

Good Companions (Cumbria) Limited

The Good Companions (Cumbria) Limited

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection that took place on 21 March 2018.

The Good Companions (Cumbria) Limited (known as Good Companions) is situated in the Victorian seaside town of Silloth overlooking the Solway Firth.

Good Companions is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. When we last inspected this service in January 2016 we rated it as 'Good'.

The home accommodates up to 39 people in a large adapted period property. At the time of our visit there were 39 people living there.

The home had a suitably qualified and experienced registered manager. 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.

The service focused on people enjoying a meaningful day. Activities were plentiful and varied. People were encouraged and supported to access their local community. The home was very much part of the community and took part in local competitions and charitable events. The people who lived there told us they were extremely happy with their lives within the home. We were told about multiple examples of person-centred activities and events which had been tailored to meet people's individual wishes and aspirations.

Risk assessments and care plans provided guidance for staff in the home. People in the service were involved in the creating of support plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and talked to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Arrangements were in place to ensure that new members of staff had been suitably checked before commencing employment. Any accidents or incidents had been reported to the Care Quality Commission as necessary and suitable action taken to lessen the risk of further issues.

The registered manager ensured that there were sufficient staff to meet people's needs in a timely manner. Our findings corroborated this. Staff were suitably inducted, trained and developed to give the best care possible. We met experienced and kind team members who understood people's needs as well as new staff

who were keen to learn.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. They accessed hospital appointments as a matter of routine.

We saw that an assessment of needs was in place and that the staff team analysed the outcomes of care for effectiveness. People were very happy with the food provided and we saw well prepared healthy meals that staff supported and encouraged people to eat.

The home itself was warm, clean and comfortable on the day we visited. Suitable equipment was in place to support people with their mobility.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. 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.

We observed kind, patient and suitable support being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. No one was receiving end of life care when we visited but staff were suitably skilled in this.

The registered manager demonstrated good vision and values. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

The service had a quality monitoring system in place which was used to support future planning.

Complaints and concerns were suitably investigated and dealt with and good records management was in place in the service.

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.

There were sufficient staff available to meet people's needs in a timely manner.

Staff, including the registered manager were knowledgeable about abuse and knew how to keep people safe.

Medicines were managed appropriately.

Is the service effective?

Good ●

The service was effective.

People's nutritional and hydration needs were being met.

The staff were well trained, competent and confident in their approach.

People were not being deprived of their liberty inappropriately.

Is the service caring?

Good ●

The service was caring.

People were able to access advocacy services if they wished.

Staff treated people with dignity and respect.

People had a high opinion of the caring and kind nature of the staff.

Is the service responsive?

Outstanding ☆

The service was extremely responsive.

People were completely integrated into the local community and were proud to represent their home in various competitions and charity events.

People were not at risk of social isolation due to the range of

meaningful and stimulating activities and events arranged.

There was a complaints policy and procedure in place.

Is the service well-led?

The service was well led.

There was a culture of improvement supported by a quality assurance system.

The registered manager was present within the home and took an active role in all aspects of the service.

Staff were given the opportunity to contribute to the running of the home.

Good ●

The Good Companions (Cumbria) Limited

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 checked 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 provide a rating under the Care Act 2014.

This inspection took place on 21 March 2018 and was unannounced.

The inspection was carried out by one adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience who accompanied the inspector had experience in the care of older people.

Prior to the inspection we gathered and reviewed information we held about the service including statutory notifications we had received. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We spoke with health and social care professionals and asked their opinion of the service.

We observed people's care and support in all areas of the home. We spoke with 11 of the people who used the service and 14 staff including care workers, the registered manager and her deputy. In addition, we spoke with a relative, consulted two representatives of the local authority, reviewed five care records and various other records relating to the service such as training records and equipment maintenance logs. We walked round the building and its grounds and with permission entered people's rooms.

Is the service safe?

Our findings

We spoke with people who used the service and asked them if they felt safe at Good Companions. One person told us, "I was leaving the doors open at home and things turned on and it wasn't safe, so I'm far safer here." Another person added, "I do feel safe here they [staff] are most attentive."

We last inspected this service in January 2016 during which we made a recommendation about staffing levels within the home particularly at night. At that time we asked the registered manager to review how they deployed staff in the home across a 24 hour period.

According to the duty rota there were sufficient staff on each shift. For example, during the busy lunch period there were four care workers, a senior care worker, a hostess (whose role was to ensure people had their nutritional and hydration needs met) and kitchen staff. The registered manager and deputy manager were also available to support people who used the service. A relative told us, "There always seems plenty of staff about when I come in I've never seen anything to worry us at all, we are really happy with it." A person who used the service commented, "There is enough of them [staff]." When we spoke with staff they confirmed there were sufficient staff to meet people's needs in a timely manner, one staff member said, "There is definitely enough of us."

Recruitment records showed that all applicants for posts at the home had a formal interview and had undergone background checks before commencing employment including references from previous employers and checks to see if they had a criminal record. Where staff had not attained the best standards of conduct they had been dealt with in line with the providers human resource policy.

We spoke with all the staff on duty and asked them how they safeguarded the people who used their service from abuse. Staff were able to tell us about different kinds of abuse such as physical, financial or emotional. They told us what they would do if they suspected abuse was taking place, "Report it to the [registered] manager." This meant staff knew how to identify and report abuse. We spoke with the registered manager and her deputy. They demonstrated their knowledge on how to report and investigate issues relating to abuse and safeguarding. We saw from our records they appropriately raised any concerns with the local safeguarding authority. The policies and procedures relating to safeguarding were accessible and included guidance on whistleblowing. Having whistleblowing guidance meant that staff were aware of how to confidentially raise concerns about the conduct of colleagues.

Records indicated that the service had responded to incidents and accidents. At times people who used the service could be unsteady on their feet and at risk of falls. Such incidents were dealt with quickly at the time by staff trained to do so, we observed this during our inspection. The registered manager kept records of each fall that occurred in the home. They used this information to identify where things had gone well and what was required to prevent further occurrences. For example some people were referred to local falls clinics that looked at reducing their risks of falls in detail. The registered manager had also identified that some floor coverings had wrinkles or rises in them and had organised for these to be replaced. We noted that some people's footwear was not appropriate in helping to prevent falls, for example ill-fitting slippers.

The registered manager organised a monitoring system for this during our inspection.

We looked at people's care records and saw that they each had individualised risk assessments covering a variety of areas, for example mobility and nutritional needs. In addition, the registered manager carried out generic risk assessments on the building including fire risk and health and safety risks. The risk assessments undertaken identified ways to minimise risk to people who used the service and helped keep them safe from harm. We saw equipment, such as hoists, were well maintained and regularly serviced as were domestic appliances such as the boiler.

The safe administration of medicines was outlined in policies and procedures at the service. Medicines were administered by staff trained to do so whose competencies were regularly scrutinised by senior staff. All medicines were stored safely in a locked cupboard and medicines trolley along with the appropriate records. There was a fridge for medicines that required cool storage. Controlled drugs were securely stored and monitored. We carried out spot checks on medicine administration records and found them to be correct. We noted that there was guidance on them for the use of as required medicines. The ordering and disposal of medicines was carried out in conjunction with a local pharmacy.

We saw the home was clean and well maintained. Staff had access to personal protective equipment and had the training and knowledge to carry out safe infection control practices.

Is the service effective?

Our findings

We spoke with people who used the service and asked how their nutritional and hydration needs were being met. People were keen to discuss the high standard of food within the home. Comments included, "The food is good, very nice." "The food is excellent, you enjoy a good meal and the food is very nice and all homemade, you do look forward to a good meal don't you." "I've just had breakfast, it's good, the food is very good, I like it." "The food is good, we're well fed."

People's nutritional needs were being met. We saw everyone had support plans relating to food and fluid. We noted that kitchen staff were making nutritionally balanced meals that took into account people's needs. For example fortifying foods to ensure people did not lose weight. This helped to support people to achieve a healthy balanced diet in line with their support plans. We saw that people were weighed frequently as part of physical health and wellbeing monitoring. Where people needed specialist support, the opinions of dietitians and speech and language therapists had been asked for and provided.

We monitored a lunch time meal service and observed it was well organised with people who required additional support receiving it. Two hostesses ensured that people who wished to take their meals in the privacy of their own rooms were able to do so.

The service had a simple system of assessment in place which focused on people who used the service and their wishes. They contained information about people's needs and what they required assistance and support with, for example some people required help getting in and out of the bath. These assessments were detailed and used recognised best practice tools such as the 'waterlow' assessment which focused on people's skin integrity. Staff told us that people and where appropriate their relatives were involved in the assessment process.

Assistive technology was available within the home. There were pressure sensors placed around beds to alert staff that people had risen during the night and may require support. A call bell system was in place so people could summon staff easily if required, one person told us, "They do come if you call."

We spoke with staff and asked them if they felt confident and competent whilst carrying out their role. Staff told us, "We are well trained." Adding, "Any [external] training we see that we think would be useful we can do." They gave examples of staff completing training in conjunction with the local older persons community mental health team.

Records confirmed that staff had completed mandatory training. This included moving and handling, infection control and safeguarding vulnerable adults. New staff were provided with induction training which included a period of probation. During this period their competencies were regularly checked by senior staff. The deputy manager had completed specialised dementia training and was keen to disseminate this to staff.

We looked at supervision and appraisal records for staff. Supervision sessions gave staff and the registered

manager the opportunity to discuss training required or requested and their performance within their roles. Staff were able to discuss all elements of their role during supervision sessions. When we spoke with staff they told us that they found these sessions helpful in terms of their development and performance.

The home had recently accepted a transfer of a person from the local hospital. We saw that the staff had planned this and managed it appropriately. They had ensured they had the correct information about this person's needs and were adequately prepared for their arrival.

Care plans were in place to ensure people's health and wellbeing were monitored. We saw that people regularly attended the GP or the dentist or were seen by visiting professionals. Care plans contained information about any long standing medical problems and people were supported to go to hospital appointments. One person told us, "I see the Doctor from here, I think we all have the local doctor". We observed nurses and other NHS staff visiting the home during our inspection.

The home had undergone some redecoration since our previous visit. Communal areas, corridors and bedrooms were clean and mainly in a good state of repair. There were separate areas for people to watch television and relax, a dining area and each person had their own bedroom which was personalised to how they wanted it. The registered manager showed us plans for the future refurbishment of the home which included extensive building works and told us the people who used the service had been involved in decisions about the project. The grounds of the home were large, secure and well kept.

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 make 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 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 that all of the people who used the service were either appropriately subject to a DoLS or were awaiting authorisation for one.

Is the service caring?

Our findings

We spoke to people who used the service and asked if staff were caring and kind. One person told us, "It's marvellous." Another said, "It's very good here, I came for respite for a long time so now I'm in here permanently, it's very good, and the girls [staff] are very nice, lovely in fact." Other comments included, "It's very nice here and the girls are very nice." "It's nice being here, the girls are so nice to you, so I always say thank you and they say 'it's a pleasure.'" We observed someone coming in for respite and known to staff being greeted warmly by staff saying, "nice to see you", the person told us "What a nice welcome!"

The registered manager had details of advocacy services which could be contacted if people needed independent support to express their views or wishes about their lives. Advocates are people who are independent of the service and who can support people to make or express decisions about their lives and care. The registered manager knew how to ensure that individuals wishes were met when this was expressed either through advocacy, by the person themselves or through feedback from relatives. The registered manager was able to give examples of this. We looked at people's written records of care and saw care plans were devised with the person who used the service and with occasional support from their relatives. This meant people were actively involved in making decisions about their care treatment and support.

When we spoke with staff they appeared to know people well. They were able to tell us about people's preferences and what kind of support they required. This information was accurately recorded in people's care plans. The sufficient staffing levels allowed staff to spend time sitting and talking with people whilst supporting them with everyday tasks such as eating. We heard meaningful conversations about people's family or past occupations. This meant staff had the correct information and the time to build caring relationships with the people they supported. A person told us, "Well I have short term memory loss.... so it can be hard, there is no one to talk to really so I talk to the staff and I go to [registered manager] if I have any questions or worries and she sorts them out. They [the staff] are nice to you." A member of staff told us, "I come in for the residents really, it's dead good."

We observed staff treating people in a respectful manner. During our inspection people's privacy and dignity was not compromised. Staff had received training on how to ensure all of the people who lived at the service were treated with kindness and respect. In addition they had been trained to treat people equally and account for people's diversity.

Staff were able to explain to us how important it was to maintain confidentiality when delivering care and support. The staff members we spoke with were clear about when confidential information might need to be shared with other staff or other agencies in order to keep people safe.

Care plans clearly stated what people were able to manage independently and what support staff would be required to provide. Where people were unable to manage tasks independently, staff told us they made sure people were given choices to enable them to retain as much independence as possible. We saw that some people chose to move freely around the home alone, whereas others required staff support. All of the people

who used the service were encouraged to be as independent as they wanted and were able to be.

The home had a welcoming atmosphere, family relationships were positively promoted as part of day to day life within the service. People confirmed that family and friends could visit freely.

Is the service responsive?

Our findings

We spoke with people who used the service and asked if they enjoyed activities. They told us, "I go out with my family sometimes, I do like it, there are things to do." And, "We'll go out for a walk, we go to the chippy and the garden centre, we go out for that, I like that." A person commented, "I'm just waiting to go out with [relative], we go out for a walk every day, we don't go far just for a bit of fresh air." A relative added, "We come in when we like, they let us know if there is anything on." A visiting social care professional told us, "The activities here are second to none."

On admission to the home people who used the service completed an activity and leisure questionnaire. This provided staff with information about people's past occupations, hobbies and interests and highlighted any desires to develop new interests and skills. This demonstrated the service had an excellent understanding of people's social and cultural diversity. One person told us, "Have you ever wished to join a choir? I have! Not that I can sing very well, but I was told here, that doesn't matter anyone can join the choir so I did and greatly enjoy our rehearsals, learning new songs and I think my singing has got better. This has made my wish come true." Another person said, "Before I came into The Good Companions I had always loved to feed the birds and was worried this wouldn't continue. But I am relieved and delighted, that not only I can continue to feed the birds the home also has a live bird watch that I can watch on the TV, they have a camera in a nesting box. I also have a bird feeding station which they put outside my bedroom window. This means a lot to me."

As part of the questionnaire people were asked to make a wish for something they have always wanted to do. The service then endeavoured to fulfil these wishes. For example one person told staff they were interested in meerkats and had never seen a live one. The staff arranged a meerkat therapy session within the home. The registered manager told us, "The lady was delighted and said it had been the best afternoon she had enjoyed in a long time and had learned a lot about meerkats. This session has led to visits to the home from birds of prey and visits from exotic animals such as snakes, lizards, tarantulas, donkeys and we are awaiting a visit from some lambs."

Another person had always wanted to visit Australia. Staff arranged an 'Australian day' with food tasting, photos and videos of Australia. Another person's relative also brought in a photo album of their time living in Australia, this triggered many memories for that person and they enjoyed sharing the stories to other people in the home.

The registered manager was able to give other examples of person centred activities provided which people really enjoyed. "It was identified that one gentleman and his wife use to go dancing, we arranged and invited his wife to attend an evening of music and dance, they had a good night dancing to the singer. His wife gave very positive feedback telling staff, 'thank you, it's like we were back in our younger days out dancing and it has brought back some good memories for both of us'.

Two other people had expressed an interest in the local life boat, Staff had gone the extra mile and arranged for them to visit the lifeboat station, speak to the crew and have a tour around the boat. This has continued

to be a topic of conversation and they greatly enjoyed the visit. Another person had isolated themselves in their room and had little confidence to sit with other residents. With encouragement and support from staff they now went into the lounge and participated in the activities which had increased their confidence.

We observed the home had two very enthusiastic activity co-ordinators to support people to live fulfilled and enriched lives. During our inspection an activities co-ordinator asked if people wanted to play a game of bingo or take part in a quiz, some did, some declined and she found other things to interest them such as word searches or crossword puzzles. In the afternoon four care staff were able to join people and take part in the activities on offer. A member of staff said, "Well everyone comes in here [sitting room] although some like to stay in their rooms, just because they like their own company but we go down regular and check if they want to join in."

There was a host of regular entertainers that visited the home. These included a choir, two ukulele orchestras, a violinist, a keyboard player, cheerleaders, magicians and the local primary school. There was a singer present while we inspected which people greatly enjoyed, we were told by one person, "It's the one with all the good music, you'll like him".

We saw that the home had strong links with the local community and took a leading role in local events. People visited the local library and heritage centre, enjoyed fish and chips at the local corner café, bar meals at the golf hotel and tea and cake at a popular fairy themed local café. Visits were arranged to a local village for ice cream and the local aquarium. The town of Silloth holds many local events which people attended including vintage rallies and carnivals. The local care homes had got together and arranged an older person's 'Care Home Olympics' on the towns green. This was now a local annual event. The residents of Good Companions were proud to take home the winning trophy for this event and are looking forward to defending their title next year. They had also won the local 'best scarecrow' competition. We saw that people frequently accessed the local community. One person was extremely pleased to find there was a walking group and said, "I have always enjoyed walking, so I was worried when I moved from my own home that I would miss going for walks. As it turned out they have a walking club, which I joined straight away and continue to enjoy going for walks"

Networks had been developed and sustained. For example, a pensioner's public party is held in the town every year, which people like to attend and raise money for all the care homes in Silloth in association with Silloth Rotary club. Regular coffee afternoons are held with visitors from the local community attending, people who used the service thoroughly enjoyed taking an active role in this by selling cakes and serving food. One relative spoke of the way the home was integrated into the local community, "My husband is a resident at the home, when he was at home it was difficult to keep him occupied. He is now stimulated, occupied and has a purpose. He joins in the activities with relish. He goes out into the local community visiting various places. I was surprised that when I took him out, people stopped and asked him by name, how he was doing and he responded to them. Without the staff and the activities he would have very little meaning to life. We both feel we now enjoy and value our quality time together more."

Following a residents meeting new places to visit and activities had been identified such as nature walks, train rides, museums, garden centres, bowling, and animal attractions. A cinema afternoon had been suggested so the registered manager was in the middle of changing an underused lounge into a cinema room to accommodate this request.

We saw that the home was structured around people having a meaningful day. Activities were listed on the wall for both the day and coming weeks. There were boxes of crafts, books, magazines and puzzles throughout the home. A hairdresser called regularly, some people chose to access the local hairdressers on

the high street to retain links with their friendship circles. We saw one gentleman enjoyed making name plaques and had decided to make one for everyone's door, staff told us he enjoyed being kept busy. Other people joined in with cleaning whilst another sat on interview panels for new staff.

People's care plans were written with the involvement of people who used the service, their relatives or advocates and staff. People's strengths and areas where they required support were included. For example, some people required help getting dressed but had made sure their preference for style of dress had been documented. We observed that people were smart and were wearing jewellery and make up of their choice. Care plans were simple and contained information about people's health and wellbeing. Staff had taken time to gather information about people's lives prior to entering the home.

The service employed a number of strategies to help people communicate. We observed staff being tactile and reassuring people living with dementia. People's bedroom doors had been painted in colours of their choice to help them orientate themselves to their location. There were notice boards throughout the home displaying both writing and pictures and we saw people being shown the menu choice at lunchtime.

The service had a formal complaints policy and procedure. The procedure outlined what a person should expect if they made a complaint. There were clear guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who found the process of making a complaint difficult. There was also a procedure to follow if the complainant was not satisfied with the outcome. The registered manager explained that wherever possible they would attempt to resolve complaints informally.

At the time of our inspection no one was receiving end of life care. There were policies and procedures in place and the registered manager explained that staff had received appropriate training and were skilled in this aspect of care. They told us care at the end of life would be supported by a multi-disciplinary team approach which would include the GP, hospice at home service and other health and social care professionals. The registered manager stated, "We have achieved six steps in end of life care and have received compliments from family members who have been supported during this difficult time."

Is the service well-led?

Our findings

We spoke with staff and asked them about the leadership in the home. They commented, "The manager is a great support you go to her with anything." "Oh it's like a family this, we all help each other." "It's good working here." We observed that people who used the service, staff and relatives appeared very comfortable in the presence of the registered manager.

We noted that the registered manager was involved in all aspects of the service, she was liked and respected by both people who used the service and her staff. She modelled professional behaviour to her team and was clearly knowledgeable about best practice within dementia and older persons care.

During our inspection we discussed the future of the service with the registered manager. The provider was making some changes to the service with the intention of improving the building and developing a safer environment for people who lived with dementia. The registered manager was clear that any changes made would be of benefit to the people who used the service. She was keen to build on the improvements made since the last inspection and move the service forward.

We asked the registered manager for a statement about their vision and values, they stated that along with the staff they had created the following, "We place the rights of residents at the forefront of our philosophy of care. We seek to advance these rights in all aspects of the environment and the services we provide and to encourage our residents to exercise their rights in full. We want everything we do in the home to be driven by the needs, abilities and aspirations of our residents, not by what staff, management or any other group would desire. We recognise how easily this focus can slip and we will remain vigilant to ensure that the facilities, resources, policies, activities and services of the home remain resident-led. We are committed to achieving our stated aims and objectives and we welcome the scrutiny of our service users and their representatives."

The registered manager carried out checks on how the service was provided in areas such as support planning, medication administration and health and safety. She was keen to identify areas where the service could be further improved. This included monitoring staff while they carried out their duties to check they were providing care safely and as detailed in people's care plans. This helped the registered manager to monitor the quality of the service provided. All audits and checks were shared with the provider to help them monitor the performance of the service. During the inspection, the registered manager and her team were keen to work with us in an open and transparent way. All documentation we requested was produced for us promptly and was stored according to data protection guidelines.

The registered manager was aware of their duty to inform us of different incidents and we saw evidence that this had been done in line with the regulations. Records were kept of incidents, issues and complaints and these were all regularly reviewed by the registered manager in order to identify trends and specific issues.

There were regular staff meetings held so that important issues could be discussed and any updates could be shared. These were clearly recorded so that members of staff who were not able to attend could read

them afterwards. We observed a culture where staff were able to discuss their own ideas for how the service could be improved. There was also evidence within records that people and, where possible, families were consulted about the care and support the service provided.

The ratings from the previous inspection were displayed in the hall as required and on their website www.gchc.co.uk.