

The Weir Nursing Home Ltd

The Weir Nursing Home

Inspection report

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Date of inspection visit:
30 May 2019
05 June 2019

Date of publication:
18 June 2019

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 

Summary of findings

Overall summary

About the service: The Weir Nursing Home is a nursing home that was providing personal and nursing care for up to 35 people. At the time of the inspection 33 people were living at the home.

People's experience of using this service:

People who lived at the home as well as their relatives were pleased with the standard of care provided. They felt their needs were met by a kind and caring staff team.

Improvements had been made since the previous inspection. Some further improvement was identified as needing to take place regarding medicine management. Immediate action was taken to ensure improvements were made.

People felt safe living at the home and staff were aware of their responsibility regarding the reporting of potential abuse. Risks were identified, and plans were in place to keep people safe. Where equipment was needed to be used this was done safely. There were sufficient staff to support people and additional staff were available if needed.

Staff supported people to maintain their wellbeing by seeking medical advice if needed. People were supported with their dietary needs, people's weight and fluid intake was monitored and any concerns identified and acted upon. Incidents and accidents were monitored to identify any themes and actions were taken to reduce reoccurrences.

People were supported by staff who were trained and supported by management. The provider had recruitment and induction procedures in place to ensure suitable staff were employed and were supported to provide safe and effective care. Staff were aware of infection control procedures to reduce the risk of cross infection.

Consent was obtained, and people were supported to make decisions about their day to day living in the least restrictive way possible. People were involved in their care. Care plans were in place and regularly reviewed to ensure they were up to date.

People were supported to engaged in things they enjoyed doing for fun and to maintain their interests.

End of life plans were in place and the management team were engaged in local initiatives to further develop end of life care planning. The management team kept up to date with best practice and shared these with staff to ensure they had up to date knowledge.

People and relatives felt they could raise any concerns they had and believed they would be listened.

Quality assurance checks were in place and continual improvement was sought by the management team. The registered manager wished to develop staff further including having staff champions.

Rating at last inspection: At the last inspection, on 25 April and 03 May 2018, the service was rated Requires Improvement (report published 07 June 2018).

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Future inspections will be planned for future dates.

We found the service met the requirements for 'Good' in four areas and 'Requires Improvement' in one area. The overall rating was 'Good'.

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

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

Details are in our Safe findings below.

Requires Improvement ●

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 ●

The Weir Nursing Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection was carried out by one inspector over a period of two days.

Service and service type: The Weir Nursing Home is a care home. People in care homes receive accommodation and nursing or personal care. 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. 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: The inspection was unannounced and took place on 30 May and 05 June 2019.

What we did: Before this inspection we looked at the information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority who work with the service. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

Since our last inspection, the provider completed a Provider Information Return (PIR). This is a form that asks providers to give some key information about the service, what the service does well and improvements they plan to make. We took this information into account during the planning of our inspection of the service.

During this inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with six people who lived at the home and two relatives at the home. We spoke with four relatives on the telephone. We looked at four people's care records as well as

people's medicine records.

We spoke with the registered manager, the registered provider and the clinical lead. In addition, we spoke with four members of the care staff and one activity coordinator. We spoke with a visiting medical practitioner while at the home and a training provider on the telephone.

We looked at records relating to the management of the home. These included systems for managing incidents, complaints and the checks and quality audits carried out.

Following the inspection, the registered manager sent us some information we requested within one day of us completing the visit.

Is the service safe?

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed. Regulations were met.

At our last inspection on 25 April and 03 May 2018, we rated this key question as 'Requires improvement'. This was because we identified concerns in relation to safe medicine management. At this inspection we found the provider had made improvement however further improvement was needed and immediately introduced. The rating remains, 'Requires improvement.'

Using medicines safely:

- We saw improvements had taken place in relation to the safe administration of medicines since our previous inspection however, further improvement was needed to ensure the medicine management was strengthened. We saw gaps on medicine records. We also identified errors in relation to counts of medicines held and medicines carried forward from one month to the next. This meant it was not always possible to check the number of medicines held was correct.
- Some people required a medicine through a weekly patch. The records of one person showed the day when this was replaced had changed as the original scheduled day was missed. Neither the registered manager or clinical lead were aware that the day had changed as a result..
- Following the first day of our inspection an analysis to address the shortfalls identified had taken place. An action plan and new systems were seen to have been introduced. These systems will be reviewed as part of a future inspection to ensure sustained improvement has taken place.
- People told us they received their medicines as prescribed. One person described the nurses as, "Very efficient" when administering their medicines.
- Handwritten medicine records were signed by two members of staff to reduce the risk of transcribing errors.
- Reviews of medicines prescribed to people took place to ensure they were still appropriate.

Assessing risk, safety monitoring and management:

- Regularly checks of fire safety equipment took place. We noted the testing of the fire alarm was not carried out in sequential order to ensure all the break glasses worked correctly. As a result, one break glass had not been checked in house since 2016. The registered manager assured us it formed part of the annual testing by contractors however they undertook to ensure a system of sequential checks was introduced.
- An emergency grab bag was in place containing items such as a torch and first aid kit. Evacuation sheets for use in the event of an emergency were in place as were plans in the event of a full evacuation from the building and the need to relocate to a place of safe keeping.
- The registered manager assured us they had acted following fire safety matters identified by Hereford and Worcester Fire and Rescue service. In between the two inspection dates a planned staged evacuation involving staff members, as people who used the service, and the fire service had taken place. The registered manager believed this exercise had been of benefit to all concerned and provided some action points for the

future such as the planned deployment of an external door as an additional fire escape.

- Risks associated with people's care needs were assessed and regularly reviewed to ensure they were accurate and up to date. These covered areas such as pressure care, skin integrity, nutrition and falls. These risk assessments were in place to identify risks and keep people safe.
- Staff were aware of people's care needs and how to keep people safe. They told us this was achieved by attending handovers and from information supplied by the management team.
- The registered manager told us they were aware of potential hazards outside of the home such as a nearby river and busy road. They took these factors into account when assessing people prior to providing care and support.
- We saw staff using items of equipment such as wheelchairs and hoists to assist in the care and support of people. Staff were seen to use these items safely such as ensuring wheelchair footrests in place. When using the hoist staff used people's own individual sling. Staff were heard to reassure people when using the hoist, so people felt safe and comfortable.
- Hoisting equipment was regularly serviced to ensure it was safe to use. People at risk of developing sore skin had equipment such as special cushions and mattresses in place. The registered manager told us the mattresses used were adjusted to the weight of the individual to ensure they provided the maximum benefit.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe living at the home. One person told us, "I feel perfectly safe here. I think we are very well looked after."
- Staff had received training, so they could recognise signs of potential abuse. One member of staff told us they had, "No issues or concerns" relating to people's care and support. Staff told us they would report any allegations or suspicions regarding abuse to the management. They told us they were confident action would be taken but they would contact the Care Quality Commission [CQC] if needed.
- One relative told us their family member was, "Settled" at the home and they were, "Very pleased" with the care they received. A further relative told us they did not have to worry about their family member because they believed the person to be, "Safe and well looked after."

Staffing and recruitment:

- People told us staff responded promptly in the event of them using their call bell. We saw people in their bedrooms had their call bells close at hand in the event of them needing to call for support from a member of staff. People were aware of an emergency button which could be used and how fast staff responded if this was used either on purpose or by mistake.
- People told us they liked the staff. One person described the staff as, "Fun" and, "Very efficient" adding, "They (staff members) are all kind and caring. They talk to me about their family and I can tell them about mine."
- One relative told us they were, "Impressed with the staff" and added they (staff members) worked, "Very well together." A further relative told us their family member was regularly checked by staff who knew the person well. They also told us they felt the person was safe as a result of these checks.
- Staff confirmed there was a consistent number of staff on duty. Staff also confirmed additional staff would be on duty, such as at night, if needed for example if someone was unwell and in need of additional care and support.
- We were told agency staff were not used. Permanent staff covered any gaps in the rota such as in the event of staff sickness or during annual leave to ensure continuity of care.
- A training consultant told us they "Couldn't fault" the staff and described both the nursing and care staff as, "Dedicated" and, "Supportive of each other."
- The provider was seen to have systems in place including a check list to ensure safe recruitment was

undertaken. Staff confirmed they had attended an interview before obtaining employment at the home and that checks including one to the Disclosure and Barring Scheme (DBS) had taken place. The check list was signed off by the registered manager once all checks had taken place prior to a new employee starting work.

Preventing and controlling infection:

- People told us they were happy with the cleanliness of the home. One person described the housekeeping staff as, "Excellent." Communal toilets and bathrooms were found to be clean.
- Staff had access to personal protective equipment such as gloves and aprons. People confirmed staff used these while carrying out personal care. One person told us staff would change their gloves if doing more than one thing such as assisting with washing and dressing and then applying a cream.
- Staff were seen to have antibacterial hand gel available. Visitors were encouraged to use a hand wash on entering the building.
- As part of the introduction of champions amongst the staff team was an infection control champion to provide additional guidance to members of staff.

Learning lessons when things go wrong:

- The clinical lead reviewed accidents to see whether any further action could be taken and to identify any emerging themes. As a result, changes to people's care had been introduced such as the introduction of equipment or changes to furniture used.
- The registered manager told us they reflected on incidents or any shortfalls to make improvements. These were discussed at regular weekly meetings with the provider.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection on 25 April and 03 May 2018, we rated this key question as 'Requires improvement'. This was because the language and terminology used within documentation was not always in keeping with the Mental Capacity Act (MCA). During this inspection we found the registered manager had made improvement. This question is now rated as, 'Good.'

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The registered manager was aware of the requirement to notify the Care Quality Commission following the approval of DoLS applications. Since the previous inspection the registered manager had sent us notifications of approved applications as well as reviews and further approvals.
- Where conditions were in place within an approved DoLS these were known to the registered manager and clinical lead. Records were in place to evidence the actions taken by staff to meet these conditions. These were not however always fully completed. The registered manager undertook to ensure these records were kept up to date.
- Capacity assessments were in place regarding specific decisions. Where necessary best interests decisions were completed. These had involved others such as people's Power of Attorney or healthcare professional.
- Staff understood the need to consult with people and respect their day to day decisions.

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

- Relatives confirmed their family members care needs were assessed by the clinical lead before they moved into the home to ensure needs could be met.
- People's needs were kept under review using recognised tools such as The Waterlow Pressure Sore Risk Assessment tool. Any changes to people's care and support needs were recorded.

- Records were held in each person's bedrooms showing the care provided by staff. These included people's skin care such as repositioning records as well as their food and fluid intake. These records were complimented by more detailed written records.
- Information and guidance was available for staff members to refer to. We saw guidance sheets within people's care records such as falls prevention, skin condition and constipation. These guidelines gave instructions as to when medical assistance needed to be sought. Further information was available to staff within the staff room and the nursing office. Monthly topics were covered by the management for staff attention. These covered areas such as oral care and pneumonia.

Staff support: induction, training, skills and experience:

- Relatives told us they believed the staff team to be trained and have the skills to care for their family member effectively. One relative told us staff received, "Endless training." They told us they regularly saw staff engaged in training sessions when they visited their family member.
- Staff were complimentary about the training and support they received. One staff member told us they found the training to be, "Really good" and, "Informative." Another staff member told us they had learnt how to keep people who had diabetes safe. Staff received regular one to one support from a manager.
- A training consultant we spoke with was complimentary about the staff and their willingness to learn and develop their knowledge and skills. The trainer described the staff team as, "Keen to learn" and believed staff to be, "In tune" with the needs of people they were caring for. They told us of plans for future training including further sexual orientation awareness.
- Staff received induction training with experienced members of staff before they provided care to people on their own. One member of staff told us they had spent a week on each floor as part of their induction. New staff completed the care certificate and the registered manager told us they go through this with staff. The care certificate is a set of minimum standards that should be covered in the induction of new staff.
- Certificates of staff achievements in training were displayed in the entrance hall of the home.

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

- People and their relatives spoke positively about the food provided. One person told us, "The meals are good." Another person described the food as, "Plentiful and nutritious. The cook is very good. If you make a suggestion (about the food available) they do their best."

A relative described the food provided as, "Very good" and told us the portions were, "More than you would get in a restaurant." A member of staff described the food as, "Excellent" and told us if people did not like the food on the menu they would be offered an alternative such as an omelette, soup or a sandwich.

- Staff members were aware of people who needed to have a thickener in their drinks to ensure they were able to swallow these to reduce the risk of choking. Meals which were softened or liquidised were provided where needed.
- Staff were seen offering people a choice of either homemade cake or biscuits with their afternoon drink.
- Staff monitored the amount people ate and drank, any concerns were brought to the attention of the nurse on duty.

Staff working with other agencies to provide consistent, effective, timely care:

- The registered manager and the staff team worked with other agencies and healthcare professionals such as doctors, nurse specialists and social workers to ensure people received joined up care.

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

- People's bedrooms were personalised and contained furniture and belongings which were important to the individual. People told us they liked their bedrooms especially the views over the gardens and the river. People were able to engage in what they liked doing while in the room such as listening to music.

- The design of the home enabled people to spend time in communal areas of different sizes. Space was available for people to spend time together and to see visitors as well as engage in hobbies and activities.
- We saw ramps were in place to enable people with reduced mobility to access the gardens and grounds.
- A relative told us they were happy with how nice the home environment looked.
- Ongoing maintenance was in place including decorating part of a communal corridor. The registered manager told us of their plans to adapt a bathroom into a wet room as they believed this would support people's needs better.

Supporting people to live healthier lives, access healthcare services and support:

- People told us a doctor visited the home on a weekly basis or more frequently if needed. One person told us, "I can have a doctor on request if I need it." Another person told us staff escorted them to hospital appointments adding, "I wouldn't want to go on my own anymore."
- Relatives were aware of the arrangements regarding a doctor visiting the home. One relative told us their family member was taken off a medicine as it was believed they no longer needed to take it due to an improvement in their wellbeing. A further relative told us special advice was sought for their family member regarding their ability to swallow and as a result they were now eating better than previously.
- A healthcare professional told us they believed the arrangements worked well. We were told staff acted on medical advice such as arranging for blood tests to be done and following up on any appointments.
- A written comment from a professional stated, 'Residents are well cared for'.

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

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:

- People were seen to be comfortable and relaxed in the company of staff members. We saw people smiling and engaging in friendly banter with staff. Staff were seen sitting next to people or kneeling down to ensure they were able to maintain eye contact with people when communicating or assisting people with food and drink.
- People were complimentary about the care and support they received and about the staff who provided this. One person described the nurses as, "Excellent" and the care staff as, "Very good." Another person told us, "The staff are very good." A further person told us, "We get all the attention we need, when we need it." The same person added, "All the staff are friendly. We haven't found anyone who is not friendly."
- A relative told us they were, "Very pleased with the care and attention" their family member had received. They told us they would know from their family members body language if they were not happy living at the home.
- Staff spoke positively about the standard of care provided by their colleagues. One member of staff told us, "People are in good hands" and, "We put a lot of heart into the care." Another member of staff described the care provided as, "Fabulous."
- People were seen to be well dressed and had aids such as glasses available to them. A hearing aid for one person was to be sent for repair. Their care plan showed the importance of using this item of equipment therefore it was known this needed repairing without undue delay.
- The registered manager told us of the desire to develop the champion roles amongst staff members in the foreseeable future. This is to bring about further expertise in areas and develop staff understanding and practice.

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

- People told us they were able to make a choice about their daily living such as when they wanted to go to bed and get up and where they spent their time. People told us they could remain within their bedrooms or go to the communal area.
- People's views were sought through a questionnaire. The registered manager had analysed the results of these which were found to be positive.
- People and relatives were pleased with how staff treated visitors to the home. People told us their visitors were offered a drink. One relative told us staff knew their name and had shown them where they could make them self a drink.
- Staff spoke about having respect for people and enabling people to be involved in their care.

Respecting and promoting people's privacy, dignity and independence:

- One person confirmed staff would use a curtain within their room when privacy was needed to prevent

other people seeing them. The same person described the staff as, "Respectful" and told us their family had wanted a place with dignity. They told us, "Which is what we have". Another person told us, "Staff knock the door before coming in" and added they had never had any concerns about staff maintaining their privacy and dignity.

- Staff were heard to speak with people in a respectful way. We heard friendly and appropriate banter between people who used the service and staff members.
- We saw staff knocked on people's bedroom doors before entering. People confirmed this to be usual practice.
- Equipment such as specially designed items to enable people to remain independent with eating their meals was provided.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People and their relatives told us about personalised care which was responsive to people's needs. Staff were confident they were able to provide this and were able to spend time with people. A relative told us the introduction of an additional member of staff at tea-time had assisted people who required care and support at this time. We brought to the attention of the registered manager an observation about the time spent by people in the dining room awaiting their lunch.
- People were aware of their care plan and other records associated with their care. One person told us, "The care plan is on my bed. Staff record liquid intake and how we are eating and sleeping." Care plans were kept under review and were regularly up dated to reflect people's changing needs
- A relative told us they were, "Impressed with the progress" their family member had made and told us this was, "Down to the staff."
- Staff told us they became aware of people's changing care needs because of attending a handover at the start of each shift.
- People told us of enjoyable things arranged for them to do or ways in which they could spend their time. One person told us they enjoyed going outside in the warm weather. We saw people taking advantage of the nice weather sitting outside the front door together. People told us they enjoyed the entertainment provided such as the participation in singing. A programme of activities was displayed and made available to people. One relative told us about trips out as well as people having entertainment and exercises. The activities coordinator told us, "We do a lot of things with people – this is their home."
- The registered manager was aware of the Accessible Information Standards. These aim to make sure people who have a disability, impairment or sensory loss get information they can access and understand. People were seen watching a television broadcast marking D Day. A texting service was in use for people to read as well as hear the programme. The registered manager and clinical lead told us of other strategies used for example large print documents, large buttons on telephones and the possibility of using cards to communicate with people.

Improving care quality in response to complaints or concerns:

- The provider had a complaints procedure. This was displayed in the reception area and made available to each person living at the home within their bedroom.
- One person told us they would complain to the clinical manager or one of the nurses if they needed to do so. They confirmed they were confident they would be listened to adding, "I have no complaints." Another person told us, "I have no concerns about the staff."
- A relative told us they were confident they could raise any concerns they had regarding the care of their family member.
- Since our last inspection the provider had received one complaint. We saw this was investigated and resolved by the provider.

End of life care and support:

- We saw the care plan of one person who had received end of life care at the home. The plan showed evidence of the person's own wishes as well as guidelines for staff members. We saw medicines were in place to be administered to ensure the person remained pain free. A close relative told us their loved one was made, "Comfortable" by staff members and told us they (staff members) were, "All very kind."
- We saw a written compliment from a family member of a person who had received end of life care. The relative described the care their family member had received as, "Excellent."
- The registered manager and clinical lead were well informed regarding initiatives within Herefordshire to introduce new methods of recording people's end of life wishes and care plan.
- Links were in place with a local hospice to provide additional guidance and training.
- The registered manager told us they hoped to gain the Gold Standard Framework for end of life care.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection on 25 April and 03 May 2018, we rated this key question as 'Requires improvement'. This was because medication audits had not always identified all the shortfalls noted as part of the inspection. In addition, the provider had not always notified the Care Quality Commission [CQC] of certain events as required by law. Improvements had taken place and the rating is now 'Good'.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- A relative described the management as, "Approachable" and told us they knew people living at the home well.
- People were seen to respond well to the registered manager. We saw people who used the service to smile, wave at and engage in conversation with them.
- Staff told us they worked as a team and had a desire along with the management team to provide safe and effective care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:

- People spoke highly of the clinical manager as well as the care manager (registered manager) who one person described as, "Friendly."
- The registered manager told us they were planning on retiring in the foreseeable future. A new manager was about to commence their employment. It was envisaged this person would work alongside the registered manager.
- Quality monitoring checks were in place. These covered areas such as rights and choices as well as health and safety. We saw a check evidenced the testing of portable electrical appliances had taken place.
- The registered manager was keen to make continual improvements at the home. The provider was present within the home and available to people, their relatives as well as staff and the registered manager.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- A relative told us they felt able to speak with the management team and felt listened to due to the management having an open-door policy.
- Staff were able to communicate with people via telephones carried around with them. These meant staff were able to speak with each other during their shift if assistance or guidance was required.
- Staff meetings took place during which members of the team were able to discuss the service provided and how further improvements and developments could be made.

Continuous learning and improving care:

- The registered manager and clinical lead kept up to date with best practice guidelines. For example, recent changes in the classification of thickened fluids and ensuring people were not at risk of choking. In addition they were aware of recent changes to certain medicines now needing additional storage and recording arrangements.
- Staff told us they felt well supported and enjoyed working for the provider. One staff member told us, " It's fantastic. I love it."

Working in partnership with others:

- A relative described the communication between the management, staff and the family to be good. They told us they received emails about events at the home as well as other information they may need to be aware of. They told us they felt, "Fully supported. They [staff team] know us and we know them. They felt what was important was they family member was, "Looked after well and had their needs met."