

Moundsley Hall Limited

# Buckingham House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 10 and 11 August 2016 and was unannounced.

Buckingham House offers residential and nursing care for up to 30 older and younger people with support needs for including people with dementia. There were 29 people living at the home at the time of our inspection.

People had their own rooms and the use of a number of communal areas, including a dining area, lounges and garden areas.

A registered manager was in post at the time of our inspection. 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. The registered manager oversaw five locations on the Moundsley Village site, and was supported by a unit manager at Buckingham House. The unit manager at Buckingham House was in the process of applying to become the registered manager for Buckingham House.

Caring relationships had been built between people and staff. Staff knew the needs and preferences of the people they cared for and people were given reassurance and encouragement when they needed it. Where people needed support from staff in order to make their own day to day decisions this was provided by staff. People's rights to privacy, dignity and independence were taken into account by staff in the way they cared for them.

Risks to people's safety were understood by staff who took action to promote people's safety and wellbeing. Staff adapted the way they supported people to stay as safe as possible as people's needs changed. Staff knew what actions to take if they had any concerns for people's safety or wellbeing. There was enough staff available to support people so their care needs would be met and for people to have opportunities to do things which interested them. People received the care they needed to take their medicines and were supported to obtain pain relief when they needed.

Staff worked to promote people's rights and protected their freedom. People were supported by staff who had developed the skills and knowledge needed to provide care for people. Where people needed assistance to have enough to eat and drink to remain well this was provided by staff. People saw their GPs when needed and staff were supported through advice from specialist health professionals.

People benefited from living in a home where staff supported them to do things they enjoyed and to keep in touch with people who were important to them. People were confident staff would take action if complaints were raised and guidance on how to do this was available.

Staff were supported to know what was expected of them through discussions with their managers. People and staff made suggestions for improving the care provided and their suggestions were acted upon. Regular checks were undertaken on the quality of the care by the registered manager, unit manager and provider and actions were taken to develop the home further.

## 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.

People's safety needs and individual risks were understood by staff. Staff took these into account in the way they cared for people. There was enough staff to meet people's safety and care needs. Checks were in place to ensure people received the correct medicines.

### Is the service effective?

Good ●

The service was effective.

People received the day to day care they had agreed to. Where people needed support to make decisions this was done in people's best interests. People were supported by staff to access health services so their well-being was maintained. People were supported to have enough to eat and drink so they remained well. People were supported by staff who had the skills and knowledge needed to care for them.

### Is the service caring?

Good ●

The service was caring.

People had built caring relationships with staff. Staff treated people with respect, recognised people's needs for privacy and promoted people's dignity. People were encouraged to make choices about their daily care.

### Is the service responsive?

Good ●

The service was responsive.

People's care needs were understood and responded to by staff who knew people well. People's care plans and risk assessments were reviewed as people's needs changed. Staff supported people to do things they enjoyed doing and to maintain links with their families. People and their relatives were confident action would be taken if they raised any concerns or complaints about the care provided.

## Is the service well-led?

Good 

The service was well-led.

People and staff were encouraged by the unit manager to make suggestions for improving the care at the home. Checks were made on the quality of care by the unit manager, registered manager and provider so they could be assured people were receiving the care they needed. Where action had been identified this was undertaken so people would enjoy care which developed further.

# Buckingham House

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

Buckingham House is one of five locations on the Moundsley Village site.

This inspection took place on 10 and 11 August 2016 and was carried out by one inspector. The inspection was unannounced.

We looked at information we held about the provider and the services at the home. This included notifications which are reportable events which happened at the home which the provider is required to tell us about. We also checked information which had been sent to us by other agencies. We requested information about the home from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. We used this information to focus our inspection.

During our inspection we spent time with people, relatives and friends in the communal areas of the home and grounds. We spoke with eight people who lived at the home, eleven relatives and a friend of a person living at the home. We talked with the provider's representative, the registered manager and the unit manager. We also spoke with three nursing staff, two senior staff members, six care staff and a member of the cleaning staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We sampled a range of documents and written records including five people's care records, administration of medicines records. We also looked at minutes of meetings with people who lived at the home and minutes of meetings with relatives and with staff. We looked at staff training records. We also looked at

information about how the provider, registered manager and unit manager monitored the quality of the service provided and the actions they took to develop the service further

# Is the service safe?

## Our findings

People said they felt safe living at the home because of the way staff care for them. One person we spoke with told us staff discussed risks to their safety when they first came to live at the home and when plans for their care were reviewed. Another person told us how staff helped them with their safety needs and said, "I feel safe here, because staff are always very helpful."

People gave us examples of how staff supported them in ways which made them feel safe. One person told us, "I feel safe. I know my health is being looked after and staff are around to help." Another person said they moved independently and had recently had a minor injury. The person told us staff had checked their injury, "So they know it's getting better." Staff explained how they supported people to reduce risks to people's safety when they moved, by making sure people were supported by the correct number of staff. One staff member explained about the actions they took to promote people's skin health. This included making sure people were supported in ways which reduced the likelihood of them developing sore skin.

Staff told us they got to know about risks to people's safety by checking their risk assessments and care plans. Staff explained by doing this they were able to promote people's safety in the best way for them. One staff member told us, "It's about following people's care plans, so they get the care they need." One staff member told us about the risk of people choking, and how staff worked with external professionals so risks to people's safety were reduced. A relative we spoke with told us staff had provided guidance for them so they could support their family member to continue to enjoy having the drinks they liked in a safe way. The relative explained "Staff monitor [person's name] food and drinks and always make sure there is thickener in [person's name] room, so they can safely have a drink with me." We saw people's risk assessments and care plans gave staff instructions about people's safety needs.

Staff also gave us examples of how they reduced risk to people's wellbeing by offering reassurance when people were anxious. We saw this happen on the day of the inspection. We also heard staff speaking with health professionals, so plans would be developed to help promote people's well-being.

Staff told us they were encouraged to discuss people's safety needs at regular meetings, so staff would know about changes in people's needs. We saw staff communicated information about people's well-being at meetings at the end of each shift. Staff explained by doing this, they knew the best way for people to be cared for as their safety and care needs changed. Staff said they also discussed people's well-being at staff meetings. Staff told us where it was identified additional equipment was required to provide care safely to people action was taken. The registered manager gave us an example of where additional equipment to reduce the chance of infection was being purchased, so people's safety and well-being would be promoted.

Staff knew what actions to take if they had any concerns about the wellbeing and safety of people living at the home and gave us examples of when they had raised concerns. Staff told us, and we saw, senior staff put plans in place to promote people's safety. These included plans to reduce people's anxiety and improve their physical health. Staff also described what action they would take if they saw people had any unexplained bruising. Staff we spoke with were confident senior staff would take action and plans would be

put in place to promote people's safety if this happened. Staff also understood how to raise any concerns with external organisations, if this was needed.

We spoke with two staff members about the checks which had been done before they started to work at the home. Staff told us these included checks with the Disclosure and Barring Service, (DBS). The DBS helps employers make safer recruitment decisions. Staff told us they were not allowed to start working with people until their DBS results had been checked and references had been obtained. The unit manager also explained how checks were also undertaken for temporary staff.

People told us there was enough staff available to care for them. One person told us "You can get help." Another person explained there was enough staff to meet their needs, but they occasionally had to wait a few minutes when staff were busy helping other people. Relatives told us they felt their family members were supported by enough staff to get the care they needed. One relative highlighted they visited the home at different times and always felt there were enough staff available.

Staff told us they had enough time to support people's health and social needs. Three staff explained how new or temporary staff were initially supported by more experienced staff. By doing this, people were cared for by staff who knew people's safety needs well. The unit manager gave us examples of how they had been supported by the registered manager to increase staff if people's care needs changed. We saw there were enough staff available to care for people and there were times when staff had the opportunity to chat to people so they did not become isolated.

People said staff helped them to take their medicines how and when they wanted them. One person we spoke with told us how they had discussed their medicines with staff and action had been taken so they were supported to take these in the way they preferred. One relative told us staff managed their family member's medicines well. The relative told us because of the actions staff took their family member received the pain relief they needed.

Senior staff told us about the training they had received so people's medicines would be administered in ways which helped people to stay safe. One senior staff member explained how they had recently worked with district nurses, so they could be sure people received the pain relief they needed in the best way for them. We saw senior staff responded to people's need for pain relief promptly and provided reassurance to people when this was needed. Another senior staff member explained how people's medication was reviewed with their GPs, regularly. The senior staff member explained how this had led to a positive reduction in medication for one person living at the home. As a result of this, the person was enjoying living at the home more.

All the senior staff we spoke with knew what action to take if there were any errors made when administering people's medicines. Senior staff told us about the checks which were regularly undertaken by the unit manager to make sure people received the medicines they needed in safe ways. We saw senior staff kept clear records of the medicines administered to people which showed the benefit people received through their medicines. We also saw people's medicines were securely stored.

# Is the service effective?

## Our findings

People said staff had the knowledge and skills needed so their care and support needs would be met. One person told us, "They (staff) have had training, and understand how to look after me well. They are very good at (doing) what I need." Relatives we spoke with were positive about the skills staff had developed. One relative highlighted how well their family member was and said, "Staff know how to look after [person's name]."

Staff told us they had regular access to training. One staff member said, "I feel we get enough training, and they (senior staff) are organised about arranging this. It (training) makes people feel safer, and we know we can do the job for them." Staff gave us examples of where training was arranged to meet individual people's needs. One staff member we spoke with explained how extra training had been provided so all staff knew how to care for one person with a specific dietary requirement. We saw the unit manager had systems in place to ensure staff had attended the training required so they would be able to develop and refresh their skills and knowledge. The unit manager told us about further training which was planned to support staff to develop their skills further.

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.

We checked whether the service was working within the principles of the MCA. People told us staff always checked they were happy to receive their care. One person said, "They (staff) always ask me if I am ready to be washed." Staff we spoke with had an understanding of the MCA and what this meant for people. One staff member told us, "You must always explain things and do things with people's consent."

Staff told us how they supported people so they would have the opportunity to make their own decisions where this was possible. We saw this happen throughout our inspection. For example, decisions about what care people wanted and when to receive their care. We saw staff checked people's reactions to choices offered, where people were not able to communicate directly with staff.

Staff also understood people had the right to refuse the care offered. A staff member told us if this happened, "You talk it through, offer different ways and record it." The staff member explained if they had any concerns for people's wellbeing because they regularly elected not to receive care the unit manager would put plans in place to support people.

We saw staff had assessed people's capacity to make specific decisions and where necessary best interest meetings and decisions had been recorded. We saw family members were consulted as part of best interest decisions. The provider and registered manager had recognised the process to check if people had representatives with lasting power of attorney was not fully established. Representatives with lasting power

of attorney are appointed through the court to make some decisions on behalf of people. The registered manager and provider had begun to put system in place and gave us assurances they would address this without delay.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider was following the requirements in the DoLS. The registered manager had submitted applications to a 'Supervisory Body' where they had assessed people were potentially receiving care which restricted their liberty. One DoL had been approved at the time of our inspection. The unit manager was awaiting the decisions on some of the application at the time of our inspection. We saw the unit manager had processes in place to renew authorisations when this was required.

People told us they liked the food and drinks available. One person explained to us about the menu options and said, "The food is not bad, they (staff) come round with the menus. If you don't like the choices, you can get specials. I can get snacks when I want them." Another person told us, "I have to drink a lot, the staff know this and are very good, so I always have a drink near me." We saw people were happy to ask for their favourite drinks and they were supported to have these. Staff we spoke with knew people dietary needs and food preferences. Staff explained advice from health professionals was followed where people needed clinical support with nutrition. We saw staff encouraged people to have enough to eat and drink to remain well.

People explained how staff supported them to see health professionals when they needed to. One person told us, "My GP comes into the home every Wednesday, and there's a chiropodist, too." The person went on to explain the actions staff had taken when they had recently been ill. The person said, "They (staff) dealt with my illness quickly and I recovered better." One relative told us how their family member's eye health had been maintained, as staff had found the best way to support them. Another relative highlighted how staff escorted their family member to hospital appointments, so their family member felt reassured by the company of staff.

Senior staff we spoke with told us, "If someone is ill we ring their GP or 999 directly. We don't need to wait for permission to do this." Staff we spoke with explained how they checked to see if people's health was improving, such as their weight and skin health. Staff gave us examples of the actions taken when they had raised concerns for people's health with senior staff, so people would regain their health as quickly as possible. We saw people had been supported to see a range of health professionals including chiropodists, tissue viability nurses and speech and language specialist.

## Is the service caring?

### Our findings

People told us they had developed good relationships with staff and enjoyed spending time with them. One person told us "Staff are more than kind." Another told us they valued the relationship they had built with staff and said, "I have a laugh and a joke with the staff." A further person told us, "Some staff are tremendous. It's a passion for them." One relative said, "Staff have patience, they are never rude, just accommodating. They put people first." Another relative told us, "Staff are approachable, and look after [person's name]." A visiting friend said, "Staff are very caring."

Staff spoke warmly about the people they cared for. One staff member said, "The interaction with residents is good, and with families. We know them well, and this makes them (people) feel more comfortable and safe, and they can ask for help and have a joke with us." Another staff member told us about one person they cared for and said, "There's nothing so rewarding as seeing [person's name] face light up when they see you." One senior staff member told us, "We have time to chat to people especially when helping them at mealtimes."

People and their relatives told us staff had first started to find out about them before they moved into the home. One relative said, "[Person's name] used to say she wanted to come home, but not now, as she has built trust with the staff." Another relative we spoke with told us they were aware newer staff had joined the staff team and were in the processes of getting to know their family member. Staff explained they how they built caring relationships with people. One staff member explained people had named members of staff to support them. The staff member said, "You can have a real banter and build relationships." Another staff member we spoke with told us "You talk to people and their relatives about their past."

One staff member said, "You talk to people to find out their histories and read their care plans. You chat to them about their things they have enjoyed in the past." The staff member explained knowing this helped them to reassure people if they were anxious, and said this helped to build bonds with people. One staff member told us because of the way people were supported, "People trust us, they know they can ask for help, even if it's for something small, like getting them a biscuit." We saw and heard people and staff chatting when people were being supported. We also saw staff communicated information on what was important to people, such as significant birthdays. Staff explained they celebrate such events, so people knew they were valued.

People told us they were encouraged by staff to make their own day to day decisions about their care. This included decisions about how they wanted to spend their day and what they wanted to do. Two people told us they liked to spend most of their time quietly reading in their room. One person said, "It's my choice how I spend my day, I like to read and go in the garden." Another person told us they were encouraged to go to residents meetings, but staff respected their decision not to attend these, if this was what they decided on the day. A further person told us they had been involved in making their own choices about how their room was furnished and decorated, and this meant they enjoyed living at the home. People told us they also made their own choices about what they wanted to wear and eat. One relative told us, "[Person's name] is always given choices about their food."

One staff member told us they knew one person always liked to wear lipstick, so they supported them to apply this each day. Staff told us where people were not able to make all of their own day to day decisions they offered them choices based on their known preferences. This included the way people liked to take their medicines, where they liked to spend their time, and what they liked to drink and eat.

People said staff took their rights for privacy and dignity into account in the way they were cared for. One person told us, "Staff always knock to check it's ok for them to come in." We saw this happen during our inspection. One staff member told us, "You treat them (people) how want your own family to be treated." The unit manager gave us examples of how staff supported people to have the privacy they wanted. This included sensitively supporting people so they could have private time to discuss matters with their relatives, outside agencies, and with health professionals.

People we spoke with told us staff encouraged them to maintain their independence. One person we spoke with told us they had discussed how they preferred their independence to be promoted with the senior staff and they had been listened to. The person told us this meant they were supported in the way they preferred. Staff gave us examples of how they encouraged people to be as independent as possible. This included promoting people's mobility and encouraging them to be involved in their personal care. One staff member told us, "You encourage people to see if they can do some things for themselves".

## Is the service responsive?

### Our findings

Three of the people we spoke with told us they let staff know how they wanted their care to be given and that plans were developed reflecting their wishes. One person told us they had planned with staff how they wanted some of their medicines to be given as this was very important to them. Another person we spoke with explained arrangements had been made so they received the care from the staff they preferred. Two people we spoke with told us staff had listened to their suggestions about the support they needed when they moved around the home. One person highlighted this helped them to stay as safe and independent as possible.

One relative gave us an example of how and they had recently been involved in developing a plan for their family member. The relative told us the plan produced had been thorough, and provided them with reassurance their family member would receive the care they needed during a critical time in their life. Two relatives told us they had not been involved in developing or reviewing their family members care plans directly, but were confident action would be taken if they made suggestions to staff about their family member's care. One relative told us staff had positively responded when the relative requested family friends help to develop their family member's care plan. Another relative we spoke with told us staff had tried different ways to support their family member so they would receive the care they needed, in ways which promoted their well-being.

One person's friend highlighted how well staff had supported their friend when they first came to live at the home. The friend told us as a result of this, the person's anxiety had been reduced and their well-being enhanced. One relative we spoke with told us about the actions staff took when their family member was anxious and told us, "[Person's name] is more settled, because of the way [Person's name] is treated by staff. This is priceless to me."

We saw staff took action to care for people when they asked for assistance. Where staff could not immediately support people they provided reassurance to people and returned to support them. We saw on one occasion staff needed to use the same type of equipment to support a number of people. This resulted in one person experiencing a delay in receiving the care they requested. We spoke with the registered manager and provider about this. They provided reassurance that any action required to address this would be taken.

All the staff we spoke with, including the unit manager, knew about people's individual preferences for the way their care was delivered. One staff member said, "You find out what people's preferences are and how they like staff to help them." The staff member told us they were able to do this by checking people's care plans and by talking to them and their relatives. Another staff member told us, "The care plans help you to get on people's wave lengths." We saw people's care plans recorded what was important to people. For example, if people needed support so their spiritual needs would be met, or if had a preference for the gender of staff to provide some elements of their care. Where people had long term health needs separate care plans had been developed so staff knew what action to take to promote people's health and well-being.

Staff told us they were encouraged to make suggestions about people's care. One staff member said, "We look for patterns, to see if people's needs are changing. If we notice a difference we will let (senior staff) know." One staff member told us, "We know straight away if there have been any problems and this helps us to know what people need if they are poorly." We saw staff discussed people's health needs and any short term plans developed to respond to people's changing needs at these meetings.

Three people told us staff supported them to do things which interested them. This included things which encouraged people to interact with other people at the home. One staff member told us, "Everyone here is different, but if I start people talking to each other, it just flows." Staff understood some people enjoyed going to the hairdressing salon on site, or to spending time chatting to each other and enjoying events arranged. We saw a list of things which had been planned for people to enjoy was displayed in the communal areas of the home. This included yoga and dance and a seaside themed day for people to enjoy. Relatives we spoke with told us their family members had opportunities to go out with support from staff when they were well enough. One relative told us about the trips and photographs they had seen of their family member enjoying themselves with support from staff.

People told us their relatives were made welcome when they visited. One person told us relatives were encouraged to visit outside of meal times. Staff explained this was suggested, so people were able to focus on having the nutrition they needed to remain well, and enjoy their dining experience in a relaxed way. One relative said, "Staff are welcoming when I visit and always offer me a drink." Another relative told us they visited the home at different times, and always found staff to be accommodating. Staff we spoke with understood how important it was for people to keep in touch with their family and friends. We saw staff communicated information needed so people would be supported to see people who were important to them.

All the people we spoke with told us they would raise any concerns or complaints they had with staff or the unit manager. People and their relatives told us they were confident action would be taken if they raised any complaints. The people we spoke with had not raised any complaints about the care provided. One person told us they had raised a concern with the unit manager. The person told us the unit manager had taken action and they subsequently received their support in the ways they preferred. We saw a there was information displayed which informed people and their representatives how to raise any complaints. We also saw the unit manager had a system for responding to any complaints made, so any lessons could be learnt.

## Is the service well-led?

### Our findings

There was a registered manager in post at the time of the inspection who was also the registered manager across the providers four other homes on the same site. The provider was currently in the process of registering managers to ensure each home had a named registered manager in post. As part of this inspection we spoke with a representative from the provider and the registered manager to see how the five homes were currently managed.

The provider had a clear management structure in place with the registered manager post being supported by additional unit managers. Unit manager from all homes on the site felt able to tell the registered manager their views and opinions at any time or at weekly management meetings. These were used to discuss what was working well and where improvements were needed. For example, staff training in understanding in people's mental capacity being assessed and consent and the recruitment of permanent staff. The unit manager at Buckingham House told us, "If I need support I just phone (register manager) or the office." The unit manager gave us an example of when additional staff resources had been requested as people's needs changed. The unit manager said, "(Registered manager) will always support that."

All the people we spoke with were positive about the way the home was managed. One person said, "If (unit) manager saw something was wrong, she would do something about it." The person told us, "All in all, the staff are pretty good and the management is good." Another person said because of the way their care was managed and their environment maintained, "I like living here, even though it's a big home." Relatives were confident in the way the home was managed. One relative told us, "(Unit manager) has brought structure and control." A further relative said because of the way the home was managed, "It's a very good home, and always clean."

Staff said they were supported by the unit manager to understand their roles. One staff member told us regular meetings were held with staff, and used to highlight how they were to support people. Staff said the way the home was managed resulted in people getting their care in the best way for them. One staff member told us, "Staff get along well and the (unit) manager is approachable. It makes a difference to people if we get on, and are comfortable supporting them." Another staff member said because of the culture at the home, "Everyone pitches in, which reduces waiting times for people". A further staff member told us, "The (unit) manager and registered manager are supportive and communicate well. There's no fear, it's open if we want to say anything."

People, their relatives and staff said the unit manager regularly spent time talking to them, and checking people were receiving their care in the ways they wanted. We saw the unit manager knew the people they were caring for well and people smiled when the unit manager chatted to them. One person we spoke with told us they liked to talk to the unit manager individually, rather than at residents' meetings. The person told us "The (unit) manager is very good. I made a suggestion bird seed was put out in the garden, as I like to spend time watching the birds, and this was done."

Staff told us they were encouraged to make suggestions for developing people's care further. One senior

staff member told us, "[Unit manager] will ask for our opinion and involve us (senior staff) and care (staff) in discussions about people's capacity assessments and risks." Another staff member said suggestions they had made to support one person to have enough nutrition had been listened to. The staff member told us, "Nurses (senior care staff) and managers listen to what I say." We saw staff were comfortable to make suggestions during their shift hand over meeting, and their suggestions were adopted so people received the support they needed. We also saw the unit manager provided guidance and advice to staff during these meetings so people's care needs would be met.

Relatives gave us examples of the times when staff contacted them, so they would be aware of their family member's changing needs. One relative told us, "They (staff) are really good and ring me quickly. It's reassuring to know this." Another relative said, "Staff will always let me know if the GP has been called. I know if something was wrong they would ring me." One relative told us there had been an occasion when staff had not contacted them about a change in their family member's wellbeing. The relative told us they sometimes only saw information promoting relatives' meetings after these had happened, and would prefer to receive communication regarding this by email.

Monthly checks had been completed by the registered manager which included looking at the environment, medicines checks and reviewed people's care plan information. The provider also reviewed the checks and talked through any changes or improvements with the registered manager. The unit manager and staff told us the registered manager visited the home often and spent time chatting with people and staff. Staff at Buckingham House told us the unit manager and senior staff also made regular checks to assure themselves people were receiving the care they needed. We saw the unit manager checked details of any incidents and injuries, such as falls, to see if any patterns were emerging. We saw where actions had been identified these had been taken, so people would continue to receive the care they needed as their needs changed.

The registered manager told us they were supported by the provider in updating their knowledge and continued to identify further professional training opportunities. The registered manager understood the responsibilities of their registration with us. The provider had questionnaires available in each of the five homes which people, relatives or other visitors to the home could complete to comment of their experiences. The provider and registered manager said there had been a low response and planned to send out questionnaires direct to relatives with a view to increasing the feedback. The unit manager at Buckingham House confirmed further work had been done on the questionnaires, and gave us assurances these would be sent out imminently.

The unit manager told us about plans to develop the home further. These included increasing the number of interesting things for more independent people to do and improvements to the home's environment.