Indigo Care Services Limited

Ashlea Lodge

Inspection report

Hylton Road
Sunderland
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23 February 2018

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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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 12 and 23 February 2018. The first day of inspection was unannounced and the second day announced. When we last inspected the home in December 2016 we found the provider had breached the regulations relating to assessing safe care and treatment and good governance because medicines were not managed safely, risk were not assessed effectively and the provider did not maintain accurate records relating to people's care. We rated the home as Requires Improvement. Following this inspection, to reflect the improvements the provider has made, we have rated the home as Good.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions is the service safe, effective, responsive and well-led to at least good. We requested the provider supply the Commission with regular updates to enable close monitoring of progress. We found progress had been made and the provider was now meeting the regulations. Medicines were usually managed safely, although further improvements were needed to 'when required' medicines. People confirmed they received their medicines when they were due. Assessments to keep people safe were accurate and up to date. Care records now contained accurate information to account for the care provided at the home.

People, relatives and staff felt activities were not always available to keep people engaged throughout the day. We have made a recommendation about this.

Ashlea Lodge 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. Ashlea Lodge accommodates up to 40 people across two separate units, each of which have separate adapted facilities. At the time of our inspection there were 33 people living at the home some of whom were living with dementia.

The home had a registered manager. 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.

People, relatives and staff said the provider and registered manager had made significant improvements to the home.

People and relatives gave us mostly positive feedback. They said the home provided good care and staff were kind and caring. People told us they were always treated with respect and staff promoted their independence. A person said, "They are always respectful towards me and I genuinely believe they care about the residents." A relative commented, "There are none better because they really look after and care for [family member]." However, some people and relatives felt staffing levels could be improved.

The home was clean, well decorated and well maintained. People, relatives and staff told us the home was much cleaner now.

Staff did not have any concerns about people's safety and knew how to raise concerns if required. The provider followed local safeguarding procedures when dealing with safeguarding concerns. These had been fully investigated and resolved.

The provider followed effective recruitment processes to ensure new staff were recruited safely.

Staff carried out health and safety checks to maintain a safe environment for people to live in. The provider also had up to date procedures to deal with unforeseen emergency situations.

People and relatives commented positively about the meals provided at the home. Staff supported people to have enough to eat and drink.

Management provided good support to staff and staff completed training to their role. Records confirmed training, supervisions and appraisals were up to date.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff supported people had access to external health care when required.

The provider investigated complaints in line with its complaint procedure.

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.

The provider managed medicines safely.

Risks assessments were up to date and completed accurately.

Although people and relatives gave mixed views about staffing levels, staff were visible around the home when we visited.

The home was clean and well maintained.

Staff carried out health and safety checks to maintain a safe environment.

Is the service effective?

Good

The service was effective.

People and relatives gave positive feedback about the meals provided.

Staff supported people with their nutritional and health care needs.

Staff were well supported and received the training they needed.

The provider followed the Mental Capacity Act 2005 (MCA), including the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People and relatives were happy with the care provided.

They told us staff were kind, caring and considerate.

We observed positive interactions between people and staff.

Staff supported people in a dignified way and promoted their independence.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People were not always meaningfully engaged due to a lack of activities provided in the home. We have made a recommendation about this.

Staff had improved the quality of care plans but further development was still needed.

People did not raise any complaints with us during the inspection. The provider dealt with previous complaints thoroughly.

Is the service well-led?

Good

The service was well led.

The provider had made good progress towards completing the action plan for the home.

People, relatives and staff told us the provider had made improvements to the home.

Most care records were accurate and relevant to people's needs.

People, relatives and staff gave us positive feedback about the registered manager. They said they had made a positive impact on the home.

The provider had a structured approach to quality assurance.

Ashlea Lodge

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 12 and 23 February 2018. The first day was unannounced and the second day announced. One inspector, a specialist advisor who was a qualified nurse and an expert-by-experience carried out the inspection. 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, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Before the inspection we reviewed the information in the PIR as well as all the information we held about the service, this included notifications of significant changes or events.

Prior to the inspection we contacted external commissioners of the service from the local authority and the Clinical Commissioning Group (CCG), as well as the local authority safeguarding team and the local Healthwatch. We used their feedback during the planning of this inspection.

During our inspection we spoke with five people and ten relatives. We also spoke with a range of staff including the operational manager, registered manager, one senior care worker and two care workers. We reviewed a range of records including four people's care records, medicine records, five staff files, training records and other records relating to the quality and safety of the home.

Good

Is the service safe?

Our findings

When we last inspected Ashlea Lodge the provider had breached the regulation relating to safe care and treatment. We concluded the home was not always safe and rated it Requires Improvement. This was because arrangements for managing medicines were not always safe. In particular, medicines records were not always completed correctly. This included records relating to the administration of medicines, the application of topical creams, stock control and for the safe storage of medicines. Medicines care plans were not always accurate or up to date. We also found some instances where a person had not received their medicines correctly.

Following this inspection we found improvements had been made. As a result we have changed our rating to Good. People told us they received their medicines at the right time. One person said, "I get my tablets morning, afternoon and night for arthritis. They bring them in a cup off the trolley and stay with me until I take them." Another person told us, "I get my tablets twice a day and the girls bring them on the trolley and stay while I take them." A third person commented, "I'm on some tablets …which the girls bring and give me to take."

Staff usually completed Medicines Administration Records (MARs) accurately. We saw some gaps in records but the provider had already identified and investigated these through their internal quality checks. Other records showed medicines were received, stored and disposed of appropriately.

Further improvements were required for the recording of 'when required' medicines to ensure people received these consistently. For most of these medicines guidance had been written so that staff were clear about when and how to give these medicines. However, these were not in place for all 'when required' medicines and for others they were not fully completed. Some staff were using different codes to record on the MAR when a person had refused a 'when required' medicine. One of these codes matched a staff member's initials which could lead to confusion over whether a medicine had been given or not. The registered manager was aware of this issue and was already taking action to address this.

During our last inspection we found some risks had not been adequately assessed. Assessments used to identify potential risks were not completed correctly. For instance, assessments intended to protect people from risks relating to poor nutrition and skin damage. We also found that where measures had been identified to keep people safe, evidence was not always available to confirm these had been actioned. The provider had made significant improvements so that all assessments were now accurate and up to date.

People felt safe living at Ashlea Lodge. One person said, "I've no worries in the three weeks I've been here. I've felt safe living here. The staff really look after you, it's topper (the best)." Another person commented, "I've been living here since September last year and the staff always make me feel safe." A third person told us, "I have been here about three years now and I have always felt safe living here. The girls look after me really well."

Relatives also felt the home was a safe place. One relative commented, "The staff here are fab. I love them to

bits; they can't do enough for my mam. Yes, she is safe living here." Another relative told us, "My mam arrived at the home in [date]. She is safe and that's to do with the staff, they are always going in to check on her." A third relative said, "[Family member] has been here for two and a half years. I have always felt she is safe because the staff have been marvellous towards [family member]."

The provider followed good practice when dealing with safeguarding concerns. Staff showed a good understanding of safeguarding and the whistle blowing procedure. They confirmed they did not have any concerns with people's safety but would not hesitate to raise them if they did. One staff member commented, "I would definitely use it [whistle blowing procedure]." Another staff member commented, "All the staff would use it [whistle blowing procedure]." Previous safeguarding concerns had been dealt with appropriately including making a referral to the local authority and notifying the CQC.

People and relatives gave us mixed views about staffing levels in the home. We received some positive comments including: "I've had no problems with the staff at this home, they are normally there for me all the time"; "I can always find somebody if we need staff, if [family member] needs them"; and, "It depends on the occasion. Sometimes they are very busy, but generally there are enough." Less positive comments included: "They could do with a few more staff in my opinion"; "Sometimes they are rushing around bless them, really busy. They could do with more staff"; and "I don't think there is enough staff on all of the time. I feel sorry for them when I visit [family member] at times cos they are run ragged."

Some staff also felt staffing levels could be better, especially to allow them to spend more quality time with people. One staff member commented, "We would like more time to interact with the residents."

The provider had increased staffing levels since our last inspection. Daytime staffing levels consisted of two senior care staff and four care assistants. A range of ancillary staff supported the care team including domestic and kitchen staff. Although feedback about staffing levels was mixed, most people were happy with how quickly staff responded when they pressed their nurse call. We also observed nurse calls were answered timely. During our visits to the home staff were visible most of the time in communal areas to supervise people's safety. The provider monitored staffing levels to check they remained appropriate to meet people's needs. This included a review of people's needs and the number of staff needed to support them. The review suggested staffing levels were at an acceptable level.

The provider followed effective systems when recruiting new staff including a thorough interview and selection process. This included pre-employment checks to confirm new staff were suitable to work at the home. For example, receiving references from previous employers and checks with the Disclosure and Barring Service (DBS). DBS checks help employers make safer recruitment decisions as they are used to complete a criminal record and barring check on individuals intending to work with children and vulnerable adults.

Staff sensitively supported people who displayed behaviours that challenged the service. Care plans contained information to guide staff as to the most effective strategies to use for each person. Staff had a good understanding of people's needs. They were also aware of the individual strategies that worked best for each person, such as offering reassurance and distraction. We observed occasions when strategies were used to good effect. For example, we saw a staff member approach a person who had started to walk up and down a corridor. The staff member gently said, "Come on [person's name], do you want to come and have a nice cup of tea?" The person took hold of the staff member's hand and walked away with them happily.

The provider carried out health and safety checks to maintain a safe environment. Staff regularly checked

specialist equipment used to assist people with mobilising to make sure it was working safely. They also completed other checks relating to fire, gas and electrical safety. Staff carried out risk assessments covering areas such as Legionella and fire safety. Where actions had been identified, these were included in the provider's improvement plan for the home. We saw managers monitored the action plan and signed off actions when they were completed. The provider had procedures to deal with unforeseen emergency situations.

Incidents and accidents were monitored to help keep people safe and to identify lessons learnt. The provider kept an individual accident record detailing the action taken following each incident or accident. The registered manager carried out monthly checks of all accidents to ensure the correct action had been taken to minimise the risk of falling. This included reviewing what had happened, the person's falls history and whether a risk assessment was completed. An operations manager completed a further review to look at trends and patterns and share learning across the staff team.

Good

Is the service effective?

Our findings

When we last inspected Ashlea Lodge we concluded the home was not always effective and rated it Requires Improvement. This was because there were occasions when staff did not respond quickly enough to support some people with eating. We also noted people were not offered a choice of drinks to accompany their meals. We found during this inspection improvements had been made to the lunch time experience. As a result, we have changed our rating to Good.

We observed the lunch time experience in both dining rooms so that we could check people received the support they needed with eating and drinking. We noted a menu was displayed in the dining rooms in both a written and pictorial format to help people make their meal choices. Tables had been set prior to people arriving in the dining room including tablecloths, cutlery and various condiments. Background music was playing to help create a relaxing atmosphere.

When people arrived in the dining room they chose where they would like to sit. Most people were independent with eating and drinking. Where they required assistance, staff provided this without delay. Staff interacted with people throughout lunch to create a social experience. We overheard people commenting positively about their lunch. Comments included: "I've cleared my plate, so I've enjoyed my egg and chips"; "You can't beat the cherry sponge and custard"; "I've enjoyed that, is there anymore chips and eggs going, two eggs please"; and, "I'll make sure I'll save room for pudding but don't tell [my family member] I've had seconds."

People and relatives said the quality of the food was good. They went on to say staff were always on hand to provide support during mealtimes when required. One person commented, "I am always encouraged to go to the dining room on my own and I have no problems feeding myself. The food is generally good." Another person said, "I've no complaints about the food." A third person told us, "I've always found the food quite good." One relative told us, "My dad says he enjoys his food." Another relative commented, "[Family member] can eat on her own and says the food is good. She loves her desserts." A third relative said, "[Family member] loves her food here. Staff take her to the dining room with her walking aide. [Family member] says the food is good and she always eats it all."

Where people were at risk of poor nutrition, appropriate action had been taken to reduce this risk. Nutritional assessments had been completed and these were reviewed regularly. Where people had specific dietary requirements, these were met. For instance, some people required altered diets like purees or thickened fluids. Others needed specialist equipment to help them remain safe whilst eating and drinking. Referrals had been made to health care professionals including dietitians and speech and language therapists for additional guidance. Their recommendations were incorporated into people's care plans for staff to follow.

People and relatives felt staff had the skills and knowledge needed to care for people. One person commented, "I don't know what training they get but they certainly do their best." Another person told us, "Yes, I do (think they have the appropriate training) because they seem perfectly capable when dealing with

me." One relative told us, "They really help [family member] so I believe they are well trained." Another relative said, "They definitely seem to know what they are doing. They are very good with [family member]." A third relative commented, "I've watched them go about their jobs and they seem to know what they are doing to help support [family member]."

Staff told us the management team supported them well and were proactive about training. One staff member commented, "I am very much supported. The seniors are very approachable. I can go to them anytime. We always get put on training." Another staff member said, "We are well supported, we have regular one to ones. We talk about development and training." Records showed training, supervisions and appraisals were up to date.

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. DoLS authorisations had been granted and were in date for the relevant people.

Care records contained examples of MCA and best interests decisions made in respect of people who lacked capacity. For example, decisions relating to their admission to the home, consent to care plans, financial matters and the use of specialist equipment to maintain people's safety. Staff understood the importance of the MCA. They described how they supported people to make their own decisions. For example, using picture cards and showing people items or objects to choose from.

Staff supported people to access healthcare services when needed. One person commented, "I've got my own GP who has been in here once to see me." Another person said, "The district nurse comes to see me about [medical condition]." A third person told us, "I go to the [name of medical centre] if I need to see my doctor. The staff take me over there." Relatives told us staff kept them informed about their family member's health. One relative commented, "If [family member] takes ill, the staff phone the doctor who usually comes into the home. Staff are good because they let me know by phone if this happens. [Family member] does see a chiropodist but not that often." Records confirmed people had regular access to a range of health professionals such as GPs, community nurses, dietitians and speech and language therapists.

Good

Is the service caring?

Our findings

When we last inspected Ashlea Lodge we concluded the home was caring and rated it Good. Following this inspection, we found the home was still caring and our rating remained Good.

People gave us only positive feedback about the care they received. They also told us staff were kind and caring. One person commented, "They (staff) are really caring towards me especially when they get me ready for bed." Another person told us, "The staff are really caring and they are really good at looking after me." A third person commented, "Oh, very nice yes (regarding the care staff), they are very friendly and caring and really look after me. They like to have a laugh and a joke and I like it here."

Relatives also gave positive feedback about the care provided at the home. One relative said, "They care for [family member] and make him laugh, it's great." Another relative commented, "The staff are very caring towards [family member] and they have a laugh with her which she enjoys." A third relative told us, "You can just tell they genuinely love [family member] to bits, very caring."

Throughout our inspection we observed many examples of good interactions between people and staff. Staff gave people friendly, reassuring hugs and they regularly laughed together.

People were treated with dignity and respect. One person said, "If my door is shut they knock and shout to ask if I am ok. They don't just barge in." Another person commented, "When the nurses come to see to me, they close the curtains and the door so it is private, they are very good." A third person told us, "When I need a shower or bath they do everything to protect my dignity."

Relatives confirmed people were treated with respect. One relative told us, "The staff do knock and if [family member] needs the toilet they do everything to protect her dignity." Another relative said, "If [family member] needs changing they come to her room and I leave. They close the door and curtains to preserve her dignity." A third relative commented, "The staff always explain what they are doing before actually doing it, to protect [family member's] dignity."

Staff supported people to be as independent as possible. Staff said they encouraged people to do as much for themselves as they were able. One staff member told us, "We like to promote independence as much as possible. We always encourage people to wash themselves (if they are able.)"

People confirmed their independence was promoted. One person said, "They let me get about the home on my own. I use a stick but I get to the dining room and lounges no bother." Another person told us, "They encourage me to go to the dining room but I have to be assisted by the staff." A third person commented, "I do get encouragement to move about the home using my walker when I can."

Staff had access to information about how people wanted their care provided. Care records were personalised and included information to help staff get to know people better. For example, a brief life history was in place for each person. This gave staff an insight into people's previous lives such as where

they were born, their early life, education and career. It also provided details about people's preferences, hobbies and interests. A care needs summary was also in place which gave brief details of people's needs and highlighted any specific routines they wanted to maintain. For instance, some people liked to get up at a particular time whilst other people had preferences about how often they wanted a bath or shower. Staff took time to find out whether people had any specific cultural, religious or lifestyle preferences. They were also available to support people to attend a church service if they wanted.

Requires Improvement

Is the service responsive?

Our findings

When we last inspected Ashlea Lodge we concluded the home was not always effective and rated it Requires Improvement. This was because some people did not have all the care plans necessary to meet their individual needs. Some care plans also contained inaccurate and out of date information. Since our last inspection the provider had reviewed and updated people's care plans so that they reflected people's current needs. Following this inspection we found the quality of care planning had improved but still required further improvement. The availability of activities also needed improving. As a result, we concluded the home was still not always responsive and our rating remained Requires Improvement.

Most care plans were personalised to needs of each person. We noted there were some instances where more detailed information would be beneficial to ensure staff provided consistent care. For example, the care plan for one person at risk of skin damage stated for staff to support the person with regular positional changes. However, the frequency of these changes was not specified in the care plan. This information was contained elsewhere in the person's care records. For another person, who sometimes displayed behaviours which challenge, their care plans stated for staff to be aware trigger points and to try to reduce them. However, the care plan did not detail what the triggers were.

Most people told us they were not involved in the planning of their care but this was their choice. They went on to tell us family members dealt with this on their behalf. One person said, "I speak to the staff all the time about my needs but [my relative] sorts my care out." Another person said, "I don't get involved, my family do it for me."

Relatives confirmed they were involved in planning their family member's care. One relative said, "I go to meetings and plan [family member's] care requirements on a regular basis." Another relative told us, "I plan all [family member's] care needs and make sure her care plan is updated." A third relative commented, "I've discussed my [family member's] care with staff on a regular basis and I make sure her needs are met."

The availability of activities had significantly reduced as one of the two activity co-ordinators had left their employment. The other activity co-ordinator was not on duty on the day of our inspection. Therefore, there were no activities planned for that day. Activity records confirmed the number of organised activities had reduced recently. For example, during January 2018 there had been no activity co-ordinator available for 22 out of 31 days. Between 1 and 22 February 2018 there had also been no activity co-ordinator available for 12 days.

Relatives and staff told us activities were an area for the provider to improve. One relative commented that since the activity co-ordinator left in December 2017 the number of activities had reduced. They said people were "doing nothing all day, just TV. Everybody gets bored." One staff member commented, "We could do with more activities, there is only one activity co-ordinator at the moment. We put music on to keep people entertained. If we have time we have a sing-a-long or game of pool." The provider was aware of the issues relating to activities and had plans to invest in and develop a meaningful activity programme. We recommend the provider researches best practice in the provision of meaningful activities and uses its

findings to inform the plans being developed in this area.

People and relatives gave mostly positive feedback about the home. They also confirmed they knew how to complain. People said they would speak to staff or management if they had concerns. One person said, "I've had no problems since I've been here but if I did have any I would tell the staff about it straight away." Another person told us, "I've had nothing to complain about." A third person commented, "I would speak to the manager but I've had no cause to complain yet." One relative said, "[Family member] is very vocal, they tell it as it is, but I would go to the [registered manager] with any problems." Another relative commented, "We have had no reason to complain about [family member's] stay at the home but if we did we would speak to the manager in confidence." A third relative told us, "I would go and see [registered manager]. I have spoken to her before … The incident was resolved and I was happy."

We viewed the provider's complaints log. This showed they had fully investigated previous complaints and notified the complainant of the outcome. The provider completed monthly quality checks of complaints handling to ensure staff had taken the appropriate action and to help identify any learning.

Good

Is the service well-led?

Our findings

When we last inspected Ashlea Lodge we found the provider had breached the regulation relating to good governance. This was because they did not maintain accurate records to evidence people received the care they needed to keep them safe and maintain their wellbeing. Care plan audits were ineffective as staff had not rectified the issues they found.

At this inspection, we found improvements had been made. As a result, we have changed our rating to Good.

The provider's improvement plan for the home had been reviewed and developed over time as actions were completed and new actions identified. The improvement plan was updated to include our findings from the last inspection. The provider also agreed to submit regular progress reports to the Commission, which had been consistently met. We reviewed the improvement plan during this inspection and found good progress had been made towards completing the plan. During this inspection we identified care planning still required further development work. We noted the provider had not yet signed this area off in their improvement plan as they were still monitoring the situation.

Most care related records were now accurate and up to date. The provider had streamlined the recording systems in the home to make it easier for staff to complete records consistently. Staff told us this had helped to improve their record keeping. One staff member commented that since the provider took over, "Paperwork has been minimised." Where people required particular input from staff, records were in place to confirm this had been provided. For example, positional change charts for people at risk of skin damage; records about people's food and fluid intake and the application of topical medicines (medicines applied to the skin such as creams).

Staff told us they had seen significant improvements since the new provider and registered manager took over. One staff member said, "The home has massively changed. It is a lot more homely. There is a lovely atmosphere, we all get on." Another staff member commented the new provider had "brightened the home up." They went on to say, "The home has been cleaned up a lot." We noted the home was clean, fresh and well maintained.

The provider had reviewed the quality assurance systems. They now had a range of effective checks to help ensure people received good care. For example, checks were carried out of the effectiveness of infection control, medicines and complaints.

People and relatives knew who the registered manager was. They told us they found the registered manager visible and approachable. One person said, "I see her often when she passes by, she is a very friendly person. I see her in the corridors quite a lot." Another person commented, "[Registered manager] is really friendly and I see her walking around the home." One relative told us, "[Registered manager] is a lovely person and she always listens when I visit [family member]." Another relative commented, "[Registered manager] has always got time for you when you visit the home" A third relative said, "[Registered manager] is very friendly

and approachable."

Staff also told us they found the registered manager approachable and supportive. One staff member said, "You can approach [registered manager] if you have any concerns. She is always there to talk to."

People and relatives described the atmosphere in the home as good. They also told us about links to the local community such as visits from local pet owners, the local clergy, local entertainers and children's choirs from local schools. One person commented, "It's really good and has a friendly atmosphere. I have a good laugh with everyone." Another person told us, "I like it here, everyone seems happy." A third person said the atmosphere was, "Relaxing and friendly. The girls seem happy and always give me a smile." One relative said, "It seems very happy. There's lots of laughing and carrying on, the staff are great." Another relative commented, "Generally when I'm visiting it's relaxed and friendly. The atmosphere is really nice and [family member] really enjoys it when the carers are singing and dancing around. A third relative told us, "It's a very cheerful atmosphere. I know the local vicar comes in and local children come in to sing and play games with the residents, which they love."

There were opportunities for people and relatives to share their views about the home. Some of the people and relatives we spoke with had attended meetings or completed survey forms. One relative commented, "I was given a survey form last week which I filled in and sent it back." Another relative said, "I've filled survey forms in and I've actually been to general meetings on behalf of [family member]." A third relative told us, "I've been to a number of meetings in the home, yes."

We viewed the most recent feedback which was a themed survey about the meals provided at the home. 89% of people said they were satisfied. The provider developed an action plan to take account of the people's feedback including developing table menus and request for specific meals. We saw table menus were used when we observed the lunchtime experience. Staff and health professionals had also given positive feedback. Staff identified morale and communication as areas for improvement. Staff told us these areas had improved.