Keychange Charity

Keychange Charity Sceats Care 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

This inspection was completed on 6 and 7 February 2108 and was unannounced.

Keychange Charity Sceats Care Home is a 'care home'. The service will be referred to as Sceats Care Home throughout this report. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Sceats Care Home accommodates 30 people in one adapted building. There were 19 people at Sceats Care Home at the time of the inspection.

There was a registered manager in post at the service. 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 of the Health and Social Care Act 2008 and associated Regulations about how the service is run

The previous inspection was completed in September 2016 and the service was rated Requires Improvement overall. The service had not fully completed their action plan in relation to the planned improvements to the environment in the home, people did not receive sufficient activities and systems to continually monitor the effectiveness of the service had not been fully embedded. At this inspection, we found improvements had been made and the service was rated Good.

People received safe care and treatment. Staff had been trained in safeguarding and had a good understanding of safeguarding policies and procedures. The administration and management of medicines was safe. There were sufficient numbers of staff working at the service. There was a robust recruitment process to ensure suitable staff were recruited. Risk assessments were updated to ensure people were supported in a safe manner and risks were minimised. Where people had suffered an accident, themes and trends had been analysed, and action had been taken to ensure people were safe and plans put in place to minimise the risk of re-occurrence.

Staff had received training appropriate to their role. People were supported to access health professionals when required. They could choose what they liked to eat and drink and were supported on a regular basis to participate in meaningful activities. People were supported in an individualised way that encouraged them to be as independent as possible. People were given information about the service in ways they wanted to and could understand.

People and their relatives were positive about the care and support they received. They told us staff were caring and kind and they felt safe living in the home. We observed staff supporting people in a caring and patient way. Staff knew people they supported well and were able to describe what they liked to do and how they liked to be supported.

The service was responsive to people's needs. Care plans were person centred to guide staff to provide

consistent, high quality care and support. Daily records were detailed and provided evidence of person centred care. People received end of life care and support which met their individual needs and preferences.

The service was well led. People, staff and relatives spoke positively about the registered manager. Quality assurance checks were in place and identified actions to improve the service. The registered manager sought feedback from people and their relatives to continually improve the service.

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 sufficient staff to keep people safe.

Medicines were managed safely with people receiving their medicines as prescribed.

Staff reported any concerns and were aware of their responsibilities to keep people safe from harm.

People were kept safe through risks being identified and well managed.

Is the service effective?

Good

The service was effective.

Staff received adequate training to be able to do their job effectively.

Staff received regular supervisions and appraisals.

The registered manager and staff had a good understanding of the Mental Capacity Act (MCA).

People and relevant professionals were involved in planning their nutritional needs. People's health was monitored and healthcare professionals visited when required to provide an effective service.

Is the service caring?

Good

The service was caring.

People received the care and support they needed and were treated with dignity and respect.

People we spoke with told us the staff were caring and kind.

People were supported in an individualised way that encouraged them to be as independent as possible

People and their relatives were involved in planning their care and support.

Is the service responsive?

Good

The service was responsive.

People were able to express their views about the service and staff acted on these views.

Care plans clearly described how people should be supported. People and their relatives were supported to make choices about their care and support.

There was a robust system in place to manage complaints. All people and staff were confident any complaints would be listened to and taken seriously.

Care plans recorded people's likes, dislikes and preferences. Staff had information that enabled them to provide support in line with people's wishes.

People received end of life care and support which met their individual needs and preferences.

Is the service well-led?

Good

The service was well led.

Staff felt supported and were clear on the visions and values of the service.

Quality monitoring systems were used to further improve the service.

There were positive comments from people, relatives and staff regarding the management team.

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

Prior to the inspection we looked at information about the service including notifications and any other information received from other agencies. Notifications are information about specific important events the service is legally required to report to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider. This is a form that asks the provider to give some key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place on 6 and 7 February 2018 and was unannounced. Inspection site visit activity started on 6 February 2018 and ended on 7 February 2018. It included looking at records, speaking to people who use the service, talking with staff and phone calls and emails to relatives and health professionals. The inspection was completed by one adult social care inspector and an Expert by Experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

We spoke with the registered manager and deputy manager of the service and five members of care staff. We spoke with seven people living at Sceats Care Home. We spoke with five relatives of people living at the service. We spoke with four health and social care professionals who have regular contact with the provider.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "Oh yes, we feel safe all the doors have codes and nobody can get in here". Another person said "I feel really safe. The staff look after us all so well". One relative said, "My mother is safe at the home. The staff work very hard to care for people and keep them safe".

Staff had been provided with training on how to recognise abuse and how to report allegations and incidents of abuse. Policies and procedures with regard to safeguarding were available to everyone who used the service. The manager and staff recognised their responsibilities and, duty of care to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. Agencies they notified included the local authority, CQC and the police. One staff member said, "If I have any concerns, I will raise these with the manager." Staff members told us about their confidence in the manager's ability to investigate and respond appropriately to safeguarding concerns. The staff we spoke with had a good understanding of the provider's safeguarding policies and procedures. People were offered external support from agencies such as; the advocacy service or independent mental capacity advocates (IMCA) to support them if required. These are individuals not associated with the service who provide support and representation to people if required.

The number of staff needed for each shift was calculated based on the number of people using the service, individual dependency tools and people's presenting needs. People, staff and rotas confirmed there were sufficient numbers of staff on duty and the same staff were consistently used to ensure continuity for people. Throughout our inspection, we observed a strong staff presence in the service. People and their relatives told us they felt there were sufficient staffing levels to ensure people received care when they needed it. The staff we spoke with told us the registered manager ensured the service was always sufficiently staffed and if further staff support was required, the registered manager was always willing to support the care staff. The registered manager told us they would use agency staff for emergencies but these would be from a regular agency. The registered manager also told us agency staff would always be supported by permanent staff members at all times.

We looked at the recruitment records of a sample of staff employed at the home. Recruitment records showed that relevant checks had been completed including a Disclosure and Barring Service (DBS) check. A DBS check allowed employers to check whether the applicant had any past convictions that may prevent them from working with vulnerable people. References were obtained from previous employers as part of the process to help ensure staff were suitable and of good character. Where staff had gaps in employment, these were investigated and a full account of each applicant's employment history was available to ensure suitable staff were employed.

Staff completed a probation period of up to six months. This enabled the registered manager to come to a conclusion on whether the member of staff was suitable to work with people. The provider had a disciplinary procedure and other policies relating to staff employment to ensure people who used the service were kept safe.

People were supported to take risks to retain their independence; these protected people but enabled them to maintain their freedom. We found individual risk assessments in people's care and support plans relating to their risk of falls, choking and moving and handling safety. The risk assessments had been regularly reviewed and kept up to date. One person's risk assessment around their mobility had been updated after they had suffered a fall to minimise the risk of future falls. Another person was at risk of developing pressure sore ulcers. The risk assessment had been regularly updated as the person's level of need changed to ensure the support they received managed their changing risk.

The service had effective arrangements to respond to incidents, accidents, concerns and safeguarding events. The service had a folder which was a central log for detailing these and there was a system to deal with each one as appropriate. The service was able to identify areas for improvement and lessons were learnt from each investigation. For example, one person had suffered a series of falls in their room. The cause of the falls had been investigated and safeguards had been implemented to minimise the risk of future incidents.

People's medicines were safely managed. There were clear policies and procedures in the safe handling and administration of medicines. Medication administration records (MAR) demonstrated peoples medicines were being managed safely. Staff who administered medicines received training, observed other staff and completed a full and comprehensive competency assessment, before being able to give medication. People were supported to take their medicines as they wished. Each person had their own medicines profile which detailed what medicines they were taking, what these were for, their preferences in relation to their medicine administration and what support they required with their medicines. All relatives were satisfied that people received their medicines as prescribed.

Health and safety checks were carried out regularly to ensure the service was safe for people living there. Environmental risk assessments had been completed, so any hazards were identified and the risk to people was either removed or reduced. Checks were completed on the environment, such as the fire system by external contractors. Certificates of these checks were kept. Fire equipment had been checked at the appropriate intervals and staff had completed both fire training and fire evacuation (drills). These checks were carried out by an external company on a regular basis. There were policies and procedures in the event of an emergency and fire evacuation. Each person had an individual evacuation plan to ensure their needs were recorded and could be met in an emergency.

Staff completed training in infection control and food hygiene. This meant they could safely make people food as required and understand the procedures in place for minimising the risk of infections. We observed staff wearing gloves and aprons when supporting people with their care. Staff told us they had received appropriate training in their induction and had fully understood the training that had been provided. For example, the kitchen staff told us how they had been trained to accurately take food temperatures before food was served to people. We saw records of temperatures being taken for each meal before it was served to the people living at the service. This ensured people were receiving food that was safe and well cooked. The home had received the highest five star food hygiene rating from the local council.

The premises were clean and tidy and free from odour. The registered manager informed us a housekeeping team was employed who covered cleaning duties at the home seven days per week. Staff were observed washing their hands at frequent intervals. There was a sufficient stock of gloves, aprons and hand gel to reduce the risks of cross infection. Staff had completed training in this area. The staff we spoke with demonstrated a good understanding of infection control procedures. For example, different mops were used for different cleaning activities and all cleaning chemicals were kept in a locked room to minimise the risk of people coming into contact with them. The relatives we spoke with told us the home was clean.

Good

Is the service effective?

Our findings

At our last inspection in September 2016, we found further work was required to complete the provider's action plan to improve the environment in the service. At this inspection, we found significant improvements had been made in this area. The service had a welcoming and homely feel. The registered manager told us the lounge had been re-decorated following our inspection in 2016. This included replacing the furniture in this area. We found the lounge area to be a warm environment which had been decorated in accordance with the needs of the people using the service. Each bedroom was decorated to individual preferences and the manager informed us people had choice as to how they wanted to decorate their room. People and their relatives confirmed they were able to choose how their rooms were decorated. The registered manager told us people were encouraged to bring their own chairs from home in order to make them feel more at home. The registered manager told us they had an improvement plan to decorate and further improve the environment in the rest of the home. For example, plans had been developed to develop a smaller lounge into a reminiscence room for people. The registered manager also told us of plans to re-decorate the dining room and they were in the process of consulting with people before finalising plans.

The people living at Sceats Care Home told us they felt they received a high quality service from well skilled staff who been appropriately trained to meet their needs.

Staff had been trained to meet people's care and support needs. Training records showed staff had received training in core areas such as safeguarding adults, person centred care, health and safety, first aid, food hygiene and fire safety. Training was targeted around people's presenting conditions such as stroke awareness and dementia training. Staff confirmed their attendance at training sessions. The manager told us staff had access to online e-learning in addition to face to face classroom based learning.

The staff we spoke with felt they had received good levels of training to enable them to do their job effectively. One member of staff said "The training is excellent and really helps us in our role." Another member of staff told us how they felt the training provided to them when they started working at the service was excellent.

The registered manager told us how they were constantly looking to improve staff learning and encouraged staff to gain further skills that would support them and their colleagues in their role. The registered manager told us how they had supported one member of staff to complete the training to enable them to become the dementia lead and trainer for the service. Another two members of staff had been enrolled for dementia link worker training and a further three members of staff would also be enrolling in the coming months. We spoke with the dementia lead who told us how the training had made a positive impact for the people living in the service. They told us how they had introduced doll therapy in the service. Doll therapy is where a teddy bear or a baby doll is used with a person who has dementia to decrease stress and agitation. It can also be used to put responsibility, caring and structure back into the lives of people who have dementia. The dementia lead told us how they had used doll therapy for two people to reduce their anxiety levels.

The dementia lead also told us how they took a different approach to decorating the hallways in the service

following their training. They told us they had consulted the people living at Sceats Care Home who chose to paint part of the hallway in a woodland theme. They told us people took an active role in drawing the woodland theme and painting it. One person living at the service was passionate about artwork and prior to decorating the hallway had very little engagement with staff and other people living in the service. The dementia lead told us the decorating initiative had a profound positive effect on this person and had been a cause for them to engage much more with staff and other people living at the home. We spoke with this person and they said "I have done all the grass along the bottom of the wall and all of the birds and some of the trees and now I'm painting a kingfisher. You can come to my room and see all my paintings if you like." They went on to tell us how they were looking forward to continuing with this work. It was evident from our conversation that the person was proud of their work.

Staff had completed an induction when they first started working in the home. This included reading policies and procedures, completing core training such as first aid and safeguarding and undertaking shadow shifts. These shifts allowed a new member of staff to work alongside more experienced staff so that they felt more confident working with people. This also enabled them to get to know the person and the person to get to know them. The staff we spoke with told us they had received a good induction which had prepared them well for their role.

Staff had received regular supervision. These were recorded and kept in staff files. The staff we spoke with confirmed they had received supervision from the registered manager or deputy manager. Staff who provided supervision had received the appropriate training around this. There was evidence staff received annual appraisals.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA) and whether any conditions on authorisations to deprive a person of their liberty were being met. 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible and legally authorised under the MCA. From speaking with staff, it was evident they had a good understanding of the act and how it impacted on their day to day roles of supporting people. We found the service was working within the principles of the MCA and DoLS legislation.

People can only be deprived of their liberty so that they can receive care and treatment and this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). Where required, the registered manager had ensured people's mental capacity had been assessed. From reading the assessments; it was evident that these were decision specific and had been reviewed at regular intervals. Where people were assessed as lacking mental capacity, we saw evidence that the service had worked closely with the person's representatives and relevant professionals to ensure decisions were made in their best interests. The registered manager had ensured that where people's liberty was being deprived, a DoLS application had been made to the local authority. The registered manager was clear around their understanding of the notification process to CQC. We looked at the records of people who had a DoLS in place and found these were up to date. The registered manager had a process of ensuring they regularly reviewed people's DoLS application to ensure these were still required and where a person's DoLS was due to expire; a renewal was applied for in a timely manner.

Care records included information about any special arrangements for meal times and dietary needs. Menus showed people were offered a varied and nutritious diet. The menu was displayed in the dining room and

we observed staff talking with people and asking them what they would like to eat. Where people indicated a different preference to what was on the daily menu, care staff liaised with the kitchen staff to ensure the person was provided a meal which was to their liking.

We observed positive interactions between people and staff. Where people were being assisted with their meal by staff, this support was provided in a kind and caring way. Staff took their time and did not rush people. There was lots of conversation between the staff and people during lunch. During our inspection, we observed staff offering a choice of hot or cold drinks to people throughout the day. People told us they could ask for drinks or snacks at any time and there was a quick response to these requests. All of the people and relatives we spoke with told us they felt the food was good and that there was plenty of choice available.

The provider assessed people's needs and choices in line with current legislation and standards. When people were at risk of malnutrition staff assessed the risks associated with this condition. For example, they used the universally recognised Waterlow tool to identify and review the risks to people's skin health. One person had developed a pressure ulcer and records confirmed this had been treated appropriately.

People's care records showed relevant health and social care professionals were involved with people's care; such as GPs, dentists, opticians, specific health professionals such as; occupational therapists and cancer specialist nurses. In each care and support plan, support needs were clearly recorded for staff to follow with regard to attending appointments and specific information for keeping healthy. One person said, "There are always other people visiting if people are unwell. They will call for help if people need it".

Good

Is the service caring?

Our findings

There were positive comments about the staff from people and relatives and health professionals. One person said "It's a really happy home, we wouldn't like to be anywhere else and the staff are really great. It's so relaxed here some of the staff come along and kick off their shoes and sit on the couch and spend time talking to us just like having our family members with us all the time it is like real home." One health professional who visits the service told us, "The staff know the people really well and show them a lot of respect. One lady likes to clean so they got her a duster, mop and bucket for her room which has really helped her settle. It shows the staff care and respect her." One family member commented on how the service had been really supportive towards their grandfather when their grandmother had passed away.

People and their relatives were provided with opportunities to give feedback regarding their experience of the service. The service had received a number of positive comments from relatives of people who used the service. For example, one relative had written, "The support given by all of the staff the Sceats to granddad has been invaluable. Not only have you supported granddad, you have helped us as a family. The welcoming atmosphere means Sceats is a home away from home." Another family member had written "Thank you so much for looking after mum for the past few months, it's been a great comfort to know she has been looked after." The registered manager told us this feedback was shared with the staff as they found it supported staff morale and showed staff that their efforts and dedication was appreciated by the people living at the home.

People were supported by a consistent team of staff. This ensured continuity and enabled people to get to know the staff team. One person said, "All of the staff are great and treat us with lots of respect." Staff commented on how they worked well as a team and were keen to support each other in their roles.

Staff treated people with understanding, kindness and understood the importance of respect and dignity. For example, Staff were observed providing personal care behind closed bedroom or bathroom doors. Staff supported people at their own pace explaining what they were doing. Staff were observed knocking and waiting for permission before entering people's bedrooms.

The registered manager told us that recognising and valuing the work of staff was important to ensuring a caring staff team. The staff we spoke with told us they felt valued by the registered manager and this was communicated to them through positive feedback during team meetings and formal supervision. Staff told us how this enhanced morale and motivated them to work harder. Staff also told us it assured them that their efforts were appreciated by management.

The registered manager informed us people, relatives and their representatives were provided with opportunities to discuss their care needs during their assessment prior to their service being set up. The registered manager also stated they used evidence from health and social care professionals involved in the person's care. Examples of the involvement of family and professionals were found throughout people's care and support plans, in relation to their day to day needs.

People's care records included an assessment of their needs in relation to equality and diversity and dignity and respect. Staff we spoke with understood their roles in ensuring people's needs were met in this area. We saw that staff had been trained in equality and diversity. The registered manager told us they felt it was vital that they understood people's cultural needs as early as possible and this information was captured during the initial assessment process. The registered manager told us how this would allow the service to cater for people's individuals needs as soon as they arrived at the service. The registered manager told us how, during one assessment they had identified a person's nutritional needs required specialist support due to religious reasons. As a result they ensured they had adequate work space for all of this person's food to be prepared separately from the rest of the meals to ensure their religious needs were not compromised.

Good

Is the service responsive?

Our findings

During our last inspection of the service in September 2016, some of the people living at Sceats Care Home and their relatives told us there were not enough activities on offer. During this comprehensive inspection, we found improvements had been made in this area. People were supported on a regular basis to participate in meaningful activities. There was a part time activities coordinator employed at the home. During the inspection we observed daily activities in the mornings and afternoons. When observing these, there was evidence staff involved all the people in the communal area if they indicated a preference to participate in activities. All of the people we spoke with praised the activities coordinator for the effort they put into their role and the variety of activities on offer. Relatives also praised the activities coordinator for their enthusiasm and dedication.

We saw that each person had a care plan to record and review their care and support needs and provided guidance on how staff were to support people. Each care and support plan covered areas such as; safety, personality, physical health, eating and drinking, environment, family, friends and community, biography, sensory impairment and spirituality. Each person's care plan had a page detailing their likes, dislikes, critical care and support needs. People's preferred routine was also recorded to show how people liked things to be done. For example, people's personal care plans included their preferred routine of how they would like to be supported with their personal care. During conversations with staff, they were able to describe how people liked to be supported. For example; one member of staff told us about one person's preferences for their personal care.

There was evidence regular reviews of care plans were being carried out. Staff told us reviews were carried out monthly and more frequently if required. Changes to people's needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. For example, one health professional who was visiting the service told us "The staff are very proactive in identifying changing needs and seeking advice from us. The staff will always request our involvement in reviewing people's mental health needs."

Staff confirmed any changes to people's care was discussed regularly through the shift handover process to ensure they were responding to people's care and support needs. We were told by the registered manager that staff would also read the daily notes for each person. The daily notes we inspected were detailed and contained information such as what activities people had engaged in, their nutritional intake and also any behavioural issues occurring on shift so that staff working the next shift were well prepared. The registered manager told us how the service had invested in technology which allowed staff to use an electronic tablet to record people's daily notes. The staff we spoke with told us they felt this was an 'excellent' system as it allowed them to make recordings as soon as they supported people and changes in people's needs were recorded and made available to all of the staff in real time.

Arrangements were in place to ensure unforeseen incidents affecting people would be well responded to. For example, everyone living at the home had a 'Hospital Grab Pack' which was given to the paramedics attending to the person. This provided the hospital staff with key information about the person's needs and

preferences including information about their medical history and current medication.

People told us they were aware of who to speak with and how to raise a concern if they needed to. No-one we spoke with had concerns at the current time and those that had raised concerns previously told us they were happy with the outcomes. People felt that the staff would listen to them if they raised anything and that issues would be addressed. One person said, "If I have any concerns I can speak with the manager or any of the staff. They always listen to us and do their best to put things right if we have any concerns." One relative said, "I haven't had reason to complain but I am confident any concerns would be taken seriously and addressed quickly if I were to raise any issues."

People were supported at the end of their life to have a comfortable, dignified and pain free death. If people required end of life care, the service sought support and guidance from specialist health professionals. Staff told us they knew what end of life care was and the provider was identifying further training for staff in this area. The registered manager had developed a new end of life care policy in line with 'NICE' guidelines, End of life care plans evidenced consideration had been given to people's individual religious, social and cultural diversity or values and beliefs, and how these may influence wishes and decisions about their end of life care.

Good

Is the service well-led?

Our findings

There was a registered manager for the service. People, staff and relatives spoke positively about the registered manager. Staff told us they felt well supported by the registered manager. One member of staff said, "The manager is fantastic. We have excellent support from both the registered manager and deputy manager." Another member of staff said "The registered manager and deputy manager are always helping us to support the people living here." A person living at the home, when speaking about the registered manager and deputy manager said, "They are really doing a very good job and you can always get to talk to them." Another person when speaking about the registered manager and deputy manager said, "They will do anything for you they're both very good".

The registered manager was responsible for completing regular audits of the service. These included assessments and updates of care plans, meal time experiences, incidents, accidents, complaints, staff training, and the environment. The audits were used to develop action plans to address any shortfalls and plan improvements to the service. The registered manager shared with us the improvements they had planned for 2017 and going forward including; maintenance and re-decoration, updating care plans, updating specific policies and introducing a matrix for staff supervisions. It was evident from looking at these systems that they were effective in supporting the registered manager to identify and respond to concerns. For example, during a monthly falls audit, the registered manager identified one person had suffered a number of falls in their room which was in an isolated part of the home. The registered manager discussed their concerns with the person and their family and a decision was made to move this person to a more centrally located room. A decision was also made to install assistive technology which would allow staff to better monitor and support this person. Records we looked at showed that the number of falls suffered by this person had reduced since they had moved rooms.

Staff attended regular team meetings and briefings. Staff explained regular meetings and briefings gave the team consistency and a space to deal with any issues. The team meetings covered areas such as safeguarding and policy updates. One staff member said "The team meetings are really good as we can discuss any issues with our colleagues and management. I have found the management are willing to listen to our opinions." The dementia lead told us they found the staff meetings an excellent opportunity to discuss their learning with the wider staff group.

From looking at the accident and incident reports, we found the registered manager was reporting to CQC appropriately. The provider has a legal duty to report certain events that affect the well-being of the person or affects the whole service. All accidents and incidents such as falls, ill health, aggression /abuse or accidents for people were recorded. The registered manager told us any accidents or incidents would be analysed to identify triggers or trends so that preventative action could be taken.

The registered manger told us they were well supported by the provider. The registered manager told us they could contact their area manager or the head office when they required support. They told us they received a prompt response and appropriate support was provided. The registered manager told us they could also seek support from other managers within the organisation.

The service was actively seeking peoples, relatives, staff and other stakeholder's views through sending out regular questionnaires and having regular meetings. The registered manager told us this was a way of ensuring everyone involved with the service had a voice. The results of the surveys were analysed and evaluated. The response from these surveys was positive and where suggestions were made, these had been listened to. For example, the registered manager carried out a six monthly mealtime experience survey with the people living at the service. Where people had made suggestions regarding changes to the menu, the menu had been reviewed and the suggested changes were incorporated into the menus.