

Somerset Care Limited

# Cooksons Court

## Inspection report

Cooksons Orchard  
Yeovil  
Somerset  
BA20 2FT

Tel: 01935474023

Website: [www.somersetcare.co.uk](http://www.somersetcare.co.uk)

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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 19 and 20 June 2018 and was unannounced.

At the last inspection of the service in February 2017 we found that improvements were needed.

We found people were at risk of receiving unsafe and ineffective care and treatment because care records relating to the management of risk were incomplete and not reflective of people's needs.

We also found that systems in place to monitor and improve the service people received were not always effective in addressing shortfalls or sustaining improvements.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key questions safe, effective and well led to at least good. At this inspection we found improvements had been made in all areas identified as requiring improvement.

Cooksons Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Accommodation for people was provided in three separate units. Bramley provides care and accommodation to people who have basic nursing care needs. Russet accommodates people who have more complex nursing needs. Pippin is a specialist unit, run in partnership with the local NHS trust, to provide people with re-enablement support to facilitate hospital discharge and enable people to regain independence to return home.

Cooksons Court accommodates up to 65 in a purpose built home. At the time of the inspection there were 57 people living at the home. This included 18 people staying for re-enablement following discharge from hospital before returning to their own homes.

There is 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.

The management team and the provider had worked hard to ensure shortfalls in the service were identified and addressed through their quality monitoring systems. Action plans were put in place which were monitored to make sure changes made led to sustained improvements in the care people received.

People we spoke with praised the standard of care they received and said they would recommend the home. One person said, "Very nice. Couldn't wish for better. Excellent in fact." Another person commented,

"I feel very lucky to be here and I'm very fussy."

People felt safe at the home and comfortable with the staff who supported them. One person said they felt, "Safe and content." Staff we spoke with were confident that any concerns raised would be dealt with promptly to make sure people were protected from the risks of abuse.

People were supported by staff who were kind and friendly. Staff received appropriate training to make sure they were able to care for people with varying needs and abilities. There were sufficient numbers of staff to effectively support people and ensure their safety.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff worked in accordance with up to date guidance to make sure people's legal rights were protected.

Assessments of people's care needs took account of their individual beliefs, culture and lifestyle choices. People were able to make decisions about their day to day care and their views were sought regarding the running of the home.

People's healthcare needs were monitored by trained nurses and they had access to more specialist healthcare support to meet their specific needs. The staff worked in partnership with other professionals to promote people's well-being and help them to achieve their goals.

People's nutritional needs were assessed and met. People received meals in accordance with their dietary needs and preferences. People were positive about the food served at the home and told us there was always a choice of meals.

People were treated with respect and dignity. When people needed support with personal care this was provided in private and respectfully. One person told us, "They help me to get washed and dressed. They are very gentle and extremely respectful."

There were opportunities for people to take part in a range of activities according to their interests and hobbies. One person told us how much they enjoyed the activities. They said, "There have been visits from llamas, donkeys and children. There's lots of entertainment... Elvis is coming."

## 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 told us they felt safe at the home and comfortable with the staff who supported them.

People were supported by adequate numbers of staff to keep them safe.

Risks of abuse to people were minimised by the provider's systems and processes.

### Is the service effective?

Good ●

The service was effective.

Staff worked in partnership with other professionals to ensure people's individual needs were met.

People received food and drink in accordance with their needs and preferences.

Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

### Is the service caring?

Good ●

The service was caring.

People's privacy and dignity was respected.

People were supported by staff who were kind and caring.

### Is the service responsive?

Good ●

The service was responsive.

People's care and support was personalised to them and adapted to meet their changing needs.

People had opportunities to take part in a wide range of activities.

People were confident that any complaints made would be fully investigated and responded to.

### **Is the service well-led?**

The service was well led.

People benefitted from a registered manager and provider who audited the service and had a commitment to on-going improvements.

The provider actively sought people's views and responded to suggestions made.

People lived in a home where staff felt well supported by the management team which helped to create a relaxed atmosphere.

**Good** 

# Cooksons Court

## 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 19 and 20 June 2018 and was unannounced. It was carried out by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection 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 looked at the information in the PIR and also looked at other information we held about the service before the inspection visit.

During the inspection we spoke with 32 people who lived at the home, four visitors and 12 members of staff. We received written feedback from four visiting professionals. The registered manager was available throughout the inspection.

During the inspection we were able to view the premises and observe care practices and interactions in communal areas. We observed lunch being served in all areas of the home.

We looked at a selection of records, which related to individual care and the running of the home. These included four care and support plans, three staff files, records of complaints, minutes of staff and service user meetings, medication records and quality monitoring records.

# Is the service safe?

## Our findings

At the last inspection we found that improvements were needed to make sure people received safe care. We found that on one unit, records did not demonstrate that people were fully protected from the risks of receiving unsafe or inappropriate care. Records relating to the care of people who were assessed as being at high risk of malnutrition or pressure damage to their skin and records relating to wound management were poor.

Following the last inspection the provider sent a comprehensive action plan stating how improvements would be made. The registered manager also told us in their Provider Information Return (PIR) that they carried out spot checks on food, fluid and repositioning charts to make sure they were being correctly completed.

At this inspection we found the necessary improvements had been made. For example; where people required staff to assist them to change position, the times they had been assisted were documented. There were clear wound management plans in place for people which stated how often a dressing should be changed. Trained nurses also kept records of when treatment had been given and this correlated with the recommendations in people's wound management plans.

People told us they felt safe at the home and with the staff who supported them. One person said, "I feel absolutely safe." Another person told us, "The staff are all very nice. I have never heard any staff be even a bit short with anyone. I think I'm perfectly safe here." One person said they felt, "Safe and content."

The provider had systems and processes which helped to minimise the risks of abuse to people. A robust recruitment process made sure only suitable staff were employed. All staff also received training in how to recognise and report any suspicions of abuse. Staff told us they would report any concerns and all felt that any issues raised would be fully investigated to make sure people were safe. Where concerns had been raised, the registered manager had worked in partnership with the relevant authorities to ensure people were protected.

People were supported by adequate numbers of staff to meet their needs and keep them safe. During the inspection people received support when they requested it or required it. People told us there were always staff to assist them when they needed help. One person said, "There always seems to be enough staff. I've certainly never felt neglected."

People had access to call bells which enabled them to summon help when they needed it. Most people told us staff responded to the call bell promptly so they did not have to wait for long periods of time to be assisted. One person said, "It's a super system. You press the bell and they [staff] appear. A bit like the genie and the lamp." Two people said they always waited a long time for their bell to be answered. However when they demonstrated this to us staff appeared within a couple of minutes showing that waiting a long of time was not normal practice.

People received their medicines safely from trained nurses and senior staff who had received specific training to carry out this role. Staff had their competency assessed on an annual basis to make sure they were following safe practice. One person said, "I get all the right tablets."

Some people were prescribed medicines, such as pain relief, on an 'as required basis.' People told us they were regularly offered pain relief and were able to choose whether to take it or not. One person was unable to express themselves verbally and the staff used a recognised tool to help them to assess if pain relief needed to be given to the person.

One part of the home, Pippin, cared for people who needed a period of rehabilitation after a hospital stay and before returning home. In this part of the home some people choose to administer their own medicines. Trained nurses told us they carried out risk assessments with people, and initially observed them taking their medicines, to make sure they were safe to do so.

Risk assessments were carried out to make sure people received care safely. For example, where people required physical support to mobilize, risk assessments stated the equipment and number of staff required to safely support the person. One person needed staff to help them to transfer from their wheelchair to a comfortable chair using a mechanical hoist. We saw staff competently helping this person to move out of their wheelchair.

There were systems in place to make sure equipment and the building was well maintained and safe. All areas of the home were fitted with a fire detecting and alarm system which was regularly checked. Equipment, such as pressure relieving mattresses and wheelchairs, were checked regularly to ensure people's safety.

All areas of the home were kept clean and fresh by a dedicated housekeeping team who ensured people lived in a pleasant environment. Staff followed good infection control practices which helped to minimise the risks of infection to people. Staff received training in health and hygiene and used personal protective equipment such as disposable gloves and aprons when appropriate

The provider looked for ways to continually improve the service. If incidents occurred at the home 'critical incident reports' were completed. This enabled staff to explore what had happened and what lessons could be learned to improve future practice. For example, following one incident staff were provided with additional training to minimise the risks of a re-occurrence. Minutes of staff meetings showed these were used to enable staff to reflect on practice and continually improve the care they provided.

## Is the service effective?

### Our findings

At the last inspection we found improvements were needed to make sure everyone received effective care and support. We identified that in one part of the home the mealtime was disorganised and people who required assistance to eat waited a long time for their meal. This meant that some meals looked unappetising by the time staff were available to assist them.

At this inspection we found meals in all areas of the home were well presented and people received the support they required in a timely manner. Where people required physical assistance to eat their meal this was provided in a dignified and unhurried way.

People were happy with the food provided. One person commented, "The food here is always very good." There was a four week menu which gave people a choice at every meal and specialist diets were catered for. People were very complimentary about the cook at the home and said they were always checking people were happy with the food served. One person said, "If you don't want anything on the menu they will always make you something else."

People had their nutritional needs assessed and met. Staff monitored people's intake where issues with people's nutritional intake or weight were highlighted. Where people required their meals and drinks to be served at a specific consistency we saw they received the appropriate meals and drinks.

Since the last inspection the registered manager had introduced snack boxes in communal areas so that people could help themselves whenever they wished. A number of people were being cared for in bed or relied on staff for all their mobility. During the inspection we did not see snacks being offered to people who were unable to help themselves. One person who was being cared for in bed said, "No I don't think there are snacks but I'm sure you could ask for something."

People's needs were assessed by senior staff before they moved in to make sure it was the right place for them. Staff told us if people were unable to visit the home, they took pictures and brochures about Cooksons Court to give people information about the home. People using the re-enablement unit were assessed at the hospital and signed a contract to say they agreed to take part in the re-enablement programme. From initial assessments care plans were drawn up to state how needs would be met and what the person's goals were.

Cookson's Court was a modern person built home which provided appropriate space and facilities for people. Each person had their own bedroom with en-suite shower facilities. There were also assisted bathing facilities if people preferred to have a bath. There were ample communal spaces where people could spend time socialising in large or small groups. One person said, "I have a nice room. I feel at home."

People were supported by staff who were well trained and competent in their roles. There were systems in place to make sure staff had opportunities to up-date their training and attain nationally recognised qualifications in care. Trained nurses said they had the training they required to keep their clinical skills up

to date. This helped to make sure they were supporting people in accordance with up to date best practice guidelines and legislation. One person told us, "The staff are good; they know how to do things."

Staff received training to support people with their specialist healthcare needs. One person who needed help to manage a specific need told us, "The girls [staff] know what they are doing." Another person said, "The nurses here are very good they notice things and sort them out."

People only received care and support with their consent. We saw people being offered assistance and being given opportunities to consent or refuse. One person said they choose to spend the majority of time in bed as they felt comfortable. They said, "They always offer to help me get up and I always refuse."

People's legal rights were respected because staff received training and understood the principles of The Mental Capacity Act 2005 (MCA.) Staff worked in accordance with these principles. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Staff said most people were able to make day to day decisions but where people lacked capacity they worked in the person's best interests. Staff told us they would speak with people's family members if they felt anyone needed extra support to make a decision.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where people required this level of protection to keep them safe the registered manager had made applications to the appropriate authority.

People's day to day healthcare needs were monitored by trained nurses and they received the treatment needed to meet their specific needs. Where concerns about a person's health or well-being were identified, referrals were made to appropriate professionals, such as GP's, speech and language therapists and community mental health nurses.

Staff had built good relationships and worked in partnership with other professionals to ensure people received effective care and support to meet their needs. For example, one person required support from community psychiatric nurses and the staff at the home followed recommendations made by them to monitor the person's well-being. A GP surgery was planning to make weekly visits to the home to help to monitor and meet people's healthcare needs.

In Pippin, staff from the home worked alongside staff from the local NHS trust, such as physiotherapists, social workers and occupational therapists. This helped people to improve their independence and regain skills to enable them to return home. The registered manager had arranged training with staff from the NHS trust to further improve joint working and shared knowledge. The unit had won the Somerset Care Award for partnership working in 2017 which demonstrated how well staff worked together to enable people to fulfil their goals.

## Is the service caring?

### Our findings

People were supported by staff who were kind and caring. Comments from people about staff included; "Staff are polite and kind," "Staff are alright, they are definitely kind" and "I've got my favourites [staff] but they are all lovely."

Thank you letters and cards sent to the staff echoed the comments made during the inspection. One card thanked staff for their "Care and patience shown to [person's name] and the whole family." One person had written "Thank you to all the brilliant staff for their help, support, kindness and encouragement."

During the inspection we saw staff spoke to people in a kind and friendly way. During lunch staff helped people in a way that was friendly and respectful. People were offered help to cut up their food and kitchen staff made sure people were happy with the meal provided.

Some people told us they enjoyed good humoured banter with staff and felt they had built good relationships. One person told us, "I get on well with the carers." Another person said the staff were, "Very kind, friendly-never rude. Girls are excellent makes a big difference. Like my family." One person commented, "Staff are pretty good and helpful. They are nice and chatty and we have a good laugh."

Some people had built relationships with other people at the home. There were numerous small communal areas where people could spend time together or with visitors. There was a coffee machine in the large reception area and a small number of people sat together and were able to help themselves to drinks. One person told us "We can make our own coffee. It is nice to be able to help yourself. Like you would at home." At lunchtime in one area of the home we heard people chatting and sharing a joke together. However in other areas of the home lunchtime was very quiet with little social interaction between people or from staff.

People's privacy and dignity were respected by staff. People told us they felt well cared for and received the help they needed in a dignified way. During the inspection people were supported with personal care in the privacy of their rooms or bathrooms. Staff made sure doors were closed to maintain people's privacy. One person told us, "They help me to get washed and dressed. They are very gentle and extremely respectful."

People were able to express their views about their day to day care. Visiting relatives told us there was good communication between them and the home. One person told us, "They know me well and how I like things."

On Pippin, which supported people to regain their independence before returning home, people were fully involved in their care plan and setting goals. In other parts of the home some people thought they had been involved and other people less so. The care plans we read for people receiving nursing care showed that the plans had been reviewed regularly but did not give any information about how people had been involved or their views. It was therefore difficult to see how much involvement people had had.

People were able to get involved in the running of the home. A meeting was held each month to enable

people to share their views and make suggestions. One person said, "There is a residents meeting every month. We say what we like. Discuss problems. Things get sorted out." The minutes of one meeting showed that there was a suggestion that meetings should be changed to once every three months but people had asked that they continued to be held monthly and this had been agreed.

## Is the service responsive?

### Our findings

People received care and support which was tailored to their individual needs. Care plans we read were very personal to the individual and set out their likes and dislikes as well as their needs. For example, one person's care plan stated they liked to have music on when they were resting in bed but preferred to eat their main meal in the dining room with other people. During the morning we saw this person was in bed with music playing. At lunch time staff had assisted them to the dining room to eat their lunch.

In addition to care plans, staff had completed 'life story books' with people. These gave staff information about people's chosen lifestyles, the people who were important to them and their interests and beliefs. This gave people an opportunity to share their thoughts and cultures with staff to make sure staff understood them as a person and were able to respect them and their preferences.

Although care plans were detailed staff were not always following the plans of care. For example, one care plan said staff needed to make sure the person's glasses were clean to help them to see well. However when we saw this person they were not wearing their glasses. In another care plan it stated the person had lost weight and needed encouragement to eat. The care plan said they had their own snack box in their room which was made up of things they liked and found easy to eat. On the first day of the inspection we found there was no snack box in the person's room. We passed this onto staff who made sure it was reinstated.

People told us they were able to make choices about what time they got up, when they went to bed and how they spent their day. One person we met said "You can please yourself what time you get up." They then laughed and said, "Actually I haven't been up very long." Another person told us they preferred their own company and usually spent the day in their room. Whilst we were talking with them a member of staff knocked on their door to see if there was anything they wanted. The person said, "They are always popping their head in to make sure you're ok."

The Accessible Information Standard aims to make sure people with a disability or sensory loss are given information they can understand, and the communication support they need. Care plans contained information regarding people's specialist needs such as hearing aids or large print publications.

The provider had a complaints policy and records showed that all complaints made, whether formally or informally, were investigated and responded to. People said they would be comfortable to make a complaint and felt confident that action would be taken to address their concerns. One person told us, "I have complained and it was sorted out." Another person said, "I wouldn't hesitate to make a complaint if I needed to. I have every confidence they would do everything they could to put things right."

People were able to take part in a wide range of social activities according to their needs and interests. Three activities workers were employed and they took the lead role in ensuring people had access to social stimulation. A monthly activity programme was produced and circulated. This helped people to choose what they took part in, and plan their time around things that interested them.

The majority of activities had taken place in the Bramley unit on the ground floor but in response to feedback from people more activities were being arranged on the first floor (Russet). This would help to make sure more people had access to these even if they chose not to participate but enjoyed watching. One person told us, "I like to see things going on."

The people we spoke with on Pippin were not aware of what activities were available and did not feel they would be able to attend. One person said they thought there would be activities to do when they came but told us they now thought "Activities are not for this floor". Another person said they were not aware of activities, they said, "I sit around too much with nothing to do".

The majority of people were very happy with the activities that took place at the home and told us about the things they enjoyed doing. One person said, "Some things aren't for me but I like the arts and crafts, that's my thing." Another person told us how much they enjoyed the gardening club and said they had planted up tubs and pots around the garden. One person told us how much they enjoyed the activities. They said, "There have been visits from llamas, donkeys and children. There's lots of entertainment... Elvis is coming."

People were able to continue to follow their faith because clergy visited the home and a regular service was held. One person told us a catholic priest visited them and this was very important to them. Staff said they would do their best to accommodate people of any faith and ensure their spiritual beliefs were respected and met.

The staff cared for people with a wide range of needs and abilities. This ranged from people who were preparing to move back to their own homes after a period of re-enablement to people who were nursed in bed and required support with all aspects of their day to day lives. The registered manager told us that one of the changes they had made since the last inspection was to ensure that all staff were able to work in all areas of the home. This helped to make sure staff had the skills and experience to support people with their varying needs.

The staff were able to adapt their care to people's changing needs. When people's needs or behaviour changed the staff sometimes involved other professionals for advice and support. Care records showed that where professionals had made recommendations to meet people's changing needs these were being followed. On occasions people had been admitted to Pippin for re-enablement but their needs had changed meaning they required a higher level of support. On these occasions staff assisted them to move to another care setting or another part of the home.

People could be confident that at the end of their lives they would be treated with compassion and any discomfort would be effectively managed. Care plans we saw showed that people's end of life wishes had been discussed with them. Discussions had included whether they wished to be admitted to hospital or remain at the home. In the care plans we read people had stated they wanted to remain at Cooksons Court. This showed people were confident they would receive good quality end of life care. One person told us, "Although I don't want to think about the end. I think I would be happy to end my days here. I know I would be well looked after."

The home was accredited to the Gold Standards Framework. This is a comprehensive quality assurance system which enables care homes to provide quality care to people nearing the end of their lives. Cookson's Court was a 'Platinum home' which means they had been re accredited after a three year period which demonstrated sustainability of standards and high quality care for people.

At the time of the inspection no one at the home was receiving end of life care but we saw thank you cards

from relatives of people who had died at the home. One card said "In their last few months they were treated with compassion, dignity, love and outstanding care." Another card thanked staff for their kindness and said "He was happy here in the last few months of his long life."

In one instance a person had died at the home but had no family or representatives to arrange their funeral. The staff had arranged a service and tea party to celebrate their life and made sure their final wishes were carried out. They had collected money to ensure the person had flowers and the provider had also arranged a floral tribute.

## Is the service well-led?

### Our findings

At the last inspection we found that improvements were needed to make sure the quality monitoring systems were effective in addressing and sustaining improvements in the quality of care provided to people. Following the last inspection the provider completed a comprehensive action plan stating how improvements would be made.

At this inspection we found that improvements had been made. The provider and management team had worked hard to identify all areas which required improvement and taken a methodical approach to addressing issues. This had ensured that action plans were put in place and monitored to show improvements were being made and sustained. At the providers' last quality health check, the home had scored highly demonstrating the hard work and commitment of the management team and the provider.

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.

The registered manager at Cooksons Court had been registered with the Care Quality Commission since February this year. They were well qualified to manage the home and had a nursing qualification to enable them to constantly monitor standards of nursing care. In addition to the registered manager there was a clinical lead who was also a trained nurse which meant both had a good understanding of clinical issues and could support staff in this area. There was a deputy manager who ensured the smooth day to day running of the home and demonstrated an excellent knowledge of people and their needs.

The registered manager told us they were committed to continually improving the standards of care provided. Since they took up post they had recruited a number of new staff and adjusted rotas to make sure each shift was covered by staff who had a good mix of skills and experience. This meant there were always appropriate staff available to meet people's individual needs and preferences. They had introduced systems to make sure people's monitoring charts, such as food and fluid and repositioning, were regularly checked so that swift action could be taken if concerns were identified. They had also taken action to improve the meal time experience for people.

One healthcare professional who provided feedback to us said they had seen improvements in the home in the past 12 months. They said they felt the improvements made were down to the home having 'A strong leader in place.'

The registered manager told us their aim for the home was for it to provide care that was good enough for their family. This vision was shared with staff through one to one supervision sessions, meetings and day to day guidance for staff. Where staff had not performed to the standards expected the registered manager had taken prompt action which included providing additional training or using the provider's disciplinary procedures.

People we spoke with praised the standard of care they received and said they would recommend the home. One person said, "Very nice. Couldn't wish for better. Excellent in fact." Another person commented "Very nice. Staff are excellent. Take a lot of care of us." One person told us, "I feel very lucky to be here and I'm very fussy."

People receiving re-enablement support on Pippin felt well supported to fulfil their goals. One visiting relative said, "I can't fault the care [relative's name] receives. Re-enablement is really good." They described their relative as, "Coming on leaps and bounds since being here".

Staff said the management team were open and approachable and there was always senior staff to ask advice from if they needed support. One member of staff said, "I like the new manager. You know where you are with her and what she wants to achieve. I think we are much more person centred now."

The provider had systems in place to help to motivate and retain staff. They offered incentives for long service and the completion of qualifications. They had also introduced a system where staff had the possibility of a cash bonus for good attendance. The registered manager made sure any compliments made were shared with staff to encourage good practice and demonstrate they were valued.

People lived in a home where staff were happy. This helped to create a relaxed and comfortable atmosphere. Staff told us they enjoyed their jobs and felt well supported. One member of staff said, "Good training and lots of support." A member of the care team told us there was good team working and commented, "There's good support from the manager and the nurses."

People's views and suggestions were sought and responded to which helped to make sure improvements made were in accordance with people's wishes. The provider used meetings, themed conversations and surveys to seek people's views. A number of suggestions had been put into practice. For example, people had asked for a gazebo in the garden and this was being put in place on the day of the inspection. Some people had said they found the breakfast menu dull. In response to this the provider had made a cooked breakfast available each day which gave people more choices.

The registered manager had made links with local professionals to promote partnership working and ensure people's needs were met. They met regularly with other professionals and encouraged joint working to meet people's needs and wishes.

The staff were reaching out to the community to help to keep people connected to the local area. They had held fetes and fund raising events to encourage people to the home. They had made a connection with a local nursery school and children visited the home on a weekly basis. One person told us how much they enjoyed visits from the children.

The registered manager had notified the Care Quality Commission of significant events in line with their legal responsibilities.