

Alliance Care (Dales Homes) Limited

Westbury 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 responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Westbury Court is a care home providing personal and nursing care to 45 people aged 65 and over at the time of the inspection. The service can support up to 60 people.

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

At our last inspection we found improvements were required to reduce risk to people's safety. At this inspection we found new risk assessments had been developed.

Specific to each individual, risk assessments included, moving and handling, resistance to support, skin integrity, swabbing for Coronavirus and visiting of relatives.

People at risk of dehydration or malnutrition had risk assessments in place with a monitoring and recording system to identify changes. Risk assessments were reviewed and updated regularly.

People were protected from the risk of abuse and staff were trained in recognising the signs of abuse and what to do about it. Medicines were stored, administered and managed safely.

At our last inspection we found areas of the home were not clean. At this inspection we found the kitchen had a very good (5 star) hygiene rating, kitchenettes, bathrooms and toilets were all cleaned and well maintained. The home was clean and tidy and smelt fresh.

Due to the Coronavirus pandemic, extra cleaning of all areas of the home and particularly high touch areas was undertaken. Staff had access to plenty of personal protective equipment and were using it correctly. Staff were very aware and fully trained in infection control procedures.

At our last inspection we found consent was not always gained according to the law. At this inspection we found improvements had been made. Mental capacity assessments and their corresponding best interests' decisions were in place where appropriate.

Staff training on all of the providers mandatory training topics had improved and overall, 93% of staff had completed their refresh in areas such as safeguarding and mental capacity. Staff knowledge and confidence had increased. Training had continued throughout the Coronavirus pandemic and staff had received extra training on infection control procedures.

At our last inspection we found care was not person centred. At this inspection we found improvements had been made. People were assessed before moving into Westbury Court. New care plans had been developed which were thorough, detailed and holistic.

The multi-disciplinary team had added their expertise to care plan information, for example occupational

and physiotherapy and specialist mental health services. Care plans were person-centred and contained details of importance to people including their family history and choices and preferences.

At our last inspection we found management and leadership was not strong or consistent. At this inspection we found improvements had been made.

Westbury Court had a new experienced home manager who was processing their registration with the Care Quality Commission. The home and deputy managers worked closely and well together. They provided a good leadership team which had impacted well on the staff group.

Due to the Coronavirus pandemic restrictions, people's vulnerability and communication needs we did not speak with people directly in the home. We spoke with the relatives of people to gain feedback from theirs and their family members perspective. We received good feedback from relatives, who, despite the restrictions on visiting were confident the care their family member received was good.

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.

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

Rating at last inspection (and update) The last rating for this service was requires improvement (published 02 December 2019) and there were multiple breaches of regulation. We issued a warning notice to ensure the provider made improvements. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We carried out an unannounced comprehensive inspection of this service on 19, 20, 21 August 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve Safe care and treatment, Good governance, Need for consent and Person-centred care.

We carried out a targeted inspection on 2 December 2019 to follow up on the warning notice and found the service remained in breach of the Regulations.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Westbury Court on our website at www.cqc.org.uk.

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 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 ●

Westbury Court

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

Westbury Court 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 who was in the process of registering with the Care Quality Commission. It is a condition of the provider's registration that they have a registered manager at Westbury Court. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period notice of the inspection because we needed to check the status of the home regarding Coronavirus infection.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed notifications the provider had sent to us. Notifications are information about important events or incidents the provider is required by law, to send to us.

During the inspection

We received feedback from 12 relatives about their experience of the care provided to their family member. We observed how staff interacted with people. We spoke with the home manager, deputy manager and regional manager and received feedback from eight care and administrative staff.

We looked at a range of records. This included five people's care records, medication records and risk assessments. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with three professionals who regularly visit the service.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last comprehensive inspection in August 2019, there was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected from harm and risks were not being identified or addressed. Less visible parts of the home were not clean. We also issued a warning notice to ensure the provider made improvements.

At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management

- People were assessed for risks to their safety.
- All risk assessments contained a risk rating devised from a matrix of likelihood and consequence. Risk assessments detailed control measures and guidance to staff on how to minimise the risk.
- People's care plans contained regularly reviewed risk assessments relating to individually identified risks. For example, the risk of falls, the risk of declining support and risks associated with moving and handling and maintaining skin integrity.
- People who had been identified as requiring extra support due to distress reactions had specific behavioural support assessments in place. These included specific methods for staff to use to prevent or reduce the person's anxiety.
- Clear identification of people's risk was available on a 'risk board' in all nursing stations. This was recorded using initials and room numbers to protect people's identity. The clear data had raised staff awareness and was monitored daily by the seniors and nurses.
- Emergency evacuation equipment was available in stairwells and fire procedure posters were displayed. Staff training in fire safety and fire drills was up to date.
- Equipment was checked by the maintenance team regularly and the home manager undertook a 'walk around' of all floors to check the environment daily.
- People's individual risks associated with the Coronavirus had been assessed and management plans in place to reduce the risk of harm.

Preventing and controlling infection

- The home was clean and tidy.
- Relatives told us infection control procedures were followed. Comments included, "The care home have been fully insistent on following Covid regulations" and "Even though [admission] was during the pandemic, safety came first."
- The kitchen had received a 'very good' (5 star) food hygiene rating in March 2020. The kitchenette areas,

bathrooms and toilets we looked at were clean and hygienic.

- In response to the Coronavirus pandemic, the provider had taken extra steps to increase cleaning and contamination prevention.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Altercations between people had significantly reduced since the last inspection. People who had previously shown particularly distressed behaviour had been moved to more appropriate settings to meet their high needs.
- 93% of staff had received up to date safeguarding training which we confirmed from training records.
- Relatives we spoke with told us their family members were safe.
- The deputy and home manager had continued to monitor people's safety and submitted Notifications to CQC where appropriate. This included on-going monitoring during the coronavirus pandemic.

Staffing and recruitment

- At the last inspection we made a recommendation regarding the use of observation as well as using the providers dependency tool to rota staffing levels.
- At this inspection we found the home had improved the dependency tool to include elements such as the environmental lay out of the home and individual care needs.
- Staffing levels were stable and the home was operating a 20% increase in staff ratio due to the Coronavirus pandemic.
- The use of agency staff had reduced to zero for the past three months.
- Robust recruitment checks were made before a new member of staff was appointed to work in the home.
- Staff told us they felt very well supported by the management team. The staff culture had improved, 'fun' had returned and staff were responding well to clear and strong leadership.

Using medicines safely

- Medicines administration, storage and management had improved since the last inspection.
- Stocks of medicines were reduced, making daily checks and tally's more efficient. There had been a few recent discrepancies, but they had been picked up by staff when carrying out checks and audits.
- A new system of 'resident of the day' meant people's medicine administration records were thoroughly reviewed monthly.
- Medicines which were prescribed to be taken 'as required' (PRN) had more robust protocols in place. These gave guidance to staff on how and when to administer as well as checks to record when a GP review was needed.
- Medicines which were required to be taken covertly, had a corresponding mental capacity assessment and best interests decision to support the administration decision.

Learning lessons when things go wrong

- The deputy and home manger told us that lessons had been learned since the last inspection.
- Areas for improvement identified had been addressed and reviewed using an action plan.
- New processes and protocols had been devised such as a weekly clinical meeting. All risks and people's current care was discussed and reviewed by seniors and nurses, to ensure actions were met. Short term care plans were introduced for acute changes in need.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection in August 2019, there was a breach of Regulation 11 (Need for consent), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because decision making was not made in line with the Mental Capacity Act (2005).

At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 11.

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).

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.

- Where appropriate, mental capacity assessments had been completed along with their corresponding best interests' decisions. For example, we saw detailed mental capacity assessments in place for people who lacked capacity to make a decision around swabbing for Coronavirus and for the use of covert medicines.
- The deputy manager told us there had been a huge improvement within the whole staff team in their understanding of the MCA. 93% of staff had completed their training.
- Legal authorities were in place for some people, for example Lasting Power of Attorney for Health and Welfare and Finance and Property. Where an LPOA Finance and Property only, existed, the correct process was in place to make a decision regarding health. This was to include the LPOA for Finance and Property – in one case a relative, in the best interests' decision-making process.

- The provider had made the appropriate applications for DoLS.

At our last comprehensive inspection in August 2019, there was a breach of Regulation 12 (Safe care and treatment), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because records for people at risk of malnutrition or dehydration had not been fully completed.

At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 12.

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

- At the last inspection we found people were not supported enough to eat and drink sufficiently and recording of intake was inconsistent. At this inspection we found improvements had been made.
- The deputy manager put into place a system where a person is monitored for their usual amount of intake over a short period of time. Their food and fluid attainment levels, daily and over the course of one week are therefore measured against what is the 'normal' or 'average' intake for that particular person. Any concerns are recorded, discussed at the weekly clinical meeting and actions such as informing the GP or offering an increase in regularity or type of fluid made.
- Weekly clinical meeting notes showed that a food and fluid champion was appointed at every shift. They took the lead in ensuring food and fluid charts were recorded and people's intake was measured accurately. If a person was identified as not reaching their desired target, the champion chased up staff on their shift to encourage more fluids. If an ongoing issue was identified it was discussed at the weekly clinical meeting.
- People who were at risk of malnutrition had their weight monitored regularly using a weight tracker. A clear loss or gain over a month is shown and actions such as prescribed supplements or fortified meals recorded.
- One person was at risk of malnutrition due to poor dental health. They were awaiting surgery which had been cancelled due to the Coronavirus pandemic. This person's weight was being managed by providing a softer diet, dietary supplements and fortified meals.
- The home had recruited a new chef and kitchen team and relatives told us the meals had improved. One relative told us, "I have always been happy with her care there but there were issues at times with the meals. It was always promised things would improve. However there now seems to be an improvement."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs were assessed prior to moving to Westbury Court.
- Assessments included people's life histories, their medical and physical needs, their likes and preferences and family details.
- Relatives told us they were happy with the support their family member received. Comments included, "Our parents have only been residents since June but appear settled and happy. They enjoy the food and the staff company", "I am really happy with the service both [my Mother] and I receive" and "My Mum is so well looked after, the staff are so caring and kind."
- There were multi-disciplinary assessments in care plans from, amongst others, occupational therapists, physiotherapists, specialist nurses and social workers.
- We received positive feedback from professionals who visit the service regularly. Comments included, "The last 2 years I feel we have developed a good relationship with the deputy manager and some of the senior carers who we go to discuss residents care" and "I feel the care staff who I talk to regarding residents show positive engagement with me and team members and appear to know their residents well."
- People had access to local community services such as the community nurse and GP. The community

nursing team were visiting fortnightly during the Coronavirus pandemic to reduce the risk of cross contamination. One community nurse told us the staff were managing wound care, for example, well. They had been directed by the community nurse and had followed instructions to ensure wound management was effective.

- People had access to specialist care and treatment, for example the specialist mental health services, dental services and dieticians.

Staff support: induction, training, skills and experience

- Staff we spoke with complimented the amount of training they now received, stating this had increased significantly during the past year.

- Staff told us there was more motivation within the staff group to engage and learn.

- The in-house training team had devised training sessions to include all shifts including the night staff. This meant that a greater proportion of staff had received the providers mandatory training, which we confirmed from reviewing training records.

- Staff we spoke with told us they felt very supported and particularly since the new home manager had arrived.

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

- The service had made provision for indoor socially distanced visitors to residents from their relatives.

- Parts of the home had been re-decorated. The home manager had a list of environmental improvements they planned to make, including furnishings and flooring.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

At our last comprehensive inspection in August 2019, there was a breach of Regulation 9 (Person centred care), of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014. This was because care planning was not always effective and information did not reflect people's individual needs. Some people did not look well supported and assistance with nail and oral care was not always given. Care was not given in a person-centred way.

At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 9.

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

- Relatives told us their family member was well looked after. Comments included, "I have to say I cannot fault the care my [Mother] has received. Welcoming staff, availability to FaceTime and call. Very accommodating and supportive of my [Mother] and family situation" and "I feel confident that my father is being cared for well and dignity intact."
- The service had introduced 'resident of the day' to ensure full focus on one person's care plan, clinical care and treatment and to provide a 'special' day for each resident in rotation. This meant that care needs were reviewed regularly, care plans updated to reflect changes and choices given to people as to how they would like to spend their 'special' day.
- All care plans had been updated, reviewed and re-written. They contained specific information for each individual. Examples included, family history, interests and detailed medical, physical and emotional needs.
- Care plans also contained guidance for staff on how to meet people's specific needs. For example, one person had a 'distressed reaction support plan' in place to manage anxiety behaviours. Methods to support the person included, diversionary tactics, retreat and return, distraction and involvement in a different task.
- Care plans were well written and cross referenced to other areas of the care plan. This gave staff thorough guidance with the emphasis on an holistic approach to a person's needs and required support.
- The new tracker systems and clinical meetings meant patterns of required support could be monitored. For example, tracking the rate and frequency of urinary tract infections against the fluid charts provided evidence of where extra support or intervention was required.

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.

- People's communication needs had been identified and were included in their care plans. This made staff aware when people required glasses or hearing aids for effective communication.
- Information was available in different formats such as large print and pictorial images. Meals were presented to people as a visual choice.

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

- The service continued to provide social activities during the Coronavirus pandemic, albeit reduced and using social distancing guidelines.
- Relatives told us the service took steps to reduce social isolation. Comments included, "I do genuinely feel that they do their very best for the residents including the activities, times have been so different for everyone and I feel the staff have given everything they can"; "They encourage them to join in with activities and socialise as much as possible" and "With Covid and not being able to be there as often or even to touch her, the staff have been her family and we are so grateful."
- People were supported in smaller groups or on a one to one basis to reduce the risk of cross contamination.
- People's risk of isolation was considered and practices developed due to the lack of visitors and direct family contact. People were supported to have safe, socially distanced visits and the use of telephone and video calling was encouraged where appropriate.
- 'Stop the clock' at 3.30pm was a new initiative to encourage all staff to stop, make tea for residents and themselves and make time to chat and engage.
- We received good feedback from relatives who told us they felt their family member was being well looked after and kept active despite the reduced visiting rules.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place. We had previous feedback from relatives that concerns or complaints raised had not been dealt with in an effective or efficient way.
- At this inspection we found this process had improved. Relatives told us they knew how to complain and who to complain to if necessary. Complaints were investigated and responses were appropriate.

End of life care and support

- We received very positive feedback from relatives whose family member had received end of life care at Westbury Court.
- People and their relatives were supported to make decisions about their preferences for end of life care.
- When people were nearing the end of their life, specific care plans were introduced after assessment of the person's changing needs. These included, medicines management, symptom control, the person's choices and wishes and consideration of their comfort and dignity.
- The service worked with appropriate health professionals where necessary, including the palliative care team.

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last comprehensive inspection in August 2019, there was a breach of Regulation 17 (Good governance), of the Health and Social Care Act 2009 (Regulated Activities) Regulations 2014. This was because leadership and quality auditing were not effective as shortfalls in the service were not being identified or addressed.

At this inspection we found that improvements had been made and the service was no longer in breach of Regulation 17.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was managed by an experienced home manager who had begun their application to register with the Care Quality Commission.
- Whilst the home manager was experienced and we received very good feedback from staff, they had only been in post for two months at the time of the inspection. New leadership and processes require time to settle and imbed. We were assured that the home manager had made improvements and was in the process of making further changes, to improve the service overall.
- Staff told us the culture in the home had improved. There was much more of a team ethos, staff were engaged and motivated and felt listened to. Some of the staff teams had changed and there had been some new starters. Staff told us there was a sense of pride and commitment to improving the service, morale had moved from low to high.
- The deputy manager told us their role had developed and was inclusive in the leadership team. Their experience and skills were being used effectively.
- Quality monitoring and auditing had improved, spot checks and competencies had identified good practice and areas to focus on. All audits were logged on a central system where there was scrutiny and oversight from the regional manager.
- The home manager had worked a shift with the staff team on all floors and including a night shift. She told us this was the best way to get to know the residents, how the home was running and to engage with the staff team.
- The home and deputy managers both praised the staff team highly, saying they had all worked extremely hard to improve since the last inspection. The staff we spoke with told us they now had clear goals and targets and felt they were supported and pulled together as a whole team.

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 home and deputy manager were aware of their responsibilities under the duty of candour.

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

- Throughout the Coronavirus pandemic there had been effective and regular communication with people, relatives and staff.
- Relatives told us, "[Staff] keep us fully informed in a very approachable manner", "We have yet to meet [the home manager] but she has sent regular emails out introducing herself and keeping us informed" and "There now seems to be an improvement and although I have only met [the home manager] twice she is very easy to talk to and deals with things efficiently."
- When a person was 'resident of the day'; their relatives were involved in the review and update of the care plan and any special events arranged.
- There was a weekly email to all relatives to keep them updated with Westbury Court news and general developments.
- Relatives told us they had good communication regarding the health and well being of their family member. Where specific methods had been identified to support a person had worked well, these were documented and shared with relatives.
- There was clear information for visitors regarding the Coronavirus pandemic. There were booked appointments made for visiting to enable an equitable opportunity for family visits. The deputy manager had developed a robust file of information, good practice and up to date information for the staff team. A relative told us, "They have kept me up to date with the management changes, and all that is involved with the Covid situation."
- The management team had good relationships with visiting professionals and the local authority. One professional told us, "I definitely feel there has been a general improvement, communication is better and the floors are better managed."

Continuous learning and improving care

- The last inspection and required improvements had provided an opportunity to learn and improve the service and the care people received.
- New processes and procedures had been developed. The home manager told us they had further ideas and areas identified to make changes.
- Feedback from relatives, staff and visiting professionals was positive with an emphasis on improvements made since the last inspection. Particularly since the arrival of the new home manager and how the management team were providing strong leadership for the home.