Care UK Community Partnerships Ltd

Foxbridge House

Inspection report

Sevenoaks Road
Pratts Bottom
Orpington
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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 took place on 30 and 31 August 2016 and was unannounced. At the last inspection of the service on 24 and 25 September 2015 we found the service was meeting the regulations; however we rated some areas as requiring improvement as we were unable to assess the effectiveness of some recent changes at the time of the inspection.

Foxbridge House provides residential and nursing care for up to 84 older people. The home is located in Orpington Kent and is a large purpose-built care home. At the time of our inspection there were 64 people living at the home and 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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training, supervision and appraisals that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

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.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Is the service effective?

Good

The service was effective.

People were supported by staff that had appropriate skills and knowledge to meet their needs and staff were supported through regular supervision and appraisals of their practice and performance.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

Is the service caring?

Good

The service was caring.

Interactions between staff and people using the service were positive and staff had developed good relationships with people.

People were supported to maintain relationships with relatives and friends.

Staff were knowledgeable about people's needs with regards to their disability, race, religion, sexual orientation and gender and supported people appropriately to meet their identified needs and wishes.

Staff respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive.

People's care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

Is the service well-led?

Good

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

Foxbridge House

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 was 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.

The inspection was carried out by three inspectors, a specialist advisor and an expert by experience on 30 August 2016 and was unannounced. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector retuned to the service on the 31 August 2016. Before the inspection 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 reviewed other information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding alerts. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were 64 people using the service on both days of our inspection. We spoke with seven people using the service and six visiting relatives. We looked at the care plans and records for 14 people using the service and spoke with 16 members of staff including the regional manager, registered manager, team leaders, care staff, chef and domestic workers. We also spoke with a visiting health professional.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Good

Is the service safe?

Our findings

People told us they felt safe and staff were supportive and responded promptly when they called for support. One person said, "Yes, I do feel safe and we are treated very well." Another person said, "Yes, I'm safe and the staff are very good here, all of them." A visiting relative commented, "My loved one is very safe here, they used to wander at home. There always seems to be plenty of staff around to help him."

There were sufficient numbers of suitably qualified and skilled staff deployed throughout the home to meet people's needs appropriately. Most people we spoke with told us there was enough staff available to support them when required and they did not wait long for staff support when requested. One person said, "There is always someone around when I've needed them and I never have to wait long." Another person commented, "I think there is enough staff here, it's about right. I've not needed to call for help but I think they would come quickly if I did." The registered manager told us there had been a recent turnover of staff, which resulted in a higher usage of agency workers. They told us how they actively organised the staffing rota's to ensure no one unit was predominantly agency led and how agency staff that were used knew the home and people living there well. We saw that staff rotas reflected a balance of agency and fulltime staff. The registered manager told us how the home was actively recruiting staff to fill vacant posts and we observed that interviews for permanent care staff and nurses were held on the day of our inspection.

There were safe staff recruitment practices in place. Appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references, history of experience and or professional qualifications and explanations for any breaks in employment. Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC). The registered manager showed us a separate file which contained all agency staff records and included the profiles of agency nurses and care workers that were used at the home. Profiles for nursing staff and care workers contained all relevant information, including photographs, criminal records checks, training details and NMC registration where appropriate. We also saw that each worker's information pack included a current dated and signed 'environment and building systems induction' checklist to promote safe working at the home.

There were up to date policies and procedures in place for safeguarding people from abuse. Staff received training to ensure they were knowledgeable about how to respond to concerns and were aware of their responsibilities to report any concerns. Staff demonstrated they were aware of the signs of abuse, knew what action to take and told us they felt confident in reporting any suspicions they might have. One staff member said, "I am quite new to the home and safeguarding our residents was the first lesson I learned." Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. We looked at the home's safeguarding folder and saw that detailed records of safeguarding concerns and incidents were completed and managed appropriately. Where required the registered manager submitted notifications to the CQC and referrals were sent to safeguarding authorities as appropriate.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health and wellbeing. Risk assessments were conducted for areas such as nutrition, eating and drinking, mobility and falls risk, behaviour and mental health and skin integrity amongst others. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, one care plan documented the support required by staff to ensure the person mobilised safely around the home with the aid of equipment and the actions required by staff to ensure communication with the person was promoted by way of frequent checks on the person's hearing aid. Although most care plans and risk assessments we looked at were reflective of people's needs and risk we found one person's records in relation to health risks identified were not always accurately documented. The person required their medical condition to be monitored on a weekly basis, however records were not maintained and there were gaps in the recordings of staff that monitored their condition. We brought this omission to the attention of the registered manager who took immediate action to ensure the persons care records were corrected and reflective of their current needs and risks. Risk assessments were reviewed on a regular basis to ensure peoples well-being and care plans documented further intervention and support from health professionals where required. People's weight was regularly monitored and risk assessments were in place where people were considered to be at risk of malnutrition or dehydration.

Accidents and incidents involving the safety of people using the service were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks. The registered manager told us they completed an analysis of all accidents and incidents within the home and held regular meetings with senior staff to ensure appropriate actions were taken where required and to share any learning.

There were arrangements in place to deal with foreseeable emergencies. People had comprehensive personalised evacuation plans in place which detailed the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire alarm tests were conducted and records we looked at confirmed this. We noted that planned evacuation drills were due to take place in September 2016 for both day and night staff and with the involvement of people using the service. Fire signage was located appropriately throughout the home and indicated fire doors and fire exits. Equipment for evacuation use was available and staff knew how to use them. Regular fire system checks were in place to ensure the home environment was safe.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. Hoists, wheel chairs, beds, gas appliances, electrical appliances, legionella testing, fire equipment tests and maintenance were routinely completed. The home environment appeared clean, was free from odours and was appropriately maintained.

Medicines were managed, administered and stored safely. We observed medicines were administered correctly and safely to people by senior staff trained to do so. Staff said they received suitable medicines training and underwent a medicines competency assessment to ensure safe practice. We looked at medication administration records (MAR) which were completed correctly with no omissions recorded. People's photographs and known allergies were recorded on MAR's to ensure safe administration. Medicines were locked in secure medicines trolleys that only staff who were trained to administer medicines had access to. We also found controlled drugs were safely stored. Staff told us medicines which required refrigeration were stored appropriately in a medicines refrigerator. Refrigerator temperatures were checked

and recorded on a daily basis and temperature readings for medicine rooms were also recorded to ensure medicines were safe and fit for use.

Good

Is the service effective?

Our findings

People and their relatives told us they thought staff were skilled and trained to support them appropriately. One person said, "They are good at their jobs. They just get on and do what's needed." Another person said, "There has been a little turnover of staff and they seem to know what they are doing." A relative commented, "Most staff are very good at their jobs, but one or two are less so. Some staff are very good at interacting with residents." Another relative said, "I would say the staff are well qualified."

There were systems in place to ensure staff new to the home were inducted into the service appropriately in line with the Care Certificate. The Care Certificate sets out learning outcomes, competencies and standards of care that are expected of all new care workers. Newly appointed staff undertook an induction period which included completing the provider's mandatory training and shadowing experienced colleagues. The registered manager told us the provider had recently launched an apprenticeship scheme in order to encourage young people to come in to the care industry and be trained according to the provider's standards of care. They explained there were no current apprentices at the home since they had not yet got a full complement of experienced staff necessary to support and guide apprentices but this was planned for the future. The provider sourced external training courses to develop staff such as end of life care practice and skills development run by a local hospice which several nurses and senior care workers were attending.

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also met the needs of staff and their development. We saw the provider's mandatory training included safeguarding adults, Mental Capacity Act 2005, manual handling, nutrition, pressure care, dementia awareness and infection control amongst others. There was also an 'essential training' list which included training relevant to nursing staff and team leaders such as basic life support, diabetes awareness, wound care, pressure care and venepuncture. We noted that for staff whose training was due or overdue, we saw letters sent out by the provider to inform staff of this and to book them on the next available training. One member of staff told us, "Training is continuous and something we discuss in supervision or at staff meetings."

Staff told us they were supported through regular supervision and appraisals of their performance and records we looked at confirmed this. The registered manager told us the provider had recently amended the supervisory and appraisal process. This had been formalised whereby each member of staff had four individual supervision sessions per year, the last of which formed their appraisal. One member of staff told us they received regular supervision, which was, "A good way to learn and think about my work."

People told us they were involved in the decisions about their care and were able to express their preferences to staff. One person said, "They do involve me in my stay here and they always ask my permission before doing things." Staff demonstrated their knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interests.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that, where required, people's care plans contained mental capacity assessments and records from best interests decisions made. Staff on one unit told us they were working to complete and update people's mental capacity assessments to ensure they were reflective of people's current needs and wishes. This demonstrated that decisions were made in people's best interests and the service was working within the principles of the MCA.

People were supported to eat and drink suitable healthy foods and sufficient amounts to meet their needs. People told us they enjoyed the meals on offer and they were offered enough to eat and drink throughout the day. One person said, "The meals are excellent, we do have choice and we get drinks and snacks throughout the day." Another person said, "The meals are good here and I think they would do something else if I didn't fancy the dish."

The chef and kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring soft meal options were available where required. The chef told us they participated in regular dinner committees, where they met with people at the home to discuss the meals on offer and make suggestions or changes to food on the menus. For example minutes of a meeting held in May 2016 recorded a wish for the chef to visit the units at meal times and we observed them doing this during our inspection. The chef told us some people using the service had been encouraged to help with the washing up and laying of tables where they wished to promote greater independence and enhance interactions with staff. We noted that the Food Standards Agency had visited the service in August 2015 and had rated them five stars. We observed the lunchtime meal in the dining room on the middle floor. Staff used menus and sample plates to support people in making their choice of meal. Suitable cutlery was available for people to help maximise their independence when eating. Some people did not require any support during the mealtime but we saw staff were available if requested. Staff maintained people's care records to show how their choices were supported at meal times and people's nutritional needs were assessed and monitored on a regular basis.

People had access to health and social care professionals when required. Care plans and records showed that, where appropriate, staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis. We spoke with a visiting health professional who told us the staff worked collaboratively with them in order to provide safe and effective care. They told us they visited the home on a regular basis to attend to people's healthcare needs and felt there had been improvements and the nursing staff knew people well.

Good

Is the service caring?

Our findings

People told us staff were caring, friendly and supported them well. One person said, "The staff are polite and they give me respect." Another person said, "The staff are very kind and friendly. The whole place is nice as are the staff." Relatives also spoke positively about staff. One relative said, "All the staff seem very involved with residents. They always let us know if our loved one needs anything and they handle his care with decorum." Another relative commented, "The staff are friendly, patient and attentive."

Some people using the service were not able to communicate their views to us about the service. We therefore observed the care and support being provided. Staff were familiar with people and their needs and knew how best to support them. Interactions between staff and people using the service were positive and indicated that staff had developed good relationships with people. For example, staff on one unit told us about ways in which they encouraged people to remain active and to continue to do the things they used to do or enjoyed doing like putting the laundry away. The chef told us some people using the service had been encouraged to help with the washing up and laying of tables where they wished to promote greater independence and enhance interactions with staff.

Staff addressed people by their preferred names and answered people's questions with understanding and patience. Staff respected people's choice for privacy as some people preferred not to participate in planned activities. People's bedrooms were personalised and contained some of their own items such as family photographs. We observed that staff treated people with respect and saw many examples of how staff made people feel safe and relaxed. People's privacy and dignity was maintained and we saw staff kept bedroom and bathroom doors closed when providing personal care and sought people's permission to enter their bedroom before doing so. One member of staff told us, "It is essential not to forget that care giving is a very private thing and so I am careful about making sure residents are comfortable with what I am doing."

People were supported to maintain relationships with families and friends and visitors were seen throughout the course of the inspection with no restrictions placed upon them. One person told us, "The family can visit at any time. They are made to feel welcome." The registered manager gave us examples of how they supported people to spend time with family members for example by offering people and their families the use of the home's many communal areas and the cinema for holding parties and family gatherings. They told us that when they celebrated resident's birthdays they put up banners and balloons and a birthday cake was provided by kitchen staff.

Care plans detailed people's histories, preferences and wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Staff supported and enabled people to practice their faith and to attend services that reflected people's cultural or religious needs. People had been involved in the development of their care and when appropriate people's relatives were involved and invited to review meetings and events. One relative told us, "We as a family are always involved in his care plan and attend reviews." People's end of life care needs and future decisions were also documented and contained within care plans to ensure peoples wishes and choices

were respected.

Good

Is the service responsive?

Our findings

People told us they received care and support in accordance with their identified needs and wishes. One person said, "The staff are lovely and know exactly how I like things to be done." Another person commented, "Without question, I do believe I get the care I need."

Assessments of people's needs were completed upon their admission to the home to ensure the staff and home environment could meet their needs safely and appropriately. Care was personalised. People were allocated a keyworker on admission to coordinate their care and ensure their preferences were respected and met. Where people were not able to be fully involved in the planning of their care, relatives and professionals, where appropriate, contributed to the planning of people's care. One relative commented, "There are regular meetings for relatives which keeps us informed of all the things that are going on. We are also informed of reviews and feel very much a part of our loved ones care." We saw that people's care needs were identified from information gathered about them and consideration was given to people's history, past preferences and choices.

Staff assessed and recorded people's needs for areas such as mobility, nutrition, communication, sleeping and night care, activities, medicines, skin integrity, pain relief and end of life care. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Staff were knowledgeable about the content of people's care plans and how they preferred their care to be delivered. Care plans were reviewed on a monthly basis in line with the provider's policy and where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff. The registered manager told us the home operated a 'Resident of the day' scheme, where by the person's care plan was updated with their participation and reviewed to ensure it was responsive to their needs.

People's diverse needs, independence and human rights were supported, promoted and respected. People had access to equipment that enabled greater independence and promoted their dignity whilst ensuring their physical and emotional needs were met. For example walking frames, wheelchairs, electronic bathing equipment and on one unit of the home sensory boards were mounted on walls to promote activity and stimulation. Care plans contained guidance for staff on the use of specialist equipment and we saw equipment was subject to regular checks and routine servicing when required.

People's need for stimulation and social interaction were met. People were supported by staff to attend a range of local community based activities that met their needs and reflected their interests. The home had access to a mini-bus for two weeks out of each month. We saw a schedule of places visited, which were varied and included parks, historic properties and shopping centres. This enabled people to access community services and places of interest with support from staff. One relative commented, "They have events which families can attend and they are lovely. They are having a trip out this Friday in the mini-bus."

The registered manager told us they had a budget for two full-time and one part-time activity coordinators. However, at the time of our inspection there was one vacancy which had been filled and was subject to

employment checks. Activities were provided seven days a week and large weekly pictorial activity information sheets were displayed on each floor of the home so people were aware of the activities on offer. Weekly activities were available including trips out in a mini bus and exercise classes. External entertainers also visited the home on a frequent basis and people told us they enjoyed this. One person said, "We have people come and play instruments and sing. It's very enjoyable." The registered manager told us the activity coordinators and staff organised activities and events held at the home. They gave us examples of recent events held which included a summer BBQ with an entertainer and how they arranged for an ice cream van to arrive at the home which was well received by all. They also told us of other regular activities such as 'Rita's Cabin' a sweet shop which is opened every Thursday and people from the local community were invited to attend monthly coffee mornings held on the first Thursday of each month inviting people from the local community into the home, for example churches, local clubs and other local organisations.

People and their relatives felt able to express their views about the care provided. The home routinely and actively sought people's views on how the service was run and how they wanted their care to be delivered. We noted there was a comments and suggestions box located in the reception area and a 'nomination box' which enabled people, their relatives and staff to make nominations for staff who had 'gone the extra mile' in providing care and support to people.

People and their relatives told us they were aware of how to raise a concern and felt confident their concerns would be listened to. One person said, "I've never needed to make a complaint but I would speak with staff if I had a problem." A relative commented, "There is no reason to complain about the management or service." There was a complaints policy and procedure in place and information on how to make a compliant was on display. Information provided guidance on the complaints handling process and how complaints could be escalated. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure the best outcomes for people.

Good

Is the service well-led?

Our findings

People and their relatives told us the atmosphere in the home was friendly and the registered manager and staff were supportive and approachable. One person said, "The place is run well, it's excellent. The care is the best thing here." Another person said, "The service here is good on the whole and the management listen." A relative commented, "The management seems good here. They [management] respond to residents needs so well. It's the best thing here."

At the time of our inspection there was a registered manager in post. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the registered manager demonstrated good knowledge of people's needs and the needs of the staffing team. We saw the registered manager spent time with people using the service and staff. Staff told us the manager was supportive and open to any suggestions they had. One staff member said, "The manager is trying to improve the standards of care which is good. There have been lots of changes but it's all for the better." Another staff member said, "She is trying to improve things with staffing." A third member of staff commented, "She wants the care to be good."

Internal communication at the home was good and there were many opportunities for staff to meet and communicate on a regular basis. There were daily staff handover meetings held which provided staff with the opportunity to discuss people's daily needs. Meetings were held for various disciplines in the home for example for care staff, registered nurses, catering staff as well as a combined staff meeting including domestic staff. Minutes of meetings showed that topics related to staff working practice and conduct were discussed, for example, annual leave, the organisation, handover formats, recording, care plans and training needs.

There was a range of quality assurance and governance systems in place to monitor the quality of the service provided. Audits and checks, including visits from senior managers that were conducted by the manger and regional manager on a regular basis. Audits we looked at were up to date and records of actions taken to address any highlighted concerns were documented and recorded as appropriate.

The provider took account of the views of people using the service through resident and relatives surveys that were conducted on an annual basis and also sought feedback from staff through surveys. The registered manager told us that they were in the process of conducting a resident's survey for 2016. We looked at the results for the relatives survey conducted between September 2015 and February 2016. Results were largely positive showing that 100% of relatives said they received a good welcome into the home, 88% said staff treated their relative with kindness, dignity and respect and 83% said staff had the capability to provide the right care to their relative. Positive comments included, "They know the residents as individuals and by name rather than group or certain residents", and "They often spend time individually with residents."

People were also provided with the opportunity to provide feedback about the service and to be involved in

the way the service is run at residents and relatives meetings that were held on a regular basis. Minutes of meetings held recorded people's request for different menus. We noted that a menu planning committee was established in response to this. Residents met with the chef and discussed food and cooking methods preferences. Subsequent minutes outlined actions taken in response to these requests, including the provision of wine at mealtimes. The registered manager showed us copies of the provider's monthly newsletter 'Our Voices' which provided people with information related to the home and provider. We also saw a staff communication newsletter titled 'icommunicate' which provided staff with important health and social care practice updates.