

Alpha Care (Caterham) Limited

# Coombe Dingle Nursing Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

Coombe Dingle Nursing Home provides care and accommodation for up to 42 older people living with dementia. The registered provider had recently changed all double rooms to single rooms and submitted an application to CQC to reduce the maximum number of people to 35. On the day of our inspection 26 people were living in the home.

This was an unannounced inspection that took place on 14 June 2017.

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

We carried out an inspection to this home in April 2016 where we identified four breaches of the HSCA (Regulated Activities) Regulations 2014. This included a lack of safe care and treatment, a failure to following the legal requirements in relation to the Mental Capacity Act (2005), a failure to always treat people with dignity and respect and a lack of good governance within the home. Following that inspection the registered provider submitted an action plan to tell us how they planned to address our concerns. We undertook this fully comprehensive inspection to check that the provider had taken appropriate action in line with their action plan. We found there had been significant improvement in all areas.

People were cared for by a sufficient number of staff. People's needs were responded to in line with their care plan and in a prompt manner. Staff demonstrated a caring attitude towards people. One that showed people respect and made them to feel as though they mattered. Staff were patient with people and took time with people to allow them to express their needs.

Where risks had been identified for people or they had experienced accidents or incidents staff took appropriate action. The registered manager monitored and audited all accidents and incidents and ensure staff followed these up. People's medicines were managed appropriately and when people required the input of a healthcare professional this was arranged.

Staff had a good understanding of what they should do if they had any concerns about how people were being cared for and the provider had robust recruitment processes in place to help ensure that only appropriate staff were employed in the home. In the event of an emergency people's care would continue with the least disruption possible as the registered provider had reciprocal arrangements with local providers. Staff helped ensure that people lived in a safe environment that was well maintained. We observed improvements in the décor and maintenance of the home compared to our previous inspections.

Where people had specific dietary requirements these were recognised by staff. People were shown visual

choices of food to aid their decision making and where people required support to eat this was provided for them. Activities took place within the home and staff were seen engaging with people. The registered manager told us that they were currently training a staff member to lead on activities in order to offer more variety to people.

People were cared for by staff who felt supported and valued by the registered manager. They had been given access to all the necessary training to allow them to carry out their roles competently. There were plans for additional training underway to help ensure staff had a thorough knowledge of caring for people living with dementia.

People's care plans were detailed and contained information for staff in order that they could provide people with appropriate care. People and relative's told us they felt they could speak to staff or management if they were unhappy about any aspect of their care. A wide range of quality assurance audits and checks were in place to monitor the quality of care provided and the registered manager reviewed actions regularly.

The registered manager had good management oversight of the home and knew the people who lived there. She demonstrated she had driven improvement since taking up the post and showed a strong desire to continue to improve the service that Coombe Dingle provided. The registered manager was very responsive to any suggestions or comments we raised with her during our inspection and took immediate action on any minor areas of concern that we identified.

During our inspection we made one recommendation to the registered provider.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good 

The service was safe.

People's medicines were managed appropriately.

People were kept safe because there was an appropriate number of staff deployed in the home. Staff underwent robust recruitment processes before they started to work at Coombe Dingle and staff were knowledgeable about what they should do if they suspected abuse was taking place.

When people had accidents or incidents, action was taken to prevent reoccurrence and risks to people had been identified.

In the event of an emergency or the home having to close people's care would continue with the least disruption possible as there was a contingency plan in place.

### Is the service effective?

Good 

The service was effective.

Staff followed the legal requirements of the Mental Capacity Act (2005).

Staff received support and training in order that they could carry out their role in a competent and safe way.

People were provided with foods which were appropriate to their dietary requirements and preferences.

People were supported to see a healthcare professional when the need arose.

### Is the service caring?

Good 

The service was caring.

People were treated with respect by staff. Staff showed people a kind, caring attitude and made them to feel as though they mattered.

People were supported and encouraged to maintain relationships with those who were close to them as visitors were welcomed into the home.

### Is the service responsive?

Good ●

The service was responsive.

People had access to activities and staff engaged with people and kept them stimulated.

Care plans were detailed and contained up to date information for staff.

There was a complaints policy in place.

### Is the service well-led?

Good ●

The service was well-led.

The registered manager had made significant improvements to the service since they had taken up post. We found they had good management oversight of the home.

People, relatives and staff were all involved in the running of the home.

Robust quality assurance processes were in place to monitor the quality of service provided.

Staff felt supported by the registered manager and felt there was good team work in the home.

# Coombe Dingle Nursing Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 unannounced inspection took place on 14 June 2017. The inspection team consisted of three inspectors and a clinical specialist advisor.

Prior to this inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. We also asked three health and social care professionals for their feedback on the service.

During the inspection we spoke with three people, the registered manager, nine staff, and six relatives. We observed staff carrying out their duties, such as assisting people to move around the home and helping people with food and drink. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a variety of documents which included six people's care plans, four staff files, training information, medicines records and some policies and procedures in relation to the running of the home.

# Is the service safe?

## Our findings

One person told us they were happy and felt safe living at Coombe Dingle. One relative told us they were confident their family member was safe. Another relative said, "I feel he is safe, there are always staff around and they are always checking he's okay." A third told us, "I have no particular worries when I leave here."

At our inspection in April 2016 we found poor medicines management practices were taking place in the home. We found at this inspection improvement had been made.

People received the medicines they required appropriately and there were good medicines management systems in place. Each person had a MAR chart which contained personal information about the person, together with any allergies they may have. We checked people's MARs and saw they were completed correctly with no gaps or mistakes. A relative told us their family member received all of the medicines they required by staff.

At our inspection in April 2016 we made a recommendation to the registered provider to continue with their programme of redecoration within the home. This was because the environment people lived in was not of a standard people should expect. We observed at this inspection that work had continued within the home. People's bedrooms looked cleaner and the communal areas brighter and more homely. The home was clean and where there was once a lack of a sink in the laundry room this was now in place. We did not find any malodours in any part of the home. The registered manager told us this continued to be on-going work and as rooms became vacant they would be redecorated. The rooms that had originally been set up as double rooms had been converted into single rooms meaning people had plenty of space for their own belongings and personal items. A staff member told us, "The environment is much better and more personalised." A relative said, "He has a nice room. It's always clean."

Risk assessments were undertaken for people and risks identified. Risk assessments covered areas such as falls, skin integrity and nutrition. These had been reviewed regularly and the registered manager carried out a monthly audit and analysis. Staff were able to describe how to reduce the risk for two people who we discussed with them.

Where people were at risk of pressure sores they were provided with appropriate equipment to help reduce that risk. Several people were on air pressure mattresses and we found that staff checked these regularly to ensure they were working and set appropriately. Other people had bed rails in place to keep them safe and staff checked these daily to help ensure they were in good condition. We found they were. The registered manager had arranged new equipment for the home and we found each person had their own slide sheet (used to assist them in transferring out of bed), pressure mattress when required and pressure cushion when they sat in the lounge. A staff member told us, "(The equipment) has made things better for the residents and the staff."

At our inspection in April 2016 we made a recommendation to the registered provider to review deployment of staff and we found there were occasions that insufficient staff were on duty. At this inspection we found

there were a sufficient number of staff deployed to help ensure people received care and support in a prompt and safe way. We did not see anyone having to wait to be assisted by staff. Staff were constantly moving around the communal areas checking people were okay. We also saw staff regularly around other areas of the home. One person we spoke with who chose to spend most of their room sitting near their room told us staff often popped by to check whether or not they needed anything. One person told us staff were available when they needed them. A relative told us there was always enough staff around. They told us their family member needed two staff to provide their personal care and this was always provided. They added, "I am happy with the young carers, they are excellent. They work hard."

Staff felt there were enough staff on duty on each shift to meet people's needs effectively. They said they had time to provide people's care in an unhurried way. The registered manager told us they based staffing levels on the feedback they received from the care staff. They told us this was the best way of judging whether or not there were sufficient staff as the care staff carried out the day to day hands-on care. They said the use of agency had reduced significantly and it was only on the odd occasion they needed to use agency staff. The registered manager said, "I am quite confident we have enough staff (on duty) to meet people's needs." A staff member told us they felt there were always enough staff on duty. They said some people needed two staff to provide their personal care and there were enough staff available to enable this. A relative said, "Now and again they use agency, but not very often." They said their family member was cared for by consistent staff who knew their needs. Another relative told us, "I have never been aware of no staff being around."

People were cared for by staff who had been through a robust recruitment process. We found staff completed an application form which detailed all their previous employment history. References were sought and a Disclosure and Barring Service (DBS) check undertaken. A DBS determines whether or not someone is suitable to work in this type of setting. We also found the registered provider checked that people had the legal right to work in the UK. The registered manager said several care staff had been recruited recently. They told us, "They have demonstrated a good work ethic and a positive attitude."

People were helped to remain safe as staff were aware of their responsibilities in relation to reporting a suspicion of abuse or actual abuse. One staff member told us, "I would report all concerns to the manager." Another said, "I look for signs of abuse like unexplained bruising. If I saw that someone had been abused I would report to the manager. If they did not take the right action I would report it to the social services safeguarding and the police."

The registered manager told us that there had been an issue in the past with the admission of people whose needs could not be met by Coombe Dingle. As a result they told us they had turned down referrals for admissions where people's assessed needs could not be met. They told us, "I have been very selective. We've got to balance safety. I am not going to do anything that affects the safety of my other residents." As such we found people who currently lived in the home were having their needs met in an appropriate way.

Accidents and incidents relating to people were monitored and action taken to prevent reoccurrence. The registered manager analysed all accidents each month and took action based on what she found. This was to either a request a GP visit, or a referral to an appropriate healthcare professional. Where incidents involved aggression between people referrals had been made appropriately to the local safeguarding team.

In the event of an emergency staff would try to ensure people's care would continue in the least disrupted way possible. The registered provider had reciprocal arrangements with neighbouring care homes should the home have to be evacuated. A recent fire risk assessment had taken place and staff had received fire training to help them know what to do in that situation. Everyone had their own individual fire evacuation



information in place.

# Is the service effective?

## Our findings

At our inspection in April 2016 we found staff were not following the legal requirements of the Mental Capacity Act (2005) (MCA). We found there was a lack of decision specific mental capacity assessments made for people. At this inspection we found improvement had been made. We did identify a couple of areas where people's capacity still needed to be assessed in relation to the care they were receiving and we spoke with the registered manager about this. They told us they would address this immediately. They sent us evidence following our inspection to show they had taken action.

People were protected as staff followed the legal requirements in relation to the MCA. The 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 make 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). Where people had restrictions in place, the registered manager had made appropriate DoLS applications, such as the locked door.

At our inspection in April 2016 we made a recommendation to the registered provider around nutrition and the foods people were offered. We found at this inspection this area had improved. During lunch time people were offered visual choices of meals. Where people were unable to make a choice, staff through their knowledge of the person, provided them with the meal they felt they would enjoy the most. For example, we heard a staff member ask for a vegetarian lunch for one person. Where people were supported to eat this was done so at a nice pace and staff allowed people time to chew their food. Staff positioned themselves appropriately, seated opposite the person. Staff offered to cut meals up for people when they needed and interacted positively with people, encouraging them to eat and drink.

Comments about the food provided at Coombe Dingle was generally good and people told us they were provided with a choice. One person said they liked the food, there was always plenty of it and they were always offered seconds. A relative told us, "The food is good. He always eats it all and he always has a drink to hand."

Staff were aware of people's dietary requirements, likes and dislikes as well as any nutritional risks people may have. The chef had an information sheet provided by care staff which recorded any dietary needs and how these should be met. Where people were at risk of malnutrition the chef said they used full fat milk, cream and butter in their cooking to support people to maintain a healthy weight. The chef told us that people who had a texture-modified diet (such a fork mashable or pureed) had the same choice of meals each day and we saw this on the day.

People were cared for by staff who had undergone appropriate induction and training and the registered

manager had identified more advanced training courses specific to the needs of the people living in the home, such as dementia. New staff underwent an induction where they shadowed a more experienced member of staff in order to get to know people. A staff member told us they were happy with their induction and the support they were receiving, telling us they met regularly with the registered manager to monitor progress throughout their induction period. They told us, "Because I am new, she wants to know how I am getting on."

Staff attended all elements of core training which included moving and handling, health and safety and infection control. Qualified staff had competency assessments carried out. The registered manager told us that all new staff would be expected to complete the Care Certificate (a set of nationally recognised standards for people who work in care). A staff member told us, "The morale is much better. There has been a lot more training." They told us training had been provided relevant to people's individual needs, such as autism and diabetes training. Another staff member said the dementia training was useful and told us it taught them to, "Always speak to people using a calm voice, to wait for them to respond and never rush them. It is important to maintain eye contact when talking to people." We saw staff display these practices throughout the day.

The registered manager told us the registered provider had recently recruited a clinical lead. They said this had had benefits for people as the clinical lead's input had, "Raised standards." They said part of the role of the clinical lead was to observe staff and coach them to improve their practice. A staff member said they had benefitted from the arrival of the clinical lead and their guidance and advice had been useful in improving practice and the care people received.

Staff received support from their line managers and had the opportunity to meet with them on a regular basis. The registered manager told us they currently carried out all supervisions as they felt it was a way to get to know their staff team well. They told us they valued the opportunity to hear about the challenges staff faced and to support them to develop and improve. They said over time they would gradually delegate supervisions to senior staff.

People were supported to access the services of healthcare professionals should they have a need to. Appointments with healthcare professionals and their outcomes were recorded in people's care plans. A relative told us staff monitored their family member's health and they were supported to see a doctor if they needed it. They said the GP visited every week and if needed they put their family member on the list to be seen. We saw evidence in people's care plans that healthcare visits were provided and recorded.

# Is the service caring?

## Our findings

We asked people and relatives for their views on the staff at Coombe Dingle. One person told us they were happy living at the home. They told us they had lived in other homes previously but, "I prefer being at Coombe Dingle." Another person was complimentary about the care they received from staff. They said staff were kind and friendly. A third person said, "I like it here, the food is usually good and staff are kind."

Relatives were equally positive about how caring the staff were. One relative said, "The staff are very good." Another told us, "(Staff name) is excellent and (staff name) is ace." A third relative commented, "The care is fantastic." A further relative commented, "Overall it's good. The staff are helpful, courteous and kind to myself and my father."

At our inspection in April 2016 we found people were not always treated with respect by staff. We did not have any similar concerns during this inspection.

People were treated with respect and dignity and cared for by staff who knew them. Staff were able to describe people to us and knew their individual characteristics. A staff member told us, "It is good to know about people's past life histories as they will at times talk about things that happened in the past." Staff told us about one person who liked to eat their biscuits before they had their cup of tea and we saw this happen. When staff spoke about people it was with affection. We heard staff paying people compliments which people's reactions indicated they appreciated. Staff ensured that people's personal care needs were discussed discreetly and that people's privacy was respected when they received personal care. One person told us they received their care from regular staff whom they knew. A relative told us, "They (staff) have a good attitude. Everybody is polite, everybody says hello." Another relative said, "He always has his hair done and he is shaved."

People were treated by staff who cared for them. This was evident from the point of arriving at the home. We saw staff consistently crouch down by people speaking to them in low tones. When it was lunch time and staff needed to wake a person who was snoozing they did this in a gentle way waiting until the person became orientated before explaining to them it was lunch time. We heard a staff member say to one person, "Sorry to disturb you, but would you like to have lunch? Would you like to have it here my lovely?" They then told the person what the lunch was. We observed staff use positive touch, such as an arm around the shoulder when supporting people. One staff member sat and gently combed someone's hair, sitting closely to them and speaking to them all the while. A relative told us, "The young staff are friendly, always polite. They are so patient."

People's privacy was respected by staff and people were encouraged to maintain some independence. Some people preferred to spend time in their room or in areas of the home other than the communal areas and we found staff respected this. A staff member told us, "I encourage people to wash their face and I prompt them as and when necessary. I also encourage people to walk independently but I and other staff are always close to supervise them." We saw this happen throughout the day.

Staff were attentive to people's needs. We observed that staff supported people in a kind and sensitive way, ensuring their wellbeing and comfort when providing care. We observed a staff member notice a person appeared uncomfortable due to the positioning of a cushion behind their head. We heard the staff member said, "Would you mind leaning forward a bit so I can move your cushion? You'll be a lot more comfortable." Another person had a controlled fall (where staff supported them to go on to the floor) and we saw staff check the person for injuries and allow them time to get up again. One person told us they got on well with the staff and staff always listened to them if they had something to say. A relative told us, "They (staff) do listen to the residents." Another relative said, "They (staff) act quickly when (name) wants something nothing is too much trouble for them."

People were supported to maintain relationships with those close to them. Visiting was unrestricted and we saw visitors in the home throughout the day. Staff appeared to know relative's well and greeted them as they arrived. We found visitors were able to sit with their family member in a place that suited them, such as in the garden or in their room.

## Is the service responsive?

### Our findings

We asked people and relatives if there was enough going on for them in Coombe Dingle. This was because at our inspection in April 2016 we found there was a lack of purposeful activities. One person said, "I never get bored." A relative said they felt there was a, "Good range of things going on. We have a musician who comes once a month and a church group does a service."

We found people had access to activities. There was more of a buzz within the home from our previous inspection and staff were seen taking time engaging with people, interacting with them and trying to stimulate them. One staff member played ball with a person out in the garden and another staff member sat and played cards with one person. There was music playing in the background throughout the day. We saw staff dancing with some people and there was a hairdresser in on the day who was also doing people's nails. Some people preferred their own space and did not wish to engage in activities and this was respected by staff. One person liked to spend their day reading the newspaper. We saw people sitting in the garden enjoying the sunshine.

The registered manager told us the activities co-ordinator had recently left and they had recruited a new co-ordinator. They said they would attend a course run by the National Association for Providers of Activities for Older People (NAPA) to ensure they had the skills to provide appropriate activities for the people living in the home. In the meantime, care staff undertook the responsibility of arranging activities. In addition, the manager had introduced reminiscence tools, such as memory boxes which people were encouraged to use. A relative told us, "There is an activity in the morning and also in the afternoon. They are trying to do things."

At our inspection in April 2016 we made a recommendation to the registered provider to ensure people's care plans were written in line with best practice and reflected people's needs. We found at this inspection care plans had much improved.

Care plans were written in a detailed way and contained enough information for staff to know how to care for someone. Care plans contained information on areas such as people's hobbies, medicines, skin integrity, nutrition, mobility and personal care needs. Information such as a person's moving and handling requirements in relation to what equipment they required or how many staff were required was found in people's care plans. Care plans clearly stated if people preferred a particular gender of staff for example, when they were receiving personal care. We did note however that staff were not following one person's care plan in relation to how they took their medicines. We spoke with the registered manager about this during the inspection and they told us they would take action. Following the inspection they sent us evidence to show that this had been acted upon. A relative told us, "I have no concerns that he is not getting the care he needs."

Staff were able to give a good description of what was in people's care plans. One person had a keen interest in a particular genre of movies and staff explained how they found out this information and how they had helped this person with their interest, such as putting posters and pictures up in their room.

Where people displayed behaviours that may put them or others at risk there was guidance in place and appropriate health care professionals had been involved in developing a package of care for the person. Such as one person who had one to one support throughout the day. Since the inception of this support, the incidences of aggressive behaviour had reduced.

There was a complaints policy available for people. The policy detailed how complaints would be managed and listed agencies people could contact if they were not satisfied with the provider's response. We noted there had been four complaints since our last inspection and saw that where people or relatives were unhappy with something the registered provider had responded appropriately and promptly. One person told us, "I like it here and I would be the first to complain." A relative told us they had been happy with the response if they had ever raised a concern. They said, "I don't complain very often but they do listen if I have a moan and they act on it. Now and again I have a whinge and it gets sorted."

## Is the service well-led?

### Our findings

We received positive feedback on the management at Coombe Dingle. A relative told us they had noticed improvements since the registered manager's arrival. They said, "She's brightened the place up. It looks a lot better."

At our inspection in April 2016 we found there was a lack of good record keeping and good governance within the home as some actions from our previous inspections had not been addressed. We found at this inspection a huge improvement overall to the service. This was mainly down to the commitment and hard work of the registered manager.

The registered manager was keen to ensure the quality of the service was raised and improvements sustained. In the four months since they had been recruited to the role they had made significant improvements to the service people received. They told us the attitude and approach of the staff team had improved under their management and, although some staff had left as they were unable to meet the standards of performance expected by her, the remaining staff had worked hard to support them. They told us, "I've got the support of the staff. Anything I need they bend over backwards to get it done." They added they had received good support from the registered provider to make improvements saying, "They have been very supportive."

The registered manager had good management oversight of the home. They were able to answer all of our questions at the start of the inspection with ease and found documentation and paperwork for us when we required it. Part way through our inspection we highlighted areas that required attention to the registered manager, rather than waiting until feedback at the end of the day. The registered manager responded immediately to anything we raised with her. For example, we found one of the outside clinical waste bins would not lock and the registered manager was heard on the telephone organising a new bin.

The registered manager had allocated responsibility for specific tasks to senior staff which had increased accountability. For example, the manager said each person had been allocated a named member of senior staff for reviewing their care plan. They told us they audited a sample of care plans each month to ensure these reviews were taking place adding, "The care managers and registered nurses now play a greater role in care planning." We saw evidence in care plans that people had been allocated a named member of senior staff who was responsible for ensuring the person's care plan and risk assessments were up to date. We also saw the care plan audits carried out by the registered manager and noted that identified actions in relation to care plans were monitored by the registered manager for completion.

Good quality assurance processes were in place to help ensure the quality of the service provided. Internal quality assurance audits showed actions were being or had been addressed, such as redecoration of rooms, throwing away of old furniture and tidying up of the garden. Clinical staff's competency assessments had started and infection control audits commenced. The registered manager undertook regular 'walk-arounds' where they checked the environment and observed staff practice. She also carried out unscheduled visits to the home when she was not expected to be in. An external medicines audit took place in December 2016



which recommended allergies relating to people were updated on their MAR charts and we found this had been done. An internal medicines audit identified some areas that required action, such as a lack of photograph on one person's MAR. Again we found this had been done. Following this audit, the registered manager had held a nurses meeting to talk through the audit. A health and safety audit had identified the need for raised door numbers on people's rooms to comply with fire safety standards and this had been done. Other checks on the service included regular fire alarms tests, monthly fire drills and emergency lighting, legionella and gas checks.

Staff told us they felt there was good team work in the home and that they were supported by the registered manager. One staff member said, "There have been a lot of changes since the manager's arrival in post. There have been a lot of improvements. Everything has changed for the better." A second staff member told us that the morale was good, especially since the registered manager's arrival. They told us the registered manager provided good support to staff and was available for advice. A third member of staff told us, "The communication is much better." A relative told us, "There is a good team spirit amongst the staff."

Staff had the opportunity to get involved in the running of the home as regular staff meetings were held. A staff member told us the registered manager consulted with them and wanted to hear their views. Another said the registered manager had arranged team meetings for all staff which had been useful as staff had been able to discuss the challenges they faced and how their colleagues could help them manage these. We noted from staff meeting minutes that there was good attendance and a wide range of topics were discussed from the laundry to people's care plans.

Relatives also had opportunities to give their views about the home. We noted a 'meet and greet the new manager' coffee morning and meeting had been held in March and a further meeting was arranged for the end of this month. Topics discussed covered staffing, the décor, training, the new spring menu and the proposed use of the garden as the weather improved. The registered manager had introduced a newsletter. We noted the first edition, dated May 2017 contained information about the new manager, up and coming activities, staffing and other general information about the home.