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Thornbury Residential 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?	Requires Improvement

Summary of findings

Overall summary

We inspected Thornbury Residential Home on the 23 October 2017. This was an unannounced inspection. Thornbury Residential Home provides accommodation, care and support for up to 19 people. On the day of our inspection 16 older people were living at the home aged between 75 and 99 years. The service provides care and support to people living with diabetes, sensory impairment, risk of falls and long term healthcare needs.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We inspected Thornbury Residential Home in July 2015 where breaches of Regulation were found. As a result we undertook an inspection in July 2016 to follow up on whether the required actions had been taken. Although we found improvements had been made, there remained areas that required improvement and it was rated as requires improvement overall. We asked the provider to make improvements to ensure people's safety and welfare had been protected by adequately assessing risk, that peoples care records were complete and accurate and that quality assurance systems improved. The provider sent us an action plan stating they would have addressed all of these concerns by July 2017. This unannounced comprehensive inspection on the 23 October 2017 found that whilst there were areas still to improve and embed in to everyday practice, such as auditing processes, there had been significant progress made and that they had now met the breaches of regulation.

People spoke positively about living at Thornbury Residential Home. Comments included, "It's my home" and, I'm very happy here."

Robust systems had been introduced since the last inspection to assess quality and safety. These included audits for infection control, the environment and equipment used, medicines and daily notes. The registered manager used a variety of methods to assess and monitor the quality of the service. These included regular audits, staff and 'resident' meetings to seek their views about the service provided and their opinions to improve the home.

This inspection found care plan systems had been improved to ensure they reflected peoples changed needs and mitigated potential risks to their health and safety. People who relied on pressure relieving mattresses to reduce the risk of pressure damage had mattress settings checked daily to ensure maximum benefit. Records reflected the care that was being provided by care staff and it was individual to their identified needs. The registered manager had put systems in place to ensure staff followed good practice guidance in respect of kitchen hygiene processes. Accidents and incident reporting had been completed and there was management overview of audit of falls and incidents to prevent a reoccurrence. This meant measures to ensure learning and preventative measures had been taken.

Medicines were managed safely in accordance with current regulations and guidance. There were systems in place to ensure medicines had been stored, administered, audited and reviewed appropriately. Staff had training on keeping people safe and understood the process of reporting concerns. People were protected, as far as possible, by a safe recruitment system. Staff had been checked to ensure they were suitable before starting work in the service. There was sufficient staff at this time to meet peoples' needs. People felt comfortable with staff and said, "Great staff, caring with a sense of humour." There was a lot of laughter and banter between people and the staff. We also saw some positive interaction between staff and the people they supported.

The management style was to involve people, relatives and staff in developing the service and, it was clear people put forward suggestions and changes were made. People were supported by staff who listened to them and provided the care and support they wanted, based on people's individual preferences and choices. People said the staff were very good, they understood their needs and supported them to be independent.

Group activities had been suggested by people living in the home and the activity person supported them with quizzes and word games.

The CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The management and staff had attended training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards and were aware of current guidance to ensure people were protected.

People said the food was good, choices were offered at each meal and food and drinks were available at any time, if people wanted them. Specific diets were catered for and dietary plans were agreed with people if they needed special diets, such as for diabetes.

People had access to health and social care professionals when needed. Visits and appointments were recorded with any details of any changes to support needs in the care plans, with appropriate guidance for staff to follow when planning care.

A complaints procedure was in place. This was displayed near the entrance to the building, and given to people and relatives, when they moved into the home. People and relatives said they knew how to complain and had no concerns.

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

Thornbury Residential Home was safe and was meeting the legal requirements that were previously in breach

There were enough staff on duty to meet the needs of people. Appropriate checks where undertaken to ensure suitable staff were employed to work at the service.

Staff had received training on how to safeguard people and were clear on how to respond to any allegation or suspicion of abuse.

People had individual assessments of potential risks to their health and welfare. Staff responded to these risks to promote people's safety. The environment and equipment was well maintained to ensure safety.

Is the service effective?

Good

Thornbury Residential Home was effective. Staff had attended relevant training and demonstrated a good understanding of people's needs and how to provide the support they wanted.

Staff had attended training for Mental Capacity Act 2005 and Deprivation of Liberty; they were aware of current guidelines and their responsibilities.

People were involved in decisions about the meals and drinks provided and were supported to maintain healthy diets.

Staff arranged for people to see health and social care professionals when they needed to.

Is the service caring?

Good

Thornbury Residential Home was caring. People's dignity was protected and staff offered assistance discretely when it was needed.

Staff provided the support people wanted, by respecting their choices and enabling people to make decisions about their care.

Relatives and friends visited the home when people wanted

them to and, were made to feel very welcome.

Is the service responsive?

Good

Thornbury Residential Home was responsive. People's preferences and choices were respected and support was planned and delivered with these in mind.

Group and individual activities were decided by people living in the home and regularly reviewed by them.

A complaints procedure was in place. People and visitors knew how to raise a concern or make a complaint but also said they had no reason to.

Is the service well-led?

Requires Improvement

Thornbury Residential Home was not consistently well led. Whilst we saw improvements had been made and the breach of regulation met, there were areas that still needed to be embedded in practice to ensure improvements were consistently sustained.

Quality assurance systems were in place. However some audits needed further development to ensure they covered all areas of care delivery and support.

The registered manager and staff in the service were approachable and supportive.

There had been a number of positive changes made to the day to day running of Thornbury Residential Home and there was a clear programme in place for continual improvement

Thornbury Residential 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.

The inspection took place on 23 October 2017. The inspection was undertaken by an 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 our inspection we reviewed the information we held about the home, including previous inspection reports, action plans and the provider's information return (PIR). We contacted the local authority to obtain their views about the care provided. We considered the information which had been shared with us by the local authority and other people, looked at safeguarding alerts which had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We observed care in the communal areas and visited people in their rooms. We spoke with people and staff, and observed how people were supported during their lunch. We spent time looking at records, including six people's care records, five staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

We spoke with 10 people who lived at the service, four care staff, the cook, the housekeeper, the maintenance person, the registered provider who was also the registered manager. As part of the inspection we spoke to four people who regularly visited the service both professionally and to visit their families, by telephone.

We 'pathway tracked' six of the people who lived at the home. This is when we looked at people's care documentation in depth, obtained their views on how they found living at the home and made observations of the support they were given. It is an important part of our inspection, as it allowed us to capture information about a sample of people receiving care.

During the inspection we reviewed records. These included staff training and supervision records, staff recruitment records, medicines records, risk assessments, accidents and incident records, quality audits and policies and procedures.

Good

Is the service safe?

Our findings

At the last inspection in July 2016, the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found risks to peoples' health and well-being had not always been managed safely.

The provider sent us an action plan stating how they would meet the requirements of the regulations by July 2017.

At this inspection we found improvements had been made and the provider was meeting the requirements of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe living at Thornbury Residential Home. One person told us, "I am safe and feel I can trust the staff." A second person said, "It's a good place to live, I like it here." One relative confirmed they felt confident in leaving their loved one in the care of the staff. Another relative told us, "I can't think of anything that needs to be better."

Since the last inspection in June and July 2016, risks to people's health, safety and well-being had been identified, and a management plan put into place. People had a care plan with accompanying health and environmental risk assessments completed. We saw risk assessments included the risk of falls, skin damage, nutritional risks and moving and handling had been completed. The care plans also highlighted people's health risks such as diabetes, memory loss, dementia and Parkinson's disease.

Good skin care involves management of continence needs and regular change of position. There was guidance for people who stayed in bed to receive two or four hourly position changes and the use of a pressure mattress. One person said, "I like to be up in a chair and staff come and get me so I can freshen up and use the bathroom."

People at risk from developing pressure damage were monitored and repositioned regularly to reduce pressure and risk of skin damage. Pressure relieving mattresses and cushions were in place to help reduce the risk of developing a pressure ulcer. Mattress and cushion settings were checked daily by staff to ensure they were on the correct setting and adjusted accordingly. Wound records and risk assessments were up to date and demonstrated clear management strategies. One person told us, "I have a special mattress and staff ensure I move regularly."

People said they received their medicines when they needed them. People were given their medicines in a safe way. Staff carefully checked medicines administration records before they gave medicine to people. They only signed the medicines administration record after they had given the person their medicine. The service had clear systems for checking on stocks of medicines and to ensure they were stored in a safe way. Where people were prescribed medicines on an 'as required' basis, there were clear protocols relating to the reasons why they were to have the medicines and how often they were to be administered. For example, one person was prescribed a mood-altering drug on an 'as required' basis. There were clear records which

would enable anyone not familiar with the person to assess why they needed this medicine and when it was to be administered. Where people needed prescribed skin creams applying, each person had a body map which documented where they were to have the skin cream applied and how often.

Accidents and incidents had been documented. There was a clear follow up and actions taken as a result of accidents and incidents. For people who had had falls, a record of an investigation and a plan to prevent further falls had been completed. This meant that the provider had put preventative measures in place to prevent a re-occurrence and protect the person from harm. The provider therefore was able to show there was learning from accidents and incidents.

Staff received training on safeguarding adults and understood clearly their individual responsibilities. Staff and records confirmed that staff received regular training. Staff were able to give us examples of poor or potentially abusive care they may come across working with people at risk. They talked about the steps they would take to respond to allegations or suspicions of abuse. Staff were confident any abuse or poor care practice would be quickly identified and addressed immediately by the senior staff in the home. They knew where the home's policies and procedures were and the contact number for the local authority to report abuse or to gain any advice.

People were protected, as far as possible, by a safe recruitment practice. Records included application forms, identification, references and a full employment history. Each member of staff had a disclosure and barring checks (DBS) these checks identify if prospective staff had a criminal record or were barred from working with children or adults, completed by the provider. Interviews were undertaken by two senior staff who completed these using an interview proforma.

The provider had taken steps to ensure the safety of people from unsafe premises and in response to any emergency situation. Contingency and emergency procedures and a member of the management team were available at any time for advice. The risks associated with moving people in the event of an emergency in the home had been assessed. Personal evacuation plans, a robust business continuity plan and home emergency evacuation plan were in place to ensure people were safe in the event of fire or other utilities breakdown such as a power failure. Regular fire safety checks and evacuations were completed by the maintenance person and staff and people who lived at the home had a very good awareness of the fire procedures in the home. One person told us, "We have fire alarms every week so we are all safe if it ever happened. It is very reassuring."

The service was clean and health and safety maintenance checks were in place, the system to report and deal with any maintenance or safety issue was effective. One person talked about the cleanliness of the home and said, "Spic and span." Other comments included, "(the cleaning) is very good, we have a great team of cleaners," and "There are never any nasty smells, it smells fresh and clean."

There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. People told us there were enough staff to respond to their needs. One person said "always staff when I need someone, never had a problem." Staff told us, "I feel staffing levels are sufficient," and "Good staffing arrangements, never feel we are unsafe."

There was additional staff in the home to respond to domestic, catering, entertainment and maintenance duties. The registered manager confirmed staffing arrangements were flexible and extra staffing was available to respond to any changes in people's needs. We found the staffing arrangements ensured people had their individual needs attended to.

Good

Is the service effective?

Our findings

Staff and training records confirmed a programme of training had been established and staff had undertaken essential training throughout the year. This training included health and safety, infection control, food hygiene safe moving and handling, and safeguarding. Staff training was closely monitored to ensure staff had completed required training and the computer system highlighted if staff had fallen behind. Staff told us the training provided them with the skills they needed and included practical sessions along with time to discuss specific areas of care. Senior staff reviewed staff training at supervision and supported them to complete the required programme.

Staff said they were supported in providing effective care by the home's training and supervision programme. A new member of staff told us, "I had an induction and was shown the policies and procedures and also had a few days shadowing with more experienced staff." It was confirmed staff shadowed until they were confident and assessed as competent before they started working on their own. Records of training were maintained. Where a member of staff did not attend mandatory training, the provider had systems to ensure this was followed up and action taken within their policies and procedures. Staff supervision records indicated that supervisions were occurring on a regular basis. Staff told us that supervision was helpful. One staff member sad, "It is a time where we can talk about anything, training, ideas for developing, really good."

Staff had completed training and had an understanding of the Mental Capacity Act 2005 (MCA). The MCA aims to protect people who lack capacity and enabled them to make decisions or participate in decisions about the support they received. Staff had a good understanding of the MCA and people's right to make decisions and take risks and, the necessity to act in people's best interests when required to ensure their safety. Staff said, "Residents decide what they want to do about everything." "They decide when to get up, what they want to eat and drink and what they want to do. Some like to sit in the lounge, others in their rooms, or going out. It is up to them" and, "Some residents forget things, but we remind them and their families support them as well. We don't make any decisions for residents. We are here to support them to make decisions." People chose where they wanted to spend their time. People sat in the lounge watching TV or taking part in activities; others chose to remain in their own rooms and one person went into the town.

Deprivation of Liberty Safeguards (DoLS), which is part of the MCA, is to ensure someone, in this case living in a care home, is deprived of their liberty in a safe and appropriate way. This is only done when people are unable to tell staff about their wishes and they need support with aspects of their lives. Staff had a good understanding of DoLS and explained a best interests meeting with the person, relatives, staff and health and social care professionals to discuss the person's needs and if a DoLS was the best support for them. The registered manager said they had contacted the local authority about DoLS for specific people and the locked front door and were waiting for a response.

People were supported to have a nutritious diet and sufficient drinks to meet their needs. People, relatives and visitors said the food was excellent. People told us there were choices for all the meals. One person said, "We can really have what we want. There are usually two main meals, but if we don't want them we can ask

for something different and the cook is always asking us if everything is ok." The dining room was used by most people for lunch and supper. It was a sociable time and people talked and laughed between themselves and with staff. Tables were well presented with condiments and napkins and a choice of hot and cold drinks were offered throughout. The cook had a good understanding of each person's needs; their likes and dislikes and spent time ensuring that they provided the food and drinks that people wanted. Specific diets were catered for to support people's health needs. For example, for diabetes. An individual diet plan had been discussed, developed and agreed with the people who needed special meals. Meals were attractively presented and each person's preferences were catered for. This included the size of the meal, the vegetables they preferred and their preferences.

People said they could have something to eat or drink at any time. One person told us, "I missed out on lunch one day because I went out with family so I had a sandwich at 10pm, which was very nice." Cold drinks were available in the lounge, dining room and people's bedrooms and, hot drinks were offered throughout the day when people wanted them, in addition to the usual mid-morning and afternoon drinks. Fruit and homemade biscuits and cakes were offered with a choice of drinks and people chose from coffee, tea, hot chocolate or Horlicks.

Staff weighed people monthly and more often if there were any concerns. One member of staff said, "We know how much residents eat and drink and that means we know immediately if they are not eating as much as usual and we do something about this straight away." GPs were contacted if staff had any concerns and referrals had been made to the dietician with advice to support people with high calorie meals or supplements.

People were supported to maintain good health and have support from healthcare professionals as required. People were assisted to arrange or attend appointments and staff worked with people and relatives to ensure the appointments reflected their needs. For example, opticians and chiropodists/podiatrists visited the home regularly and staff attended appointments with people if this was needed. Advice had been sought from Speech and Language Team, falls team, district nurses and community mental health team to support people living in the home. Visits were recorded in the care plans and these were updated to include any changes to the support provided and how staff would meet these.

Good

Is the service caring?

Our findings

People said the staff were good and provided the support they needed. One person told us, "Staff are kind, caring, very loving and always give you time." A second person said, "They are so kind, they would do anything you want them to." Relatives and visitors were equally positive. "A relative said, "They are so good, I can't fault them." A visitor told us, "The staff look after everyone so well, nice homely atmosphere." Staff said they had the time and management support to provide the care people wanted and, the level of care staff felt people should have. One member of staff told us, "We have the time to look after people so that they have the best lives they can."

The atmosphere in the home was relaxed and comfortable; people said they decided how and where they spent their time and there was always staff available if they needed anything or, "Just want to chat." People said they were, "Very comfortable." "Happy with the care provided." "It might not be my home but it's very nice."

People and staff knew each other very well. One person said, "We have got to know all the staff very well and they get to know us and our families, which makes a difference to my life." Staff had a good understanding of people's lives before they moved into the home, their interests and hobbies. Staff said all the information was in the care plans but, "We chat about things all the time so we get to know about what residents used to do; we ask them what they want to do now and plan the support and activities on that basis."

People told us staff treated them with respect. "They always knock and ask if they can come in to my room, even when the door is open" and, "The staff ask us if we have everything we need. I am quite independent but glad they ask if I need anything." We saw staff knocked on people's bedroom doors and waited to be invited in before they entered and, although they asked people if they needed anything this was part of the conversations they were having. As staff chatted to people about what they were watching on TV and what activities they wanted to do. When people needed assistance staff asked them quietly and discretely if they could assist them and waited for a response before they did so.

Staff had attended training in equality and diversity and had a good understanding of people's individual preferences and how they could support people to make choices. One member of staff said, "The residents choose how we provide support, they are the decision makers and each one has a different idea of how we should look after them and, we always ask for their consent before we do anything."

People were encouraged to make their room their own with their own bits of furniture and soft furnishings. One person said, "I've got my own bits and pieces around me, I'm content.

People said there were no restrictions on their family or friends visiting them and, they were made to feel very welcome. A visitor told us, "I come when I want to really, can be any time to fit in with me. Staff are very good they don't mind and offer me a cup of tea when I walk in. Very nice." Another visitor said, "I come at different times and the welcome has been the same every time. Staff ask me how I am, offer me a drink and check things are ok when I leave. If I need anything or want to talk to staff they have always been available."

A relative told us, "I just pop in when I can. It is very good here, the staff are friendly and they look after her very well." Staff said it was important that people kept in touch with their family, friends and the community if they wanted to.

Care records were stored securely and information was kept confidential. There were policies and procedures to protect people's personal information. A confidentiality policy was accessible to staff and people received information around confidentiality in the service users guide. Staff were aware of the importance of maintaining confidentiality and said they would not discuss people's needs with other people or visitors and, referred them to the registered manager if they wanted to discuss a person's needs.

People were supported to discuss changes in their health care needs, including end of life care and, staff had attended training to provide appropriate care. People's preferences were recorded in their care plan and do not resuscitate forms had been completed by people and health care professionals, if this was the person's choice.

Good

Is the service responsive?

Our findings

People told us that they had the opportunity to discuss how they wanted their needs met. One person said, "I can't fault them really, they consult me about everything, some staff are not quite as insightful as others, but I think this is down to experience." A second person said, "There aren't as many trips or entertainers now but not sure why. I do like the quizzes and I enjoy chats with my friends."

Care plans had continued to be improved and provided clear detailed guidance for staff. The care plans were rewritten each month to ensure any changes were identified and discussed with all staff. Care plans for people who could present with behaviours which could challenge contained clear guidance as to potential triggers and appropriate management strategies for staff.

Staff said people's needs were assessed before they moved into the home, by the registered manager or senior staff to ensure, "We can provide the care and support they want." This information was then used to develop the care plans, which were produced with the person concerned and their relative if necessary. One person told us, "They came to see me before I moved in. We talked about how I felt about moving into a care home, the support I needed and what I wanted" and, "They have done everything they said they would."

People received care and support that was specific to their preferences and varied needs at this time. There was a range of activities that had been chosen by the people living in the home and, care and support was individual and met each person's choices. The philosophy of the management and staff was to support people to live well and, their aim was to encourage people to decide how staff supported them rather than staff making these decisions. There were a number of people that remained very able and said they chose every day when to get up, go to activities, stay in their room or go to the communal areas. Individual choice was important to people. Staff said they wanted everyone to live how they chose to live. One member of staff said, "This is now their home, we are here to ensure it is how they want it to be and we do our best to do that." Another staff member aid, "We know there are still things we can do especially for those that want to go out shopping but we are trying to find ways to do it so they are safe." People spent time in various parts of the home as they chose. One person said, "I like sitting in the comfy chair in the main corridor, I see everyone walking past."

People, and where appropriate their family or representatives had been involved with the development of care plans and their review. One person said, "I was asked and offered input which was reassuring." Relatives were sent the care plan monthly on line so that they can be involved and make suggestions.

A complaints procedure was available to people; a copy was displayed on the notice board and given to people and their relatives when they moved in. People said they knew how to make a complaint, but had nothing to complain about. One person told us, "I love living here and I have no complaints, everything is very good." Another person said, "They ask if we have any complaints or even concerns, but we don't. If we ask for anything they just arrange it." Relatives and visitors also told us they had no concerns. A relative said, "I know they keep me informed of how she is and if there are any changes and I have never had any reason to complain. They look after residents very well." A health professional told us, "I have no worries about the

care given, staff seem to understand their needs. They also listen to advice."

The minutes of the residents meetings showed that people were asked if they had any concerns and were reminded of the complaints procedure. Staff said they encouraged people, relatives and visitors to tell them if they had any concerns or complaints. The registered manager told us, "We talk to the residents all the time about the support provided, the meals, the activities and if there is anything else they want to do and, if they have any concerns or complaints. But we rarely have any complaints and if we do we learn from them."

Requires Improvement

Is the service well-led?

Our findings

At the last inspection in July 2016, the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not protected against the risk of unsafe or inappropriate care as the provider did not have effective monitoring systems in place.

An action plan was submitted by the provider detailing how they would meet their legal requirements. We saw improvements had been made with many aspects of quality assurance and that they had met the breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. However there were still areas of quality auditing processes to embed and develop in to everyday practice.

The provider continued to use the services of an external quality assurance consultancy service alongside in house monthly audits.

Although some of the providers own quality assurance systems had been effective at driving improvement; we found that actions undertaken to improve were not always documented or recorded. This was acknowledged by the management team. Feedback from people during the inspection told us that they felt activities and opportunities for trips out were not as good as they used to be. We were also told that the television in communal areas was not working. When asked about the television one person said, "They've given up trying to make it work now, it's too complicated to use so we just leave it off now." When asked if they had mentioned this to staff, they said "Oh yes, they cannot work it either." The deputy manager was to progress this with the maintenance person. One person who had recently come to live at the home had a visual impairment and it had not been considered how this may impact on their safe access to perishable foods in their room such as fruit. We found that their fruit in their room was mildewed and shrivelled. On discussing this with the deputy manager, a check list for staff to check on peoples' perishables was to be discussed with people.

Records at the service were up-to-date. Care documentation and operational records were in the main complete. Improvements in respect of how staff can support people with visual impairment was required such as specialist lighting and large print in house information. The care plan did not reflect furniture and equipment placement to prevent trips, falls and incidents.

The management team had developed clear lines of accountability and the effectiveness of the leadership had improved for care staff whilst 'on shift'. Staff told us they felt well supported by senior staff. Staff told us supervision sessions were now beneficial as it enabled them to share experiences, problems and training requirements.

The on-going improvements in the provider's quality assurance processes had allowed senior staff oversight of the service. For example maintenance audits were now seen to be effective at identifying areas which required attention. They included clear actions with timelines and it was apparent these had been signed off when completed.

Regular meetings enabled people to discuss the support they received and put forward suggestions for improvements. People told us they could attend if they wanted to. One person said, "I don't go to the meetings, but I know all about them. Other residents chat about it and it is put on the board for everyone to see." The minutes from the previous meeting were discussed at the beginning of each meeting. Staff informed people about proposed improvements to the service and asked for feedback about any changes that had been made. For example, décor of communal areas and bedrooms. People put forward a number of suggestions. Such as colour schemes. One person said, "I like soft colours, and that is what we got."

Staff said they had regular meetings. At the last meeting they had discussed their roles and responsibilities, records keeping, communication and the feedback from the residents meetings. The meetings were held outside the home, as a part of a social event for team building and in the home. One member of staff told us, "The staff meetings are really good, we can talk about anything but, we spend most of the time talking about how we can provide the support and care people want" and, "We know about the changes with the inspection process so we know that will change soon." Another member of staff said the management style was brilliant; everyone was supportive and helpful it was like, "A home from home" and, "I love working here."

People were complimentary about their home, they told us the staff were lovely and kind. People and their relatives spoke highly of the provider and their caring approach to managing the service. One person said, "Oh they are great, they are on my level."

People their relatives and staff spoke about the close ties the service had with the local community. One person told us, "Living here you really feel part of the town which is important to me." Another person said, "We've got close ties with the church which I enjoy."