

Karlex Care Limited

# Claremont House

## 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

Claremont House provides accommodation and support for up to 18 older people who require assistance with daily living due to physical frailty and health needs, such as diabetes. There were 15 people living at the home on the day of the inspection, some were living with dementia and others needed support with their mental health. The home is a converted older building, bedrooms are on three floors and there is a passenger lift that enables people to access all parts of the home. The home is owned by the registered manager.

The registered manager was present during the inspection. 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.

This inspection took place on the 30 December 2016 & 3 January 2017 and was unannounced.

At our inspection on 4 and 19 June 2015 we found the provider was not meeting the regulations with regard to staffing levels, staff training, safeguarding people from improper treatment, person centred care, accurate and up to date records and assessing and monitoring the quality of the services provided. At this inspection we found improvements had been made and the provider met these regulations.

The quality assurance and monitoring system had been reviewed and audits had been carried out to identify areas where improvements were needed. Changes in the care planning documentation had been made in line with these reviews; the care plans were up to date and had been developed with the involvement of people and their relatives, if appropriate.

The recruitment process was robust, it ensured only people suitable worked at the home and there were enough staff working in the home to provide the support people wanted. The home had a calm atmosphere and people said they were very comfortable living there. They liked their rooms, were very positive about the food and said activities were available for them to join in if they wanted to.

Care and support was personalised to meet people's individual needs, records were up to date and had been reviewed regularly, including care plans. Staff managed and administered medicines safely. People had access to healthcare professionals as required.

Staff had an understanding of their responsibilities with regard to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). Staff had attended safeguarding training; safeguarding and whistleblowing policies were in place and staff said they had read and understood these.

Complaints procedures were in place. The registered manager encouraged people, relatives and staff to be involved in decisions about how they service improved and, people and staff were very positive about the

management of the home.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

There were enough staff to provide the support people wanted and robust recruitment procedures ensured only suitable people worked at the home.

Risk assessments provided guidance for staff to reduce risk. Staff had attended safeguarding training and had an understanding of abuse and how to protect people.

There were systems in place for appropriate management of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported by management to deliver care effectively.

Staff had an understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were offered choices about the food they ate, and meals were a sociable and relaxed time.

Staff ensured people had access to healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring.

People were treated with respect and their dignity was protected.

The atmosphere in the home was calm; staff supported people to make their own decisions about their care and communication between people and staff was relaxed and friendly.

People were encouraged to maintain relationships with relatives and friends, and relatives were made to feel very welcome.

### **Is the service responsive?**

The service was responsive.

The care plans were specific to each person's needs and there was clear guidance for staff to follow when providing support and care.

People decided how they spent their time; some people were supported to take part in activities, whilst others chose to remain in their rooms.

People and relatives had been given information about how to raise concerns or make a complaint.

**Good** ●

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

The service was well-led.

Quality assurance and monitoring systems were in place to identify areas where improvements were needed and action was taken if needed.

There were clear lines of accountability and staff were aware of their roles and responsibilities.

People, relatives, visitors and staff were encouraged to provide feedback about the support and care provided.

**Good** ●

# Claremont 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 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 the 30 December 2016 and 3 January 2017 and was unannounced. The inspection was carried out by one inspector.

Before the inspection we looked at information provided by the local authority and contracts and purchasing (quality monitoring team). We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. We also looked at the provider information return (PIR), which is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make.

Some people who lived in the home were unable to verbally share with us their experience of life at the home, because they were living with dementia. We spent time with people in their own rooms and in the lounge and, we 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.

During the inspection we spoke with 10 of the people living at Claremont House, and three relatives. We spoke with eight members of staff, which included the care staff, housekeeping staff, cook, deputy manager and registered manager.

We reviewed a variety of documents. These included four care plans, daily records and handover sheets, three staff files, training information, medicine records, and some policies and procedures in relation to the running of the home.

## Is the service safe?

### Our findings

At our inspection on 4 and 19 June 2015 the provider was not meeting the legal requirements in relation to staffing levels, safeguarding training and risk assessments. The provider sent us an action plan stating improvements would be completed by 21 August 2015.

At this inspection we found the provider was meeting the regulations. There were sufficient staff working in the home to provide the support people wanted; staff had attended safeguarding training and they had a clear understanding of risk, and how to enable people to take risks safely.

People said the staff were very good and they kept them safe. "The staff are excellent. I have no worries, they know exactly what I need to keep me safe" and, "I think they are all very good, look after me and I am very comfortable." Relatives said staff supported people to be independent, whilst keeping them safe. One told us, "I think the staff know exactly what residents need, and they keep my (relative) very safe. Can be a bit forgetful and unsteady, but likes to come down to the lounge every day and join in." People and relatives said there were enough staff working in the home. One person said, "Staff are always around and very helpful" and, a relative told us, "Yes there are enough staff here and they know how to look after everyone."

There were sufficient numbers of staff working in the home to ensure people had the support they needed. The provider had reviewed the staffing levels following the last inspection. Care staff told us with the increase in housekeeping staff at the weekend they were able to spend more time with people, in addition to providing personal care and support. They told us, "We can spend as much time with residents as they want us to, which is really good. I wouldn't want to rush people" and, "Residents decide when they get up. Some stay in their room, but most like to come down to the lounge at least in time for lunch. It all depends on what the residents want to do. It is up to them."

Staff provided support to people in a way that suited them, people were not rushed and the atmosphere was relaxed and comfortable. Staff said they had the time to support people, which ensured they were as independent as possible and made choices about the care they received and how they spent their time. Risk assessments had been completed depending on people's individual needs. These included nutritional risk, skin integrity and pressure area care, mobility and moving and handling, such as which aid was needed to assist people to transfer around the home or go outside. Staff demonstrated a good understanding of people's needs, their preferences and choices, and were able to support them to take risks in a safe way. Such as moving around the home safely using walking aids.

As far as possible people were protected from the risk of abuse or harm. Staff had received safeguarding training; they understood different types of abuse and described the action they would take if they had any concerns. Staff told us they would report anything they were concerned about to the registered manager. They said they were confident that any concerns would be dealt with and if they were not satisfied with actions taken they would contact external agencies. One said, "I would stop what was happening and then tell the manager. If they didn't do anything I know I can report it to you (CQC) or the local authority." Another member of staff said, "I haven't seen anything I am worried about, but I know what to do if I am worried."

Safeguarding information was on display and the contact details of the safeguarding team were available to staff in the office. Where safeguarding concerns had been identified these had been referred to the local authority, advice had been sought and appropriate action taken

Systems were in place to record accidents and incidents. Accidents had been recorded, with details of where and what had occurred, with a review of why the accident had occurred and what action should be taken to reduce the risk of a re-occurrence. Staff monitored people's physical health needs to ensure they were safe and had an understanding of how people's mobility can be affected by their physical health, "Like if they have a urine infection, they can be a bit shaky and need extra support." One staff member said, "We know people very well, so we pick up if people are not quite right and we can ring the GP." Visits were recorded in the care plans with clear instructions of any changes in support.

Medicines were managed safely. Staff said they had completed online medicine training and had been observed and assessed by the registered manager, at least four times, before they were assessed as competent and felt confident to give medicines to people. The district nurse provided the training for the administration of insulin, and staff said they completed this before they gave people this medicine. The medicine administration record (MAR) charts had been completed appropriately. At the front of each MAR chart there was a picture of each person, with a list of their prescribed medicines, what they were for and any allergies. We observed staff as they administered medicines, these were given out individually to each person; staff asked people if they were comfortable and offered pain relief when appropriate. The medicine trolley was locked when not in use and staff signed the MAR only when the medicines had been taken.

Recruitment procedures ensured that only people suitable worked at the home. We looked at personnel files for three new staff; they contained the appropriate information including completed application forms, two references, Disclosure and Barring System (Police) check, interview records and evidence of their residence in the UK, in the form of letters with their address.

The provider had a plan to deal with emergencies. There was guidance for staff to follow displayed near the fire alarm at the front of the building, which identified how people could leave the building safely. The manager explained some staff lived close to the home and their contact details were available for staff working nights to ring them if required. Staff told us the emergency procedure had been explained to them when they started working at the home and they felt people would be able to leave the home safely if required.

Relevant checks were carried out, these included a weekly fire alarm test, monthly checks on emergency lighting, call bells and water temperatures and legionella risk. PAT testing for personal electrical equipment was done yearly and when new equipment was brought into the home. There was on going repair and maintenance at the home. The maintenance log showed that staff had logged and dated where repairs were required and the action and the date they were resolved was recorded by the maintenance staff.

## Is the service effective?

### Our findings

At our inspection on 4 and 19 June 2015 the provider was not meeting the legal requirements in relation to staff training. The provider sent us an action plan stating improvements would be completed by November 2015.

At this inspection we found the provider was meeting the regulations. Relevant training had been provided and staff were confident they understood people's needs and provided the support they wanted.

People told us the staff looked after them very well and relatives supported this. One person said, "They certainly know what I need" and, a relative told us, "The staff are excellent, they know exactly how to look after residents, they have all been trained." Staff said the training was very good and ensured they understood people's needs and how to meet them. People said the food was tasty, they had choices for each meal and looked forward to sitting in the dining room and, "Having a chat."

Relevant training was provided and staff were confident they provided the care and support people needed and wanted. "We attend all the training so we know how to look after our residents" and, "There is no excuse, if we can't do it here we go to the other home." Records showed staff had attended relevant training including moving and handling, infection control, safeguarding, fire safety and health and safety, as well as specific training to meet people's individual needs. Such as dementia and mental health awareness. Staff said the training had given them a broader understanding of people's needs; they had contacted the community mental health when they had been concerned about changes in a person's behaviour. There had been on going discussions, these were recorded in the care plans, to ensure they had been providing appropriate support.

Staff had attended training in Mental Capacity Act (MCA) 2005. They demonstrated an understanding of capacity and the implications of Deprivation of Liberty Safeguards (DoLS) for the people they supported. The purpose of DoLS, which is part of the MCA, is to ensure that someone, in this case living in a care home, is only deprived of their liberty in a safe and appropriate way. This is done when it is in the best interests of the person, has been agreed by families and professionals, there is no other way to safely care for them and it is the least restrictive. The registered manager said DoLS applications were made if capacity assessments identified people at risk. Staff told us, "All of our residents can make decisions about something. Like if they want to get up or what they want to eat." "We know residents can do things for themselves unless they've been assessed as being unable to and then advice is sought so that we do things right" and, "We do not encourage residents to do things because we think it is best, they decide what they want to do." Staff asked people for their consent before they provided assistance and they involved people at all times in decisions about the support provided.

Induction training in line with skills for care was provided for all staff when they started working at Claremont House. One told us the induction training was good, "I worked with more experienced staff for several shifts. I looked at the care plans and spent the first day meeting the residents and staff. I had a tour of the home, it takes a while to get used to where the rooms are and they explained about the fire alarm and

what I should do if it went off." Staff felt confident they provided the support people wanted and that the training they needed would be arranged by the management. Staff said they were encouraged and supported to work towards national vocational qualifications (NVQ). Four care staff had completed NVQ level 2, four had completed level 3 and one was working towards it. Two staff had started the Care Certificate, which is a set of standards that social care and health workers stick to in their daily working life and is the new minimum standards that should be covered as part of induction training of new care workers. Three staff had completed NVQ level 4 in management, one had completed level 5 and another was working towards it. The registered manager said professional development was available for all staff and the cook told us they and their colleagues were working towards the Diploma in Food Production.

A supervision programme was in place and staff said this was a good chance to talk about the support they provided; any training they wanted to do and if they had suggestions about improving the service. Although they also told us the registered manager and deputy manager were available at any time to talk to. Staff said they worked very well as a team, they knew each other's responsibilities and were also flexible in the work they did. One said, "We can help each other out if we have the time now, we don't need to rush around as much, which is really good."

There were systems to ensure people were supported to have a nutritious diet. The meals were relaxed and comfortable, people sat where they liked in the dining room or chose to remain in their rooms. One person said, "I like to sit near the window with my friends and have a chat, very nice." Another person told us, "I prefer to stay in my room and the staff bring my meals. I am very comfortable sitting here." People told us they liked the meals and they could have what they wanted to eat. The cook told us, "Residents can have what they want really, there is one main choice, but there are always alternatives, like omelettes or baked potatoes" and, "I know what people like and dislike and there are snacks available at any time of day. Staff can make a sandwich, or cook a light meal, if residents want one, there is always food in the fridge." The dining room was laid out to enable people with walking aids or wheelchairs to use the room if they wanted to; condiments and napkins were available and people were encouraged to have an appetising diet that they enjoyed.

People's weights were monitored monthly and recorded in their care plan. Staff said if they had any concerns they would contact their GP. If required, additional calories were added to meals using creams and cheese; when necessary fortified drinks were provided and dieticians had been involved in planning meals for people who had lost weight. Staff had been monitoring three people who had lost their appetite, food and fluid charts had been used to record the amount they ate and drank and their GPs had been informed.

People had access to healthcare professionals including opticians, district nurses, speech and language team and GPs as required. GPs visited the home if necessary although people also attended appointments at the surgery or hospital. If people had been assessed as being at risk of falls the occupational therapist and falls team had visited people and advised staff how to reduce the risk of falls, whilst also not restricting people. Appointments and changes in planned care and support were recorded in people's care plans and, people told us they could see their GP or the nurse if the needed to. One person said, "I ask them to arrange a visit and it is easily arranged" and a relative told us, "They always contact the doctor and let me know if my (relative) is not well. They are very good about that."

## Is the service caring?

### Our findings

People were very positive about the support they received. They said, "Staff are very kind, they know I need some support, but they don't hurry me." "The staff respect my choices and support me to do what I want to do" and, "I am very comfortable here, I wouldn't want to live anywhere else." Relatives told us the staff were very welcoming when they visited the home, "They provide the care and support residents need" and, "I think my (relative) is in the best place for her. They are so good and support me as well." Staff said they were able to provide the support and care people needed; they demonstrated a good understanding of people's preferences and supported them to be independent and make choices.

Staff were respectful when they spoke with people and it was clear they understood their needs. They used people's preferred name and responded quickly when they needed support. For example, one person was unsure of where they wanted to sit and became unsettled; staff put their arm around them and spoke quietly as they suggested they might like to sit in the conservatory. Staff said, "It is best to not offer too many choices at once, it can confuse them, so we suggest one thing and if they say no we suggest something else. They assisted people to move around the home safely as they chose where they wanted to sit. The conservatory at the front of the building was very popular and people sat there, "Watching the world go by," in the lounge watching TV, or their own room. We sat with people in the conservatory and lounge, and spoke with people who chose to remain in their rooms. They were all very positive about the support provided. The home was well furnished, people said they liked their rooms and had personalised them with their own furniture, pictures and ornaments.

Staff understood the importance of protecting people's privacy and dignity. Staff said they knocked on people's bedroom doors and they waited for a response before they entered. We saw staff knock on people's doors and wait and people and relatives agreed staff did this. People said staff were very careful to protect their privacy and dignity when they assisted them with washing and dressing. One told us, "They are very kind and the curtain is always closed when they are looking after me. They always ask if they can do anything else before they leave and I couldn't ask for any more." Staff said they asked people if they needed assistance, they never made decisions for them and they respected people's choices. We saw staff treated people with respect; they asked permission to assist them and were very discrete when they asked if people needed support with personal care. Staff told us, "I would like to think I look after residents like I would want my relative cared for." "I think it is our job to support people to live an independent life as much as they can" and, "We respect their wishes and if they don't want to do something or change their mind then that is fine. Up to them really, which is only right."

People's preferences were recorded in their care plans with the section 'My Life Before You Knew Me', these showed how they had spent their lives before moving into Claremont House. They included relevant personal details, such as their early years, working life, married life, family members, pets, hobbies and interests. Staff said they had read these and found them very useful. One said, "I think it is important we know what residents did and liked to do before they moved in. Gives us something to talk to them about, people with dementia remember things from their past even when they don't know what is happening now." Staff demonstrated a good understanding of people's lives and who was important to them and they were

encouraged to continue with hobbies and interests of their choice.

Staff regarded information about people as confidential, care plans were kept secure in the office. Staff told us, "Information about resident's is strictly confidential, we don't talk about their needs with anyone else and if a visitor wants to know anything we ask them to talk to the manager" and, "We have a clear policy about confidentiality, we don't discuss anything even with relatives, we refer them to the manager."

Relatives and friends were welcomed into the home at any time and people were encouraged to maintain relationships with people close to them. A relative said they were very happy with the support provided and could visit when they wanted to; staff were always pleased to see them and they were made to feel very welcome.

## Is the service responsive?

### Our findings

At our inspection on 4 and 19 June 2015 the provider was not meeting the legal requirements in relation to person centred care and record keeping. The provider sent us an action plan stating improvements would be completed by November 2015.

At this inspection we found the provider was meeting these regulations. The care plans and supporting records were up to date, they had been reviewed when people's needs had changed and regularly with the person and their relative if appropriate. Care was personalised and based on each person's individual needs and, there was guidance in the care plans, for staff to follow to ensure appropriate support was provided.

People told us they were involved in decisions about the support they received and said staff, "Make sure they provide the care we need" and, "Yes I have a care plan and we have talked about it with my family, so they know what I like." Relatives said they were pleased with the care and support provided. One told us, "They keep us up to date with everything and they ring me if there have been any changes." Staff said they discussed each person's support needs with them and their relatives regularly.

The care plans had been reviewed since the last inspection and were legible, person centred and up to date. They contained information about people's support needs and guidance for staff to follow to ensure these were met. They included information about the reason the person had moved into Claremont House, such as following a stroke and how this could affect their well-being. There was clear guidance for staff to follow to ensure people were as independent as possible and staff demonstrated a clear understanding of people's needs. One member of staff said, "The care plans provide us with guidance to support residents safely, like when they are walking around the home and there is information about their likes and dislikes so we can chat about things. One resident likes animals and there is usually a cat lying on their bed sometime during the day. Some of the ladies really like that."

Activities were provided, based on people's interests and choices and people who chose to take part in them said they were very good. People joined an external entertainer for a singing session in the lounge on both days of the inspection. Some used a small musical instrument to join in and they clearly enjoyed themselves. Staff said they played games, people watched a film some afternoons and, "If residents choose to remain in their rooms we sit with them and have a chat, they watch their own TVs or listen to music. They decide what they want to do." People said they could join in if they wanted to. One thought the music was too loud, so preferred to sit in their room, but they had joined others in the lounge to watch a film, "I like a good cowboy, the film was very good, I enjoyed it." Staff said an art and craft class had recently started and people had made a number of different ornaments, which were displayed around the dining room on the window ledge and on the walls. One person pointed out what they had made and said, "I enjoyed doing that very much." The registered manager told us they had been looking for different activities that people might like to do and were happy to try something to see if people liked it. One staff said, "We need to try things out and see if residents want to do it, because some people can't tell us what they want to do, so we look at different things."

Pre-admission assessments were completed before people were offered a place at Claremont House and people said they, and their relative, had talked to the registered manager or deputy manager. One told us this was, "To make sure they could look after me" and, "When we had all agreed I moved in and I am pleased that I have." The assessment included information about the person's likes and dislikes, their social and health care needs including mobility and diet, their routines and details of the support they needed. This information had been used as the basis of the care plans, which people and relatives said they had been involved in developing. One person said they knew they had a care plan and they discussed the support they wanted with staff daily. "They always ask me what I need and are very helpful in every way." People and relatives had signed the care plans to show that they had read and agreed with them. One person had been supported by an external advocate and the care plan had been reviewed and updated yearly. The registered manager said they were happy with the support provided.

The daily records and handover sheets were completed at the end of each shift and checked regularly by management. There was clear information about how staff supported people, any changes in a person's needs were recorded and passed on during the handover session at the beginning of the shifts. Staff demonstrated that they knew about people's support needs, how they had spent their time, including activities they took part in, and the records we looked at supported their comments.

A complaints procedure was in place and had been given to people, and their relatives, when they moved into the home. The registered manager said there had been no complaints since the last inspection and people told us they did not have anything to complain about. One said, "If there is anything I just mention it to staff, usually something silly, not really a complaint." Another person told us, "There is nothing to complain about. They look after us very well, but if there was a problem I would talk to my family." Relatives said they had no complaints, but were confident if there were any issues the management would deal with them.

End of life care had been discussed with some people and their relatives where appropriate and, this had been recorded in the care plans. Do not resuscitate forms had been discussed with healthcare professionals and completed as required. Staff said they had attended training and were supported by the district nurse when they provided care as people's health care needs changed.

## Is the service well-led?

### Our findings

At our inspection on 4 and 19 June 2015 the provider was not meeting the legal requirements in relation to assessing and monitoring the quality of the service. The provider sent us an action plan stating improvements would be completed by November 2015.

At this inspection we found the provider met the regulation regarding quality assurance and the services provided were monitored.

From our observations and discussions with people, relatives, staff, the registered manager and deputy manager we found the culture at the home was open and relaxed. Care and support was focused on providing the support people living at Claremont House needed and wanted. People and relatives said the registered manager and deputy manager were always available and they could talk to them at any time. Staff said there was an open culture at the home and they had been involved in developing the service.

The registered manager owns two homes and is currently registered to manage both. They told us they felt it would be better if each home had separate manager. They had discussed this with the staff during a team meeting and the deputy manager had agreed that they would manage Claremont House and the current registered manager would concentrate on the other home. The deputy manager said they had applied to register with CQC to be the registered manager and had been waiting for a DBS check to complete the application.

The registered manager and deputy manager had been involved in the review of the quality assurance and monitoring system and, action had clearly been taken to address the concerns identified at the last inspection. Staff said, "We are always looking for ways to improve what we do." A number of audits had been completed, including medication, care plans, training, activities, catering and cleaning and the registered manager said they had been used to plan improvements and identify training needs. They had identified that the care planning records needed to be reviewed. For example, staff recorded the same information on two different forms and they felt that a small change would resolve this. The deputy manager told us they would discuss this at the next team meeting, so that staff would have an opportunity to put forward suggestions and, "We like to keep them involved from the beginning, so that they know what is planned rather than just telling them."

The ethos of the home was to involve people, relatives and friends and staff in contributing to bringing about improvements. People and staff said the home was relaxed and comfortable, we saw conversations between them were friendly and they chatted together on first name terms. The atmosphere was one of a community that people enjoyed being part of. Staff spoke about their values and how important it was to enable people to live a lifestyle, as far as possible, the same as they had before they moved in.

There were regular meetings with people living in the home, their relatives and staff. The minutes from the residents meetings showed they discussed food and activities and encouraged people to put forward suggestions for any changes or improvements. A theatre trip had been arranged during the summer and a

number of people had said they wanted to attend. There was continued support for the pampering days which included foot spas, hand and foot massage and manicures; a monthly pastoral visit had been arranged and a local shop had offered them flowers every Wednesday and a florist had volunteered their services for flower arranging. People were asked to let staff know when they wanted to go out for a walk or shopping and staff told us some people liked to go out every day and others when the weather was good.

There were regular staff meetings and from the minutes we saw they had been used to discuss any issues or improvements to the service. Staff said they had attended the meetings and thought they were a good way of talking about any concerns or making suggestions. The minutes showed staff were kept up to date about any changes, such as the management of the home, and people's needs were discussed including any changes to the support provided. Staff said they home was a very nice place to work; they felt they worked very well together as a team and that the management was strict to 'make sure things were right'. Staff told us, "It is like my second home." "There is a relaxed and lovely atmosphere now" and, "It is a happy home."