Care Quality Commission

Bondcare Willington Limited

Allington 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

Overall summary

This inspection took place on 16 June 2015 and was unannounced inspection, which meant the staff and registered provider did not know we would be visiting. The provider knew we would be returning for the second day of inspection.

Allington House is a purpose built 46 bed care home. The home provides nursing and personal care for older people and also for older people who are living with a dementia. Accommodation is provided over two floors and includes communal lounges and dining areas. All rooms are single occupancy with en-suite facilities. There are garden areas surrounding the building. On the day of our inspection there were 44 people who used the service.

The home had a registered manager in place who had been working there as the manager since April 2014 and registered with the Care Quality Commission (CQC) since May 2015. A registered manager is a person who has registered with the CQC to manage the service. Like

Summary of findings

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.

At the last inspection in July 2014 we found the registered provider did not meet regulations related to the management of medicines and supporting workers. The registered provider sent us an action plan that detailed how they intended to take action to ensure compliance with these two regulations.

At this inspection we found that since the inspection of the service in July 2014 the registered provider had changed pharmacy supplier and medicines were now managed safely.

We also found that supervisions and appraisals had taken place and training was now up to date. This meant that staff were properly supported to provide care to people who used the service.

We saw that people were involved in activities.

People nutritional needs were met and their individual preferences and wishes adhered to.

Staff we spoke with understood the principles and processes of safeguarding, as well as how to raise a safeguarding alert with the local authority. Staff had received training in safeguarding and said they would be confident to whistle blow [raise concerns about the home, staff practices or provider] if the need ever arose.

Assessments were undertaken to identify people's health and support needs and any risks to people who used the service and others. Plans were in place to reduce the risks identified. Care plans provided evidence of access to healthcare professionals and services.

There were sufficient numbers of staff on duty to meet the needs of people using the service.

All of the care records we looked at contained written consent for example consent to photographs and the care provided

The home was clean, spacious and suitable for the people who used the service.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment and water temperature checks.

The registered manager had knowledge of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager understood when an application should be made, and how to submit one. CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. We discussed DoLS with the registered manager and looked at records. We found the provider was following the requirements in the DoLS. Staff we spoke with did not have a clear understanding of DoLS, although they had received training on this in April 2015. We discussed this with the registered manager who said they would look into simplifying this for the staff.

People who used the service, and family members, were complimentary about the standard of care. Staff told us that the home had an open, inclusive and positive culture.

Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible..

Care records showed that people's needs were assessed before they moved into the service and care plans were starting to be written in a person centred way.

The registered provider had a complaints policy and procedure in place and complaints were fully investigated, although the outcome as to whether the complainant was satisfied or not was not always documented.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
The service was safe.

Staff were knowledgeable in recognising signs of potential abuse and would report any concerns regarding the safety of people to the registered manager.

There were sufficient staff on duty to meet people's needs. Effective recruitment procedures were in place. Appropriate checks were undertaken before staff started work.

Medicines were managed safely.

Appropriate checks of the building and maintenance systems were undertaken

Good

Is the service effective?
The service was effective.

Staff had the knowledge and skills to support people who used the service.

Formal supervision sessions and appraisals with staff had taken place.

The registered manager demonstrated a good understanding of the Mental Capacity Act 2005 and DoLS, although staff needed extra training on this.

People were supported to have their nutritional needs met and were provided with choice.

People were supported to maintain good health and had access to healthcare professionals and services.

Good

Is the service caring?
The service was caring.

People told us that they were well cared for. We saw that staff were caring and supported people well.

People were treated with respect and their independence, privacy and dignity were promoted.

Wherever possible, people were involved in making decisions about their care and independence was promoted.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and care plans were produced identifying how to support people with their needs.

We saw that people were involved in activities.

Appropriate systems were in place for the management of complaints. People we spoke with did not raise any complaints or concerns about the service.

Good

Is the service well-led?
The service was well led.

Good

Summary of findings

People and relatives told us that the registered manager was approachable.

The provider had a robust quality assurance system in place and gathered information about the quality of their service from a variety of sources.

Staff told us that the home had an open, inclusive and positive culture.

Allington 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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 June 2015 and was unannounced. This meant the staff and provider did not know we would be visiting.

The inspection team consisted of one adult social care inspector, one specialist professional advisor and an expert by experience. A specialist professional advisor is someone who has a specialism in the service being inspected such as a nurse. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience in caring for older people living with dementia.

Before we visited the home we checked the information we held about this location and the service provider. For example, inspection history, safeguarding notifications and complaints. No concerns had been raised. We also contacted professionals involved in caring for people who used the service, including commissioners, safeguarding staff and district nurses. No concerns were raised by any of these professionals.

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.

During our inspection we spoke with 14 people who used the service and two family members. We also spoke with the area manager, registered manager, one nurse, four care workers, a housekeeper and the cook. We also spoke with two visiting healthcare professionals on the day and one external healthcare professional prior to the visit.

We undertook general observations and reviewed relevant records. These included three people's care records, four staff files, audits and other relevant information such as policies and procedures. We looked around the home and saw some people's bedrooms, bathrooms, the kitchen and communal areas.

Good

Is the service safe?

Our findings

We asked people who used the service if they felt safe, one person said, "If you ring your buzzer they are there in a second." Another said, "Even at night the most you wait if you ring is five minutes for someone to come." One person said, "My last fall at home was a wake-up call, now I am here and I know there will always be someone around to help me." And "When I was at home I was on my own and I forever checked doors and windows, I could not settle, here people do that for me and I am really settled now."

The four care plans we looked at incorporated a series of risk assessments. Where people were at risk, there were assessments that described the actions staff were to take to reduce the possibility of harm. We found that risk assessments were in place, as identified through the assessment and care planning process; which meant that risks had been identified and minimised to keep people safe. These included measures to be taken to reduce the risk of falls whilst encouraging people to walk independently, measures to reduce the risk of pressure ulcers developing or to ensure people were eating and drinking. We saw the 'SSKIN' five step model for pressure ulcer prevention in use [Surface: make sure your patients have the right support; Skin inspection: early inspection means early detection; Keep your patients moving; Incontinence/moisture: your patients need to be clean and dry; Nutrition/hydration: help patients have the right diet and plenty of fluids].

We looked at the management of medicines. The home operated a 'original pack' system of medication which was stored in locked cupboards within people's rooms; we were told that the home used this system to reduce the risk of medication errors. We saw people receive their medication at the time they needed them. We saw staff checked people's medication on the Medication Administration Record (MAR) and medicine label, prior to supporting them, to ensure they were getting the correct medicines.

We saw medicine administration records (MAR) were on the whole complete. We saw some handwritten MAR charts, hand-written MAR charts are produced only in exceptional circumstances and can only be created by a member of care home staff with the training and skills for managing medicines and designated responsibility for medicines in the care home. The new record should be checked for accuracy and signed by a second trained and skilled member of staff before it is first used as per NICE guidelines 1.14.9. Although the information recorded was correct there were not always two signatures.

We saw evidence of 'when required' (PRN) protocols in place. These provided guidance about how and when a PRN medicine would be administered.

Medicines were kept securely. Records were kept of room and fridge temperatures to ensure they were safely kept. Medicines with a short life once opened had the date of opening noted, this meant it remained safe and effective to use.

Medicines that are liable to misuse, called controlled drugs, were stored appropriately. Additional records were kept of the usage of controlled drugs so as to readily detect any loss.

We looked at the arrangements that were in place for ensuring cleanliness and infection control. We found that the main communal areas of the home were clean and free from unpleasant smells. We saw that gloves and aprons were available throughout the home and staff we spoke with confirmed that they had access to these items when needed. We also saw staff using gloves and aprons throughout our visits.

Staff we spoke with during the inspection were aware of the different types of abuse and what would constitute poor practice. Staff told us they had undertaken training in safeguarding and were able to describe how they would recognise any signs of abuse or issues which would give them concerns. They were able to state what they would do and who they would report any concerns to. Staff said that they would feel confident to whistle-blow [telling someone] if they saw something they were concerned about.

The management team had worked with other individuals and the local authority to safeguard and protect the welfare of people who used the service. Safeguarding incidents had been reported by either the service or by another agency. Incidents had been investigated and appropriate action taken.

We looked at the recruitment records for four members of staff and saw that appropriate checks had been undertaken before staff began working at the home. We saw that Disclosure and Barring Service (DBS) checks were carried out and at least two written references were

Good

Is the service safe?

obtained, including one from the staff member's previous employer. Proof of identity was obtained from each member of staff, including copies of passports, driving licences and birth certificates. We also saw copies of application forms and that any gaps in employment history had been suitably explained.

Through our observations and discussions with people and staff members, we found there were enough staff to meet the needs of the people who used the service. At the time of the inspection there were 44 people who used the service. We saw duty rotas which confirmed that there were enough staff on duty.

We saw a record of all accidents and incidents. Accidents and incidents were monitored to try

and determine if there were any trends.

We saw safety checks and certificates that were all within the last twelve months for items that had been serviced such as fire equipment, lift and hoists. We saw that the water temperature of

showers, baths and hand wash basins in communal areas were taken and recorded on a weekly basis to make sure that they were within safe limits.

We looked at records to see if checks had been carried out on the fire alarm to ensure that it was in safe working order. We saw that fire alarms had been tested on a regular basis. We also saw that staff had taken part in fire drills.

We looked at records which confirmed that checks of the building and equipment were carried out to ensure health and safety. We saw documentation and certificates to show that relevant checks had been carried out on the gas boiler, fire extinguishers and emergency lighting. Portable appliance testing (PAT) this is the term used to describe the examination of electrical appliances and equipment to ensure they are safe to use was taking place at the time of our inspection. This meant that checks were carried out to ensure that people who used the service were in a safe environment.

The service had an emergency and contingency plan, and Personal Emergency Evacuation Plans (PEEPs) were in place for people who used the service. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. This meant that plans were in place to guide staff if there was an emergency.

Good

Is the service effective?

Our findings

We asked people who used the service if they felt staff were well trained and knew what they were doing. One person told us; "Some of the staff are marvellous, it could not be better, I am very happy." A relative told us, "She is in the right place and receiving the right treatment." Another relative said "We as a family feel that we could not have found a better home for our relative."

Three people we spoke with, who used the service were recovering from strokes. All said they were making good progress and were being encouraged, step by step to regain their speech, movement and independence.

Staff we spoke with said, "I love my job, I treat them all as my mam and dad."

We asked staff about their most recent training and one member of staff said "We get lots of training, I have just done safeguarding."

We asked to see the training chart and matching certificates. The majority of training was in date although some training stated it was to be completed yearly and the training chart showed for a couple of staff that they had not done some training since 2013. The registered manager explained that a lot of training was taking place via e learning and the training chart needed updating to reflect this. We saw a list of what training had been undertaken recently, this included deprivation of liberties (DoLS), dementia and end of life training. We asked staff about how their competencies were assessed as well as the frequency. They told us they were assessed yearly in safe handling of medication and moving and handling.

All staff we spoke with said they had regular supervisions with the registered manager. The records we viewed demonstrated that there was good evidence of staff supervision both individually and group, although the records were not always signed by the registered manager. We looked at supervision and appraisal records for three staff members. We saw supervision was planned to occur regularly and that records for 2015 were currently up-to-date. There was some evidence of staff personal development plans. The registered manager appeared to be working their way through all the staff and were making good progress. Staff members we spoke with said they felt able to raise any issues or concerns to the registered manager. One staff member said; "She is very supportive, she saw something in me, pushed me and I was promoted."

We also saw records of other regular staff meetings and staff told us about the most recent meeting on 15 May 2015. All staff who attended signed the attendance sheet and other staff signed to show they read the minutes. This showed that everyone knew what had been discussed. Meetings were held for all care staff with a separate one for housekeeping and kitchen staff. Topics discussed were supervisions and appraisals, record keeping, annual leave and a system they had implemented called The Bradford Factor. The Bradford Factor is a simple formula that allows companies to apply a relative weighting to employee unplanned absences (sickness, doctors appointments, emergency childcare, etc). The Bradford Factor supports the principle that repeat absences have a greater operational impact than long term sick. It allows managers to monitor absenteeism during any set period.

We observed the lunchtime meal in both dining rooms. In the downstairs dining room only a few people used the dining rooms for meals, most ate alone in their rooms. Places were laid for seven and only five were eating there. Three ladies said, "We eat all our meals together as we enjoy the company." One lady who ate in her own room said, "At home I've been on my own so I never thought about going to the dining room and no-one suggested it to me." This persons room was at the opposite end of the building to the kitchens. She said, "The food is nice but sometimes I have to send it back to be re-heated because it is not hot when it comes."

Upstairs two people were using the dining room, it was very quiet and the tables were not set, therefore the people did not have napkins or condiments. We fed this back to the registered manager who was going to look into it.

People got two choices of main course for lunch and a choice of a hot dish or sandwiches at tea-time. One lady said, "If I am hungry I'll buzz and ask for a sandwich and they always make me one." An orange juice dispenser was in the downstairs dining room but as the glasses were kept in a wall cupboard residents had to wait and ask a carer if they wanted a drink.

We spoke with the head cook who told us they were informed about anyone with diabetes, who required a

Good

Is the service effective?

fortified diet [one with a high calorie intake for people at risk of malnutrition], or who needed a softened diet. They told us they had all the equipment and supplies they needed.

The head cook explained that the day before she goes round with the next days menus. They said often people don't want anything on the menu, therefore they can say what they would like instead. The head cook said, "This is no problem, it gives me time to get them what they would like." The head cook also explained that one gentleman likes different things for breakfast such as a cheese and onion toasty with red and white onion, or even a meat pie, the head cook said, "If that is what they want that is what they will get, it is their choice." The head cook said that they have tried to introduce Chinese or Indian food but only one person likes it, so for that person they get them a chicken madras as and when they want one.

We saw staff supporting people who required assistance with eating in a gentle and dignified manner.

The Care Quality Commission is required by law to monitor the use of Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. We saw

the registered manager was aware of their responsibilities in relation to DoLS and was up to date with recent changes in legislation. The registered manager acted within the code of practice for the Mental Capacity Act 2005 (MCA) and DoLS in making sure that the human rights of people who lacked mental capacity to take particular decisions were protected. The registered manager told us they had been working with relevant local authorities to apply for DoLS for 19 people who lacked capacity to ensure they received the care and treatment they needed and there was no less restrictive way of achieving this. We saw paperwork confirming this.

The care plans we looked at did include a dependency needs score, which meant that there was a summary of the care requirements of people living at the service, to ensure that staff had the capacity and skills to be able to provide appropriate care.

Staff we spoke with had very little understanding of DoLS, even though they had received training in April 2015. We discussed this with the registered manager who was going to discuss it again in group supervisions.

We saw records to confirm people had visited or had received visits from the dentist, optician, chiropodist, dietician and their doctor. One person said; "They always send a carer with you if you need to go to the health centre or the hospital." One person received a visit from a community matron on the day of the inspection which we were told was part of an on going treatment and care plan. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of the people were being met, to maintain their health.

We saw people signed where they were able, to show their consent and involvement in their plan of care. If they were unable to sign a relative had signed for them.

Good

Is the service caring?

Our findings

People we spoke with said they were happy with the care that was provided. People who used the service and their relatives felt they were well cared for and cared about. One gentleman said, “They are very good in here.” Another said, “The carers are chatty, they get on well with us and with each other.” A relative said, “I am more than satisfied with the care my wife receives. I cannot fault the way they look after her. In fact my brother is due to be discharged from hospital for palliative care and we are doing our best to get him here where he will be well looked after.” Another person who used the service said, “They have really helped me to improve since I came here, after a stroke and you couldn't be better looked after if you were in Buckingham palace. I am going to stay here now.” Two other people who had accessed the home for respite care had decided to apply for a permanent place.

Staff we spoke with said, “I love it here, I love caring for the people who live here.”

A visiting healthcare professional said, “The staff are approachable, they’re always free to have a word with you, they know the history of the patients and their needs. They seem caring and chat with patients.”

We saw staff treated people with dignity and respect. We asked staff how they ensured that people’s dignity was maintained. One staff member said, “I always make sure they are covered with a towel so as not exposed.” Another staff member said, “I always close the curtains and make sure only people who need to be in the room are in the room.”

We observed during the visit that care staff were friendly and caring with people when supporting them. We spent time observing how staff supported people living at the home and found that staff were respectful in their approach, treating people with dignity and courtesy. We observed that people were asked what they wanted to do and staff listened. We observed staff explaining what they were doing, for example in relation to medication.

Our observation during the inspection was that staff were respectful when talking with people calling them by their preferred names. We observed staff knocking on doors and waiting before entering, ensuring people’s privacy was respected.

The environment supported people's privacy and dignity. All bedrooms were for single occupancy. The majority of people had personalised their rooms and brought items of furniture, ornaments and pictures from home.

During the course of the day we saw that staff always gave people choice. One staff member we spoke with said, “I always open the wardrobe door and get them to chose what they want to wear.” Another staff member said, “I always ask them their preference, such as do you want to get up yet, have breakfast in bed etc.”

We spoke to a relative of one person who used the service and they said, “They have good permanent nurses who know how to look after her properly. They can persuade her to get washed and dressed even though her first response is always no. They use the appropriate equipment and are very good when they administer their peg-feed.” A percutaneous endoscopic gastrostomy (PEG) is a procedure to place a feeding tube through the skin and into the stomach to give the nutrients and fluids needed.

At the time of the inspection those people who used the service did not require an advocate. An advocate is a person who works with people or a group of people who may need support and encouragement to exercise their rights. The registered manager said she had used one in the past to support someone around their finances.

Although the service had no one on end of life at present, the registered manager said they were starting to work on end of life care plans for each person so peoples wishes and preferences would be documented. The registered manager had arranged a training event for all staff, people who used the service and their relatives called ‘Dispelling the myths of death’. They had already received part one of this training and the registered manager said people found it very useful and informative.

Good

Is the service responsive?

Our findings

During our visit we reviewed the care records of four people. The care plans were found to be detailed and gave a good overview of people's needs and the support they required, which meant that people's needs were met and the care was person-centred. The care plans guided the work of care team members and were used as a basis for quality, continuity of care and risk management. The care planning system was found to be a simple system and easy to navigate. Each person had an assessment, which highlighted their needs. Following assessment, care and support plans had been developed.

Examination of care plans showed they were person centred. Person centred planning (PCP) provides a way of helping a person plan all aspects of their life and support, focusing on what's important to the person. We found that care records reflected personal preferences and wishes. This was helpful to ensure that care and support was delivered in the way the person wanted it to be.

We saw a 'This is me' document had been completed by the person who used the service or their relative. This is me, is for people with dementia who are receiving professional care in any setting. This is me is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. It enables health and social care professionals to see the person as an individual and deliver person-centred care that is tailored specifically to the person's needs. It can therefore help to reduce distress for the person with dementia and their carer.

We spoke with the activity coordinator on the day of inspection. They showed us a diary of upcoming events such as motivation classes and entertainers. The activity coordinator developed a monthly newsletter to show what events had taken place and what was due. It also highlighted peoples birthdays for the upcoming month, wishing them a happy birthday.

Some staff we spoke with felt there could be more activities taking place. We discussed this with the registered manager who was aware that the job was quite big for one person and it was something they were looking into.

We observed that the activity coordinator made a point of visiting people who stayed in their own rooms and interacting with them. She encouraged some people to access the garden areas in fine weather. One lady said, "I can go in the garden but I do have to wait for 2 carers to get me into my wheelchair." Another said, "I use my walker so that I can go and sit in the garden." Another gentleman said, "I like to go in the garden but would like raised beds or long-handled tools so I could do some gardening from my wheelchair, that would be nice."

A regular activity programme was in place. One person who used the service said, "There is lots to do here unless you can't be bothered. There is something every day." Another person said, "Now I am getting better I've learnt to knit again." Another said, "I like it when they bring the dog in each week for us to pet."

The entertainers were also very popular with people who used the service. A person who used the service said "I loved singing all the old songs, I used to sing them with my dad, he was in World War 1." Another lady said, "I even had a little dance with the entertainer, I can't move much but it was good."

Wednesday was the highlight of the week for many people, they said "We go to the church next door for dominoes. It is good to be out with other people."

At lunchtime one person who used the service asked, "Can I go to the shops, I want some things for my room?" Later we saw her returning in her wheelchair, pushed by one of the carers. A carer said, "If we have enough staff we like to take them out. It helps if they ask in advance then we can get someone in for escort duty."

Two people who used the service told us about their trip out the previous week. "It was my birthday so my daughter arranged with the carers and six of us went to the pub for lunch."

We looked at the home's complaint procedure, which informed people how, and who to make a complaint to and timescales for action. We saw they had received five formal complaints over the last 12 months, the majority had been fully completed with what the complaint was about, what they had done about it and a fully documented outcome. Two complaints did not document the outcome, therefore we were unsure if the complainant was happy with the overall outcome. The registered manager said they would make sure these were completed.

Good

Is the service responsive?

People who used the service, their relatives and a visiting healthcare professional we spoke with all said they had no complaints about the service. One visiting healthcare professional told us:

"Not now, the issues with staff have gone, it's totally different now, it's one of the better homes I come into".

Good

Is the service well-led?

Our findings

At the time of our inspection visit, the home had a registered manager in place. They had been registered with CQC since May 2015.

At the inspection the registered manager told us of various audits and checks that were being carried out and provided evidence of these. These included audits of the environment, infection control, nutrition, catering, medication and health and safety. This helped to ensure that the home was run in the best interest of people who used the service. These audits and checks were followed up with a full action plan. This assured us the quality assurance system was effective because it continuously identified and promoted any areas for improvement.

The registered manager told us that the area manager carried out visits to the service on a monthly basis to monitor the quality of the service provided and to make sure the service were up to date with best practice. Records were available to confirm that this was the case.

We asked people who used the service and their relatives about the management of the home. For example one person said "The manager does come round and see us, they also get on with jobs if they are a carer short."

Staff we spoke with said, "She is the best boss I have ever had, she gets things done." Another staff member said, "X [the registered manager] is very approachable." One staff member said, "X [the registered manager] is open and honest and promotes a positive culture."

One visiting healthcare professional we spoke with said, "it's gone through a lot of changes, they're getting there now, there's consistency of staff, they're turning it around". And "X [registered manager] and the team have calmed the situation, they look at the person as an individual and make clear boundaries with the family, so that the person is well and safe".

Another visiting healthcare professional said, "It's turned around, there's been a lot of changes and the atmosphere is very good, they always make you feel welcome, if there's an issue they will ring".

We asked what links the service had with the local community. The registered manager said, "We use the church a lot, everyone enjoys going there." And "We also use the pub across the road a lot, people often pop for a drink or a meal."

We saw evidence of meetings for people who used the service. Topics discussed were mainly around activities such as were people happy with what was on offer, any suggestions for what they would like such as trips and entertainers and also they discussed how much had been raised so far and what they would spend it on.

The registered manager had a relatives meeting set up for within the next month.

The registered manager sent out surveys to relatives, people who used the service and staff. The registered manager said she had not had time to collate these but we were provided with evidence of each questionnaire. Comments from the relatives and people who used the services were "Food portions are too big even though it states in the care plan small portions." And "Very happy with everything." One relative had sent a letter to accompany the survey and said, "I was worried when my mother moved into the home, I need not have worried, the staff without exception were professional, caring and very hard working, they cared for my mother in the most excellent way."

Staff comments were "X [the registered manager] has turned this place around."

We found the service to have good leadership and management.