

Cornwallis Care Services Ltd

# Frances Bolitho Care Home

## Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Frances Bolitho Care Home is a residential care home providing personal and nursing care to up to 12 people. The service provides support to older people and people with physical disabilities. At the time of our inspection there were ten people using the service.

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

Frances Bolitho Care Home was registered with the CQC on 29 June 2021 using a temporary building, whilst a permanent larger building was being constructed on the same site. The completion of this permanent building was in progress but had been delayed.

Originally the service was fully commissioned as Discharge to Assess (D2A) beds by the NHS. This meant people came to stay for short periods for rehabilitation following a stay in hospital, with the intention of returning home or elsewhere. The D2A contract ended in March 2022. The service now supported some permanent residents, some people staying for respite and a few people remaining from the D2A process who continued to receive therapy support.

Storage was a challenge at the service. One communal bathroom was unusable as it was stacked full of equipment, much of which was not being used. For example, many walking frames and perching stools, along with raised toilet seats and other rehabilitation aids. Boxes of dressings and oxygen masks were found in corridors. The residents dining room held boxes of COVID-19 tests and Personal Protective Equipment (PPE). The clinical lead explained, "There is no other place for them to be stored." We have made a recommendation about this in the effective section of this report.

Unsecured confidential information and an unlocked key cabinet were found in the manager's office. This room was open and unattended throughout the inspection. This meant there was a risk confidential information and keys to various places in the service were accessible to people without the appropriate authority.

The communal shower room held many unnamed toiletries and multiple unopened packs of bars of soap, one opened bar was found in use on the sink. The service was in a COVID-19 outbreak and the use of communal toiletries and soap bars increased the risk of cross infection. The clinical lead arranged for these to be disposed of immediately.

A recent COVID-19 outbreak had meant several care and ancillary staff were off sick at the time of this inspection. There were no domestic staff on duty on the day of our inspection. We were told the day and night care staff were carrying out cleaning and laundry tasks in their absence. However, there was no cleaning schedule available for care staff to complete, to record when high touch point areas and key areas such as bathrooms and toilets, had been cleaned to help reduce the risk of spread of COVID-19. This was immediately addressed during the inspection.

Records relating to the induction of new staff were not available. We have made a recommendation about this in the effective section of this report.

People were supported by staff who had been appropriately trained and were skilled in their role. Staff had received regular supervision and were provided with appraisals, although the clinical lead did not hold an effective overview of this.

Mental capacity assessments had been carried out where it was indicated as necessary. Deprivation of Liberty Safeguards (DoLS) authorisations had been applied for appropriately. No authorisations for restrictive care plans, were in place at the time of this inspection.

Recruitment procedures were robust. There were sufficient staff on shift to support people at the time of this inspection. Several staff had been off sick with COVID-19 in recent weeks. The service was using agency staff and were being supported by the local authority. However, the rotas showed not all shifts had been covered by the planned number of staff. This had not impacted on people's care.

Care plans were completed for each person and contained details of the person's needs and preferences. Care plans had been regularly reviewed and updated. Risks were identified, assessed, recorded and reviewed regularly.

People's care and support needs were assessed before they started using the service. People received support to maintain good health and were supported to maintain a balanced diet. Some people were having their food and drink intake recorded and were regularly weighed.

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.

People told us they felt safe with staff. There were systems to help protect people from abuse. Staff had received training on how to recognise abuse.

Staff understood the importance of respecting people's diverse needs and promoting independence.

People told us they liked living at Frances Bolitho and that the staff were caring and responded when they called. People commented, "I like it here, nice food, and I don't think of the carers as staff they are more like friends" and "Carers are great, food is great, no concerns. I see my GP and my social worker. I just want to get home to live by myself again soon."

Staff were positive about working at Frances Bolitho. Comments included, "(Clinical lead) is so very caring and kind, they are very supportive" and "I am really enjoying this role and the staff have all been welcoming, as have the residents. Lovely clean environment that has a very homely feel."

People and staff were asked for their views by the provider through a survey, responses had been audited and acted upon. Staff meetings had been held to seek the views of staff and share information.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This service was registered with the Care Quality Commission on 29 June 2021 and this was the first inspection.

#### Why we inspected

This inspection was prompted by a review of the information we held about this service.

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 COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below

Good ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Frances Bolitho Care Home

## Detailed findings

### Background to this inspection

#### Inspection team

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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Frances Bolitho is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post. However, they had not visited the service since May 2022. The registered manager was also registered at another service within the Cornwallis Care Group.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection, we reviewed information we held about the service and the provider which included any statutory notifications sent to the CQC. A notification is information about important events which the service is required to send us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the

service, what the service does well and improvements they plan to make.

We used all of this information to plan our inspection.

During the inspection

During the inspection we reviewed two people's care plans and risk assessments. We looked at two staff files in relation to recruitment. We reviewed staff training and supervision. We also reviewed other records relating to the management of the service, including medicine records, complaints and compliments received. We spoke with five staff including the clinical lead and the registered manager. We spoke with three people at the service.

We spoke on the phone with one relative of a person who was living at Frances Bolitho, about their experience of the care provided. We received feedback from two new staff and two healthcare professionals on email.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had effective systems in place to protect people from abuse.
- People told us they felt safe. Staff, healthcare professionals and a regular visitor were confident people were safe at the service.
- Staff received training and staff understood to report any concerns they had to the management team.
- The clinical lead was fully aware of their responsibilities to raise safeguarding concerns with the local authority to protect people.

Assessing risk, safety monitoring and management

- Some people required specific equipment to protect their skin from pressure damage. Pressure relieving mattresses were in place for people who had been assessed as needing them. These were set correctly. However, whilst there was a prompt in the care plan to check these settings daily, there was no system in place for staff to record this check when done. We were assured that a record would be put in place immediately for staff to complete daily.
- Risks associated with people's care needs were identified, assessed and recorded. Risk assessments were regularly reviewed.
- Experienced staff had a good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- When people were distressed they sometimes expressed themselves in a way which could put them or others at risk. Staff had clear guidance on how to support people at these times.
- The environment was well maintained. Equipment and utilities were checked to ensure they were safe to use and remained in good working order.
- Emergency plans were in place outlining the support people would need to evacuate the building in an emergency. Fire safety procedures and appropriate checks and training for staff were in place.

Using medicines safely

- There were planned audits in place to effectively monitor all aspects of medicines management. Any issues identified were actioned effectively.
- The service was using electronic medicines administration records. Prescribed creams were also recorded on to this system when applied by staff.
- Staff had received training in medicines administration. Nurses regularly audited medicines than needed stricter controls.
- Some medicines required cold storage. The medicines refrigerator was regularly checked to ensure the

temperature was correctly set to ensure medicines were safely stored.

- Some people required to have their medicines given covertly in food or drink. This had been appropriately discussed and agreed with the GP and the pharmacist. Records provided good direction and guidance for staff on how to administer these covert medicines safely.
- Where people had been prescribed medicines to be taken as required (PRN), there were clear protocols in place to guide staff when to administer and what to record.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. The service was in a COVID-19 outbreak with two people at the service remaining positive for the virus. There had been a cleaner in on the days prior to our inspection. However, the shift cleaner was off sick on the day of our inspection. We were told the day and night care staff were carrying out the cleaning and laundry tasks. However, there was no cleaning schedule in place for staff to complete to assure us that high touch points and communally used areas such as bathrooms and toilets were being regularly cleaned to reduce the risks of cross infection. We were assured this would be put in place immediately.
- We were somewhat assured that the provider was preventing visitors from catching and spreading infections. The communal shower room held many unnamed toiletries and unopened packs of bars of soap, one of which was found in use on the sink. The service was in COVID-19 outbreak and the use of communal toiletries and soap bars increases the risk of cross infection. The clinical lead arranged for these to be disposed of immediately.
- 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 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.

The provider was facilitating visits for people living in the home in accordance with the current guidance. Although at the time of this inspection no visitors were entering the service due to the COVID-19 outbreak.

We have also signposted the provider to resources to develop their approach.

### Staffing and recruitment

- There were sufficient numbers of staff on duty on the day of our inspection to meet people's assessed needs. However, several care staff were off sick due to testing positive for COVID-19. Agency staff were being used but not all shifts were able to be covered as planned. Some shifts had been carried out by one less carer than planned. People told us their needs were met and staff confirmed this. Comments included, "When I ring they come."
- Staff said they worked additional hours, so people were supported by staff they knew and trusted.
- Recruitment practices were thorough and included pre-employment checks from the Disclosure and Barring Service before new staff started work. However, there were no records of new staff having completed an induction when starting to work at Frances Bolitho. We have covered this further in the effective section of this report.

### Learning lessons when things go wrong

- There were processes in place to ensure that accidents and incidents were recorded, actioned, and analysed to help reduce any re-occurrence.

- The clinical lead told us they would be aware of any past complaints or concerns raised. No concerns had been received.

# 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.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

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

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Some people had appointed Lasting Power of Attorneys (LPA). However, details and copies of who held these legal powers were not held at the service in care plans. This meant there was a risk a person may be asked to act on another person's behalf when they may not have the legal powers to do so.

We recommend the service take advice and guidance from the MCA code of practice to ensure they are adhering to his legislation.

- Where appropriate people who required specific restrictions, to keep them safe, had applications made to the local authority for these restrictions to be authorised. No authorisations were in place at the time of this inspection.
- People were involved in decisions about their care and treatment and staff supported them to have maximum control of their lives. Where appropriate capacity assessments and best interest meetings had been carried out. One person told us, "I can go where I like. The carers are great, no concerns, I just want to get home to live by myself again soon."
- People told us staff consulted them and asked for their consent before providing care and support. One care plan stated, "Explain slowly, gently and clearly what action you are wishing to undertake with (Person's name) and give them time to process this before starting the action".

- Staff received training in the MCA and during the inspection we heard people being asked for their consent to being supported.

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

- Storage was a challenge at the service. There was very little storage space. One bathroom was unusable as it was completely full of equipment, much of which was not being used. For example, many walking frames and perching stools, along with raised toilet seats and other rehabilitation aids. Boxes of dressings and oxygen masks were found in corridors. The residents dining room held boxes of COVID-19 tests and Personal Protective Equipment (PPE). The clinical lead explained "There is no other place for them to be stored." This detracted from the dining experience. We were told very few people used the dining room as they chose to eat in their rooms.

We recommend the provider considers the impact of providing a supportive and appealing environment on people's emotional well-being.

- Frances Bolitho Care Home was registered with CQC using a temporary building, whilst a permanent larger building was being constructed on the same site. The completion of this permanent building had been delayed. There was construction noise and dust which, due to the hot weather and having all windows and doors open, was affecting the environment in the home including people's bedrooms.
- People's needs were assessed before people moved into Frances Bolitho, to ensure their needs could be met by the service.
- The assessment also considered people's protected characteristics as part of the Equalities Act 2010, including any disabilities.
- The grounds offered pleasant secure outside space which had outside seating. We were told people enjoyed watching the children play in the nursery school next door.

#### Staff support: induction, training, skills and experience

- New staff were supported to complete induction training. New staff shadowed experienced staff until they felt confident and their competence was assessed before they started to provide support independently. Two new staff told us, "I was shown around by two experienced carers and the nurse. They walked me through the building and talked me through fire procedures etc. Nothing was recorded on paper as far as I'm aware. I also did eleven courses prior to starting work" and "I don't think it (induction) was formal or recorded as such." The provider assured us this would be addressed immediately.
- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
- Staff were provided with opportunities to discuss their individual work and development needs. Staff had one to one meetings with the clinical lead to enable them to raise any issues and share ideas. Staff told us they were well supported by the clinical lead.
- Staff told us about the updated and recent training they had completed. There was a system in place to monitor training.

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

- The service had ready-made frozen meal options delivered, which offered a wide range of choice for people at mealtimes. The kitchen staff were fully aware of all people's dietary needs and preferences. Sandwiches, cakes and cooked breakfasts were prepared from scratch at the service.
- People were supported with their dietary needs where this was part of their plan of care.
- People's preferences and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well.

- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People had their weight regularly monitored and appropriate action was taken to access advice and guidance where concerns were identified.

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

- When the service opened in June 2021 it was being fully commissioned as Discharge to Assess (D2A) beds by the NHS. This meant people came to stay for short periods, for rehabilitation following their discharge from hospital, with the intention of returning home or moving elsewhere. The D2A contract ended in March 2022. The service now supported some permanent residents, some people staying for respite and a few people remaining from the D2A process who continued to receive therapy support.
- The service worked with the local authority and the NHS when offering vacant rooms to people.
- Staff ensured people's health care needs were being met and if they had any concerns regarding a person's health then this was communicated with the relevant professional.

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

- People's preferences, likes, dislikes, and dietary requirements were recorded in their care plan. Experienced staff knew people's needs well.
- Staff monitored people if their needs changed and healthcare professionals were contacted where appropriate. Two people were under medical review at the time of this inspection and regular contact with their GP was taking place.
- There were records which evidenced people were seen by external healthcare professionals when required.

# 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.

This is the first inspection of this newly registered service. At this inspection we have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People, healthcare professionals and a relative all told us staff were friendly, polite and respectful. People were treated with kindness and compassion and their privacy and dignity were promoted. Staff respected people's equality and diversity.
- Where people were unable to express their needs and choices, care plans detailed their ways of communicating. One person was non-verbal and the care plan guided staff on how to look for physical cues and behaviours to help them understand what the person required.
- Experienced staff knew people well and had established positive and caring relationships with the people they supported which helped them to deliver good, person-centred care that met people's needs.

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

- People were supported to express their views and be actively involved in making decisions about their care and support.
- People were able to choose how they spent their time. Most people chose to spend time in their own rooms. We were told the communal areas were not used very much as people often spent a short period of time at the service before returning home or moving elsewhere.
- The provider carried out regular reviews of people's views and experiences and audited the responses.
- Care plans were regularly reviewed.
- Staff meetings had been held in January and May 2022. Staff were happy working at the service and positive about the clinical lead.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity, and their privacy was respected.
- People told us that staff promoted their independence and respected their right to make choices for themselves. We heard staff throughout the inspection offer support and their time to people, asking if there was anything they wanted or needed.

# Is the service responsive?

## Our findings

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

This is the first inspection of this newly registered service. The rating for this key question is good.

This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to complain if they needed to. Information on how to make a complaint was posted in the service.
- No complaints and concerns had been received by the service. Many compliments had been received from grateful people and families. Comments included, "It is a source of great comfort to know that she was treated so well before she passed away" and "Thank you so much for the lovely care you gave me while I was with you."

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

- People were supported to maintain relationships that were important to them. When visitors arrived they were made welcome at the service and were supported by staff to go through procedures to ensure visiting was safe during the COVID-19 pandemic. The service was closed to visitors at the time of this inspection.
- People had opportunities to take part in some activities. One activity coordinator was employed but was off sick with COVID-19 at the time of this inspection.

Planning personalised care

- People's electronic care plans included information about their needs, routines and preferences.
- Care plans were reviewed and updated regularly with the involvement of the person and their relative if appropriate. This meant staff had information which reflected people's current needs.
- There was good communication within the staff team and staff shared information appropriately, about people's needs, at shift handovers.
- The shift handover sheet contained information for staff. For example, if they had fallen recently, their weight, and their ability to manage tasks for themselves.
- People and a relative told us staff supported people's needs well.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care plans included their communication needs and how best to achieve effective communication. Some care plans clearly recorded if the person wore glasses or hearing aids.

#### End of life care and support

- The service provided end of life care to people, supporting them at the end of their life while comforting family members and friends.
- During the COVID-19 pandemic, relatives were supported to safely visit people where they were receiving end of life care.
- Care plans identified people's preferences at the end of their life and the service co-ordinated palliative care with other professionals.
- As people neared the end of their life the service sought support from GPs to discuss any relevant care and medicines for pain relief.

# 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.

This is the first inspection of this newly registered service. The rating for this key question is requires improvement.

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.

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

- The service had a manager registered with the CQC. However, they had not been present in the service since May 2022. The registered manager was also registered at another service within the Cornwallis Care Group. The clinical lead was running the Frances Bolitho, with regular telephone support provided by the registered manager when required. The clinical lead told us, "It has been challenging. Just one bit of me is the nurse providing all the nursing care to people, the rest is an administrator, dealing with everything else. It is tough."
- The registered manager told us, "This service is two hours drive from the other service I manage. I have concentrated on the larger of the two services. I do not know a lot about what is going on here to be honest. (Clinical lead's name) rings me if she needs anything."
- Staff did receive training and supervision. However, the clinical lead did not have an effective overview of staff training, supervision or DoLS applications to help ensure robust oversight. The registered manager collated this information and provided it to us following the inspection visit.
- The clinical lead had notified CQC of any deaths as required. However, they were not aware of the need to notify CQC of safeguarding concerns or DoLS authorisations. We advised the registered manager of the need for them to be present in the service regularly with the clinical lead in order to be meeting all regulatory requirements.

While we did not see any evidence of impact on the quality of people's care or their experience of living at Frances Bolitho we were concerned the clinical lead needed to be proactive when seeking support and may not always be aware if this was needed. Following the inspection, the provider assured us that there were existing processes in place to support the clinical lead which had not always been accessed. They will ensure the clinical lead is supported to access resources which exist in the organization.

We recommend the provider refers to guidance about the effective oversight and management for services.

- Audits and regular checks were completed by the clinical lead and uploaded to be accessible to the provider.

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

outcomes for people

- People, healthcare professionals and a relative were complimentary about the service received at Frances Bolitho.
- The culture of the service was open and transparent.
- The clinical lead was very committed to providing the best care to people.

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 clinical lead understood the duty of candour requirements and ensured information was shared with the relevant people when concerns were identified.
- Where some issues were identified during the inspection, they were immediately addressed. This showed the clinical lead was open to a concern being raised and took timely action.

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

- People and staff had been asked for their views on the service. Feedback was positive.
- We spoke with people and their relatives, comments included, "The place is really good. It is clean. The staff are great. I am very happy with everything. (Clinical lead's name) always keeps me informed of any changes or concerns."
- Staff told us that they felt valued and supported by the clinical lead. They told us they enjoyed working at the service. Comments included, "(Clinical lead) is so very caring and kind, they are very supportive" and "I am really enjoying this role and the staff have all been welcoming, as have the residents. Lovely clean environment that has a very homely feel."

Working in partnership with others

- The service had established good working relationships with professionals including health and social care professionals and commissioners of care to ensure good outcomes for people.
- Feedback from healthcare professionals was positive. Comments included, "I have found (Clinical lead's name) and her team to be very caring and showing appropriate concern for the clients at Frances Bolitho. I have never had any care concerns and on the rare occasion that there has been a medication error (never serious) they have always emailed me to inform me. An excellent home with excellent staff" and "I have always found them very knowledgeable and professional"