Roseberry Care Centres Wakefield Limited

Brantwood Hall 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?	Good

Summary of findings

Overall summary

The inspection of Brantwood Hall Care Home took place on 9 July 2018 and was unannounced. The home was previously inspected in April 2017 and was rated requires improvement with three breaches of the Health and Social Care Act 2008 regulations.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve the key questions safe, effective, responsive and well led, to at least good. During this inspection we found evidence of significant and sustained improvement resulting in better care for people living at Brantwood Hall.

Brantwood Hall is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home accommodates 29 people in one adapted building. On the day of the inspection 26 people were living at Brantwood Hall.

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they 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.

People were safe and felt comfortable living at Brantwood Hall. Staff were confident in how to report any safeguarding concerns and were also keen to stress they had not had any such concerns recently.

Risks were managed in such a way as to be least restrictive and promote people's independence. Each risk was subject to a thorough analysis of how it affected the individual and then tailored risk reduction measures were put in place. We saw evidence of how these risks had been effectively diminished through a reduction in falls to people. Analysis of any incidents or accidents was equally person-focused, ensuring all relevant parties' views were considered.

Although we observed some pressure points in the day due to demands on staff, people's needs were met in a timely manner. People's level of dependency was accurately recorded and the registered manager assured us cover was available in the case of short notice absence.

Medication administration was safe although we recommended to the registered manager a review of the lunchtime medication as it was not appropriate for this to be given while people were eating. The home was clean and staff wore appropriate protective clothing when required.

The registered manager had a comprehensive knowledge of evidence-based guidance and showed this in practice as did the staff. They had a range of resources to use and ensured this was implemented in a number of ways in everyday care delivery such as the use of specific therapies to reduce the risk of falls. This

was also mirrored in the many and varied range of activities on offer for people to partake in which catered for differing needs and abilities, always promoting people making their own choices.

Staff had received an induction and regular supervision which looked at all aspects of care practice, and this was supported by training. This training was reflected in interactions we observed between staff and people in the home where staff were very respectful and attentive to people. Staff worked well as a team, supporting each other and ensuring people's needs were met effectively. People were treated with respect and their dignity was promoted.

There had been significant improvements to the environment since the last inspection and this reflected people's choice, including the newly opened 'Blue Rinse' hairdressing salon.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Care records were person-centred and ensured staff had clear direction to follow to meet these needs in people's preferred manner. Partnership working was evident in people's records showing external support was requested and responded to as needed.

The service had only received two complaints and these had been dealt with appropriately, with agreed outcomes.

The registered manager provided the home with clear direction and sound leadership, ensuring the vision of empowering people to make their own choices was embedded in the culture with both people living in the home and the staff who worked there. The quality assurance systems provided a suitable framework from which to judge performance and the subsequent analysis allowed for proper reflection and targeted improvement.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People felt safe and staff knew how to report any concerns. Risks were managed effectively to reduce the risk of harm and promote independence.

Staffing levels were appropriate and were regularly reviewed, and medication was administered safely.

There was evidence of lessons learned being at the heart of care practice.

Is the service effective?

Good

The service was effective.

The registered manager demonstrated best practice by their own conduct and also through the regular supervision and training staff received, which resulted in positive outcomes for people.

People were supported well with their nutrition and hydration needs. Staff worked well as a team, showing respect for each other and a sound knowledge of their role.

The internal and external environments had been improved since the last inspection and there was evidence people had helped with this process. People's consent was sought in line with the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring.

Staff displayed thoughtfulness and sensitivity in their support of people, showing discretion and empathy where needed. They were very alert to people's needs.

People were involved in all aspects of their care provision including reviewing their wishes after incidents such as falls.

People's privacy and dignity was always respected.

Is the service responsive?

Good

The service was responsive.

People received care in accordance with their wishes and records supported this person-centred approach.

Complaints were responded to in a timely and appropriate manner with full investigations where needed.

Is the service well-led?

Good

The service was well led.

The registered manager had transformed the home and developed a clear vision which was embedded in everyday practice. There was abundant evidence of people and staff being involved in the service.

The quality assurance systems were robust and showed effective analysis and oversight to promote change and improvement wherever possible.

Partnership working was evident in relation to external health and social care services alongside the local community.

Brantwood Hall Care 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 9 July 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

Before the inspection we requested a Provider Information Return (PIR) which was returned to us. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We checked information held by the local authority safeguarding and commissioning teams in addition to other partner agencies and intelligence received by the Care Quality Commission.

We spoke with six people using the service. In addition, we spoke with eight staff including four care assistants, the activity co-ordinator, the cook, the deputy manager and the registered manager. We also spoke with a visiting community nurse.

We looked at two care records including risk assessments in depth and sampled four other records, three staff files including all training records, minutes of resident and staff meetings, complaints, safeguarding records, accident logs, medicine administration records and quality assurance documentation.

Good

Is the service safe?

Our findings

At the previous inspection we found concerns with the management of risk as staff did not have sufficient guidelines to follow. During this inspection we found significant improvement had been made.

One person told us, "I feel safe and happy." Staff were able to explain what may constitute a safeguarding concern and what action they would take in the event of seeing something which concerned them. There had been no significant safeguarding concerns and those which had been logged had been dealt with appropriately.

We observed safe moving and handling practice when people needed assistance with transfers. Staff were competent and provided reassurance for people. If people were at high risk of falls, risk reduction measures were in place in detailed risk assessments including the use of specific aids which we observed staff encourage people to use each time they moved. The home also used therapy to support people including the use of dolls to provide activity for people who would otherwise not settle. This had reduced the number of falls to very low levels. The service had also completed the 'whizzy wheelers' activity to aid recognition of equipment where people had decorated their own zimmer frames. People used pressure relief equipment as required in their specific care plans.

The registered manager was keen to stress risk was always managed to ensure people were safe in the least restrictive manner. This assessment of risk began with their admission to the home and was continually reviewed including staff using visual checks for obvious hazards each time they worked. Accidents and incidents were analysed monthly to assess how these might have been prevented and what could be done to reduce the further likelihood of harm in conjunction with the person and their families to ensure their wishes were met. This included an assessment of infections as a possible cause showing a holistic approach to the review. If people required the input of external support we saw this was requested and advice followed. Staffing levels were also altered to reflect where need was greater, such as extra staff around teatime.

We saw the fire risk assessment was current. If actions were needed these had been recorded and any outstanding issues were being monitored. People had person-specific emergency evacuation plans in place which reflected their level of need for support. The home had an evacuation box with appropriate equipment such as torches and emergency blankets. There was evidence of regular fire drills, including at night and a review of the staff responses.

There was a robust equipment and premises safety check procedure in place which showed monthly reviews of items such as call points, window restrictors and electrical equipment. Each bedroom was also assessed regularly to ensure there were no hazards. In addition, moving and handling equipment had been checked as required under the Lifting Operations and Lifting Equipment Regulations (LOLER) 1998.

We looked at staff recruitment records and found appropriate checks had taken place, including checking gaps in employment history. References were obtained and Disclosure and Barring Service (DBS) Checks

completed. The DBS helps employers make safer recruitment decisions and reduces the risk of unsuitable people from working with vulnerable groups.

Staff told us they would benefit from extra colleagues as there were times of the day when it became pressured. One care worker said, "I don't always get the chance to sit and spend time with people." However, they felt their position was not unique in the care sector. People were assessed for their levels of dependency in all aspects of care provision. This helped to determine staffing levels in the home which were regularly reviewed. The registered manager also stressed these needs were fluid such as if someone became unwell, and this would be responded to accordingly. All staff in the home had care training to ensure they could move around roles. We checked the staffing rotas and saw most shifts were covered but there had been a recent issue with staff calling in sick at short notice. The registered manager provided reassurance this was being followed up with the specific staff and short term cover was available from themselves or the deputy if required in such events.

Medication was administered and recorded safely. Protocols were in place for PRN, or 'as required', medication so staff knew when to offer and the dosage spacing which was required. The impact of receiving these medicines was recorded in people's notes to evidence effectiveness. Errors in the use of recording codes were identified and actioned. Topical medication administration records were kept in the medication room as a reminder to staff to ensure proper completion and the deputy manager advised this had improved. Staff's medication competency was checked annually through observations and a workbook. However, we recommend the registered manager re-considers the timing of the medication round as people were being offered medication during their meal which was not always appropriate, depending on what it was for.

The environment was clean and staff wore protective personal equipment when assisting people with personal care or other activities to reduce the risk of infection.

Good

Is the service effective?

Our findings

At the last inspection we found issues with the monitoring of Deprivation of Liberty Safeguards conditions. During this inspection we found there was significant improvement and evidence was readily available.

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. We found appropriate mental capacity assessments and best interest decisions in people's care records. Even where a person lacked capacity to make complex decisions, it was noted, "We must remember [name] can consent to care on a daily basis. Please respect their wishes." Staff were also reminded in people's records to ensure instructions were simple to help obtain people's consent, thus ensuring compliance with the requirements of the MCA.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found the home had three authorised DoLS in place and conditions were being monitored where they had been set. There were a further three applications awaiting authorisation which had been chased up with the relevant supervisory body.

People told us they liked the food and had choices offered to them. One person said, "I can have something else if I don't like what is on offer."

Menus were displayed in folders on each table in the dining room along with tablecloths and condiments. People's opinion on the meal times had recently been sought and the main meal of the day was now at lunchtime rather than evening. The menus showed lots of choice and appetising meals. The cook was aware of who may require their food fortifying to ensure adequate nutrition and had access to people's monthly weights to ensure information was current. We observed the cook asking people mid-morning their preference for their lunchtime meal.

We observed one person have their meal early as they had a hospital appointment. The lunchtime meal was a bit chaotic as some people were waiting a while for food as staff were supporting people with personal care which meant they were unable to serve meals promptly. We also observed meals were pre-plated with gravy and suggested the registered manager considers whether people could add their own sauces to their meals. People who needed support with eating received this from staff who ensured this was sensitive and timely. People were also supported in making their own choices by being shown the options available from the range of desserts.

People had access to a wide range of drinks all day and we saw these were nicely presented in small

traditional style milk bottles with straws to encourage fluid intake. The registered manager was observed talking and drinking with people in the lounge area during the morning. This practice of leading by example encouraged others to drink.

Staff completed an induction prior to supporting people although this covered a lot of information in a short timescale. For those new to the caring role, they also completed the Care Certificate which is a set of minimum standards for all care staff to achieve. We saw staff received bi-monthly supervision as from the end of May 2018. Prior to this it had been monthly to help the manager establish understanding about each staff member's needs. Supervision included discussions around knowledge and practice, and any other pertinent issues. The registered manager said they focused on reflection for staff, including a review of what had gone well and where they could be if things changed. Appraisals were held annually.

Staff training was up to date and we saw the electronic monitoring system alerted the registered manager to when training was due to be renewed to ensure everyone had current knowledge. The registered manager was seeking support for DoLS training from the local authority and was in the process of arranging this. They were also accessing support from the local Vanguard team whose remit is to reduce unnecessary hospital admissions and they had arranged a 'react to red' course for all staff to minimise damage to skin integrity. We also saw staff had been briefed on the changes to information handling through the General Data Protection Regulations 2018.

Staff completed daily handover sheets which included an outline of people's main needs, and referenced how they had been. These handovers also included a question and answer sessions on key topics to check staff knowledge and confidence in different aspects of care delivery. They also displayed strong teamwork skills in sharing relevant information with each other and ensuring each knew where they were at any point in time. One recent compliment the service received stated, "Staff work collectively to deliver the best care possible." There was evidence in staff meetings of the clear direction. In one meeting record it stated, "We need to always think about why and what we're doing." The registered manager felt the staff team was cohesive and worked well to support each other.

There was evidence throughout the service, both in records and in observations we made, that positive outcomes for people was the main focus. The registered manager displayed sound knowledge in regards to holistic care and how even the smallest of changes could have a large impact on people. They discussed their understanding of key aspects of care and demonstrated through this their robust research-based approach. This was shared frequently with staff which we then observed in practice.

Changes had occurred to both the indoor and outdoor environments. The conservatory was utilised as a relaxing area for people to read quietly or meet with family members and had access to drink-making facilities. In addition, people had access to display books showing different activities which had been undertaken and this enabled people to engage and reflect in a positive manner. The home had clear signage to help promote orientation.

People accessed health and social care services as required and we observed calls with the GP for one person where they were feeling unwell. We spoke with a visiting health professional who advised, "I have no concerns regarding how skin integrity is managed. No one currently has a pressure sore. Staff are very responsive to any suggestions we make for supporting people."

Good

Is the service caring?

Our findings

We observed very positive interactions between people throughout the day. Staff displayed kindness and friendship which was genuine as people responded with banter and confidence. It was highly evident staff cared for people in the home and ensured their wellbeing at every opportunity. One care assistant was heard talking to a person about their skirt which they described as 'swingy and good for dancing' which led to them both doing small dance moves. We observed another asking a person how they were and if they had attended church the previous day.

We saw staff assist people to move to more comfortable seating. One person was reluctant to move but staff were extremely patient and sympathetic, gently reassuring the person and encouraging them with a drink. Another person was late getting up through their own choice and a care assistant politely asked if it was acceptable to remove the unwanted breakfast condiments off the table as the person was still eating. This showed acknowledgement and respect for the person's personal space.

One person was enquiring after another person in the home and staff reassured them the person was fine. This appreciation of a person's anxiety showed staff knew how to respond appropriately and with sensitivity. It also showed they knew how people were faring in the home. Another person had had their glasses removed and out on their nearside table as they had fallen asleep but these were promptly returned when the person awoke showing staff were attentive to the smallest of needs.

Staff displayed a good understanding of how to support people with dementia effectively. One person announced they were going out, so a care assistant gently asked where they were going. Instead of dismissing this or trying to alter their thinking, the care assistant suggested they went to the person's frame to ensure they were safe. This demonstrated staff understood how to communicate with people living with dementia effectively.

We read many compliments about staff conduct and attitude including comments such as "I can't fault the care and dedication. It's first class care," "[Name] is so well cared for" and "Staff go above and beyond. They are angels."

Records evidenced people's preferences and dislikes and staff were aware of these when asked. Staff were aware of supporting people in line with the Equality Act 2010 and ensuring their needs were regularly reviewed by discussion with themselves and their relatives. One person had the use of an advocate to ensure their views were represented.

We heard people asked very discreetly if they needed the bathroom before their lunch. They were sensitively asked if they would like clothing protectors to ensure their dignity was promoted. The registered manager advised us they had reminded staff of the importance of confidentiality, especially in view of online activity. Work was ongoing in relation to a self-evaluation tool for staff to use in relation to promoting dignity. This was being completed by the dignity champion for the service who had also recently completed a dignity tree display in the home which promoted staff to think about their actions and why.

Good

Is the service responsive?

Our findings

People had access to a lovely garden area which had been improved vastly since the previous inspection. This had a bench and chairs for people to enjoy the sunshine and there was significant evidence of people's involvement in the garden through potting up plants and growing tomatoes and potatoes. We saw people independently access the outdoor space and attend to the plants as there was soil and a watering can available for them to use.

We saw people had had the opportunity of over 60 trips last year. One person had been reluctant to go out but when on a medical appointment, was encouraged to go for a walk afterwards with the activity co-ordinator. The registered manager stressed although this was a positive, they were keen to ensure people had equal access to such trips and so work was ongoing to consider how more people could engage in this.

There was a monthly newsletter which showed forthcoming events and encouraged people to make their preferences known so these could be accommodated. It also gave the dates of people's birthdays, and resident and relative meetings which were held monthly. We also read the outcome of 'residents' ballots' which had taken place. This included evidence of decisions made by people in the home in relation to the timing of the main meal and having a dignity tree display amongst others.

The home had re-vamped their hairdressing salon and made this a focal part of the week's activities, so much so people had requested an additional day of opening. We saw photographs of the first people to use it as it had only been opened on 25 June and people had chosen its name, 'the Blue Rinse Salon.' The salon also provided nail care for people. People had access to objects such as board games and a traditional typewriter to promote reminiscence. After the inspection the registered manager sent through photographs of two new additions to the home, Cagney and Lacey, who were two chickens which the people were now assisting to care for. They advised us of the immediate impact as people took an interest and showed them to their relatives in addition to the benefiting from the free-range eggs. People chose the type of chickens and their names.

The home had a number of 'clubs' which it ran including a new 'sweet' club and people could access a local tea delivery company if they so wished who were visiting the home regularly. This latter helped promote a sense of community for people as many had accessed this service while living in their own home. There were also an arts and pottery group, make your own chocolate, 'knit and knatter', balance and strength activity sessions and a pen pal scheme. Some of these activities were completed with children from local nurseries and schools. One person had established connections with another person in Canada and we saw a photographic diary of letters which had been written, sent and received. People also wrote birthday cards to each other in the home and sent them so the person received some mail.

We found care records were much more person-centred than we saw at the last inspection. They contained an overview of 'how best to support me' providing significant information to assist care staff quickly. One person had a comprehensive plan in place to evidence why particular support was being offered. This included photographic evidence to demonstrate the beneficial aspect of this. Other records also showed

where people had undertaken activities.

Care plans contained detailed information to support staff to provide effective care. Each need was identified and a support plan as to how to meet this was recorded. Support plans included medication, psychological wellbeing, communication, cultural and religious needs, nutrition, physical health and mobility. On each record a person's ability to consent was noted to enable staff to understand how to best obtain consent for different support needs. Records were organised to enable quick access with key information at the front and a daily log of people's activities and moods providing an overview. The daily logs also recorded how staff helped to reduce risks to people such as prompting them to use their mobility equipment.

Records contained evidence of recent reviews which were detailed and involved the person wherever possible. Records were accessible to people as they were in a clear format and showed evidence of their involvement.

We saw the complaints policy on display for people to use and the service had not received any complaints since July 2017. The two complaints which had been received since the last inspection had been acknowledged and detailed investigations undertaken which had been shared and resolved to the complainants' satisfaction.

The service had also received a number of compliments and comments included, "Big thank you to all the staff who care above and beyond. The entire workforce is totally professional but also incredibly friendly and helpful. The whole team is a credit and I would not hesitate to recommend the home to anyone," "I'm very happy with the home. Care staff are kind, compassionate and always have a smile. They treat [name] with dignity and respect. Nothing is too much trouble," and "I'm really pleased with the manager's attitude and foresight. This is a re-organisation for the better. People seem happier and staff are better." There was also a compliment from the Vanguard team which exists to reduce unnecessary hospital admissions, "I've had positive feedback from the [Vanguard] team. There is a homely atmosphere and all the staff are friendly and helpful."

No one was receiving end of life support but the home had specific plans in place to manage this with appropriate documentation.

Good

Is the service well-led?

Our findings

At the previous inspection we limited evidence of effective governance systems and there was no registered manager in post. During this inspection we found quality assurance was embedded in everyday practice and the registered manager was fundamental to this approach.

One care worker told us, "The manager has made a lot of positive changes. They help out and I can go to them whenever I need to." Another member of staff said, "The manager has improved things hugely." Other staff told us they loved working at the home and they felt the registered manager was great. They told us the registered manager was accessible and happy to listen to them at any time which meant staff felt valued and morale was greatly improved.

Results from a residents' survey issued in November 2017 showed most people were very satisfied with the home in relation to catering, personal care support from staff including their attitude, the atmosphere in the home and the environment. Where issues had been raised, these had resulted in immediate change wherever possible. Examples included the menu choices and the dining experience for people. In addition there was ongoing work in promoting dignity which included discussing the impact of people when they waited for attention. Staffing rotas were also amended to allow for catering staff to start earlier to accommodate people who wished for a cooked breakfast earlier in the day. Any outstanding tasks were incorporated into the action plan. Monthly resident and a separate relatives' meetings were held to ensure an open forum for discussions.

We observed the registered manager spend a significant amount of time in the communal areas engaging with people in a relaxed and friendly manner. One person was offered an arm to enable safe passage through the lounge and it was clear people knew them well and were happy in their company.

The registered manager advised how they had worked hard to raise people's expectations in the home as when they had initially arrived no one asked for anything. They had done this slowly through developing projects for people to engage with such as the sweet delivery service where people chose from a pictorial catalogue, ordered their sweets and then they were delivered in individual parcels for people to open themselves. This gentle process enabled people to make their own decisions and start to request other activities or have an opinion about aspects of the home which all helped to support a shared vision of empowerment. The registered manager rated success even if one person requested a specific activity as this demonstrated they had choices and were confident in requesting things.

The provider showed appreciation for all the staff in the home and following the awful winter weather, had acknowledged the efforts staff had gone to, to get to work ensuring, adequate staffing levels. They had sent a letter to each member of staff which stated, "I know staff placed the needs of people in the home over and above their own families. That shows real care."

Support was also offered through regular meetings with the provider's compliance officer and the regional manager. The registered manager felt supported in their role by the provider and gave an example of how

the environment at the front of the building was being improved. They said there was never any issue if items needed to be purchased.

The home had daily 'safety huddles' which provided a forum for key staff including housekeeping and catering, to discuss any significant issues. This included discussion around 'resident of the day' where all aspects of their support needs were considered and reviewed to ensure they were receiving optimum care. This was completed in addition to daily manager walkarounds which reviewed the internal and external environments, people's welfare and wellbeing, observation of care delivery by staff, nutritional input and any external visitors to the home.

We saw evidence of regular meetings with staff which included specific staff groups where necessary. They clearly demonstrated staff input as the registered manager was keen to seek ideas on how to improve people's everyday experience. In one meeting a residents' charter was discussed along with the need for access to snacks 24 hours a day. This resulted in the 'Wellbean Café' which provided such snacks. Best practice was also discussed including how the least restrictive option for people may still involve risk but that this was acceptable. There were also discussions around good recording techniques in regards to food and fluid, activities, and people's general health and wellbeing. Meetings also discussed the monthly accident and analysis findings so all staff knew who might be at risk, what to look out for and how to further reduce risk to people. Staff were given timely feedback from any external audit visits to show where they were doing well and if there were any areas for improvement and were encouraged to lead on new developments in the home which we saw in evidence.

We asked the registered manager if they felt there were any risks to the service. They felt there was nothing significant but their priority was to ensure sustainability of a stable staff team coupled with a supportive homely atmosphere. They had a comprehensive action plan to drive improvements in line with the wishes of the people living in the home. This aligned with the achievements which we observed including people contributing to the everyday care provision, increased confidence of the staff, a safer and more pleasant environment and an atmosphere which encouraged people to request things.

We asked the registered manager how they knew what they were doing was being done well. They said they utilised many different sources of evidence including the number of complaints and compliments, feedback from people and their relatives, occupancy rate, feedback from external visitors and professionals and any official inspections and audits. This was in addition to their own internal audit programme which was robust and very reflective and assessed clinical areas of care provision such as pressure ulcers and falls alongside performance against their own action plan.

The previous inspection ratings were on display as required under legislation.

There was evidence of positive partnership working with other agencies to ensure the best outcomes for people living in the home. These endeavoured to meet people's wishes and promote independence wherever possible.