

Salford House Limited

Salford House

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

About the service

Salford House is a residential home providing personal care to 25 older people. There were 23 bedrooms spread across three floors. Two of these could be used as shared rooms. At the time of our inspection there were 18 people living at the home. Some of these people were living with dementia.

People's experience of using this service and what we found

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were particularly responsive to people's individual wishes and preferences and staff went out of their way to ensure people received personalised care.

There was a relaxed and friendly atmosphere in the home and people told us staff were kind and treated them with dignity and respect. We saw warm and friendly interactions between people and staff, and staff told us they enjoyed working at the home. Staff had the right skills to meet people's needs.

People told us they were protected from avoidable harm and felt safe at Salford House. Staff understood their responsibilities to keep people safe and were confident the registered manager would investigate any concerns thoroughly.

Risks to people's health and wellbeing had been identified, assessed and monitored. Records contained guidance to staff on how to manage risks and staff understood these. Medicines were ordered, received, stored, administered and disposed of safely. People told us staff followed good infection control processes and the home was clean and tidy.

There was a robust recruitment procedure which prevented unsuitable staff from working with vulnerable adults. People told us there were enough skilled staff to meet their health, emotional and social needs. Staff told us they had time to spend with people and we saw this during our visit.

People had enough to eat and drink and gave positive feedback about the food. Guidance was provided in care plans about how to encourage people to maintain a healthy diet and their nutritional needs had been assessed. People could eat when, where and what they wanted to.

People's needs, and preferences had been assessed before they moved into the home. People's care and support was planned in partnership with them, those closest to them and appropriate health professionals. Records showed referrals had been made to other healthcare professionals when necessary to ensure people remained well.

The registered manager completed regular checks to ensure people received high quality and compassionate care. Where improvements were identified, action had been taken or was planned.

People knew how to complain and were confident they would be listened too. Staff provided positive feedback about the management of the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 3 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Salford House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

Salford 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.

The service had a manager registered with the Care Quality Commission who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as serious injuries. We sought feedback from the local authority and professionals who work with the service. We also sought feedback from Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with seven people who used the service, two relatives and two family friends about their experience of the care provided. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with the registered manager, the lead senior carer, a senior member of care staff, two members of care staff, the activities co-ordinator, the housekeeper, the cook, a healthcare professional, the owner and a director. The owner was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included three people's care and medication records. We also looked at a variety of records relating to the management of the service, including quality audits and training records.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found. We also spoke with another healthcare professional about their experience of the care provided.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and protected from abuse. Comments included, "I feel safe because of the nature of the staff here. I have a bell if I was ever worried about anything" and, "I feel quite safe and secure. I press this [pendant alarm] if I need attention and staff attend to me."
- Staff received training in safeguarding vulnerable adults and understood their responsibilities to keep people safe. One staff member explained, "Safeguarding procedures are there for the safety for the residents. It teaches you to look out for signs of abuse. If we see it ourselves or overhear something, we must report it. We must report anything out of the ordinary."
- There was an effective system for managing and responding to safeguarding incidents. Staff had confidence the registered manager would investigate any concerns, and referrals had been made to the local authority where necessary.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing had been identified, assessed and monitored. Records provided staff with information about people's individual risks and what staff needed to do to minimise these risks.
- Some people were at risk of developing sore skin as they were cared for in bed. Risk management plans clearly recorded what equipment people had and whether they needed any additional support from staff to reduce their risk of skin damage. Records showed staff monitored and mitigated this risk in line with each person's specific guidelines. A healthcare professional told us, "They are very on the ball and manage skin care very well here. You can see that from the fact everyone's skin is intact."
- Environmental risks had been identified, assessed and monitored. For example, personal emergency evacuation plans (PEEPs) were in place to enable people to safely exit the building during an emergency. However, we found two radiators did not have covers and posed a burns risk. Immediate action was taken and radiator covers were fitted immediately following our visit.

Staffing and recruitment

- Staff told us they were unable to start working with people until the provider had received all required pre-employment checks. This included an enhanced Disclosure and Barring Service check and satisfactory references which prevented unsuitable staff from working with vulnerable adults.
- People told us there were enough skilled staff to meet their health, emotional and social needs. Comments included, "There are enough staff around and they always check on me" and, "You never have to wait long. Someone always comes pretty quickly."
- During our inspection visit we saw people's needs were met in a timely way and staff were available in communal areas, should any assistance be needed. One staff member told us, "I never feel rushed and I have time to sit and talk to people. You never feel stretched here."

- A 24 hour on-call system was available for staff to seek emergency advice where necessary. The registered manager told us this was usually them as they would rather have a quick discussion with staff to ensure they felt supported and got things right.

Using medicines safely

- Medicines were ordered, stored, administered and disposed of safely.
- Medication administration records showed people received their medicines as per their individual prescriptions. Some people required their medicines to be administered before food and this was clearly recorded.
- A recent pharmacy audit had been completed which had not identified any concerns with medicines management.
- Staff who administered medicines had received training in safe medicines management and their competency to administer medicines had been assessed. Medicines were regularly checked to ensure any errors could be identified and acted upon quickly.

Preventing and controlling infection

- Effective systems were in place to ensure the home was clean, tidy and free from any unpleasant odours.
- Staff had received training in infection control and understood their responsibility to minimise the spread of infection. One staff member told us, "Infection control is very important because if it is not done properly, germs will spread around the staff and residents."
- People told us staff followed good infection control processes and we saw staff used personal protective equipment (PPE) during our visit where necessary.

Learning lessons when things go wrong

- There was an open culture and staff felt able to speak up when things had gone wrong. One staff member told us, "[Registered manager] is very approachable. If I made a mistake, I feel I could tell them."
- Staff understood their responsibilities to report accidents and incidents. Accidents and incidents were reviewed, and action was taken to reduce the likelihood of it happening again.
- The registered manager analysed accidents and incidents regularly to identify any patterns and trends. For example, one person had an increased number of falls. The registered manager sourced a piece of equipment to immediately alert staff as soon as the person stood up. During our visit we saw this in practice and staff walked with the person to ensure they safely got to where they wanted to go.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments were always carried out by the registered manager which enabled them to make an informed decision as to whether the service could meet people's individual needs. This ensured any new referrals were compatible with the residents already living at the home.
- Assessments were reflective of the Equality Act 2010 as they considered people's protected characteristics such as their faith needs.
- Information gathered from assessments was used to develop individual care plans in line with current best practice guidelines.

Staff support: induction, training, skills and experience

- People received care from staff who had the relevant training to meet their needs. One relative told us, "The staff are so well trained here."
- Staff completed an induction when they started working at the service which included working alongside experienced members of staff to enable them to become familiar with people's individual routines.
- All members of care staff had completed health and social care vocational qualifications to better support people living at the home.
- Staff felt supported in their roles and were able to discuss their development and training needs through individual and team meetings.

Supporting people to eat and drink enough to maintain a balanced diet

- There was a relaxed atmosphere at mealtimes and people could choose where they wanted to eat. The registered manager told us, "People can eat wherever they want to eat their meals. Some people eat better whilst sitting and watching the television which is absolutely fine. It is their home."
- People and relatives all provided positive feedback about the quality of the food. One person told us, "The food is surprisingly good. I didn't have high expectations when I moved in, but I can't think of one meal where I have thought I am not eating that, and I have high standards." Other comments included, "There is a super cook here" and, "The food is mostly excellent. They do a lovely chicken dish."
- People had enough to eat and drink. Fresh jugs of water or juice were in every room and snacks were available and accessible.
- A healthy and nutritious diet was encouraged, and staff followed people's individual dietary requirements. One person was diabetic and diabetic puddings were available and encouraged as these were low in sugar.
- Some people living at the home were at risk of malnutrition and dehydration. We saw nutritional risks had been assessed and records showed these risks were being managed well. The registered manager told us,

"Not everyone is on food and fluid monitoring. We don't take a blanket approach as it takes the attention off the people that really need monitoring."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People told us they were able to access healthcare services when they needed it. Staff monitored people's health so they could act quickly to any changes. One relative said, "They knew when [person] was unwell and they [staff] got the doctor straight away."
- A GP visited the home twice weekly, so any concerns could be discussed. A healthcare professional told us, "There are never any concerns here. They always follow our advice. Any problems are dealt with straight away."
- The local authority 'Red Bag' scheme had been introduced at the home. The scheme is designed to ensure information is shared effectively with healthcare professionals, if a hospital admission is needed. The registered manager told us this has recently been used and had been useful.
- The registered manager was aware of the new best practice guidance set out in the recent CQC "Smiling Matters" document. Each person had an oral healthcare assessment when they moved into the home and information had been given to staff on how to promote good oral hygiene.

Adapting service, design, decoration to meet people's needs

- People had their own rooms, which they could personalise to their individual tastes. One relative told us, "[Person] could bring whatever they wanted from home. In fact, the manager came and helped choose some personal items and took them to Salford House so when we arrived, the room looked homely. It was perfect."
- People had access to a variety of indoor areas which were decorated with items to engage and stimulate their interests. There was a large garden which people could access safely.
- A refurbishment programme was in place to make improvements. One of the bathrooms was planned to be refurbished before the end of the year which included a new adapted bath to better meet the needs of the people living at the home. Work had also begun to paint bedroom door frames different colours to help people living with dementia better orientate themselves around the home.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA

- Staff understood the MCA principles and offered people choices. One staff member told us, "Sometimes people's understanding is limited, and they might not be able to tell us what they like. Like with activities, you can tell if they like something by the way they respond to it."
- People told us staff asked for their consent before delivering care.
- Where people lacked capacity, applications had been made through the DoLS procedure to ensure any restrictions were made lawfully. During this process detailed mental capacity assessments had been

completed by the local authority. However, internal capacity assessments and best interests' meetings lacked detail. We discussed this with the owner and director who confirmed they would prioritise additional training to ensure staff had the skills to be able to assess capacity in line with the forthcoming changes in legislation.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- There was a relaxed and friendly atmosphere in the home and throughout our visit people, relatives, healthcare professionals and staff made reference to the 'family feel' in the home. One staff member told us, "It just feels like home and one big family."
- People consistently told us they were treated with kindness and compassion. One person told us, "You couldn't find a better place to relax and be cared for. I am so fortunate. I am so happy here. We have a lot of laughs with the staff. They are very attentive." Other comments included, "The staff are lovely. They really look after me" and, "The carers are so caring."
- Friends and relatives told us how the level of care provided to their loved ones had given them peace of mind. One relative told us, "Staff are very kind and patient. They handle people marvellously. I feel happiness when I come here and to know [person] is safe gives me totally reassurance. There is no better place."
- We observed many kind and thoughtful interactions between staff and people during our visit. One staff member recognised a person was missing their family member and immediately sat with the person and talked about their special memories. It was clear from the expression on this person's face they enjoyed this interaction.
- A healthcare professional who visited the home daily confirmed they saw the caring nature of staff each time they visited. They told us, "The staff go above and beyond. I would say it is 10 out of 10 and I visit a lot of homes."
- The registered manager valued the importance of celebrating equality and valued people's different and diverse needs. People's cultural and religious needs were reflected in their care plans and arrangements had been made for different faith groups to visit the home on a regular basis.
- People felt extremely valued and were supported to celebrate special life events. Personalised cakes were made to celebrate people's birthday. One person recently had cake with a bouquet of edible flowers and a bottle of sherry on as these were things they enjoyed.

Supporting people to express their views and be involved in making decisions about their care

- Staff were sensitive to each person's individual needs and did all they could to encourage people to be involved in decisions about their care. One staff member told us, "It is all about their choices. I wouldn't like people making decisions for me, so I need to allow them [people] to make decisions that are right for them."
- One person spoke at length about how staff respected the way they wished to be cared for. They told us, "They respect I am capable of making decisions and they do exactly that. If I need help they are there. If not, they respect how I choose to spend my time here."

- Advocacy information was available if people required any additional support to make decisions. At the time of our visit, one person had requested this support and an advocate was involved with their care.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity. During a busy period in the lounge a member of staff delicately asked a person if they wanted to use the bathroom by saying 'shall we go and powder our noses' to maintain this person's dignity.
- People were encouraged to maintain their independence and be involved in the running of the home. We saw one using a feather duster to help the housekeeper to clean the communal areas. Another person told us, "I go in the kitchen in the morning. I helped peel the potatoes once."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery. However, the provider was working towards an outstanding rating in this key question.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care from staff who understood their individual needs, preferences, interests and backgrounds. One staff member told us, "It is most definitely personalised care here. I couldn't work in a regimented, clinical environment. Here I have time to talk and really get to know people."
- Staff recognised the value people's backgrounds brought to the everyday running of the home. One person told us how they had previously worked as a volunteer in a hospital and during their time at Salford House they had developed a friendship with a person who was receiving end of life care. With the person's permission, this person provided companionship to the person at the end stages of their life. This person told us, "The staff here realised how much they meant to me and they let me sit with [person] during their final days. It helped me just as much as [person] because it gave me the opportunity to do what I used to do in the hospital."
- The care and support provided by staff made a difference to people's lives. One person told us, "I could hardly walk or do anything for myself when I moved in. The staff here have nursed me back to health." This person's relative explained how the encouragement and responsiveness of staff had enabled their loved one to walk again. We discussed this with the registered manager who told us the staff had worked closely with the physiotherapist and showed determination to help the person because it was important to them. They said, "Carers were able to provide regular opportunities to complete daily exercises to strengthen leg and upper body muscles that had reduced during her hospital stay."
- Staff went the extra mile to ensure people's wishes were achieved. One person admitted to the home had been increasingly worried about the welfare of their pet budgie who had been left with a relative. Arrangements were made, and the budgie also moved into the home. The registered manager told us, "When [person] heard the chirping they cried with joy. Staff also support [person] to clean out the cage and provide care, food and water when needed."
- People and relatives told us their care was delivered in the way they preferred. Comments included, "Staff are very responsive. They all know [person] very well" and, "[Person] lives their day how they want to."
- Care plans focused on each person's whole life and included information about how they liked their care to be delivered. Most people had a 'This is Me' document. This is a nationally recognised tool developed by the 'Alzheimer's Society' to help health and social care professionals better understand people and deliver care which is tailored to each person's needs. Plans were in place to complete this for every person following our visit.
- Staff were able to respond to people's changing needs because information was shared during a handover between shifts. Care plans were regularly reviewed and updated when people's needs, and abilities changed to ensure staff had relevant and up to date information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were offered a variety of activities to enhance their emotional wellbeing and we saw many photos of people enjoying these on display in the home. Raised planting beds in the garden meant residents were able to plant fruits, vegetables and flowers and these were then picked and eaten by the residents. The registered manager told us, "It gave them a real sense of achievement."
- A piano had been purchased and some residents gained enjoyed from playing, particularly during the weekly church service. The provider had also recognised the importance of enhancing people's social well-being and had organised events such as annual summer fayres and Christmas parties to bring people and their loved ones together.
- People and relatives told us there was enough to do and provided positive feedback about the activities in the home. Comments included, "This morning they had badminton rackets out. There is always something going on if [person] wants to get involved" and, "We have a dog who visits. It's remarkable. I love animals."
- The home had joined a local initiative which focussed on reducing loneliness and isolation and encouraged people in the local community to send postcards of their holiday to the home for people to read. We saw these proudly on display. One person told us, "I do enjoy reading what people get up to."
- The registered manager told us how they had become part of the Warwickshire Reminiscence Action Project (WRAP). Each month, WRAP sent a resource box which contained a variety of objects related to a specific themes. These themes included the Swinging 60s, bonfire night, gardening, sports and World War I. These objects encouraged reminiscence and were designed to take people on a journey down 'memory lane'.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager understood their responsibility to give people information in a way they could understand. Care plans detailed information about people's preferred communication needs. For example, one person had a delay in processing information. Records clearly recorded the need for staff to allow the person time to understand the information they were sharing.
- Information could be presented in easy read or large print when this was required.

Improving care quality in response to complaints or concerns

- There was a complaints procedure on display which informed people and visitors how they could make a complaint and how this would be managed.
- People and relatives told us they knew how to complain and were confident any concerns would be investigated thoroughly. In the 12 months prior to our inspection there had been no formal complaints and any minor issues had been resolved.

End of life care and support

- The registered manager explained when a person reached the end of their life, they liaised with other healthcare professionals to ensure people received the right care and support.
- Although nobody was receiving end of life care at the time of our visit, we received some very positive feedback about the end of life care the home provided. A relative told us, "This home is so special. [Person] was admitted to hospital from Salford House due to ill health and while they were there they were assessed as end of life. [Person] just wanted to come back to where she called home [Salford House]. Within two days the team here got her a special bed, trained the staff in the use of oxygen and arranged the nurse to come

and give her medicines. The love they showed her was exceptional. Their professionalism meant she had her last wishes respected. This home went beyond what was asked of them and they enabled her to die peacefully at home." Another compliment recorded, "Thank you very much from the bottom of my heart for making my grandmother's last days comfortable and peaceful."

- End of life wishes had been considered and these were clearly recorded within people's care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People, relatives and friends told us the service was very well managed. A relative told us, "The service and level of care has been fantastic from day one. The registered manager keeps in touch with all things that go on here, however minor they may seem. [Registered manager] is so effective and spends time with every resident. I can't sing their praises high enough. I couldn't find a better place."
- This was confirmed by staff who told us about the supportive and inclusive culture within the home. One staff member told us, "The manager is lovely. He is very understanding and so supportive. He treats staff as individuals. We don't feel like just a number. He always treats us really nice and we are well supported. If we have a problem, we can always go to [registered manager]." Another staff member told us, "I couldn't wish for anything more. They encourage you to learn, give you time and patience."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was open and honest when things went wrong. When incidents had occurred, relevant external agencies and families were informed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager understood their regulatory responsibilities and had provided us, (CQC) with notifications about important events and incidents that occurred in the service such as serious injuries. The rating was also clearly displayed at the home and on their website.
- Regular and robust checks were in place to ensure people received safe, high quality and compassionate care. Where improvements were identified, action had been taken or was planned. For example, one person had a catheter and improvements were being made to the level of detail in care records to ensure staff had enough information to support people safely.
- The provider visited the home regularly and completed additional checks. People were clearly familiar with the provider who we saw sitting and talking to people over a cup of tea.
- The registered manager kept up to date with the latest good practice guidelines and was a member of the Skills for Care registered managers group.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People told us the registered manager was always available and they would often spend time in the communal areas of the home talking with them on an informal basis and observing staff practices. The registered manager also spoke to people formally in resident meetings.
- Relatives were invited to share their views about the care provided in relatives meetings and through questionnaires. One relative had commented, "Exceptional care home with wonderful staff."
- The registered manager had built links with the local community and had regular visits from local school children and a mother and baby group. One person told us, "Oh I do like seeing the little ones, your mothers' instinct kicks in."
- Healthcare professionals told us staff and the management team worked in partnership with them to ensure people had positive outcomes. One healthcare professional said, "The care provided is really good. The manager is very sensible, and requests are input appropriately. We have a great working relationship and they really care. I would have no problem with my family member being cared for there."