a little anxious.

All staff had completed food hygiene training and safe procedures were in place and followed wherever food was prepared and stored. Care staff displayed a good understanding of people's dietary requirements including allergies and preferences. Information was in care records and summarised in the kitchen for easy access. Staff were pro-active in encouraging people to drink and we saw food and fluid charts were in place for those nutritionally at risk. If people were not receiving their required intake this was highlighted on the next day's handover for staff to be aware of.

People told us staff were quick to get the GP or other health professionals if required. One person told us, "I had the doctor this week. I am laying down in the afternoon [to assist with pressure care]." Care documentation included details of visits with external health professionals including the GP, specialist and district nurses, speech and language and other therapists. Staff told us people at risk of skin damage were referred promptly for specialist equipment such as pressure relieving mattresses and cushions. People who needed the use of a hoist to transfer had slings of the correct size and settings for specialist mattresses had been recorded in care plans.

The home had established weekly visits from the GP. This included a review of people's chronic health needs, medication and acute problems, reviewing test results and seeing people if required. The GP praised the service's communication skills stating how responsive they were to any advice, "If I tell them something, it gets done." They told us they had, "A very good working relationship." They also said staff often prompted them to review medication or consider end of life plans appropriately. The GP felt staff referred appropriately and information would be accurate. We saw in the latest survey they had stated, "Staff work very hard to provide the highest level of care for people. They know them well and any actions from my visits are well documented and communicated to all staff quickly."

Bedrooms were clean and tidy, and displayed people's personal items. Signage supported people making their own way around the home and provided prompts to use their alarm bell instead of attempting to stand on their own if they were at risk of falling. Although the extension was still ongoing there was a new external decking area outside the lounge which was accessible. Calming artwork was on display in communal areas. People's views were already being sought on the development of the dementia café and activity space which was planned.

Good

Is the service caring?

Our findings

People spoke very positively of all the staff. Comments included, "Everyone's very helpful," "They are too good; I am not used to people running after me!" and "The staff are excellent; I have no complaints whatever." Staff were described as kind, caring, and patient, and one person we spoke with said, "The staff are always nice, they are very good." One relative said, "They are understanding, and they will do anything. If [name] wants anything, they will do their best. I can't fault them."

Our observations showed staff clearly knew people well. People were treated with kindness, respect, compassion and emotional support. All interactions we observed were caring and considerate. The registered manager and care staff were gentle and patient. When one person was anxious we saw a care assistant sit with them, smiling and cheerful, and reassured them before distracting them with the offer of a drink. Staff talked to people about things that interested them and used humour appropriately.

One person told us how staff supported them with nail care and another said, "[Name of staff] is nice and always talks to me. They are getting some money out and we are going for new clothes." People were smartly and appropriately dressed. We saw people being escorted gently by the hand and encouraged to sit where they chose. One person with a visual impairment was advised of their cup of tea at the side of them and a further person was offered physical support with their drink.

People were supported to express their views and be actively involved in making decisions about their care and treatment. We saw people had been helped to complete a 'Life Story Book' recalling their childhood, parents, siblings and schooling, their occupation, hobbies and family. When we spoke with care staff about people they were able to discuss their individual histories and personalities, as well as their care needs and they spoke about people with affection. One care assistant told us, "They are lovely; they like to chat and are very friendly."

One relative was unaware of a recent care planning meeting but did tell us, "I've not been to any care planning or review meeting but there was a lot of planning when they first came." The registered manager advised a six weekly review took place after admission, and then was followed up by a minimum of six monthly review. Each review ensured the person had their independence promoted as much as possible along with continuity of staff support and choice. In one review we read, "[Name] is very happy with the standard of care. They are very happy [name] is so well looked after."

Assessments and care plan documentation prompted staff to consider people's communication needs, and preferences and characteristics protected under the Equality Act 2010 such as gender, religion, sexual orientation and disability. One person sometimes spoke in another language, although English was their first language and staff were directed to gently remind them they could not understand the language.

The importance of people's religion was documented. Care staff told us how they supported people's religious, cultural, sexual or racial diversity. One said local clergy and lay ministers visited some people and everyone was asked if they wanted support to attend services. No one currently living in the home did this.

The registered manager stressed, "Staff understand treating people equally does not mean treating everyone the same, but rather according to their needs."

People's privacy and dignity was respected and promoted. One person told us, "They are always respectful with me and knock on the door." Care plans promoted respecting people's privacy and dignity and care staff talked about what this meant in practice. They said they always knocked on bedroom doors and waited for a reply before entering. They described how they kept people covered with a towel as far as possible when helping them to wash and dress. On the day we visited, two people chose to remain in their bedrooms all day. A care assistant said they were people who preferred the privacy of their own rooms. They said, "We always ask if they want to join in activities. One will come some days."

Good

Is the service responsive?

Our findings

People were actively engaged in many activities during the full time of our inspection. We saw people involved in craft activities and ball games. The provider had invested in a large, interactive electronic activity board which enabled everyone to participate in table top games. The home also had a visit from a 'pets as therapy' dog which everyone enjoyed and many people became animated during the dog's visit. Our observations showed everyone was included and participated as much as they wished. A full and varied timetable was on display in the entrance area along with a large photographic display of people enjoying the activities.

One person did speak with us about how much they missed playing "games like badminton and table tennis." However, the activity co-ordinator said there were plans in place to have a table tennis table and other racquet games for people to play. People also took part in baking and chair exercise activities.

People told us about the varied outings they went on. One person said, "We have exercises on Wednesday and [name of activity co-ordinator] keeps us busy. I made a face for the scarecrow. They take you out when it's nice; we had cream buns outside it was lovely. We go to the garden centre." Another person told us, "The staff are good and sit down for a chat. I've been on a few outings." A further person told us about playing bingo and skittles where they could win prizes, and how much they had enjoyed their trip to Sandal Castle. People also told us about shopping trips and how much they enjoyed them.

One relative said, "[Name] doesn't like going out much but they have been to Hampsons Garden Centre and Sandal Park Café." They continued, "The activities are good; they don't let them just sit there. They all helped out making scarecrows for the scarecrow festival." Another relative spoke with us about how specific items were brought in for an activity their relation had liked to do and staff had spent time doing this with them.

Care plans were detailed and very personalised, focusing on people's abilities and strengths. People had been asked their preferences on a range of daily activities such as waking, sleeping, eating and drinking, social life and activities they enjoyed. Care plans were reviewed each month and rewritten or updated when appropriate. All key aspects of care delivery were considered including communication, nutrition, mobilisation, sociability, skin integrity and mental capacity. Summarised overviews were available in people's rooms so staff had easy access to key information along with a photograph of the person's keyworker to aid identification.

People's records were accurate, complete, legible, up-to-date, securely stored and available to relevant staff so that they could support people to stay safe. In one record we saw one person was reluctant to eat but it stated, "[Name] has been observed, once they have tasted the food they will eat it." We observed this person being encouraged to try their meal. Records were stored in a locked office to which relevant care staff had access. Care staff wrote daily progress notes, at least twice a day, about each person and included details of people's mood, activities, sleep, comfort and eating and drinking. Carers said they always had a handover before staring each shift and knew about and changes or new needs.

People received personalised care responsive to their needs. Care plans were well constructed, starting with a person's strength, need or risk then stating the aim of the plan before detailing exactly how the person should be supported or cared for. The registered manager was very aware of the requirements of the Accessible Information Standard which should ensure people have access to information in the manner they chose. The registered manager explained all the different elements they considered in regards to meeting this such as larger font size, audio, the use of pictures or symbols and if necessary, an advocate to ensure people have every opportunity to understand the information.

People knew who they would raise any concerns with. However, as one person said, "I'd complain to [name of registered manager], to complain but I have no complaints." This was echoed by another person who told us, "I'd complain to [name of registered manager], however I have no complaints." Care staff said they would listen to people's complaints, if they had any and deal with them if possible. They said they would record the complaint in daily progress records and a communication book, and inform the registered manager. We saw the home had only received two complaints, both of which were investigated and resolved promptly.

The home had received many compliments. Some examples included, "My relation has been a different character. The carers in the home have been fantastic and not given up on them," a community nurse said, "Always greeted by friendly and welcoming staff," and "It's a wonderful care home with amazing staff. I have recommended it to many people. The care is first class."

People were supported at end of life to have comfortable, dignified and pain free death. All care staff had been trained to support people at the end of their life. People were asked to discuss advance plans and their preferences were recorded in a document 'Thinking Ahead'. This included information about resuscitation status, significant family or friends, religious needs and if people had set up a Lasting Power of Attorney (LPA) to make decisions for them if they did not have mental capacity.

Good

Is the service well-led?

Our findings

People spoke highly of the management team, and in particular, the registered manager who they all knew by name. One person told us, ""There's [name of registered manager] and [name of deputy manager]. I can talk to any of them. [Name's relative] works here too. They look after you, I like it here - it's one of the best ones." Another person said, "The staff are all helpful. I have been here for three years and enjoyed it. They are always doing improvements, now they are doing an extension." A further person said, "The best thing is the people and the staff." One relative told us, "The best thing is that I am relaxed that they are in a safe place. They're settled." Another relative said, "I find the home brilliant. There is no odour and staff are friendly and welcoming. I couldn't fault it."

People and their relatives had access to regular meetings where people's views were obtained on all aspects of living at Ashgrove House. Each person's views were recorded and acknowledged. Many of people's ideas around activities we saw had happened such as outings to various places and getting involved with planting pots for the summer. There was also evident enjoyment of children from the local nursery visiting the home on a regular basis.

Care staff told us the registered manager was approachable, always listened to them and was fair and supportive. One care assistant said, "They are really nice." They said they had regular staff meetings and met regularly with the service's Director of Care and provider. Another care assistant said, "Whatever I say to [name of registered manager], I know they will sort it out." Staff told us how responsive the registered manager and provider were to any issues. One care assistant told us, "I advised them we needed some more wheelchairs and new ones were obtained within three days."

Staff had access to a monthly newsletter which provided a reminder of key tasks, and any significant policy or procedural changes. Compliments on improved practice were also shared. Regular meetings were also held where staff could discuss any topic.

Staff told us the home's vision was "to be welcoming, promote independence and protect people's privacy and dignity." They also said they had been consulted and involved in plans for an extension to the premises which would include another communal lounge. They said they had been asked if there was anything they needed to improve care and they had asked for a bigger linen cupboard which had now been added to plans.

We observed the registered manager to be a visible presence in the home, offering guidance and support if needed. They displayed extensive knowledge of each person living in the home and supported staff, with a friendly and supportive manner. We observed them discussing one person's health with them discreetly and offering practical and emotional reassurance and support. The Director of Care was a member of the Local Authority's safeguarding board and conducted regular audits in the home, providing external scrutiny and setting clear objectives.

The provider had a robust quality assurance system in place which ensured all key aspects of care delivery

were reviewed on a frequent basis, and any improvements made as necessary. We saw audits for medication, the dining experience, nutrition and care documentation. The medication audit was thorough and assessed all aspects of medicine management including storage, recording and administration procedures. The kitchen, mattress and pressure relief cushion audits scored highly each month, followed a thorough process and any remedial actions were taken promptly. The care plan audits were equally robust. The registered manager and staff are to be commended for having had no pressure sores in 2018, demonstrating their care support was effective and minimised skin damage.

In addition to the monthly audits a thorough home audit took place by the registered manager which included a review of the premises, all aspects of care delivery, complaints, accidents, personnel issues, training and health and safety. The audit was honest and anything less than 100% was deemed unacceptable. From this audit a comprehensive action plan was drawn up and we saw actions had been completed.

Annual surveys were sent to people living in the home, their relatives and professionals working with the home. Comments showed what the home did well such as activities, special occasions, pro-active with medication, staff knowing people's needs well, building positive relationships and treating people as if they were members of their own family. In May 2018 the home had received 50% of the surveys back and the analysis showed excellent feedback around staff conduct and privacy, communication and standard of care. 100% of people would recommend the home.

Ratings were displayed and statutory notifications submitted as required under the regulations.

The home had long established links with the local community and other social and health care organisations as evidenced elsewhere in the report.