Four Seasons (Bamford) Limited

Romford Grange 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

We undertook an unannounced inspection of Romford Grange Care Home on 3 and 4 July 2018. Romford Grange Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Romford Grange Care Home is a care home for up to 41 older adults. This included people with dementia. At this inspection there were 36 people living in the home.

At our last inspection on 9 June 2017, the home was rated 'Requires Improvement'. The home was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as we found that the premises were not being maintained. We also found that room temperatures where medicines were stored exceeded recommended levels, activities did not meet people's needs and robust audit process were not in place to identify shortfalls. At this inspection we found improvements had been made in these areas and the home has been rated 'Good'.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the home is run.

Risks had been identified and assessed, which provided information to staff on how to mitigate risks to keep people safe. Staff had been trained in safeguarding adults and knew how to keep people safe.

Medicines were managed safely. We found that people's Medicine Administration Records (MAR) had been completed accurately. Medicines was being administered as instructed on people's MAR, or in accordance with the provider's policy. Medicines were stored securely and within accepted temperature levels.

Incident records were reviewed and these showed the provider took appropriate action following incidents that had been recorded. Systems were in place to analyse incidents for patterns and trends to ensure lessons were learnt and incidents were minimised.

Systems were in place to reduce the risk and spread of infection. Staff had access to personal protective equipment and used this when needed.

There were sufficient staffing levels to support people. Dependency assessments were carried out to calculate the number of staff needed contingent to people's needs. Premises safety checks had been carried out to ensure the premises was safe.

Staff had the knowledge, training and skills to care for people effectively. Staff felt supported to carry out their roles. However, supervisions of staff had not been completed regularly, to ensure staff felt supported at

all times. We made a recommendation in this area.

People had choices during meal times and were supported with meals when required. People and relatives told us people enjoyed the food. People's weights were regularly monitored and referrals made to health professionals if there were concerns with people's weight. People had access to healthcare services.

Some people who lived at the home were deprived of their liberty under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Deprivation of Liberty applications had been made and granted to restrict people's lawfully. Staff were aware of the principles of the MCA and assessments had been carried out to determine people's ability to make decisions in certain areas.

People and relatives told us that staff were friendly and caring. Our observations confirmed this. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

People received care that was shaped around their individual needs, interests and preferences. Care plans were person centred and staff knew how to provide personalised care to people. People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Regular activities took place in the home. However, there was not a schedule in place for individual activities for people. We made a recommendation in this area.

Staff felt well supported by the management team. People, relatives and health professionals were complimentary about the management of the home. Quality assurance and monitoring systems were in place to make continuous improvements.

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 home was safe.

Risks had been identified and assessed to ensure people were safe at all times.

Staff were deployed effectively to ensure people received safe care and support when required.

Medicines were being managed safely.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Pre-employment checks had been carried out to ensure staff were suitable to care for people safely.

Appropriate infection control arrangements were in place.

Is the service effective?

Good

The home was effective.

Staff had the knowledge and skills required to perform their roles effectively.

MCA assessments had been carried out and DoLS applications made in accordance to the MCA principles.

Staff told us they were supported to carry out their roles. However, supervisions were not carried out regularly.

People's nutritional needs were being met.

People had access to healthcare services.

Is the service caring?

Good

The home was caring.

Staff had a good relationship with people and people told us that staff were caring.

People's privacy and dignity was respected.

People were encouraged to be independent, where possible.

People and their relatives were involved with decision making on the care people received.

Is the service responsive?

Good

The home was responsive.

Care plans provided details on how to support people and information on how to communicate with people.

People participated in regular activities. There was a programme in place for group activities. However, there was not a programme in place for individual activities.

Complaints were being investigated. Staff knew how to manage complaints.

Is the service well-led?

Good

The home was well-led.

There were systems in place to monitor and improve the quality of care provided.

People, relatives and staff were positive about the management team.

Staff meetings and residents meeting were taking place regularly.

Romford Grange 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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 3 and 4 July 2018 and was unannounced. The inspection was undertaken by one 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.

Before the inspection we reviewed relevant information that we had about the provider including any notifications. A notification is information about important events which the provider is required to tell us about by law. We also received a provider information return (PIR) from the home. A PIR is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also made contact with health and social professionals for feedback.

During the inspection we spoke with the regional manager, a quality officer, the registered manager, the deputy manager, maintenance staff member, two nurses and four care staff. We also spoke to 10 people and six relatives.

We reviewed documents and records that related to people's care and the management of the home. We reviewed four people's care plans, which included risk assessments and five staff files. We looked at other documents held at the home such as medicine records, training records and quality assurance records.

Good

Is the service safe?

Our findings

During our last inspection the home was in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that carpets were stained and required replacing, doors and radiator covers were damaged. During this inspection, we found improvements had been made. We did not observe damage to the property. Although the carpets were yet to be replaced, we observed that this was being cleaned by external contractors. The regional manager showed us evidence that the carpets were due to be replaced.

People and relatives told us that people were safe. One person told us, "I feel safe." Another person told us, "I'm safe here." A relative told us, "She feels safe here." Another relative commented, "I've no qualms about his safety." A staff member told us, "I am happy here, people are happy. If they were not, I would be the first one to report it." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and would report abuse to the registered manager or the Care Quality Commission (CQC) and local authority.

Assessments were carried out with people to identify risks. Risk assessments were specific to individual circumstances, for example there were risk assessments for falls, choking and behaviour that may challenge. The risk assessments provided information to staff about how to mitigate risks and keep people safe. They were regularly reviewed and updated when required. For people with skin complications, a risk management plan was in place to ensure people were supported in a safe way. There were repositioning charts, which had been completed regularly and pressure mattresses in place to minimise the risk of skin complications. A health professional told us, "I have had lots of involvement with different patients over a long period of time and have had no major concerns. I always find the nurses very keen and polite in regard to wound care."

We saw evidence that demonstrated appropriate gas, electrical and water safety checks were undertaken by qualified professionals. Where remedial work was required, action had been taken in a timely manner to ensure the safety of the premises. Regular fire tests were carried out and a fire risk assessment was in place and staff were trained in fire safety and were able to tell us what to do in an emergency. This ensured people were kept safe in the event of an emergency.

We received mixed responses from people and relatives on staffing levels in the home. One relative told us, "There seem to be enough staff." A person told us, "There's enough staff but sometimes you wait if you ring if they're busy." However, one person commented, "They're busy. There don't seem to be enough." One relative told us, "No, there's not enough staff." We fed this back to the management team who told us they spoke to the people who raised concerns with staffing levels. They said that an extra staff member would be deployed and staff rotas amended to alleviate people's concerns. Dependency assessments had been completed to calculate staffing numbers in accordance to the needs of the people. We tested the call bell to check staff response times and found this was satisfactory. We observed people were supervised in the communal areas and when support was required, this was provided.

Most staff told us that they were not rushed in their duties and had time to spend with people. One staff member told us, "It was poor before [referring to the usage of agency staff] but we have a lot more permanent staff." Another staff member told us, "In general it is ok. We work hard and have time to spend time with people." A third member of staff told us, "It has greatly improved, we have more staff and a great skill mix."

Pre-employment checks had been carried out. We checked five staff records and these showed that relevant pre-employment checks such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out when recruiting staff.

During our last inspection we found the room temperature where medicines were stored went up to 26 degrees. This meant that medicines could become ineffective as the recommended room temperature for all medicines was no more than 25 degrees. During this inspection, we found improvements had been made. A cooler had been installed in the medicine rooms and room temperature was being recorded daily. This did not exceed 25 degrees and meant medicines were stored at the correct temperature.

A person told us, "I get my medication every morning, midday, supper time and before I go to bed." Another person told us, "I get my meds [medicines] regularly." Medicines were stored securely in medicine trolleys and cupboards within a clinic room. Arrangements were in place for the collection and disposal of unused medicines. MAR charts included any allergies and a picture of the person. We found that the MAR charts we reviewed had been accurately completed. Some people were administered medicines covertly and records showed that authorisation had been obtained from GP and pharmacists. A best interest decision had been made on the person's behalf to administer medicines covertly. Staff had been trained on medicine management and were confident with managing medicines.

We saw that appropriate records were being maintained for controlled drugs (CDs) and these were stored securely. CDs are subject to legal requirements for recording and storage and were at a higher risk of diversion and abuse. We found that each record was witnessed by two members of staff as per the home's medicine policy.

Protocols were in place to support staff when administering PRN medicines. These are medicines that were given when needed, for example pain killers and reliever inhalers. People told us that they had access to PRN medicines when needed. One person told us, "I can get extra meds [medicines] like paracetamol when I want." Another person commented, "I don't take pills. Nothing. But I can ask for a tablet if I have a headache."

Incident records were reviewed and these showed the provider took appropriate action after incidents took place. The regional manager also had oversight of incidents and accidents. There was a section included on the incident form on what lessons had been learnt from the incident to minimise the risk of re-occurrence. The regional manager also informed us lessons learnt were also discussed at a regional level and where possible applied in other homes. This meant that the home was committed to learning from incidents to ensure that there was continuous improvement and people living at the home were safe.

Staff were knowledgeable about their role in preventing the spread of infection and confirmed there was plenty of personal protective equipment (PPE). People told us that their rooms were clean and staff wore appropriate clothing when supporting them. Observations confirmed that the home was kept clean and staff used PPEs such as gloves, aprons and uniforms when required. A staff member told us when asked if they had access to PPE, "Yes, we are given PPE." A person told us, "They put their gloves and aprons on to help me get ready." Anti-bacterial lotion was available throughout the building for hand hygiene and we saw

staff used these to clean their hands.

Good

Is the service effective?

Our findings

People and relatives told us staff were skilled, knowledgeable and able to provide care and support effectively. A person told us, "They do understand how to support me." Another person told us, "They know what they're doing. Definitely." A relative commented, "I feel the staff support [person] well."

Staff confirmed they received an induction when they joined the home; and all staff said they had received training appropriate to their roles. One staff member said, "I got induction. I met residents and shadowed the team leader. It was very helpful." Records showed new staff that had started employment had received an induction. The induction involved looking at care plans, training staff on roles and responsibilities and shadowing experienced members of staff.

Staff were positive about the training. One staff member told us, "Training is good. We get up to date training." Records showed that staff had completed training on safeguarding, information governance, infection control, moving and handling, in accordance with Care Certificate training. The Care Certificate is a set of standards that care staff have to adhere by, to ensure people receive safe and effective care. Reminders were also sent to staff to ensure they completed training. The management team also had oversight of training through compliance charts. There was also a training matrix in place that enabled the management team to identify which staff had completed their training. Staff had also received specialist training in positive behaviour, pressure sores and dementia.

Staff told us that they were supported by the management team. A staff member told us, "When I need the support, I get it." Another staff member commented, "I do get good support." However, records showed that supervision was not being carried out in accordance with the providers supervision policy. Some staff had only received one supervision for 2018 and no future supervisions had been booked. The registered manager told us that the home has recently recruited a deputy manager, who would also carry out supervision. Records showed that this was being completed and staff had received recent supervision by the deputy manager. Supervision topics included the care of people, safeguarding, training and staff member's performance. The registered manager also told us that they held a group supervision to deal with specific issues. However, this had not been recorded.

We recommend the provider follows best practise guidance on supervisions to ensure staff are supported at all times.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty 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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their

liberty were being met.

Assessments had been carried out on people's ability to make decisions in certain areas. Where people did not have capacity to make decisions, a best interest decision had been made on their behalf with professionals and family members. People confirmed that staff asked for their consent before proceeding with care or treatment. Staff told us that they always requested consent before doing anything. A staff member told us, "100% I ask for consent." During the inspection, we observed that staff requested people's consent, for example, to find out if they wanted to speak to us and if people refused then this was respected.

DoLS authorisations had been put in place to protect people's liberty where the home was required to restrict people's movement both in and outside the home. We saw that the front door was kept locked and most people did not go out by themselves. DoLS applications had been made and authorised for people whose liberty was being restricted for to their own safety.

Pre-admission assessments had been completed prior to people receiving support and care from staff. Information was obtained on people's health conditions and backgrounds. Assessments were also carried out on the level of support people would require. Care plans were developed using this information. The home assessed people's needs and choices through regular review meetings. The review included reviewing all aspects of care and support people received. Where reviews identified that people's support needs had changed, then care plans were updated to reflect this. This meant that people's current circumstances were not being reviewed effectively to achieve effective outcomes.

The staff team worked together to deliver effective care and support. Staff told us there was a system of communicating people's change in needs with each other. A staff member told us, "We work as a team." People and relatives confirmed this. A person told us, "The staff work like a team." A relative commented, "They work in a jolly way with each other." There was a daily log sheet and staff handover book, which recorded information about people's daily activities, the support provided by staff, hospital discharges and complaints. This was used to communicate information between shifts on the overall care people received. This meant that staff could summarise the care needs of people on each shift and respond to any changing or immediate needs.

People told us that they enjoyed the food at the home. One person told us, "The food is good. You get a choice and there's enough for me." Another person commented, "I like the food, it's nice." A relative told us, "The Head Chef is very good. She goes all out to give my mum an interesting pureed diet. She makes it look normal." Care plans included details of people's likes and dislikes meals. There was a menu that showed meals that would be served during the day. Staff told us people were offered alternatives, if they did not prefer the meals on the menu. A staff member told us, "People get choices. We used to ask a day before on what they would like but some forget so we would ask them on the day of their preference." A person told us, "Yes, I chose a bacon sandwich for lunch today because I didn't like the two main choices." Special diets were catered for people who had diabetes and had swallowing difficulties and the cook kept records of the meals that should be provided. We observed that the kitchen was clean and tidy. The kitchen had been awarded an environmental hygiene rating of five stars.

We observed people received their lunch on time. People were all offered a choice of drink and these were refilled throughout. Food was served from a trolley with people having chosen their meal option in the morning. One person changed their mind and another asked for fruit instead of the pudding and this was provided. Staff offered support to people if they would like their food to be in smaller portions and some people were encouraged to eat.

People's weight was monitored regularly. Staff were aware of what to do if people lost a certain amount of weight consistently, such as referring to the GP or dietician. Records confirmed where people had lost weight then a referral had been made to dieticians and where required food and fluid charts were in place, which was being completed regularly.

People had access to healthcare services. People and relatives confirmed this. A person told us, "The GP visits every week and I see him if I have a problem. The staff make him aware if I want to see him. The optician comes in to see us every few months and also for a check-up once a year. Every six weeks or so, a chiropodist comes in." Another person told us, "The doctor's here all the time." A relative commented, "She sees the doctor if she needs to. He talks to everyone here when he comes in." Records showed that people had access to a GP, hospital appointments, chiropodists and other health professionals. They were supported to attend routine health appointments and check-ups as part of the care and support provided.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. One person told us, "They are kind here." Another person commented, "They are always cheerful." A relative told us, "I think the staff are lovely and do a great job. I feel very welcome here." Staff were observed to interact with people in a caring and kind manner.

Staff told us they built positive relationship with people by talking about their interests and life history. We observed people had a good relationship with staff. A staff member told us, "You would just get to know them, talk to them about their background and past and talk to them about your life as well." A relative told us, "I have a good rapport with most of the staff and it helps me to feel confident that he is OK in here. They know him very well."

Staff ensured people's privacy and dignity were respected. People and relatives told us that people's privacy and dignity was respected when they received support. A staff member told us, "When giving personal care, we would shut the door and windows, draw the curtains. Then I would give two towels when showering, one to cover the top half while I clean the bottom half and then one to cover the bottom half of their body while I clean the top half." Another staff member commented, "When giving personal care, I make sure the windows and curtains are closed and people have privacy." We observed when people were supported, the doors were closed and we did not observe any support given that would have impacted on people's privacy and dignity.

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were involved in making decisions about their care and support. Records showed that people and their relatives were involved in making decisions about the care and support people received. They had signed care plans to indicate they agreed with the contents of the plan. A staff member told us, "We always give them a choice on what they want like I would always ask them what they would like to wear." Care plans provided details on the decision people had made. On one care plan information included, that the person wanted to have their bed rails up, lights on with their call bell and drink next to them when they were sleeping.

People and relatives told us that people were encouraged to be independent. A staff member told us, "We encourage them to do things if they are able to." A person told us, "I am encouraged but limited in what I can do." Another person commented, "I can get myself washed and dressed and I do it."

People were protected from discrimination within the home. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. We observed that

staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. People confirmed they were treated equally and had no concerns about how staff approached them.

Good

Is the service responsive?

Our findings

People and relatives told us that the staff were responsive to people's needs. One person told us, "They're very good, the staff here." A relative told us, "Their intentions are good and they do so much. I can't fault it here." Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service and build positive relationships.

Each person had an individual care plan which contained information about the support they needed from staff. One staff member told us, "Care plans are good, they are helpful." Care plans detailed the support people would require and people's medical conditions. There was also a personal profile, which included people's personal details and details of next of kin and health and social professionals. In one person's care plan, information included that the person preferred to shower once a week and also to ensure person's head was elevated at night with pillows. In another person's care plan, information included that the heel on the foot should be floated with a pillow to minimise the risk of skin complications.

People's end of life preferences had been discussed with them and their relatives. This included funeral arrangements, who to contact and where people preferred to be during their last stages of life. Do not attempt resuscitation forms were in place in people's care plans and this had been authorised by a health professional and discussed with relevant people.

During our last inspection, we found that activities did not meet people's needs and people raised concerns with activities. During this inspection, we found improvements had been made. People, relatives and staff told us that there were regular activities. One person told us, "I do bingo, snakes and ladders and singsongs. I ask when I want to go out to the shops and they take me." Another person commented, "I do art on Mondays: they take me to a club and I really like it." A relative told us, "She will sit in the garden. Some of the residents helped to plant up tubs full of flowers. They've got a variety of activities. She joins in with connect and snakes and ladders. They do art sometimes, too. They painted pebbles." A staff member told us, "People do activities, lots of enjoyment goes on. People from outside come to do singing, games and bingos. I can see lot of people smiling."

We saw photos that evidenced people engaging in activities. During both days of the inspection, we observed that activities were held within the home and outside. We also observed staff singing and dancing with people and people were happy with activities. During one activity session in the garden, we observed that staff encouraged people to join in by name. They knew who preferred to sit in the sun and who did not or should not. Staff provided hats to people and one staff member carefully rubbed sun cream onto the arms of one person.

There was a journal for each person that evidenced the activities they participated in. However, one relative raised concerns with individual activities. The relative told us, "He doesn't get up all the time so when he does manage it there might not be anything on. There's nothing that comes to the rooms." There was an activities programme in place and we were informed that activities were held seven days a week. We asked

about people that did not participate in activities and if individual activities were held with them. We were informed that this was done but on an ad hoc basis. There was not a schedule in place for individual activities. We fed this back to the management team, who informed that this would be put in place.

We recommend the home follows best practise guidance on activities to ensure people who want to participate can do so.

Complaints had been managed appropriately. Records showed that all complaints had been logged, investigated and a response sent to the complainant by a member of the management team. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the home but felt confident to raise complaints if needed. One person told us, "I would go to a carer and then it gets to [registered manager]. I have complained and she has sorted it out."

A relative told us, "The staff understand my mum. They ask her to spell out key words if they can't understand what she is saying. They know my mum better than I do in some ways." All organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people who have a disability, impairment or sensory loss receive information that they can access and understand. We spoke to the regional manager and registered manager about how people could receive information in a way that they could access and understand. Records showed that communication needs had been identified and recorded in people's care plans with information on how to meet those needs. For example, one communication plan said, a person wore a hearing aid and to ask the person if they wanted to wear them. When communicating with the person, staff were to ask open questions using simple and short language. For people with communication difficulties, there was photographic materials available to communicate information to them in an accessible way. A staff member told us, "We got cards and photos if they cannot speak."

Good

Is the service well-led?

Our findings

Staff told us that they enjoyed working at the home. One staff member told us, "It is a good home, I would not have worked here if it wasn't." Another staff member commented, "I love my work. I like looking after people and seeing them. It gives you pleasure." A third staff member told us, "I really enjoy working here."

Staff were positive about the management team. One member of staff said, "[Registered manager] has cracked the whip. She is good, there is nothing you cannot ask her to help. She joins in with the support, very supportive." Another staff member said, "We have a good and understanding management team. We work as a team." A third member of staff told us, "[Registered manager] she is a good manager, I trust her."

The registered manager told us she was supported by senior management. On both days of the inspection there was a quality lead and regional manager who supported the registered manager to manage the home. We were informed that this was a regular occurrence to ensure people always received good care.

People and relatives were positive about the management of the home. One person told us, "Yes, you can approach [registered manager] and she sorts things." A relative told us, "If I have a complaint I go to the manager. She sorts things out." People and relatives told us that people enjoyed staying at the home. A person commented, "The staff in general work well together. Now and then there's an atmosphere but in general it's good. It's a good vibe here." A relative told us, "It's got a family atmosphere here. It's very welcoming."

There were systems in place for quality assurance. Audits were carried out on medicines, dining experience and safety checks such as equipment and food safety. The registered manager also carried out a 'daily walkabout' of the home. This focused on cleanliness, staff approach and engagement with people, speaking to people for feedback and looking at care plans. The regional manager also had oversight of the home through their own audits and the registered manager also provided updates to the regional manager on a regular basis.

Quality monitoring systems were in place. The provider had requested feedback from people and relatives to identify ways to improve the home. The results of the feedback were positive. The survey focused on meals, choices, decisions and staff approach. There was a "You Said and We Did" notice in the reception area, which outlined the changes the home made following feedback. Feedback was also sought from residents and relative's meetings. At these meetings relatives and people discussed activities, meals and staffing. A staff survey had been carried out and comments were positive.

Staff meetings were held quarterly. The meetings kept staff updated with any changes in the home and allowed them to discuss any issues. Minutes showed staff held discussions on end of life, team work, confidentiality and appearance. A staff member told us, "The staff meetings are good, it gives us a chance to talk to each other and share important information and improve the home." This meant that staff were able to discuss any ideas or areas of improvements as a team, to ensure people received high quality support and care. There was also health and safety meetings and clinical governance meetings. A 'daily flash'

meeting took place with senior staff. At these meetings senior staff were updated on any concerns or issues.