

Bupa Care Homes (CFChomes) Limited

East Dean Grange Care Home

Inspection report

Lower Street
East Dean
East Sussex
BN20 0DE

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19 August 2016

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Ratings

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

Summary of findings

Overall summary

East Dean Grange Care Home provides care and support for up to 30 people with care needs associated with older age. The needs of people varied, some people were mainly independent others had low physical and health needs and others had a mild dementia and memory loss. The care home provided some respite care and could meet more complex care needs with the support of community nurses which included end of life care.

At the time of this inspection 22 people were living in the service. This inspection took place on 18 and 19 August 2016 and was unannounced.

The service had a 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 quality monitoring systems needed further development to ensure they were used to promote best practice and to identify shortfalls and demonstrate effective responses. For example in order to ensure adequate staffing to maintain quality care at all times.

People were looked after by staff who knew and understood their individual needs well. Staff treated people with kindness and compassion and supported them to maintain their independence. People's dignity was protected and staff were respectful. All feedback received from people and their relatives was positive about the care, the atmosphere in the service and the approach of the staff and registered manager. One person told us East Dean Grange was "A very nice place to be."

Feedback from visiting professionals was positive. They told us staff worked with them to improve the health of people and to provide 'excellent' care.

People were protected from the risk of abuse because staff had a good understanding of safeguarding procedures and knew what actions to take if they believed people were at risk of abuse. Staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Senior staff had an understanding of DoLS and what may constitute a deprivation of liberty and followed correct procedures to protect people's rights.

Staff were provided with a full induction and training programme which supported them to meet the needs of people.

People were given information on how to make a complaint and said they were comfortable to raise a concern or give feedback. A complaints procedure and comment cards were readily available for people to use.

Staff monitored people's nutritional needs and responded to them. Preferences and specific diets were provided. People were supported to maintain their own friendships and relationships. Staff related to people as individuals and took an interest in what was important to them.

Feedback was regularly sought from people, relatives and staff. People were encouraged to share their views on a daily basis and satisfaction surveys had been completed. The management style fostered an open culture that listened to people.

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's medicines were stored, administered and disposed of safely by staff who were suitably trained.

People told us they were safe and happy living in East Dean Grange Care Home. Staff had received training on how to safeguard people from abuse and were clear about how to respond to any allegation of abuse.

The environment was well maintained to ensure people's safety.

People had individual assessments of potential risks to their health and welfare. Staff managed these risks properly to make sure people remained as safe as possible.

Is the service effective?

Good 

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and how to involve appropriate people, such as relatives and professionals, in the decision making process if required.

Staff were suitably trained and supported to deliver care in a way that responded to people's changing needs and choices.

People had access to external healthcare professionals, such as the GP and community nurses as necessary because staff ensured appropriate referrals were made.

People's nutritional needs were well monitored and they had food and drink that met their needs and preferences.

Is the service caring?

Good 

The service was caring.

People were supported by kind and caring staff. Staff knew

people well and had good relationships with them. Relatives were made to feel welcome in the service.

Everyone was positive about the care and support provided by staff.

People were encouraged to make their own choices and had their privacy and dignity respected.

Is the service responsive?

Good ●

The service was responsive.

People told us they were able to make individual and everyday choices and staff responded to these choices.

People had the opportunity to engage in a variety of person centred activities and staff supported them either in groups or individually.

People were aware of how to make a complaint and people felt that they had their views listened to and responded to.

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Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality monitoring systems were not well established to identify all areas for improvement and monitoring.

The registered manager was seen as approachable and supportive and was available to staff and people.

Staff and people spoke positively of the management team's leadership and approach.

East Dean 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 service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 18 and 19 August 2016 and was unannounced. The inspection team consisted of one inspector.

Before our inspection we reviewed the information we held about the home. We considered information we held about the service which included safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider completed a Provider Information Return (PIR). 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 spoke with the commissioner of care from the local authority before the inspection. During the inspection we were able to talk with eight people who used the service, three relatives and two visiting friends. We also spoke with nine staff members including the registered manager, four care staff, the activities co-ordinator, a housekeeper, the maintenance person and the chef. Following the inspection we spoke with a visiting nurse specialist and the local GP who had regular contact with the service.

We observed lunch on two days in the dining room and a number of people's own room when they ate on their own. We spent time observing people and staff in areas throughout the home and were able to see the interaction between them. .

We reviewed a variety of documents which included four people's care plans and associated risk and

individual need assessments. This included 'pathway tracking' people living at East Dean Grange. This is when we looked at people's care documentation in depth and obtained their views on how they found living at the home. It was an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

We looked at three staff recruitment files, and records of staff training and supervision. We viewed medicine records and looked at policies and procedures, and systems for recording complaints, accidents and incidents and quality assurance records.

Is the service safe?

Our findings

People said they felt safe and secure and staff response to their needs made them feel safe. One person said "I am quite safe and relaxed here". Another said "They look after you nicely here I have no criticisms and care is given in a safe way." People said the staff responded to the call bell quickly but they had to wait if they were attending to other people and staff were often busy. The staffing numbers provided ensured people had the care they required. We found people had call bells available to them wherever they were in the home. Some people used a pendant to ensure a bell was close even when they were walking around the home. Relatives had confidence that people were well cared for and safe in the service. One visitor told us "Staff really care this made residents feel comfortable, warm and safe." Visiting health professionals were positive about the standard of care and level of engagement with them which ensured people were receiving safe care. They told us staff were quick to raise any health concern which could then be responded to.

Staff recruitment records showed appropriate checks were undertaken before staff began work. This ensured as far as possible only suitable people worked at the home. Checks included application forms and interview notes, confirmation of identity, references and a disclosure and barring check (DBS). These checks identify if prospective staff had a criminal record or were barred from working with children or adults at risk. The recruitment process was co-ordinated by the home's administrator and included a further checking system to ensure the correct procedures were followed.

All staff received training on safeguarding adults and understood clearly their individual responsibilities to safeguard people. Staff were able to talk about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice. Records confirmed that systems were in place to ensure any suspicion of abuse was referred appropriately. Senior staff confirmed how they had worked with the safeguarding team and gave examples of how they had protected people against abuse.

The provider had established systems to promote a safe environment. East Dean Grange Care Home had a good level of cleanliness and a number of safety and maintenance checks were maintained to ensure equipment and facilities were safe. A maintenance person worked in the home and responded to issues raised by people and staff. This included responding to people's requests like hanging pictures, general maintenance and improvement to the premises. Staff told us any maintenance issue identified was responded to quickly. People and relatives were complimentary about the environment and the standard of cleanliness. One person said; "I have a lovely room I love the view and wallpaper." Contingency and emergency procedures were available to staff and a member of the management team were available at any time for advice. Fire procedures and checks on equipment were in place and emergency information was accessible near the front door of the home. This included Personal Emergency Evacuation Plans (PEEPs) used to direct staff and emergency services on safe evacuation of people from the service in the event of an emergency.

Risks to people's safety and care were identified and responded to. Records and staff confirmed people were routinely assessed regarding risks associated with their care and people's health. These included risk of falls, skin damage, nutritional risks and moving and handling. People had equipment to assist them when walking and this equipment had been provided on an individual basis taking account of individual need and any risk. For example, one person needed additional equipment when moving from the bed to a wheelchair and this along with appropriate training for staff had been provided.

People's medicines were safely administered, to people safely and as they required them. There were systems in place to ensure the safe storage and administration of medicines with organisational medicine policies and procedures in place for staff to follow. People who wanted to administer their own medicines were able to do so once staff had assessed any risks associated with this. For example, checking people were able to administer injections safely

All medicines were stored in locked cupboards and within drug trollies with the keys held securely. Medicines were only administered by senior care staff who had completed additional training and competency checks. When administering medicines, staff followed best practice guidelines. For example medicines were administered individually with the Medication Administration Record (MAR) chart only being signed once the medicine had been administered. Staff ensured people had a drink and asked people what medicines they needed. The supplying pharmacist provided training for staff and undertook an audit of the medicine management in the home. Some people were on variable dose medicines and medicines that needed to be given at specific times, these were well managed. For example, individual person centred guidelines were in place for people so staff administered medicines in a consistent way.

Is the service effective?

Our findings

People told us the staff were well trained and knew what they were doing. People had confidence that staff had the skills to care for them well. One person said; "The staff are all well trained and good at what they do." A relative said they were very impressed with how staff had recognised and dealt with their family member's developing illness. "The staff are really good at their job. They are on the ball and quick to respond to people's health needs in an appropriate way." Feedback from visiting health care professionals about the skills and competence of the staff was positive. They said care workers were keen to provide a high standard of care.

Staff understood their roles and responsibilities and had the skills, knowledge and experience to support people well. The recruitment process took account and assessed applicant's skills. For example understanding of care and literacy skills were assessed. Staff were provided with terms and conditions of employment and policies and procedures that underpinned their roles within the service. New staff received a comprehensive induction programme that was followed by a probationary period. This included working alongside senior staff in a shadowing role. Induction training was completed in small groups within one of the BUPA services. Staff also had their competency assessed after they had completed their training.

Staff and training records confirmed that a programme of training had been established and staff were completing essential training throughout the year. This included health and safety, infection control, food hygiene, safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the provider's computer system highlighted if staff had fallen behind. Staff were trained and had the appropriate knowledge to look after people at East Dean Grange Care Home. Staff told us the training was extensive and provided them with the skills they needed and included practical training as well as theory. Senior staff reviewed staff training at supervision and supported staff to complete the required programme. Additional training was also provided to support staff with developing roles, specific interests and changing needs of people living in the service. For example, one staff member told us they wished to undertake training on dementia care. The registered manager confirmed they had followed up on this request and was sourcing appropriate training for the whole staff team. She recognised the need for dementia care training as an additional need for people. Another staff member told us they were being supported in completing an English course.

Staff had completed training on the Mental Capacity Act (MCA) and DoLS. The MCA 2005 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. There were relevant guidelines available for staff to follow and all staff understood the principle of gaining consent before any care or support was provided. A consent policy was in place and available to staff.

Each person had their capacity assessed on admission, as a baseline assessment. People living in the home had capacity to make decisions about their care and daily life. Staff understood that a capacity assessment

would need to be completed if there was any concern around a person's capacity to make a decision. Staff were aware any decisions made for people who lacked capacity had to be in their best interests and the need to include appropriate representation for the person concerned. People felt they were free to make decisions for themselves about their lives and how they spent their time. One person said "You can do pretty much what you want to here." People were constantly asked for their agreement and were given choices throughout the day. For example, a wide choice of meals was offered to each person on the day the food was provided. People were asked if they were ready to take their medicines and were consulted on what care and support they required.

People were supported to have enough to eat and drink and had a pleasant dining experience. People had access to drinks throughout the day. Jugs of water were always available in people's bedrooms and in the sitting room. People could choose where they had their meals and the dining room was attractively presented. One person said; "I prefer breakfast in my room but always go down to have my lunch."

Meals were served politely and staff engaged people in pleasant conversations in the dining room. People were supported according to their need, and were provided with any equipment they needed to help them to maintain their independence. For example, plate guards and adapted cutlery were used when required. People and relatives were positive about the food and choices provided and said they looked forward to their meals. One person said "The food is beautiful, the chef comes round each day to ask you what you want to eat." Another said "The food is very good, excellent, it really is." Staff were also positive about the food provided saying great attention was given to people's diets and what they enjoyed eating. Staff also ate the food when they worked long shifts and provided feedback to the chef.

People's nutritional needs had been assessed and were regularly reviewed. Risk assessments and staff observations were used to identify people who needed monitoring or additional support to maintain nutritional intake. Staff monitored people's weights and recorded the food and drink they ate and drank. If people lost weight or showed signs of difficulty with eating professional advice was sourced from the GP and Dietician. One person had been prescribed nutritional supplements and staff monitored the person's weight to check the supplements had been effective. One relative reflected on the weight increase for one person following admission. This was in contrast to them losing weight and having no interest in food before admission.

Staff had a good knowledge of people's dietary choices and needs. The chef had assessment information completed by the care staff and worked closely with people and staff to respond to these and to any preferences. For example, one relative told us their family member loved steak and the chef ensured she had this as a treat.

People were supported to maintain good health and received on-going healthcare support. People could see their GP when they wanted to and were supported to attend hospital appointments. One person was receiving treatment from a physiotherapist and staff were supporting them with a rehabilitation plan. Relatives confirmed health care support was regular and appropriate. They were kept informed of any health changes in accordance with people's wishes. Visiting health care professionals confirmed staff liaised effectively sharing information about people's needs and health appropriately. For example, any skin injuries including cuts were reported to the district nursing team early to ensure appropriate treatment

Is the service caring?

Our findings

People were treated with kindness and compassion in their day-to-day care. People and their relatives were very positive about the caring attitude of the staff at East Dean Grange. One person said; "The staff are lovely and you feel loved." Another said; "The staff are very caring, always asking what they can do for you." One relative said; "Staff respond to people positively and have a lovely relationship with people." Visiting professionals were also positive about the caring approach of staff and how they put people they cared for people. One professional said; "Staff show kindness and compassion."

Staff were kind and approached people in a positive helpful way. Staff had meaningful conversations with people and always took notice of what people said. Staff encouraged conversation between people and supported people in coming to an agreement when they wanted different things. For example, one person wanted a window closed and other people wanted it to stay open. Staff encouraged a compromise without dismissing anyone's view. Staff had a good knowledge and understanding of the people they cared for and had established caring relationships with them. For example, one person told us how the staff welcomed her back when she returned from hospital and how they used her preferred first name which demonstrated a warmth and a good level of caring.

Staff spoke with care about the people they supported and talked about respecting their privacy and dignity. They demonstrated a good understanding of the individual choices, wishes and support needs for people within their care. This approach was reinforced by the registered manager who was the identified dignity champion. A dignity champion is someone who believes that being treated with dignity is a basic human right, not an optional extra, and reminds staff of this approach on a day to day basis. People's bedrooms were their own personal area, and staff respected this, only entering with permission. One person told us; "They also knock on your door and respect your private space." If staff were carrying anything they called out to ask for permission to enter. People always met with visiting health care professionals, such as their GP, in private. People were also supported to see their visitors in the room they wanted to. People's rooms were individual and contained items that made the room reflect each person as an individual. They were personalised with items of furniture, ornaments, pictures and a number of photographs. One person, who had recently moved into the home had bought in their own bed and other furniture important to them. People told us they liked their rooms and they contained all they needed and they enjoyed spending time in them. One person said; "I have my own furniture here that I love and I like the wallpaper too." People's private post was delivered to each person's room as it arrived. This ensured people could open and deal with personal mail as they wished in private.

People said their dignity was respected and they were never made to feel embarrassed. One person told us "I only have to ask for assistance, when wet comes away from me staff always come and help change my pad when I need it and treat me well." Staff understood it was important to help people to maintain their independence and encouraged people to do what they could for themselves. For example, some people administered their own medicines and kept these in their own rooms.

People were supported to maintain regular contact with family and friends. Staff understood this was

important to people and their relatives. Staff encouraged People and their relatives were helped to record their 'life stories'. This enabled staff to gain further insight and understanding of people's backgrounds and interests. This ensured staff knew people well and could respond to individual lifestyle preferences. For example, one person travelled a great deal in the past and staff could talk about places they had been. People and visitors told us they could visit at any time with no restrictions and were made to feel very welcome. One relative said; "I am always welcomed and offered a drink when I arrive."

Staff understood the importance of maintaining people's confidentiality and had received training on maintaining confidentiality within the induction programme. Records were kept securely within locked cabinets. Staff knew information about people was not to be shared outside of the home.

Is the service responsive?

Our findings

Care and support provided was person centred and responded to people's identified needs. People felt the care and support they received was focussed on them as an individual and reflected their personal choices and preferences. People were treated as individuals with some receiving a minimal amount of care. One person said "I love it here, I love the people, I can do whatever I like." People chose how long they spent in their own company. This was important to people who enjoyed time on their own and preferred their own company. One person told us they wanted to concentrate on their rehabilitation and going home. Staff supported this person's choice and future plans.

People felt their care and health needs were well attended to although they told us they sometimes had to wait their turn when staff were attending to other people. They understood this happened on occasions. One person told us "You have to wait for your turn when staff are washing but they come earlier if you are going out. I go to church every week and staff sort all of that out for me." One relative described how staff responded quickly to changing health needs and said "If they had not taken the action they did it could have been life threatening." This demonstrated that staff were responsive to people's changing needs.

Staff had a good understanding of the support people needed and this ensured a personalised approach to care. Communication systems were well established which maintained an up to date understanding of people's needs. This included a regular discussion and a formal handover between staff when changing shifts. Each person had an allocated day within the month to be 'resident of the day'. During this day all aspects of their care and life was discussed with them ensuring an individual review. This included a discussion with the chef and senior staff, and ensured staff were aware of any changing preferences and needs. Positive feedback and any concerns were also raised and responded to during these reviews. For example one person changed their recorded preferences on food.

Visiting professionals told us staff were knowledgeable about people's needs and responded to any recommendations that they made to improve health outcomes. One professional told us staff had a proactive approach when dealing with health needs, worked collaboratively and ensured quality health care.

People had their needs assessed before they moved to the home and admitted. This was done with the person and their representatives and the registered manager. The assessment was completed to make sure the person's needs could be met by staff working at East Dean Grange Care Home. The assessment included information about people's likes and dislikes, beliefs important to them and how they would like their care provided. Following admission to the home a further assessment was undertaken. This included an assessment of any risks in order to manage these whilst protecting people's choices and independence. For example, one person chose to request their medicine when they were ready for it and said "I have to have one of my tablets with my meal and I just press my bell to let them know."

People were able to take part in a range of activities. Staff helped people to be involved in activities that interested them and there was allocated activity staff working within the service. For example, one person

told us how the activities person visited her on an individual basis to complete some craft work. "The activity lady comes to see me every day she is lovely and we made some paper flowers."

People and relatives told us there was an opportunity to join in with entertainment in the home if people wanted to. A programme of activity was available and advertised within the home and included group activity with quizzes, entertainment and individual activity such as craft work. Special events were celebrated and included people's birthdays. One relative said "The party celebrations are very good and always include the family as well which is important." People had been asked what activity and entertainment they would enjoy and this had been responded to. For example, on one day of the inspection a trip to a local garden centre and coffee shop was enjoyed by a group of people. This had been organised in response to people's requests. On the second day of the inspection a group were discussing photography as a topic. This included looking at the development of the camera. People were supported in taking their own digital pictures which were shared and initiated jolly conversations and interaction within the group and staff.

The service had a clear complaints procedure that was available to people and their representatives to use if they needed to. Leaflets on making complaints were displayed in the front entrance along with a suggestions box. Records confirmed that complaints received were documented and responded to in a way to improve the service for people.

People and relatives told us they would raise a complaint if they needed to and would approach senior staff in the service. They confirmed when they had raised issues in the past these had been responded to and dealt with 'properly'. One relative said "I identified some issues in the past. The manager was positive about receiving these and dealt with them in a positive way".

Another person told us they had complained about the passenger lift not working and had received a positive response. BUPA provided additional lounge areas on each of the floors and chair lifts to alleviate the problem until the lift was repaired.

We found regular contact was maintained with people and their representatives. Communication and systems for feedback were effective and maintained as part of the daily conversations with people. Residents meetings and satisfaction surveys were also used to gain additional feedback.

Is the service well-led?

Our findings

People and their relatives gave consistently positive feedback about the management of the service. They were confident the registered manager had a good overview of the service and managed it well. The registered manager had a high profile in the home, and was accessible to people, their relatives and staff. The culture of the home was open and relaxed with a pleasant atmosphere. People and relatives said they were listened to. One person said "The manager is very friendly and is often about helping the other staff out at night." Visiting professionals were also positive about the management of the service which they felt was effective and promoted a good standard of care for people.

Although all feedback about the management was very positive we found the leadership of the service was not effective in all areas. Management and quality systems had not responded effectively to staff shortages caused by annual leave and staff vacancies. Although the staffing arrangements ensured people were safe the quality of the care was being impacted on. The registered manager was completing extra tasks to ensure people's safety was protected, including the administering medicines. . People told us they had to wait for their personal care needs to be attended to. Some people were not helped with their personal care before 11.30 in the morning. This was not due to their individual preference. In addition one person accepted that they received a shower when staff were available rather than when they wanted a shower. One person told us "I do not see much of the staff as they are not often available."

Staff were very busy and were working through their breaks to complete their work. For example, on the first day of our inspection staff did not have their lunch break until 15.30. There was general agreement between staff and people and relatives that staff were very busy. Staff told us they had raised their concerns about staff numbers but had been told the staffing numbers relied on the occupancy of the service. The staffing provision was identified as an area for improvement.

The staffing concerns were discussed with the registered manager. Following the inspection they confirmed staff were being sourced from other BUPA homes to cover vacancies and a new deputy manager had been recruited to ensure suitable levels of staffing were in place at all times to ensure quality care.

Not all quality systems were in place to ensure a safe environment. Systems were in place to check the safety of rooms and the supply of hot water accessible to people. However we found checks completed were incomplete and did not identify what action was taken when hot water was supplied and accessible to people at a temperature that could pose a risk of scalding. This concern was raised with the registered manager who ensured all water accessible to people was checked and appropriate action taken when found to be too hot.

There was a clear management structure in place that staff were familiar with. The registered manager was normally supported by a deputy manager although this post was currently vacant. Staff were aware of the line of accountability and who to contact in the event of any emergency. There were on call arrangements to ensure advice and guidance was available every day and night if required. The registered manager was readily available to support staff if they needed it, both over the telephone or as an extra pair of hands in

the home.

All staff were aware of the whistleblowing procedure and said they would use it if they needed to. Staff said they felt supported within their roles and said they could talk to the registered manager, but missed the deputy manager.

The registered manager was approachable and had an 'open door policy'. They made themselves available to people, staff and visitors. They led by example and made time to demonstrate the approach they expected from staff. For example, when walking through the home they spoke to everyone and made sure people were comfortable and had what they needed close to them.

Staff were supported with regular supervision and appraisals and said these sessions were useful. The meetings were used to develop staff and to give them an opportunity to raise any issue directly with a senior member of staff. Regular staff meetings were held and these were used to talk about BUPA policies and procedures and expectations of staff and to share best practice.

Systems for communication for management purposes were well established and included a daily meeting with the senior staff and a daily management check around the service both of which were documented. Visiting health care professionals were positive about the way staff worked with them communicated with them and ensured advice and guidance was acted on by all staff. For example one professional told us how staff worked with them to prevent pressure damage to skin.

There were a number of quality auditing systems in place these included a variety of audits and ways of gaining information from staff and from practice observed and recorded within records. For example medicine audits and checks had been established to support and monitor safe medicine administration.

The provider sought feedback from people and those who mattered to them in order to improve the quality of care people experienced. This was facilitated through meetings with people, and the use of satisfaction surveys. People used the meetings to talk about the quality of the food and planned activities in the service. People had been asked about the standard and quality of the food. The information gathered was given directly to the catering staff for them to use.

The service had notified the Care Quality Commission (CQC) of all significant events which had occurred in line with their legal obligations. The registered manager confirmed a procedure was in place to respond appropriately to notifiable safety incidents that may occur in the service.