

Mrs M Jackson

Avonbloom Retirement Home

Inspection report

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Blackpool
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Ratings

Overall rating for this service

Good



Is the service safe?

Requires improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

This inspection took place on 25 March 2015 and was an unannounced inspection.

Avonbloom retirement home is situated in the south of Blackpool close to Blackpool airport. The home is registered for 15 older people with 14 single rooms and one double room. Some were en-suite. At the time of our visit 15 people lived at the home. Communal bathing

facilities and toilets were available throughout the home. The building had two floors with lift access to the first floor. Car parking was available at the front of the home on a private forecourt. There were gardens to the rear.

The service was last inspected in June 2013. The service was meeting the requirements of the regulations that were inspected at that time.

The registered provider was an individual who also managed the home on a day to day basis. Registered

Summary of findings

providers 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.

Risks to people were minimised because the registered provider had procedures in place to protect people from abuse and unsafe care. Risk assessments were in place to reduce risks to people's safety. People told us they felt safe living at Avonbloom and were very happy there. One person said, "I do feel safe here and the staff are very good to me. They make sure I am safe and happy." Another person told us, "I know the staff are very good to me."

Staff had all received training to assist them in infection control. When we looked around the home most areas were clean, and fresh smelling, with good infection control practices. However we saw poor infection control during the inspection in two bedrooms. The registered provider had an infection control policy, cleaning checklists and carried out regular checks for cleanliness, but these areas had been missed on the day we inspected. They were quickly cleaned when we highlighted them.

Although there were plenty of hand gels around the home, the communal toilets had shared towelling hand towels. There was a risk assessment in place regarding the use of these. However shared towels increased the risk of cross infection. The registered provider informed us after the inspection that disposable paper towels had been purchased and were in use.

We looked at how the home was being staffed. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels. One person said, "There are always enough staff to look after us." The staff team told us the registered provider worked with them daily and made sure people had enough staff to care for and support them.

When we undertook this inspection visit, the service had not recently appointed any new staff members, but had appropriate procedures in place.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly. People told us they felt staff supported them with medicines well.

People's health needs were met and any changes in health managed in a timely manner. One person said, "The staff act quickly if anyone is ill and always contact the doctor for me if needed." A relative commented, "[My family member] looks much healthier now and has settled well. The care and attention given is to a very high standard."

Staff had been trained and had the skills and knowledge to provide support to the people they cared for. One person said of the staff team, "They all seem to know what they are doing and they are kind."

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People were offered a choice of healthy and nutritious meals. The staff team made sure that people's dietary and fluid intake was sufficient for good nutrition. People were very complimentary about the food. They said that the choices were good, the meals were excellent and that they had no problems getting snacks or drinks outside of meal times. One person said, "I enjoyed my lunch today but then the food is always very good." Another person told us, "I only have to ask for a particular food and the owners get it in. They are marvellous." Relatives spoken with were in agreement with these comments.

People we spoke with told us that staff were kind and caring. One person told us "The staff couldn't be more caring if they tried. They always make you feel that you really matter to them." A relative told us, "The staff are doing an excellent job in caring for my [family member] the way they do. You can feel the family atmosphere and we see at first hand the way the staff are kind and compassionate to the people they are caring for."

Staff knew and understood people's history, likes, dislikes, needs and wishes. They knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. Staff frequently interacted with people. We saw that any questions or requests by people were handled appropriately and in a kindly way. Staff offered choices and encouraged people to retain their independence wherever possible. People felt they could trust staff and they were friendly and respected their privacy. "One

Summary of findings

person said, "They know all our little ways and are always so kind." "A relative told us, "We have been visiting for a while now so I have seen a lot of what the staff do for the residents in that time. I must say I have been impressed with their enthusiasm and general approach."

Staff recognised the importance of social contact, companionship and activities. There was a broad and varied activities programme. People said they went on regular trips out, walking or in the home's minibus to local shops, pubs, garden centres and other places of interest. Staff were very welcoming to people's friends and relatives. One relative said, "As visitors we are not restricted in any way and are always made to feel welcome."

There was a transparent and open culture that encouraged people to express any ideas or concerns.

People and their relatives felt that their needs and wishes were listened to and acted on. They said the staff team were easy to talk to, were open to discussion and encouraged people to raise questions at any time.

The registered provider routinely worked in the home and dealt with any issues of quality quickly and appropriately. People told us they had not needed to complain but knew how to if they ever needed to. One person said, "I've no complaints but I would have no trouble making a complaint to the owner if I needed to. I have not had anything serious to complain about but what points I have raised have been dealt with satisfactorily." A relative told us, "We have no complaints at all, we are totally delighted."

Summary of findings

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 not always safe.

Most areas of the home were clean and odour free, and there were formal procedures and checks in place. However two bedrooms were not and therefore increased the risk of cross infection.

Risks to people were minimised because the registered provider had procedures in place to protect people from abuse and unsafe care. Risk assessments were in place to reduce risks to people's safety.

Staffing levels were sufficient and staff appropriately deployed to support people safely. They were able to provide care and activities in the home and the local community.

Medicines were managed appropriately. They were given as prescribed and stored and disposed of correctly.

Requires improvement



Is the service effective?

The service was effective.

Staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) which meant they were working within the law to support people who may lack capacity to make their own decisions.

People and their relatives told us that any health needs were quickly dealt with. We saw that staff responded in good time to any health concerns

People were offered a choice of meals and frequent drinks and staff knew their likes and dislikes so that they received a variety of nutritious foods. People told us the food was very good.

The staff we spoke with told us they had good access to training and support and were encouraged to develop their skills and knowledge. In turn this helped them to support people in the way people wanted.

Good



Is the service caring?

The service was caring

We saw staff interacted frequently and enthusiastically with the people in their care. People we spoke with told us that staff were caring and helpful and that they were happy and satisfied.

Staff knew and understood people's history, likes, dislikes, needs and wishes. They took into account people's individual needs when supporting them.

Good



Summary of findings

Staff knew and responded to each person's diverse cultural, gender and spiritual needs and treated people with respect and patience. We saw that any questions or requests by people were handled appropriately and in a kindly way by the staff.

Is the service responsive?

The service was responsive

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. Staff offered choices and encouraged people to retain their independence wherever possible.

Staff recognised the importance of social contact, companionship and activities. They supported people to engage in activities and interests in the home and often took people out in the local community.

Care plans were person centred and gave details of people's life history, likes and dislikes and the care and support they received. These were regularly reviewed.

Good



Is the service well-led?

The service was well led

There was quality assurance in place to monitor the quality of the service. The registered provider routinely worked in the home and dealt with any issues of quality quickly and appropriately.

There was a transparent and open culture that encouraged people to express any ideas or concerns. Staff were motivated and supported people well.

People and their relatives felt that their needs and wishes were listened to and acted on. They said the staff team were easy to talk to, were open to discussion and encouraged people to raise questions at any time.

Good



Avonbloom Retirement Home

Detailed findings

Background to this inspection

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

This inspection took place on 25 March 2015 and was unannounced. The inspection team consisted of an adult social care inspector, a specialist advisor who had experience of providing services for older people 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. The expert by experience for the inspection at Avonbloom retirement home had experience of services that supported older people.

Before our inspection we reviewed the information we held on the service. This included notifications we had received

from the registered provider, about incidents that affect the health, safety and welfare of people who lived at the home. We also checked to see if any information concerning the care and welfare of people living at the home had been received.

We spoke with a range of people about the service. They included the registered provider who was in day to day control of the home, two members of staff on duty and eight people who lived at the home

We also spoke with health care professionals, the commissioning department at the local authority and contacted Healthwatch Blackpool prior to our inspection. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced whilst living at the home.

We looked at the care records and the medicine records of four people, the previous four weeks of staff rota's, staff training records and records relating to the management of the home.

Is the service safe?

Our findings

Risks to people were minimised because the registered provider had procedures in place to protect people from abuse and unsafe care. People told us they felt safe living at Avonbloom and were very happy there. One person said, “I do feel safe here and the staff are very good to me. They make sure I am safe and happy.” Another person told us, “I know the staff are very good to me.”

Risk assessments were in place to reduce risks to people’s safety. There was a transparent and open culture that encouraged people to express any ideas or concerns. There had been no safeguarding alerts raised about the service in the previous twelve months. Staff we spoke with said they would have no hesitation in reporting abuse. They were able to talk through the steps they would take if they became aware of abuse. This showed us that they had the necessary knowledge and information to reduce the risk for people from abuse and discrimination.

People told us that they could come and go and were supported to safely do things they wished. They were able to spend time in communal areas of the home and their bedrooms as they wanted. People were supported to access the local community.

Staff spoken with were familiar with the individual needs and behaviours of people and were aware of how to support people. We talked to staff about how they supported people whose behaviour may have challenged services. They described how they had considered the best staff action to take in order to provide good support. This kept people safe and respected their rights.

When we looked around the home at various parts of the day, most areas were clean, and fresh smelling, with good infection control practices. However there was an odour of urine in two bedrooms and one bedroom had dried faeces stains on the floor. This made the bedrooms unhygienic to be in. The registered provider had an infection control policy, which staff were aware of. There were cleaning schedules in place and the registered provider carried out regular checks for cleanliness. However this had been missed on the day we inspected. The bedrooms were quickly cleaned when we highlighted this. Staff had all

received infection control training and were aware of the need for good infection control. Staff told us they were expected to make sure all rooms were kept clean and rooms were usually checked frequently.

Although there were plenty of hand gels around the home, the communal toilets had shared towelling hand towels. There was a risk assessment in place regarding the use of these. However shared towels increased the risk of cross infection. The registered provider informed us after the inspection that disposable paper towels had been purchased and were in use.

Records were available confirming gas appliances and electrical facilities and equipment complied with statutory requirements and were safe for use. Accidents or incidents, complaints, concerns, whistleblowing and investigations were discussed and evaluated for lessons learnt. Any changes to care needed were made to reduce risks which helped keep people safe.

We looked at how the home was being staffed. We did this to make sure there were enough staff on duty to support people throughout the day and night. We saw there were enough staff on shifts to provide safe care. People we spoke with were satisfied with staffing levels. One person told us, “There are always enough staff to look after us.” The staff we spoke with told us that there

were sufficient staff to provide care and activities to people. They said that the registered provider worked with them daily and made sure people had enough care and support. Staff told us the team had been together a long time, they worked well together and morale was high.

We looked at the recruitment and selection procedures for the service. There had not been any recent staff appointments as all staff had been in post for a long time. However the registered provider explained the processes they would follow when recruiting staff, to reduce any risks of employing unsuitable staff.

We looked at how medicines were managed. Medicines were ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. We spoke with people about the management of their medicines. They told us they felt staff supported them with medicines well. No one was managing their own medication when we inspected. Staff said that people could manage their own medication if they were able. They would monitor that this was managed safely. We observed

Is the service safe?

part of a medicines round and saw that medicines were given safely and recorded after each person received their medicines. There were audits in place to monitor medication procedures, check compliance with procedures and learn lessons if any errors were made.

Is the service effective?

Our findings

People told us that they were able to choose the things they wanted to do and what they didn't want to do. They said they were able to say how they wanted their care to be provided.

People were happy that their needs were being met by the staff team and confident that the staff team were knowledgeable. They said that, in their view the staff were properly trained and supported them well. One person said of the staff team, "They all seem to know what they are doing and they are kind." A relative told us, "The home is so good I wouldn't swap it for the world."

Specialist dietary, mobility and equipment needs had been identified in care plans, where people had specific needs. The registered provider told us of the good links with other professionals to ensure the most effective care and support for people. They said they made referrals to other health and social care professionals as needed and supported people with appointments and any treatments. Records seen reflected this. People told us of regular health care visits. They said staff acted on any health issues and monitored these. One person said, "The staff act quickly if anyone is ill and always contact the doctor for me if needed." People also said that staff supported them to have a healthy lifestyle, while respecting their right to make their own choices. One person told us, "Since I came in here, I have given up drinking and smoking so I feel on top of the world." A relative commented, "[My family member] looks much healthier now and has settled well. The care and attention given is to a very high standard."

The staff team made sure that people's dietary and fluid intake was sufficient for good nutrition. There was information about each person's likes and dislikes in the care records and staff were familiar with each person's dietary needs. Staff told us how they encouraged people to eat healthy foods where possible.

Staff recorded the meals served, so that they were able to check a balanced and varied diet was served. People were very complimentary about the food. They said that the choices were good, the meals were excellent and that they had no problems getting snacks or drinks outside of meal times. Relatives spoken with were in agreement with these

comments. One person said, "I enjoyed my lunch today but then the food is always very good." Another person told us, "The meals are great, the staff are great and that is why I am happy to be here."

We saw that people were encouraged to eat fresh fruit whenever they wished. This was in fruit bowls placed around the home for people. Drinks were also available as and when people wanted them.

We saw that people were encouraged to get involved in assisting with the preparation of meals where possible and the setting and clearing of the tables. One person proudly told us that it was their job to assist with washing up saying, "I always do the washing up. It is my job. I like to help."

We saw that the tables all had condiments on them so people could choose any seasonings they wanted. People told us they had a lot of choice with food. One person told us, "I only have to ask for a particular food and the owners get it in. They are marvellous."

One of the inspection team ate lunch with people. They said the mealtime was lively and enjoyable for all, adding that the quality of the lunch was excellent. People were well supported and staff interacted with people throughout the meal.

The staff we spoke with told us they had good access to training and were encouraged to develop their skills and knowledge. Staff had also recently begun an infection control course. They had also completed medication and dementia training and were starting to focus on dementia care in the home. This meant that staff had or were developing the skills and experience to care for people.

Staff received regular supervision. This is where individual staff and those concerned with their performance, typically line managers, discuss their performance and development and the support they need in their role. It is used to assess recent performance and focus on future development, opportunities and any resources needed. Staff told us they felt well supported through these and the regular staff meetings. They said this was one of the ways that the management team supported and encouraged them. They also said that as a small team they worked very closely together so discussed any issues regularly.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards.

Is the service effective?

We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people's best interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The management team had policies in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We spoke with the management team to check their understanding of MCA and DoLS. They understood the procedure of MCA and DoLS.

Staff determined people's capacity to take particular decisions. They knew what they needed to do to make sure

decisions were in people's best interests. People told us that they had the freedom they wanted to make decisions and choices. They said the staff did not restrict the things they were able, and wanted, to do.

The registered provider discussed a small number of people who had short term memory difficulties who had restrictions placed on them for their own safety. They were in the process of making applications for these individuals and showed us copies of DoLS applications they were completing. They discussed involving the family in 'best interest' meetings and including advance planning and end of life care within the personalised care plans.

The registered provider had started making the home dementia friendly. Contrasting coloured equipment, crockery and furnishings had been purchased and was in use. Staff had also started to provide signs to assist people to remain as independent as possible.

Is the service caring?

Our findings

We saw staff interacted frequently and enthusiastically with the people in their care. People we spoke with told us that staff were caring and helpful. They told us they were happy and satisfied living at Avonbloom. One person told us ““The staff couldn’t be more caring if they tried. They always make you feel that you really matter to them.” Another person said, “I have been here for a long time and I’ve enjoyed every minute. I feel part of the family here.” A relative told us, “The staff are doing an excellent job in caring for my [family member] the way they do. You can feel the family atmosphere and we see at first hand the way the staff are kind and compassionate to the people they are caring for.” Another relative said “The staff have worked wonders for [my family member] and for me as well. When I was trying to care for her at home it was affecting my health, and hers. I was at the end of my tether so finding this place has been a lifesaver.”

People looked cared for, dressed appropriately and well groomed. Staff knew and understood people’s history, likes, dislikes, needs and wishes. They knew and responded to each person’s diverse cultural, gender and spiritual needs and treated people with respect and patience. People felt they could trust staff and they were friendly and respectful. ”One person said, “They know all our little ways and are always so kind.” A relative told us, “We have been visiting for a while now so I have seen a lot of what the staff do for the residents in that time. I must say I have been impressed with their enthusiasm and general approach.”

We saw staff talking to people in a respectful, polite manner. Staff were aware of people’s individual needs around privacy and dignity. Staff knocked on bedroom and bathroom doors to check if they could enter. They made sure people’s privacy was assured when providing personal care. However a shared bedroom had an en-suite toilet without a door. The registered provider said the en-suite had recently been added and they were waiting for the door to be hung. They informed us that this had been hung shortly after the inspection.

Staff took into account people’s individual needs and were person centred in their approach. Person centred care aims to see the person as an individual. It considers the whole person, taking into account each individual's unique qualities, abilities, interests, and preferences in the way they were cared for. We saw staff explaining what they were going to do before attempting any tasks or assisting with eating and drinking. They were knowledgeable about people knowing their likes, dislikes and preferences in care and their background and family members.

We had responses from external agencies including the social services contracts and commissioning team and local district nursing teams. Links with health and social care services were good. Comments received from other professionals were supportive of the service. They told us they were pleased with the care provided and had no concerns about the home. These responses helped us to gain a balanced overview of what people experienced living at Avonbloom retirement home.

Is the service responsive?

Our findings

People experienced a level of care and support that promoted their wellbeing and encouraged them to enjoy a good quality of life. There was a calm and relaxed atmosphere when we visited with staff frequently interacting with people. We saw that any questions or requests by people were handled appropriately and in a kindly way by the staff. Staff offered choices and encouraged people to retain their independence wherever possible.

Staff recognised the importance of social contact, companionship and activities. They were careful when introducing new staff or potential residents to people in the home as they felt this could easily change the atmosphere in the home. They took time to make sure that people were compatible with those already living in the home.

There was an activities coordinator who engaged people in a daily programme and people were happy to be involved and said they enjoyed the activities. The activities programme was broad and varied. Staff supported people to engage in activities and interests in the home and often took people out in the local community. The home had good links with the local community. One person stated that a staff member was taking them out for coffee later that day.

People said they went on regular trips out walking or in the home's minibus to local shops, pubs, garden centres and other places of interest. One person said that a member of staff was always prepared to take them out locally by car. They told us, [Member of staff] is very good to me, my walking is bad so he has said he will drive me anywhere I would like to go for a run out." Another person said that although they were not too keen on some of the activities staff organised, the staff did their best and other people liked them. They added that the staff took them out to cafes and other places, and they enjoyed those trips.

Activities in the home included board games, jigsaws, reminiscence, armchair exercises and karaoke. People were supported to complete life books so that staff knew more about their earlier lives and ambitions. There were film afternoons where people watched DVD's in a room made to look like a small cinema. Popcorn and other 'goodies' were provided. One person said, "It's like being at the pictures."

Local school children were regularly invited into the home to perform and to interact with people. Entertainers regularly visited the home and there were frequent 'pat a pet' sessions. Staff celebrated birthdays, and other special occasions such as Mother's day and Chinese New Year and St Patricks day with food and activities relevant to that event.

People told us their relatives were encouraged to visit and made welcome when they came. One person said; "My family say the staff look after them as well as me. The staff always ask how they are." Relatives told me that they were welcome at all times. One relative said, "As visitors we are not restricted in any way and are always made to feel welcome." Another relative said, "All of the staff are very good, proper carers. Visitors are made most welcome, I can come and go as I please."

We spoke with the registered provider about how they developed care plans when people were admitted to the home. Senior staff told us care plans and risk assessments were completed soon after admission. We looked at the care records of four people we chose following our discussions and observations. Each person had a care plan and risk assessments in place that gave details of their life history, likes and dislikes and the care and support they received. We saw these were regularly reviewed.

From the care records it was evident that the care was person centred with individuals and their relatives were involved in care planning. Daily records were in place. We saw from the records that staff responded in good time to health needs. These were quite short unless there had been any concerns. The registered provider told us they were looking at changing these to add more information on a daily basis.

We saw that one person had attended hospital recently. There was a hospital passport containing all the relevant information including likes, dislikes, how to support the person and a record of all other professionals involved in their care. This meant that the hospital staff had information to assist them in caring for the person.

Information about independent advocates was available. The registered provider told us that advocates would be involved in specific decisions for people in the home.

We asked people if they knew how to raise a concern or to make a complaint if they were unhappy with something. They told us they had not needed to complain but knew

Is the service responsive?

how to if they ever needed to. One person said, "I've no complaints but I would have no trouble making a complaint to the owner if I needed to. I have not had anything serious to complain about but what points I have

raised have been dealt with satisfactorily." Another person told us, "I do think I could complain if I needed to." A relative told us, "We have no complaints at all, we are totally delighted."

Is the service well-led?

Our findings

People told us all the staff team were approachable and available and willing to listen to them. They said they were well looked after by the registered provider and staff team. One person told us, “I have been in two other care homes previously and this one is definitely the best. They listen to me and we work together. They respond to any reasonable requests and I think this is a well-run home, if it wasn’t I would not stop.” A relative said, “The owners are caring and committed to the wellbeing of the residents.” Another relative told us, “We looked at a number of homes for [our family member] and it can be a minefield when you have not done it before. It was her decision to go into care so she had plenty to say at those we visited before finding this home. We, the family, have absolutely no complaints about the care, the food, and the way they look after her.”

The registered provider is an individual who has been assessed by CQC as fit to manage the day-to-day running of the service. The registered provider has the legal responsibility for meeting the requirements of the law. She had owned the home for many years and worked in the home most days. Staff told us they found her supportive and approachable.

The home had a clear management structure in place. The registered provider and management team were experienced, knowledgeable and familiar with the needs of the people who lived at Avonbloom retirement home. One of the management team said, “Anything we can do for the residents to make things as good as possible for them, we do. We try to maintain a family atmosphere.”

There were procedures in place to monitor the quality of the service. Audits were being completed by the registered provider to monitor the quality of the service. Audits included monitoring the home’s environment and equipment, care plan records, medication procedures and maintenance of the building. Any issues found on audits were quickly acted upon and any lessons learnt to improve the service going forward. The registered provider routinely worked in the home and dealt with any issues of quality quickly and appropriately.

The registered provider regularly spent significant periods of time talking with people and checking what they wanted from the service. The staff team had frequent informal chats with people about their views of the home. They made sure these were passed on to the registered provider at shift handovers. People and their relatives felt that their needs and wishes were listened to and acted on. They said the staff team were easy to talk to, were open to discussion and encouraged people to raise questions at any time.

Meetings were regularly held to involve and consult people about plans and ideas for the home. There were also monthly newsletters for residents and relatives. These kept them up to date with any activities or changes within the home. Staff meetings were held frequently to involve and consult staff. Staff told us they were able to suggest ideas or give their opinions on any issues.

People and their relatives were encouraged to complete surveys about the care provided. We looked at some of the surveys and noted positive comments from people living in the home and relatives. One person commented, “I have felt very welcome. The staff can’t do enough for me.” A relative said, “The home, staff and owners are incredible and really deserve some credit. Residents are treated like a family member, so well looked after. There are also regular activities.” Another relative commented, “The owners are amazing. They cannot do enough for the residents.”

The registered provider had developed and sustained a positive culture in the service. We saw the registered provider had a relaxed and confident style and gave instruction or guidance in a clear, friendly way. Staff were motivated and supported people well. People, their relatives and staff were encouraged to give their opinions on any issues. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met. There were good relationships with other services involved in people’s care and support.