Barchester Healthcare Homes Limited

Bluebell Park

Inspection report

Royal Glen Park
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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

This inspection was unannounced and took place on 18 April 2018.

Bluebell Park is a 'care home' for older people, some of whom are living with sight loss and/or dementia. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Bluebell Park is registered to provide residential and nursing care for up to 64 older people living with dementia and/or a physical disability. The home was purpose-build and is on three floors divided into three communities, Memory Lane, Woodland View, and Bramble Way. There is a range of communal areas including lounges, dining rooms, and secluded gardens. On the day of our inspection visit there were 62 people living at the home.

There was a registered manager in post. 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.

All the people and relatives we spoke with said they would recommend the home to others. They said the home had a warm and caring atmosphere and the registered manager and staff were professional and kind. They said the staff encouraged people to do as much as possible for themselves and supported them with things that they could not manage. All the interactions we saw between staff and people were warm and personalised.

People and relatives told us the home was a safe place where staff provided good quality care and support. Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people living at the home. Staff were knowledgeable about people's needs and knew how to support them to stay safe.

There were sufficient staff to meet people's needs and people did not have to wait long for assistance. Staff supported people in a knowledgeable and caring manner, providing personal care, company and reassurance where necessary. They were trained according to their roles and understood the importance of people consenting to their care and support.

All areas of the home were clean and fresh. The premises were purpose built and designed to provide a safe and spacious environment for people. People and relatives told us the food was of a good standard and quality. Lunchtime was calm and unhurried. Staff gave each person individual attention, discussing the menu choices with them and asking them what they would like. If people needed assistance with their meals staff provided this.

People had access to healthcare professionals when they needed them and staff worked closely with a range of healthcare professionals, including GPs, community nurses, dieticians, opticians, dentists and chiropodists, to ensure people's medical needs were met. Medicines were safely managed at the home.

The home provided a wide range of group and individual activities for people to take part in if they wanted to. An activity board was displayed in the entrance hall showing the activities available each day. People told us they enjoyed the activities and looked forward to visiting entertainers and trips out.

People told us they knew how to make a complaint and would be confident to do this if they had any concerns. The registered manager and staff said they continually checked that people were happy with the service and said that by doing this they hoped to create a culture where people felt safe to speak out if they had any concerns.

There were effective systems in place to monitor the quality of the service. Records showed that ongoing improvements were made and these were documented on an action plan which was regularly reviewed by senior managers and the provider. Relatives told us the home held regular meetings which they could attend with their family members to share their views on 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 systems in place to protect people from the risk of harm and staff were knowledgeable about these.

Risks were managed and reviewed regularly to keep people safe from harm, injury and infection.

People were supported to take their medicines safely and the provider was committed to reviewing and learning from accidents and incidents.

Is the service effective?

Good

The service was effective.

People's needs were assessed and met by staff who were skilled and had completed the training they needed to provide effective care.

People were supported to maintain their health and well-being and their nutritional needs were met.

Staff understood the principles of the Mental Capacity Act 2005, including gaining consent to care and people's right to decline their care.

Is the service caring?

Good

The service was caring.

The staff were kind, caring and compassionate and understood the importance of building good relationships with the people they supported.

The home had an established staff team so people got to know the staff supporting them.

Staff supported people to be independent and to make choices. People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People were supported to be involved in the planning of their care. They were provided with support and information to make decisions and choices about how their care was provided.

A complaints policy was in place and information readily available to raise concerns. People knew how to complain if they needed to.

Is the service well-led?

Good

The service was well-led

The registered manager provided effective leadership and ensured staff received the support they needed to meet people's needs.

Feedback from people and relatives was used to drive improvements and develop the service.

Comprehensive audits were completed regularly at the home to review the quality of care provided.

Bluebell Park

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 to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and took place on 18 April 2018. It was carried out by an inspector, a nursing specialist, 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. Our expert by experience had experience of services that provide care and support for older people some of whom are living with dementia.

On this occasion, we had not asked the provider to send us 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. However, we offered the provider the opportunity to share information they felt relevant with us.

We reviewed information that we held about the service such as notifications, which are events, which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies.

We sought feedback from commissioners who placed people and monitored the service.

During this inspection we spoke with six people and five relatives. We also spoke with the registered manager, regional director, regional manager, deputy manager, three nurses, and four care workers.

We looked at six people's care records to see if they reflected the care provided, and three staff recruitment records. We looked at other information related to the running of the service including quality assurance audits, staff training information, and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People and relatives told us the home was a safe place and staff provided safe care and support. One person said, "I do feel safe, very safe. It's the whole environment and I know the carers are always here and they do care and there are always people around to make sure we are safe." A relative commented, "I've never doubted [the home is safe] for one minute. To know this home is so good has been a comfort to me and has enabled me to carry on working because I know [family member] is safe."

Staff were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people living at the home. One staff member told us, "We all understand safeguarding and the different ways people can be harmed. We know to go to the manager if we have any worries about people at all and I have every confidence she would deal with it."

Records showed that if a safeguarding incident occurred management and staff took appropriate action. This included alerting the local authority and CQC and putting a range of measures put in place to reduce future risk. A relative told us that following an incident that affected their family member's well-being they were satisfied that staff 'did everything they could' to prevent a reoccurrence. Another relative said staff had put a sensor mat by their family member's bed so they could go to the person's assistance if they got up in the night. These were examples of managers and staff taking action to learn lessons and make improvements when things went wrong.

Staff were knowledgeable about people's needs and knew how to support them to stay safe. A relative told us staff had kept their family member safe since they'd come to the home. They told us, "There have not been any mishaps or any problems since [family member] has been here and [family member] is actually improving – the staff have done a really good job looking after [family member]." Another relative said their family member was unable to use a call bell to summon help when they were in their room, so staff checked them regularly to make sure they were safe. They told us, "[My family member] has not had any mishaps or any falls."

If people were at risk this was highlighted in their care files. This meant that staff could see immediately if a person was at risk as a result of any health or care needs they had. Where people were at risk, care plans and risk assessments were in place so staff had the information they needed to help reduce the risk. These covered areas such as tissue viability, infection, and nutrition and hydration.

Some people were at risk of falls and we looked at how staff managed this. People's mobility was assessed when they came to the home and care plans and risk assessments made it clear what support and equipment they needed to move about the home safely. Falls were monitored and action taken to reduce the risk of them reoccurring. For example, one person had a number of falls. In response staff referred them to a local falls clinic and had their medicines reviewed and their GP made adjustments to these. These actions reduced the risk of the person falling and increased their safety at the home.

The premises and environment were risk assessed and there were procedures to be followed in the event of

emergencies. Equipment was serviced and checked for safety. People had the equipment they needed to keep them safe including mobility aids and pressure relieving equipment. There were effective systems in place to monitor the health and safety of people, which included regular fire tests, and maintenance checks of equipment and the building. Accidents and incidents were monitored and action taken to address any identified concerns.

During our inspection visit there were sufficient staff to meet people's needs and records confirmed the usual number of staff were on duty that day. Staffing levels had increased since our last inspection. Buzzers were answered promptly and people received support when they needed it. There were enough staff to assist people at mealtimes. Staff told us they had enough time to care for people safely. One care worker said, "We [the staff team] are busy, but never too busy to care. We are all able to spend quality time with the residents."

Staff member's photos were on display in the entrance hall so people and relatives could see who was on duty that day. Safe staff recruitment processes were in place to help ensure people were not cared for by unsuitable staff. If advice was needed about staff recruitment the registered manager was supported by the provider's human resources department who gave advice on request.

Most people and relatives were satisfied with the staffing levels. One person said, "We have a buzzer system and it doesn't take long for then to come." Another person told us, "Yes there is enough staff. Sometime you have to wait a few minutes for them to help you but that's all." A relative said, "The staffing levels are good compared with other places my [family member] has been. I've not seen anyone neglected or left waiting."

A few people and relatives said they thought there should be more staff at night. One person told us, "Sometimes there isn't [enough staff at night]. I don't know if it's the changeover time – usually about eight o'clock at night – that's when we seem short of staff." A relative said there thought staffing levels were good in the day, but added, "I think in the evening I've always felt they could do with one or two extras."

We reported this to the registered manager who said staffing levels were based on people's needs and were under daily review. She said she would look into what people had said about staffing levels at night with a view to ensuring there were always enough staff on duty to meet people's needs.

Medicines were safely managed at the home. Staff were trained in the safe handling of medicines and their competencies tested. There were regular medicines audits in place, including one carried out in January this year by the home's contract pharmacist, and records showed any shortfalls found were quickly addressed. People received their medicines at the appropriate times and relatives confirmed this.

If staff were concerned about a person's medicines they arranged for them to be reviewed. For example, staff saw that one person appeared distant and unresponsive. They reported this to the person's GP and community psychiatric nurse and as a result one of the person's medicines was reduced. Staff reported this person was now much more lively and active and was engaging with staff and other people at the home and appeared happier. If people were on covert medicines (where the medicine is concealed in food or drink) people had a covert medicines protocol in place in line with the Mental Capacity Act and evidence of best interest decisions being made.

The clinical room we saw was secure, clean and tidy. Fridge and room temperatures were recorded to ensure medicines were stored safely. Records showed people were having their medicines safely and at the right time. We found a few minor issues with medicines records, for example one person did not have a protocol in place for their PRN ('as required') pain relief medicines. When we pointed this out to the nurse in

charge of medicines that day they immediately addressed this and put the required documentation in place.

People were protected by the prevention and control of infection. All areas of the home were clean and fresh and regular cleaning took place to maintain this. A relative commented, "It's kept immaculate, incredibly clean." Staff were trained in infection control and understood the importance of regular hand washing. They had used personal protective equipment, including gloves and aprons, when appropriate.

Good

Is the service effective?

Our findings

People received effective care and support because their needs and choices were assessed, understood and met in line with relevant guidance. Records showed that people underwent comprehensive assessments before coming to the home. These were done in conjunction with people themselves, their families, and health and social care professionals who knew the person. This helped to ensure the home was suitable for the person and their needs could be met there.

Relatives all said the staff was well-trained and knowledgeable. One relative told us, "I'm completely confident with what I see." Another relative told us, "They've got resident nurses as well [as care workers] and always a senior on duty and they are always off on training days. From what I've seen they all seem to cope and do their jobs very well."

Staff told us they received thorough and varied training. One care worker said, "When I came here I was already experienced in care but I still had the full induction and training. That's because every home is different in the way they do things and the policies and procedures are different." A nurse told us, "When I've asked for training I've never heard a 'No'. The manager and provider want us to train so we can provide the best care for people." We observed staff supporting people in a knowledgeable and caring manner, providing personal care, company and reassurance where necessary.

If staff needed specialist training to meet people's individual needs this provided. For example, one person was distressed when using the hoist so the provider's moving and handling trainer came to the home to advise staff on how best to hoist the person so as to minimise their distress. This approach was effective and the outcome positive for the person concerned.

People and relatives told us the food was of a good standard and quality. One person said, "It's delicious, I can't fault it, and they make sure there's enough." A relative told us, "It's excellent, it really is, and it's all home prepared, and there's always cakes and biscuits in the afternoon." Relatives told us that if their family members were on particular diets, for example pureed or gluten-free, the home catered for these.

We observed lunchtime in one of the dining rooms. The atmosphere was calm and unhurried. Staff gave each person individual attention, discussing the menu choices with them and asking them what they would like. They showed some people ready-plated meals to make it easier for them to decide what they wanted. Lunch proceeded in a quiet and friendly manner, with people talking with each other and staff. If people needed support with their meals this was provided in the way they wanted it. For example, one person's records stated that they found it 'undignified' for staff to assist them, however, '[Person] does allow staff to load their spoon or fork but not to put the food in their mouth.'

People's nutritional needs were assessed when they came to the home. If there were any risks concerning their food and drink, for example, choking or swallowing difficulties, or malnutrition, staff referred them to the relevant healthcare professionals including SALT (speech and language therapists) and dieticians. Records showed staff followed the advice given, monitoring people's weight and recording their food and

drink intake as advised. One person had arrived at the service with a recorded weight that appeared to be incorrect. We reported this to the registered manager who checked the records, confirmed this was the case, and took action to ensure the person's records were updated and adjusted.

People had access to healthcare professionals when they needed them. Relatives said they were confident staff would take prompt action if their family members needed medical attention. They said a GP frequently visited people in the home and other healthcare services were available to people as required.

Records showed staff worked closely with a range of healthcare professionals, including GPs, community nurses, dieticians, opticians, dentists and chiropodists, to ensure people's medical needs were met. People had care plans in place for their medical needs which staff followed, taking advice from healthcare professionals where necessary. The staff we spoke with understood people's medical needs and how they could be met.

The premises were purpose built and designed to provide a safe, comfortable and spacious environment for people. The large entrance hall was bright and inviting with groups of easy chairs for people to sit on, a reception desk with a friendly and helpful receptionist, tea and coffee available, and information about the home displayed on noticeboards. We saw the area was popular with people who liked to watch the comings and goings of visitors to the home.

Different areas of the home were adapted to suit the needs of the people accommodated there. For example, the home's first floor, where people living with dementia were based, used colour, pictures and cues to help people find their way around. There were items of interest and tactile objects placed throughout to aid reminiscence and stimulate activity. In another area of the home doors opened out onto the garden and people were sat outside enjoying the warm weather. All areas of the home were decorated and maintained to a high standard.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Some people had restrictions on their liberty authorised by the local DoLS team and their care plans included instructions to staff on how to support them in line with their DoLS authorisations. One person's mental capacity assessment did not fully reflect the complexity of their understanding of their current situation. We discussed this with the deputy manager, who oversaw the MCA and DoLS at the home, and they agreed to review the person's assessment and ensure staff had the information they needed to support the person to make choices and decisions.

Staff were trained in the MCA and DoLS and understood the importance of people consenting to their care and support. Care plans advised staff on how best to seek people's consent. During our inspection visit we saw that staff always asked for people's permission before they assisted them. This meant that staff were working within the principles of the MCA and seeking people's consent to care and treatment in line with legislation and guidance.

Good

Is the service caring?

Our findings

People and relatives made many positive comments about the caring nature of the staff. One person said, "Yes the staff are caring. They follow up what your needs are and want to know what they can do to help." A relative told us, "[The staff are] very interactive and I do feel they've a genuine love of care and have always got a minute to chat." Another relative said, "[The staff are] wonderfully caring, like a family. They're amazing and genuine and do not put on an act for the sake of visitors – it's there all the time."

People said the staff encouraged them to do as much as possible for themselves and supported them with things that they could not manage. All the interactions we saw between staff and people were warm and personalised.

The home had an established staff team which meant people got to know the staff supporting them. A relative said, "They've got a good core of carers and it's the same faces you see." A nurse supporting people living with dementia told us the manager and staff understood the importance of this. They told us, "We have core staff so the residents get continuity. This helps them to feel settled and reassured because they recognise the staff and trust them."

Relatives told us t when people became distressed staff dealt with this in a caring way. One relative said, "I've seen how they deal with some of the more challenging residents and they never seem to get ruffled." Another relative told us, "They have kind words – caring words. Everyone here treats the residents with compassion and patience."

Relatives told us they were made welcome when they visited and could come at any time. One relative said, "I really do [feel welcome], I'm made to feel very comfortable." Another relative said, "Oh yes – I tend to come in the afternoons and the family comes when they can and the staff always make us feel welcome." During our inspection visit we saw relatives sitting with their family members in comfort and being offered drinks and snacks. Staff talked with people and relatives and seemed to know them all well.

People and relatives were supported to express their views and be actively involved in making decisions about people's care and support. One relative told us, "Yes [I'm involved in my family member's care plan] – and yes it's reviewed quite regularly." Another relative said, "I'm allowed to look at [my family member's care plan] if I want to." A further relative took us all major decisions were discussed with their family member and also with their family members.

Staff always asked for people's consent before they provided them with assistance and care plans stressed the importance of this. One person told us, "Yes, when it's necessary they do consult." On a number of occasions we observed staff asking people for permission to assist them and asking them what they wanted to do or where they wanted to be in the home.

Staff promoted people's privacy and dignity and we received many positive comments about how respectful the staff were. One person told us, "Yes, they always knock and close the door when they come in." A relative

said, "They are very good at maintaining personal dignity and they treat the residents as individuals." Another relative told us, "They shut the door when they are caring – they do their best to maintain [family member's] dignity." Staff were trained in dignity and respect during their induction and followed the providers' policies and procedures on how to support people so as to maintain their dignity.

Good

Is the service responsive?

Our findings

Care plans were personalised. For example, one person's care plan stated, '[Person] likes to wake naturally in the mornings [and] is able to choose whether they would like a wash or a shower.' Another person's care plan stated, '[Person] prefers their hand to be held when carers are assisting them to walk.' This meant care was provided in the way people wanted it.

If staff needed support to provide responsive care the provider employed specialist staff to supply this. For example, staff were having challenges supporting a person who appeared distressed and agitated. They involved the provider's regional dementia lead who worked with staff and the local multidisciplinary team to address the issues. As a result changes were made to person's care and medicines routine and records showed they were more settled and now enjoying following their hobbies and interests supported by staff.

People's care plans included a section on their 'cultural, spiritual and values'. We met one person and they talked with us about their cultural and spiritual needs. We spoke with a nurse who was knowledgeable about this person and aware of their needs. However the person's care plan didn't include any information about these needs and how they were to be met. We discussed these with the nurse and the registered manager they said the person's care plan would be reviewed and re-written to ensure all staff understood how to support the person and provide them with responsive care.

The home provided a wide range of group and individual activities for people to take part in if they wanted to. An activity board was displayed in the entrance hall showing the activities available each day. One person told us, "I enjoy music and we have movement to music here." Another person said they liked it when visiting entertainers came to the home and were looking forward to trips out when the weather improved. Relatives told us there were 'plenty of activities' available and their family members were always invited to take part, although it was their choice whether they did or not.

The provider, registered manager and staff looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publically funded care to ensure people with a disability or sensory loss can access and understand information they are given. People were supported to have information available to them in an easy read or large print format if this was their preference, or if this was not available staff communicated information to people so they could understand it.

People told us they knew how to make a complaint and would be confident to do this if they had any concerns. One person said, "I would know how to [complain], I'd go to the manager in the office." A relative told us, "I'd go to one of the nurses or straight to [the registered manager]."

The providers' complaints procedure was displayed in the entrance hall and was also available in the service user's guide which people were given a copy of when they came to the home. The registered manager and staff said they continually checked that people were happy with the service and said that by doing this they

hoped to create a culture where people felt safe to speak out if they had any concerns.

If a complaint was received the registered manager took prompt action to address the issues raised. One person told us. "Any problem I've had has always been sorted quickly and satisfactorily." We looked at the home's complaints log. This showed that complaints made had been thoroughly investigated and feedback given to the complainants. Where necessary, action had been taken following a complaint. For example, changes had been made to the agency staff used and staffing levels reviewed and improved. This showed that complainants were listened to and people's concerns acted upon.

Staff supported people who were at the end of their lives so they remained comfortable, dignified and pain-free. They worked closely with healthcare professionals to ensure people's needs were met if they had reached the end of their lives. People's wishes for how they wanted to be cared for were in their end of life care plans so staff were aware of these. Staff welcomed and supported the relatives and friends of people at the end of their lives.

Good

Is the service well-led?

Our findings

People and relatives told us the home was well-led by the registered manager who they made many positive comments about. One person said, "[The registered manager] comes into the dining room and says morning or afternoon – she makes herself available." Relatives described the registered manager as 'approachable', 'very down to earth' and 'professional, caring and kind'. All the people and relatives we spoke with said they would recommend the home to others.

Staff told us they liked working at Bluebell Park because of the friendly atmosphere. One staff member said, "The staff and the residents are lovely. We're like a family here." They said they were well-supported by the registered manager and had regular supervision, training and appraisals to ensure their skills remained up to date. A nurse told us, "I can go to [registered manager] with everything and anything. She is approachable, on the ball, and always there for her staff." A care worker told us, "If I have concerns about anything the manager listens and deals with it." Staff also told us the registered manager used her nursing skills to assist them in meeting people's needs and was 'hands on'.

People told us the home had a warm and caring atmosphere. The atmosphere was relaxed and calm. Relatives' descriptions of the home included: 'friendly, homely and respectful'; 'a warm, friendly and caring environment'; 'it's like home'; and 'it's lovely and us visitors always get on well together too'. The culture of the home emphasised teamwork. A relative told us, "The staff get along and we have got to know them and seen the way they interact – there's a good level of camaraderie."

There were effective systems in place to monitor the quality of the service. These included a series of audits carried out by senior managers and the provider's regulation and quality improvement teams. The home worked to a central action plan which incorporated any issues identified in the audits. Records showed that ongoing improvements were made and these were documented on the action plan which was regularly reviewed by senior managers and the provider.

Central to the home's audit system was the 'resident of the day' initiative. Every day one resident on each of the three floors was selected to have their care reviewed. All departments in the home were involved care and nursing, housekeeping, kitchen and maintenance. Records showed that the 'residents of the day' usually had their rooms deep-cleaned, repairs carried out if necessary, their menu choices checked and their care records reviewed. The registered manager said reviews led to people's dependency needs being adjusted as necessary and any changes used to inform staffing levels at the home.

The registered manager held a daily '10 at 10.30' meeting where she met with managers and senior staff from all departments at Bluebell Park to share information and pass on any issues. This ensured staff understood how the home was to be run each day. The provider also sent out weekly communications to all managers to keep them up to date with any changes or improvements to policies and procedures and make them aware of any other issues that would assist them in running well-led homes and services.

Relatives told us the home held regular meetings which they could attend with their family members to

share their views on the service. One relative said, "We have residents and relatives meetings and they [staff] ask us to let them know if we want anything changing.' The meetings were advertised in the entrance hall so people and relatives could see when they were. They were well-attended and staff representing different departments at the home, including catering, housekeeping and activities, went to the meetings so people and relatives could ask them questions and make suggestions.

The minutes showed that people and relatives were listened to and action taken in response to what they said. For example, at one meeting people and relatives asked for a different menu. The registered manager took this to the provider who approved the proposal and when we inspected the new menu was up and running and people were happy with it. At another meeting relatives asked for information to help them better understand dementia. In response the registered manager arranged for representatives from a dementia charity to come to the home and talk to residents and relatives. This enabled people to learn more about dementia and ask questions.

The provider used an independent company to carry out annual quality surveys. The last one, held in 2017, showed people and relatives reporting a high level of satisfaction with the home and making many positive comments about it. Staff also produced a monthly newsletter and we looked at the latest issue (April 2018). It included photos of entertainment and activities at the home, the dates of forthcoming events, news from the provider, and information about new people and staff. The newsletter was used to keep people and relatives up to date with what was happening at the home.

Since our last inspection there have been a number of improvements to the home including the return of regular monthly residents and relatives meetings, increased staffing levels, new menus and mealtimes in line with residents' wishes, and hostesses employed to welcome people to dining areas, help them get seated, and serve meals. The registered manager had continued to work closely with the local authority and NHS commissioners to ensure the service was well-led and people's needs were met and the quality of their lives enhanced.