Ramos Healthcare Limited

Abbotsbury EMI Rest 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

The inspection took place on 17 and 18 July 2018. The first day of the inspection was unannounced. This meant that the provider and staff did not know we were coming.

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

Abbotsbury accommodates 21 people in one adapted building. The detached accommodation is a large three storey building with 21 single bedrooms. Shared living areas include three lounges and a dining room. Measures are in place to support access to the building for people who are wheelchair users or who have limited mobility. At the time of our inspection there were 16 people living in the home.

There was a registered manager in post who also registered manager for another home owned by the registered provider. '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.' Day to day running of the home was the responsibility of the Home Manager.

Everyone who lived in the home said they felt safe. There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as pressure care, safe environment, falls and mobility, and nutrition and hydration.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day. People told us call bells were answered within a reasonable time.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. We found that staff had the skills, knowledge and experience to support people effectively and safely. Staff were supported by the manager through regular supervisions, annual appraisal and regular training. Staff had attended training in subjects such as first aid, fire safety, food safety, safeguarding and medication. New staff were required to complete an induction. Staff meetings were held regularly.

Medicines were managed safely and people received their medicines as prescribed. Staff had been trained to administer medicines to ensure errors were kept to a minimum.

The home was very clean and there were no odours. The home was well maintained and in good decorative order. Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home.

People's needs were assessed and reviewed regularly to reflect their current health and support needs. People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments.

Where possible staff enabled people to make their own decisions and we observed staff obtaining verbal consent from people. Staff understood and complied with The Mental Capacity Act 2005 (MCA) and where people lacked capacity to consent we saw that mental capacity assessments and best interest decisions were recorded.

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly.

Everyone living in the home was very complementary about the attitude of the staff and the way they were treated. We observed staff speaking kindly to people; they were very patient with people and approached people with a smile. Staff seemed to know people well and their likes and dislikes. Staff understood people's different communication needs. They supported people to make decisions about their care, support and treatment as far as possible. Records showed people's preferred routines, likes and dislikes.

There was a complaints policy in place, which was displayed in the home. People living in the home told us they had never had to complain about anything. No complaints had been received since the last inspection.

People told us they were satisfied with the activities provided. There were a range of activities available which people could choose to take part if they wished, such as, music therapy, exercises, crafts and musical entertainers were provided.

Quality assurance audits were completed by the managers and senior staff which included, medication and health and safety.

There was a process completed every six months, where people in the home and their relatives had the opportunity to voice their opinions about the service. Resident and relatives' meetings were held to enable people to meet regularly.

People and relatives were positive about the management of the service. They told us they were in regular contact with the staff and the registered manager, who was very approachable and were always kept up to date. Staff were positive about the support they received from the management team.

There was a caring, person-centred, and open culture in the home. The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the ratings from the last inspection were clearly displayed in the home.

Further information is in the detailed findings below.

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 systems in place to assess and monitor any risks to people's safety.

Staffing numbers were satisfactorily maintained to support people. Staff had been appropriately checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Medicines were administered safely.

Is the service effective?

Good

The service was effective.

Staff said they were supported through induction, appraisal and the service's training programme.

Staff sought consent from people before providing support. When people were unable to consent, the principles of the Mental Capacity Act 2005 were followed.

People's dietary needs were managed with reference to individual preferences and choice.

Is the service caring?

Good

The service was caring.

People said staff were caring and friendly.

People told us their privacy was respected and staff were careful to ensure people's dignity was maintained.

Is the service responsive?

Good

The service was responsive.

Care plans were completed and were being reviewed when needed so people's care could be monitored.

People's preferences were recorded in respect of personal care routines, getting up and going to bed and likes and dislikes for food and drinks.

A process for managing complaints was in place and people we spoke with and relatives knew how to complain. No complaints had been made since the last inspection.

Is the service well-led?

Good

The service was well led.

There was a registered manager. There was a clear management structure with lines of accountability and staff responsibility which helped promote good service development.

There were a series of on-going audits and checks to ensure standards were being monitored effectively.

There was a system in place to get feedback from people so that the service could be developed with respect to their needs and wishes.

The Care Quality Commission had been notified of any reportable incidents.

Abbotsbury EMI Rest 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.

This inspection took place on 17 and 18 July 2018 and was unannounced.

The inspection team consisted of an adult social care inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. Before the inspection we reviewed the information we held about the home. This included the statutory notifications sent to us by the provider about incidents and events that had occurred at the service and other intelligence the Care Quality Commission had received. A notification is information about important events which the service is required to send to us by law.

The provider had 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 any improvements they plan to make. We used all of this information to plan how the inspection should be conducted.

During the inspection we spoke with eight people who lived at the home and two visitors. We also spoke with five members of staff; including the registered manager, Home Manager, the cook, and two care staff.

We look at the care records for three people, the staffing rota, accident and incident records, four staff files and records relevant to the quality monitoring and management of the service. We also looked around the home and observed care and support and people's interactions with staff members.

Good

Is the service safe?

Our findings

People living in the home said they felt safe. Their comments included, "It's quite nice living here, I don't have any worries", "For one thing everything's locked away. It isn't as though you are on pins that somebody's going to come in", " I feel safe living here because I know the place and you can always find people, "Because it's enclosed and there's plenty of people wandering about. I've never felt frightened "and "I'm not frightened". Visitors we spoke with said, "[Name of relative] seems to be very happy and the carers are very kind to them" and "The care [relative] gets keeps them safe".

There were robust measures in place to ensure people were safe. Risk assessments were in place for areas such as mobility, falls, smoking, accessing the community, weight loss and behaviour. There was evidence to suggest that people had been fully involved in their risk assessments where they were able to do so. Some people sometimes displayed behaviours that may challenge. Risk assessments clearly described any obvious triggers, with details of what staff should do to support the person and keep them and others safe. Often this was by using distraction and medication, if prescribed. Risk assessments were regularly reviewed and updated when required.

Staff said they had received training in safeguarding vulnerable adults. Staff we spoke with had a good understanding of the reporting procedures. The provider had safeguarding adults and whistleblowing policies in place to support staff.

There were sufficient staff on duty to meet people's needs. Staff rotas showed a consistent number of staff were on duty each day and at night. We saw staff were attentive to people's needs and were able to spend short periods of time chatting with people, asking if they were 'ok'. People told us call bells were answered within a reasonable time. Comments included, "It depends", "You do have to wait sometimes, but it's not long", "I don't have to wait an unreasonable time" and "Quite quickly".

The registered manager told us that there were a couple of staffing vacancies which were being advertised. In the interim care staff were proving additional cover. In addition, cover was provided by care staff who worked in the provider's other care home, nearby.

The provider followed safe recruitment practices. Staff files included application forms, records of identification and appropriate references. Records showed that checks had been made with the Disclosure and Barring Service (DBS) to make sure staff were suitable to work with vulnerable people prior to their employment. The DBS check helps employers make safe recruitment decisions and prevents unsuitable people from working with vulnerable people. Thereafter, staff are asked to complete a declaration annually and then are to inform the provider if they have received any cautions/convictions in between this period. Staff consent for the provider to check their portable DBS ensured they remain safe to work with vulnerable adults.

People told us they received their medicines on time and never ran out of medication. A person said, "They've been very good lately, it seems to have speeded up more." A visitor said, "I've no concerns about

medicines, they keep a check on it all the time."

Medicines were safely stored and administered in accordance with best-practice. The team leader took overall responsibility for the ordering, auditing and managing medicines. The team leader, senior care staff and home manager administered medicines. Care staff maintained records of administration such as the application of creams. The records that we saw indicated that medicines were administered correctly and were subject to regular audit.

Some people had medicines that were to be given when needed [PRN medicines]. Information to support the use of these medicines was recorded in PRN protocols; these showed what particular medicines were for or when to use them.

Measures were in place to ensure the environment was safe and suitable for the people who lived there. Regular checks and tests, such as gas, electricity, water safety, fire drills, fire alarm tests and external checks of firefighting equipment, were completed to maintain safety in the home. We checked these certificates and saw that they were in date. Personal Emergency Evacuation Plans (PEEPs) were in place for everyone at the home, which were personalised to each person's needs. Everyone entering or leaving the building, including staff and people living in the home, used an iPad, to sign in or out. This kept an accurate record for fire safety purposes and kept this information confidential, in line with new data protection requirements.

Everyone who lived in the home said the home was clean. A person said, "It's lovely and clean". A visitor we spoke with was happy with the cleanliness. Another visitor said, "It's improved. It went downhill but it's better now." During our inspection we found the home very clean with no odours. Domestic staff worked each day. Personal protective equipment (PPE) such as disposable aprons and gloves were available throughout the home as was hand sanitiser, which would help reduce the risk of cross infection. Staff had undertaken training in infection control.

The home employed a maintenance person who ensured that risks associated with the safety of the environment and equipment were identified and managed appropriately. Repairs were reported electronically, using an application on a smart phone. The registered manager could see when the repair was being actioned and completed. Health and safety checks were undertaken regularly to ensure safe management of utilities, these included amongst others water and legionella checks, electrical appliance testing, regular checks and maintenance of moving and handling equipment and the lift, window restrictors and water temperatures.

A fire risk assessment had been completed and regular fire alarm checks had been recorded. Staff received training and knew what action to take in the event of a fire. People's ability to evacuate the building in the event of a fire had been considered and each person had a personal emergency evacuation plan (PEEP).

Accidents and incidents were reported and recorded as they occurred. The registered manager completed a monthly analysis of the reports and produced information that showed a comprehensive breakdown. For example, where the accident occurred, whether it occurred during the day or night and categorised the incident as minor or major. This produced an accurate report and any gave insight into any regular occurrences to be address.

Good

Is the service effective?

Our findings

People's needs and wishes were assessed and reviewed regularly to ensure their documentation reflected their current health and support needs. Care plans were completed in all areas where individuals required support. This was identified from an initial, pre-admission assessment and 'care plan - summary of needs' document. We found assessments were regularly reviewed to ensure people received the correct support.

People were supported to maintain healthy lives; records showed that people were supported to attend medical appointments. A visitor said, "They [staff] tell me what's happened to [relative]" Another visitor said, "They [staff] discuss [relative's] care with me every time I visit, which is twice a week." Individual weight charts were completed each month alongside a MUST tool, (a national recognized malnutrition risk assessment calculator) and a Waterlow score. A Waterlow score gives an estimated risk for the development of a pressure sore in a person. We saw referrals had been made when required to request professional help from, for example, a dietician and a district nurse.

Staff at Abbotsbury made good use of the 'Tele Meds' system for immediate consultation with a healthcare professional through a laptop. One senior care staff member told us how they found it very useful especially at weekends and evenings, to obtain a diagnosis, medical intervention or a GP visit.

A healthcare professional told us, "The managers at Abbotsbury are always able to facilitate an assessment timely to enable a placement in an emergency. They are able to attend meeting to support professionals. In addition, I have always found Abbotsbury to provide up to date in house care plans, risk assessments, dietary charts, manual handling assessments and they make timely referrals for DoLS, Community Psychiatric Nurses, Occupational Therapists and district nurses to name a few. In addition to the management, other professionals such as the carers, key workers, cleaning staff and cook all ensure the service users assessed care needs are met and the home has always presented with an excellent standard of hygiene."

Staff were supported by the home manager and team leader/senior care staff through regular supervision and an annual appraisal. Staff meetings were held regularly. The provider's training department facilitated training for staff. This was through eLearning and some face to face training courses, such as first aid and moving and handling. From the training plan we saw and from conversations we had with staff we found they had the skills, knowledge and experience to support people effectively and safely. We saw that all staff had completed training in subjects such as first aid, fire safety, food safety, safeguarding, Deprivation of Liberty Safeguards (DoLS) and medication. New staff were required to complete an induction which included shadow shifts, training and the completion of a 12-week work book.

Staff spoken with felt well supported and told us they enjoyed working in the home. One staff said, "The managers are brilliant. I feel listened to."

People's feedback about the food they received was positive. Their comments included, "I like the food", "A lot of it is very nice, I get a lot of food some days, I don't need as much now", "The food has been very good",

"I always enjoy my lunch", "The food's alright, I've always enjoyed it", "It's alright, I enjoyed my lunch" and "It's very good". A visitor told us, "Not bad, it's alright. Quite often [relative] says they've had a lovely meal today and really enjoyed it." On the first day of our inspection a person who lived in the home asked the cook if it was curry today; they said no but they would make one for them tomorrow. The person then said, "The cook goes out of her way." On the second day of the inspection chicken curry was on the menu. People who had the curry for lunch said it was "Delicious" and "The curry is always good".

People were supported to eat and drink enough to maintain a balanced diet and meet their dietary requirements. Drinks were offered at various times throughout the day to ensure people's hydration needs were met. Staff understood people's individual nutrition and hydration needs and we saw that meals were provided accordingly. For example, some people had their meals pureed to avoid choking and people with diabetes received less sugar in their meals.

A four-week menu was in operation. The cook visited people individually each morning to discuss their preference for the lunchtime meal. A large menu board was displayed on a wall in the conservatory where meals were taken; however, this was not being used to remind people of the meals being served each day. After the inspection the registered manager informed us this was because the picture cards had been damaged by a person living in the home.

Doors throughout were secure to keep people safe. A passenger lift provided access to the upper floors. There was a secure garden area to the side of the building which was well-maintained; there was an outdoor seating area and colourful flower beds were on display. People's bedrooms were identified by their photograph and their name on the door. This was important for people who may need help with finding and recognising their bedroom. Some people had their preferred name stated, to ensure staff and visitors were aware of what they should be called. There were accessible bathrooms and toilets on each floor and these were clearly identified with bright pictorial symbols.

Since the last inspection the home had undergone some refurbishment to make it more 'Dementia-friendly'. Wooden handrails provided a contrast to the walls to assist people to mobilise independently. Laminated flooring was used in the communal areas to allow people with aids to mobilise more easily. Plain carpet was in place in hall ways and on the stairs. Walls throughout the home had been painted in warm, calming colours. The home was brightly lit, with good use of natural light. This is particularly important for people with dementia as it can help them make sense of their environment. We noted some pictures and posters of a past era were displayed in the communal hallways. The registered manager told us that was still to be developed further.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS applications had been submitted appropriately to the supervisory body (local authority). The registered manager had a system in place when renewal applications were due to ensure authorisations were in place if still required.

Choice, consent and capacity was recorded throughout the files viewed. Consent forms had been signed by individuals for photographs and support with medicines. We saw that people had capacity to consent to everyday decisions such as what they ate, wore, how they spent their time. However, we saw with regards to complex decisions, such as medical treatment, the service had arranged for a best interest process to be initiated and were awaiting the outcome of further support from other involved medical professionals.

Good

Is the service caring?

Our findings

People who lived at Abbotsbury told us they were happy and felt well cared for. Some of their comments included, "I've had no problems, they (staff) try to do whatever you want", "They're very respectful to me", "Some of them are very nice to me and others are just doing their work", "They're very good, kind" and "They treat me alright". Visitor's comments included, "Very well cared for" and "With great care and tenderness, [relative]is treated really, really well".

Visitors told us the best things about Abbotsbury were, "It's friendliness and the atmosphere. They're (staff) always talking to them and seeing how they are" and "The care, they really do care for [relative]. [Relative] thinks she is very lucky. I'm happy they are in a smashing place, they've definitely got the person's interests at heart".

Information was contained within people's care plans about their individual likes and dislikes, hobbies and interests. Staff spoken with had a good understanding of people's individual backgrounds and other important information. They told us they tried to support people in accordance with their personal preferences. For example, after lunch people returned to the lounge area. After a while a person said they didn't like the music on the radio it was "Too miserable"; we observed the carer say they would change it, as the person who liked the particular music being played (classical music) had gone to sleep. The carer told us they kept changing the music after a while to try to find something that would appeal to different everyone's tastes.

We made some observations to support people's positive comments about the staff. For example, whilst we were talking to a person who lived in the home; a carer came and asked them if they were cold and brought them a blanket. The carer said this person "Likes to be cosy."

Staff told us how they would maintain privacy and dignity. For example, keeping people covered with a towel, ensuring bedroom doors were closed when supporting people, and knocking before entering a bedroom. People living in the home told us the majority of the time staff knocked on doors before entering, they closed curtains and doors during personal care. Two bedroom doors had signs on them, asking people to knock before entering.

We observed staff speaking kindly to people; they were very patient with people and approached people with a smile. Staff seemed to know people well and their likes and dislikes. Staff understood people's different communication needs. We saw that people were all well-groomed and appropriately dressed.

People said they were encouraged to be independent. Our observations supported this. We saw that people were supported to use walking aids throughout the home. The amount of support people needed was clearly documented in people's care records to help ensure where possible, people were able to remain independent in aspects of daily living, such as bathing and dressing.

People's diverse needs were considered. Members of the local religious community visited the home which

enabled people to practise their faith. People with an impairment to their sight and hearing had information recorded in their care plans for staff to ensure people wore their glasses and hearing aids. We heard that staff had learned some words of a language other than English to converse with a person when they reverted to speak in their native language.

Information held about people who used the service was locked in a secure place when not in use to protect their confidential information. Throughout the inspection we found staff had taken great care of support files making sure they were never left in unlocked cupboards.

Good

Is the service responsive?

Our findings

People living at the home told us, "I get up later nowadays between 8 and 9 a.m. I have my breakfast in my room." and "It's up to you what you do".

People received care that was centred around their individual needs. During our discussions with staff we found they were aware of people's individual preferences and the importance of this. Some people chose to stay in their bedroom as they liked the quietness and space, some people were supported to be cared for in their bed due to various health conditions. Staff told us that they respected people's individual wishes. For example, the various times of day people preferred to sit in a quieter lounge or go in to the garden.

Each person had a key worker; their role was to get to know that person, make sure they always had sufficient toiletries and clothing, and liaise with their family. The registered manager told us that one hour of a key worker's shift was given for them to spend time with the person.

A social care professional told us, "[Registered manager] has always been very accommodating in relation to any suggestions or requests I have made in relation to supporting service users. I understand that previous comments made about accessing the garden have been taken on board and they are working on making this happen which I feel will be very beneficial to the residents. The home has worked well with residents who have additional needs in order to support them in a manner which focuses on their best interests."

We asked people how they spent their time during the day: Some of their comments included, "Whatever is going on I enjoy that", "I sometimes read a bit and the television's on for me, and visitors come to see me. I don't go to the activities any more, it's too noisy", "There's things that we can do, but it's got to be in groups otherwise they leave people out. We play games and do exercises", "I read the papers and watch TV", "I don't do an awful lot, I just potter about. I don't want to join in the activities", "Not a lot", "If I'm allowed out I go out for a walk", "I stay in my bedroom". When we asked people if they were bored, they all said "No." A visitor told us, "[Relative] reads the paper, and when they do activities they include them".

Activities were 'advertised' on a notice board by the front door and included, games, music therapy, singing, art and crafts, karaoke and physiotherapy. An entertainer visited each week and we were advised that a singer was expected later that afternoon on the second day of our inspection. Our observations showed that staff, when possible, took time to sit with people. On the second day of our inspection we saw that people who wanted them were given a copy of a local newspaper. One staff sat with a person to help them read the news articles.

Celebrations, with musical entertainment and a buffet were held at, for example, Easter, Halloween and Valentine's day. Other events had taken place for the 'Grand National' and the 'World Cup'. There were plans to have a 'Tea party', with family members, on 11 August with the sister care home, nearby.

Some people told us they went out with their relatives. During the inspection we saw people being taken into the garden to enjoy the newly planted shrubs. We saw that relatives were sent photographs of their

family members for example, enjoying an activity or 'posing' with a staff member via email.

We asked people if they knew how to complain. A person told us, "I would go straight to the top". Another person said, "I think I would", whilst another said, "To the staff". Two people said they had made a complaint. They told us, "Yes and it was sorted" and "Little niggles and they were sorted out. If they hadn't I'd ask them again". Visitors we spoke with knew who to complain to.

The provider had a complaints policy in place. The registered manager said the policy had recently been updated. We noticed the newer version did not include any time scales for dealing with a complaint. The registered manager said they would inform the providers of this. No complaints had been received since the last inspection; compliments had been received from relatives of people who had lived in the home.

We saw that relative and residents' meetings were held regularly. We saw minutes of these meetings. We asked people if they attended the meetings. Feedback was mixed. A person told us, "No, I don't want to go, but I get to know what's going on." Another person said, "No, but they tell you what's going on". Comments from visitors included, "No, but they usually tell us what's going on" and "No, there's no feedback, but I don't look. I talk to the staff a lot and find out that way".

Nobody currently living at Abbotsbury was receiving end of life care. Where people did not want to be resuscitated in the event of a decline in their health, a signed form completed by a health professional was displayed at the front of their care record. This helped ensure staff had access to important information. Staff were hoping to start training in end of life care with a local hospice.

Good

Is the service well-led?

Our findings

People described the atmosphere in the home as "Quiet and pleasant", "Good" and "Very pleasant."

Prior to the inspection the provider (owner) had made changes to the managerial arrangements for the home. The day to day running of Abbotsbury was the responsibility of the Home Manager. There was a registered manager who had oversight; they were also the registered manager of the provider's other homes, adjacent to Abbotsbury.

The Home Manager had been in post for three months but had worked at the home as the deputy manager before their promotion. They promoted and encouraged a caring, person-centred, and open culture in the home. They were supported by a team leader and senior care workers. The registered manager had appointed staff as champions in areas such as, medicines, infection control, dignity, fire and safeguarding. Their roles were to keep up with the latest guidance/information and inform managers and staff.

We looked at the governance arrangements to monitor standards and drive forward improvements. Quality assurance and governance processes are systems that help registered providers to assess the safety and quality of their services, ensuring they provide people with an effective and safe service. A number of audits were completed by the managers, team leaders and leads for infection control and medication. These included daily checks of the entire home, daily checks of medication, and each bedroom. These were completed electronically, through a system called 'IAuditor'. Templates were completed and any issues identified automatically created an action plan. This helped to ensure errors were rectified. In addition, staff completed daily checks relating to people's welfare and personal care; for example, continence, food and fluid diaries, and any equipment they used, for example wheelchairs and air mattresses. There was a comprehensive audit regime in place to provide a safe environment for people who lived in the home.

The provider visited and completed their own audit each month. We saw evidence these visit took place. Any actions identified were completed.

External audits had been carried out by the Fire Service and local authority food hygiene team. The Fire Service assessed the home as adequately safe; a 5-star (very good) food hygiene rating was awarded in November 2017.

There were policies and procedures in place for staff to follow, the staff were aware of these and their roles with regards to these policies.

People's care records and staff records were stored securely which meant people could be assured that their personal information remained confidential.

There was a process completed every six months where people in the home, their relatives and staff had the opportunity to voice their opinions about the service. The questionnaire for people in the home was produced in pictorial form to enable people to express simple opinions. Some comments had been made,

which included, "Amazed by how good the staff are", "Staff do a good job" and "I appreciate everything the staff do for me. I am happy". We saw a 'Residents' families' survey, of which four had been completed in June 2018. We saw there were positive ratings for 'caring for residents', food, housekeeping, management and the environment.
Feedback from the staff survey was very positive regarding the leadership and support provided.

'Resident and Relative meetings' were held each month to enable people to discuss any issues and for managers to inform people of any changes or forthcoming events. We saw minutes from the last meeting in June 2018 to evidence this.

We saw evidence that the service worked effectively with other health and social care agencies to achieve better outcomes for people and improve quality and safety. The professionals that we contacted did not express any concerns about the quality and effectiveness of these relationships. The registered manager told us they regularly attended the registered managers' forum. This provided opportunities to 'network' with other managers and to work together.

The registered manager and registered provider met their legal requirements with the Care Quality Commission (CQC). They had submitted notifications and the current CQC ratings were clearly displayed in the home and on the registered provider's website as legally required.